CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE
CONTROVERSIES & UPDATES IN VASCULAR SURGERY
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MARRIOTT RIVE GAUCHE & CONFERENCE CENTER PARIS, FRANCE

Endodistal approach and infected diabetic foot. Why is it still and always a singular challenge?

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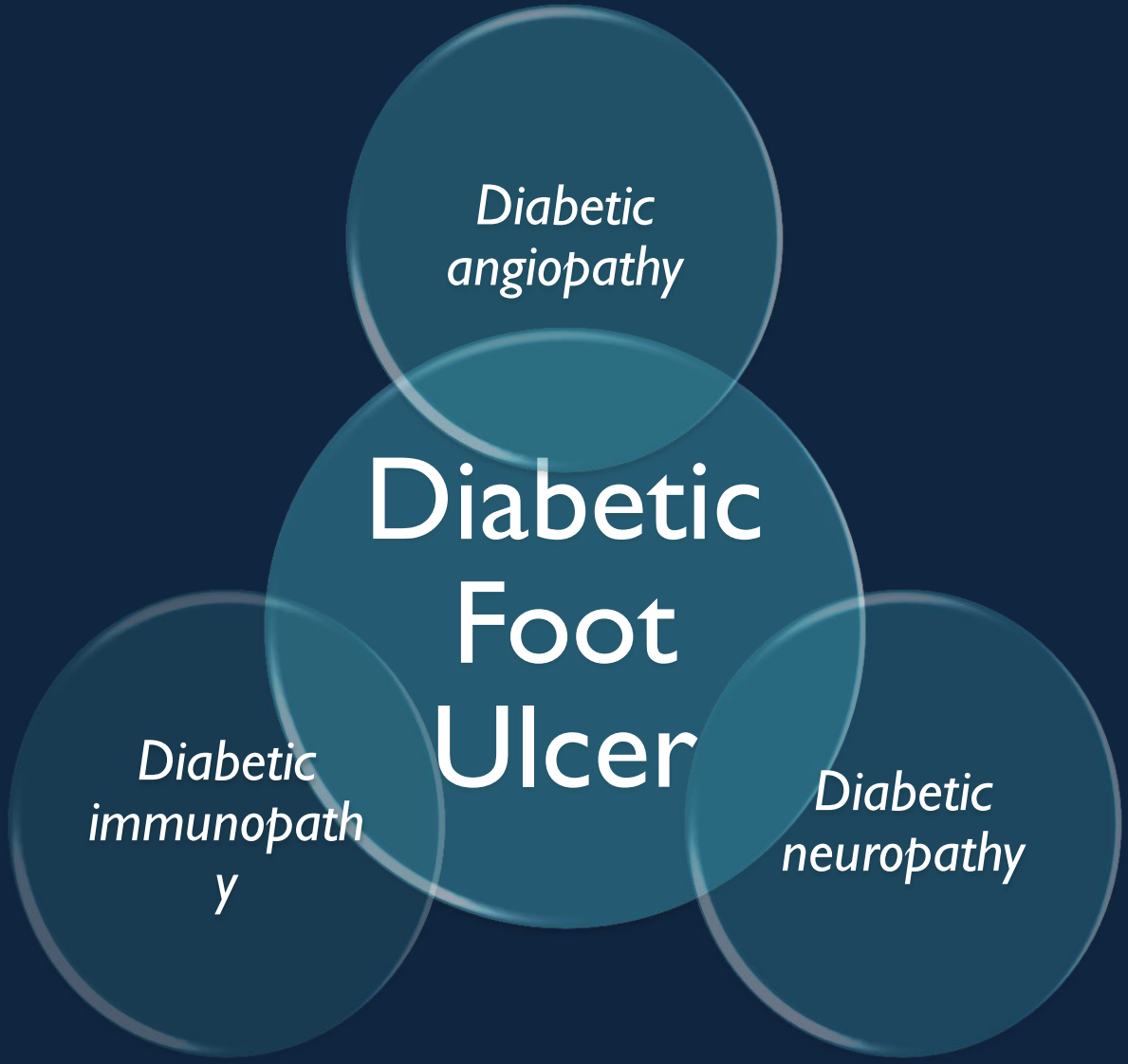
Disclosure

