

LECTURE PRESENTATION

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Endovascular treatment in peripheral arterial disease

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Endovascular treatment thirty-three after the first published report on angioplasty, continues to be a rapidly evolving field for the treatment of patients with peripheral arterial disease. A multitude of studies detailing technical improvements and innovative developments have been published. The morphology of a lesion may have an influence on the technical outcome, results at follow up and also risk of treatment.

The TASC (TransAtlantic Inter-Society Consensus) document introduced a classification system that categorised lesions with regard to their accessibility to either percutaneous treatment or surgery. It categorised lesions into four types with: type A lesions ideal for endovascular approach; type B lesions where endovascular approach is still the preferred technique; type C lesions where surgical approach is preferred and type D lesions where surgery is the option of choice.

Today, endovascular practice, percutaneous transluminal angioplasty (PTA) with or without stenting, is used far more frequently for all types of lower extremity occlusive lesions, reflecting the continuing advances in imaging techniques, angioplasty equipment, and endovascular expertise.

The role of endovascular intervention, PTA/ stenting, in the treatment of peripheral arterial disease is also expanding, and its promise of limb salvage and symptom relief with reduced morbidity and mortality makes an attractive alternative to surgery and, as most endovascular interventions are performed on brief hospitalizations, hospital costs are cut considerably. Compared with open surgical procedures, endovascular interventions offer comparable or superior long-term rates of success.

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