Speaker name:

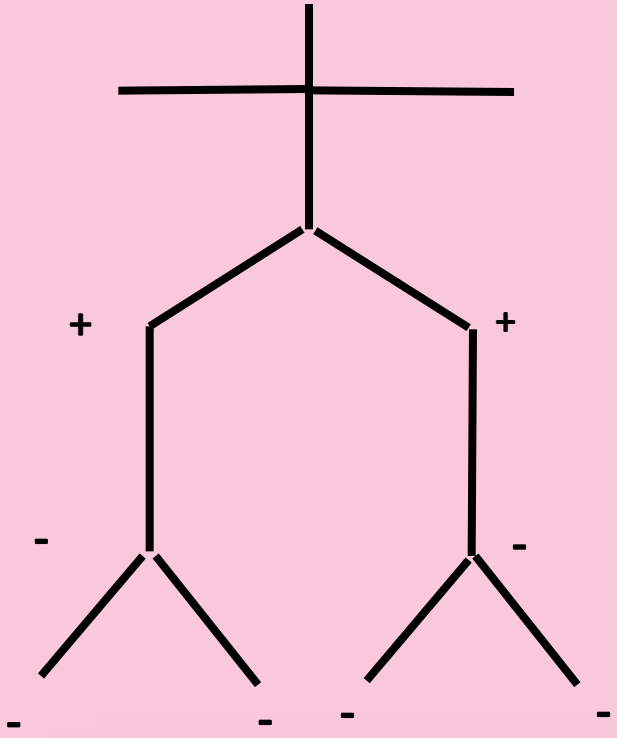
.....ARMANDO MANSILHA.....

- ☐ I have the following potential conflicts of interest to report:
- ☐ Consulting
- ☐ Employment in industry
- ☐ Shareholder in a healthcare company
- ☐ Owner of a healthcare company
- ☐ Other(s)
- X **I do not have any potential conflict of interest**

Physiopathology



Physical examination



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ABI: ???
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Infection progression through plantar surface

Why a singular challenge?

- what patients have to be revascularized?
- what technique(s) should be considered?
- what is the correct timing?
- how to treat the infection?
- foot deformities are important?
- neurological assessment is mandatory?

Classifications

Pedis – Grade 2 / IDSA Infection Severity – Mild

Classifications

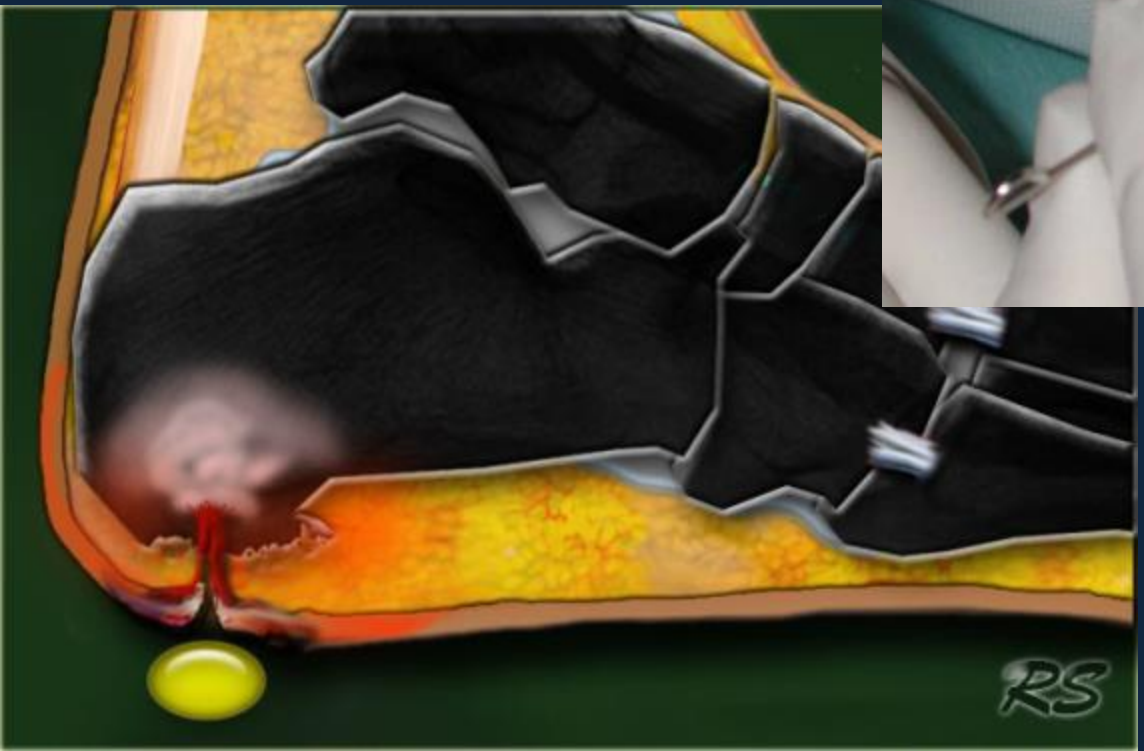
Pedis – Grade 3 / IDSA Infection Severity – Moderate

Classifications

Pedis – Grade 4 / IDSA Infection Severity – Severe

Evaluation

- Depth



Evaluation

- Osteomyelitis

X-ray(s)

MRI / WBC scanning

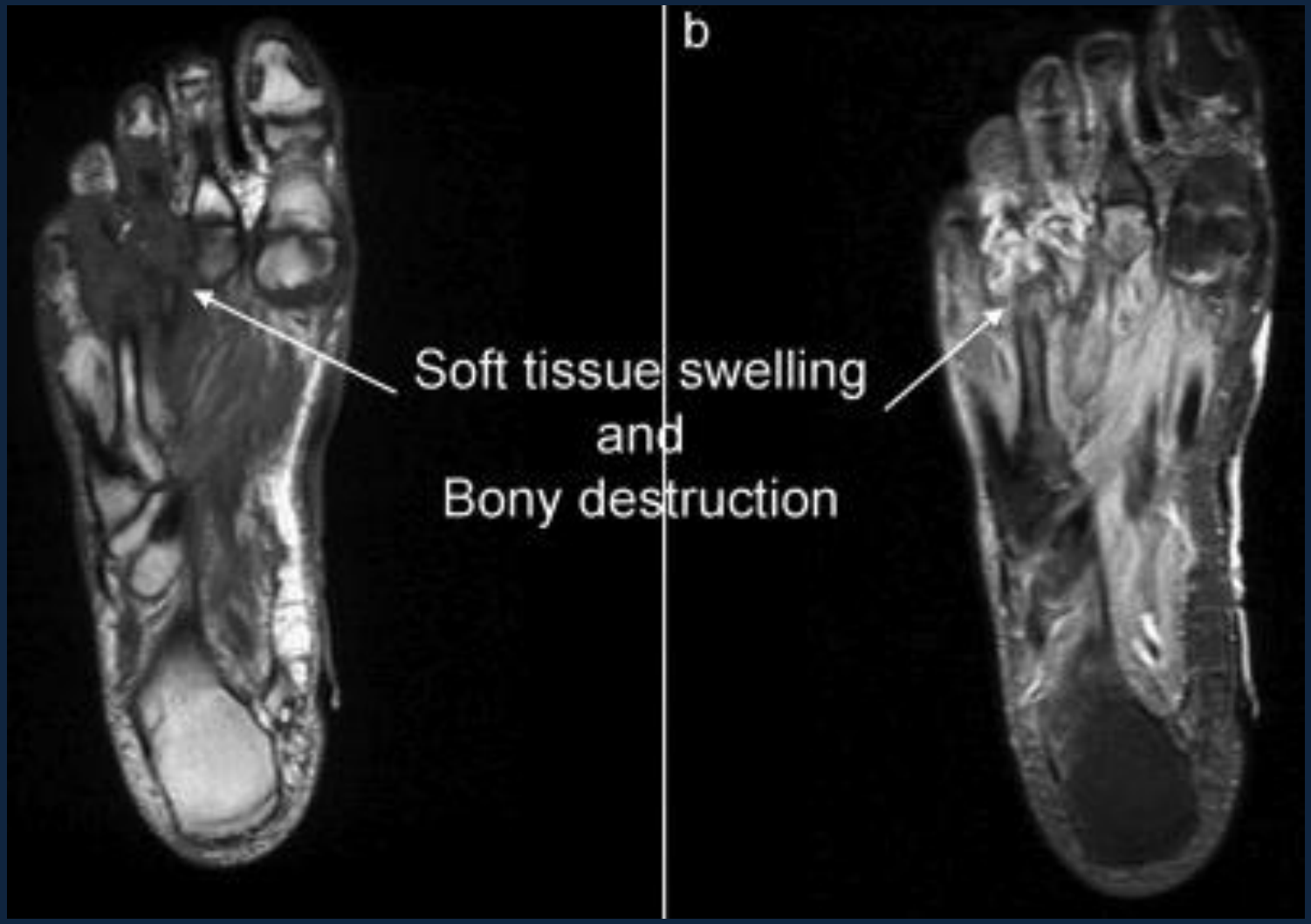
Bone Biopsy

Evaluation

- Osteomyelitis

Evaluation

- Osteomyelitis



Evaluation

- Osteomyelitis

Infection

Multidisciplinary approach

- **PREVENTION**
- *ANTIBIOTHERAPY*
  - Microbiology
    - Acute infection in recent ulcer → aerobic gram + cocci (*S. aureus*, ß-hemolytic streptococci and coagulase-negative staphylococci)
    - Infection in chronic ulcer → Polymicrobial
      - Aerobic cocci
      - Aerobic gram – bacilli (*Enterobacteriaciae*)
      - Anaerobic patogens

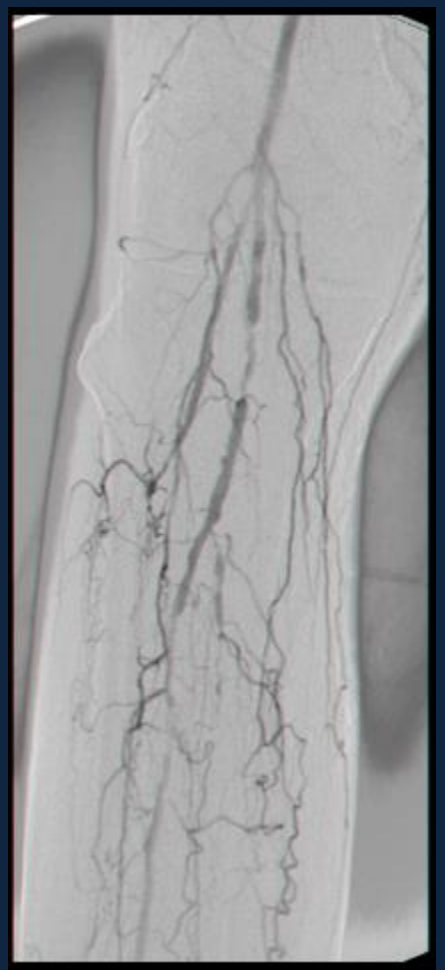
Wound care

- Should not be disregarded
- Remove necrotic infected tissues
- **Do not remove non-infected necrotic tissue**
- Keep it simple
- Frequent changes, especially with important exudation (consider negative pressure therapy)
- Redistribution of pressure off wound

Diabetic Angiopathy

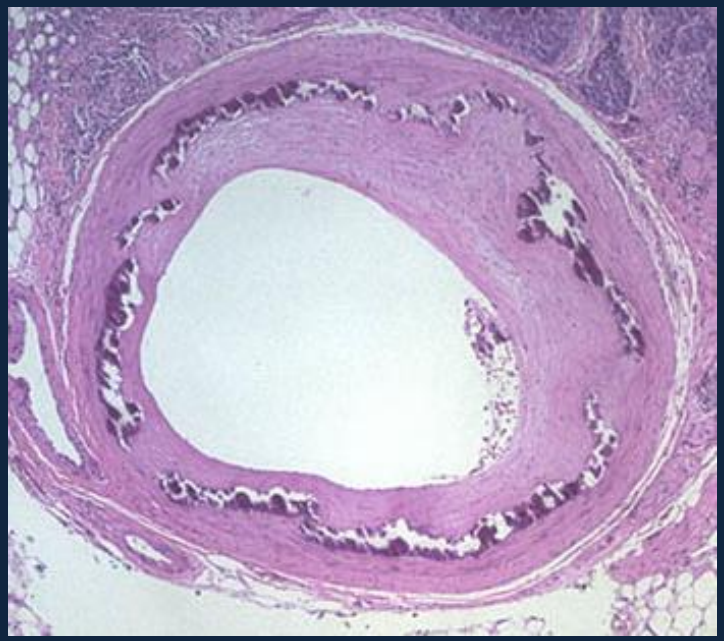
- PAD – Macrovascular disease

  Predilection for below-the-knee arteries



Diabetic Angiopathy

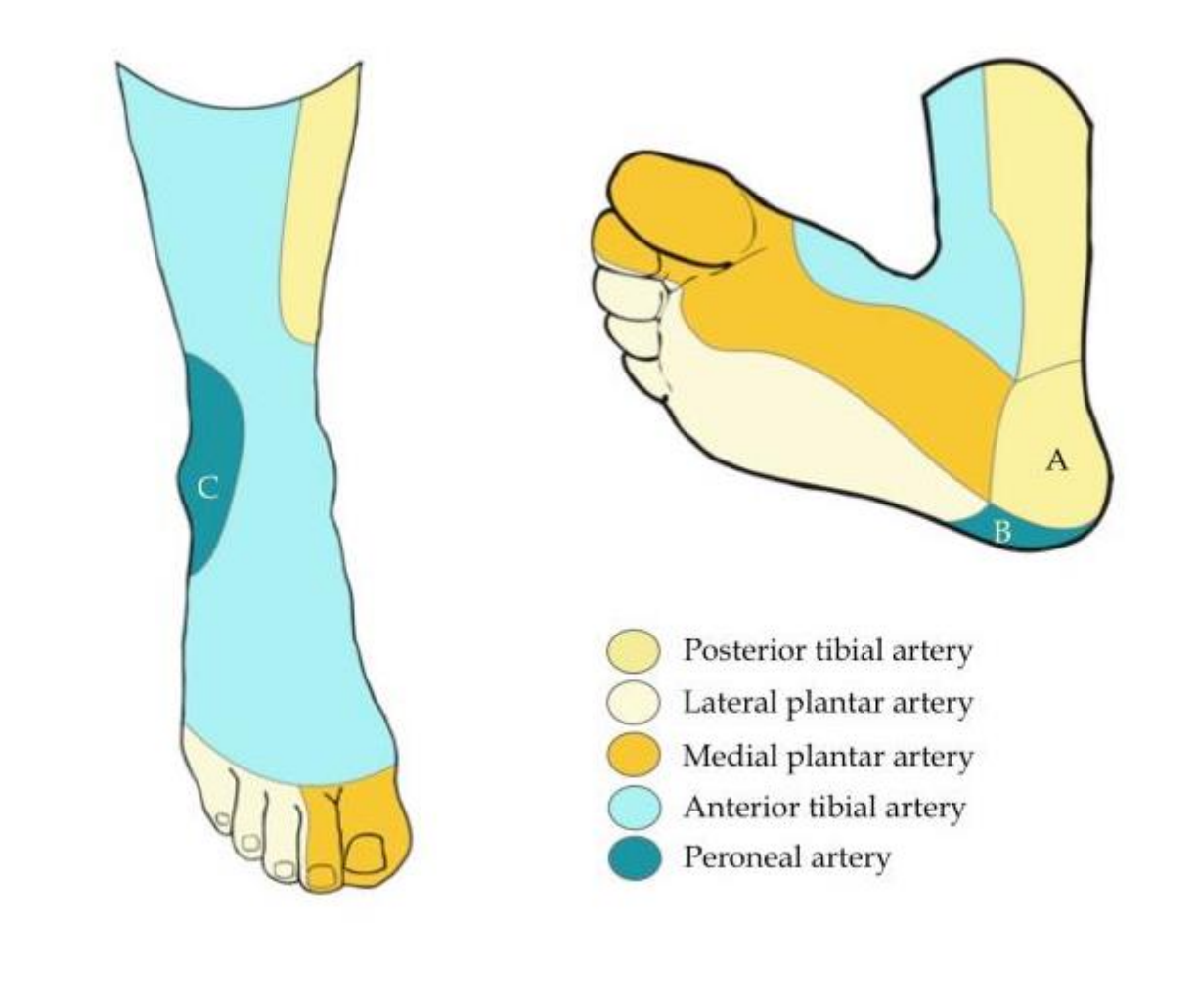
- PAD – Macrovascular disease
  - Predilection for below-the-knee arteries
  - Foot arteries frequently spared (Tx)
  - Poorer collateralization
  - Mönckeberg sclerosis
    - Concentric
    - Symmetrical
    - ++ distal arteries



Treatment - Revascularization

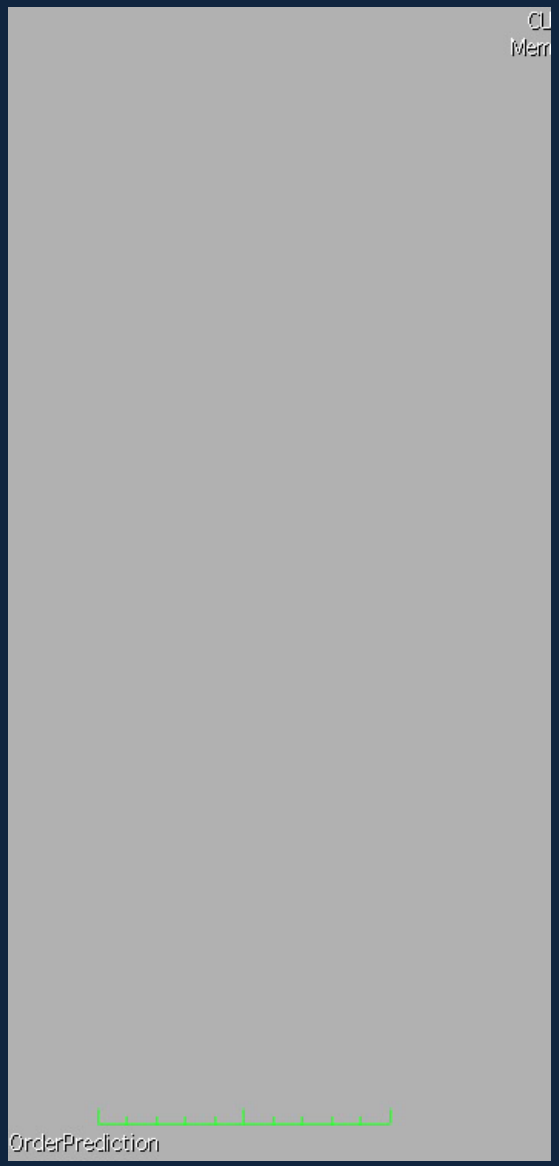
- For decision making, consider:
  - Treating infection first
  - The extension and complexity of the ulcer
  - The angiosome concept
  - The surgical risk

Angiosome ??

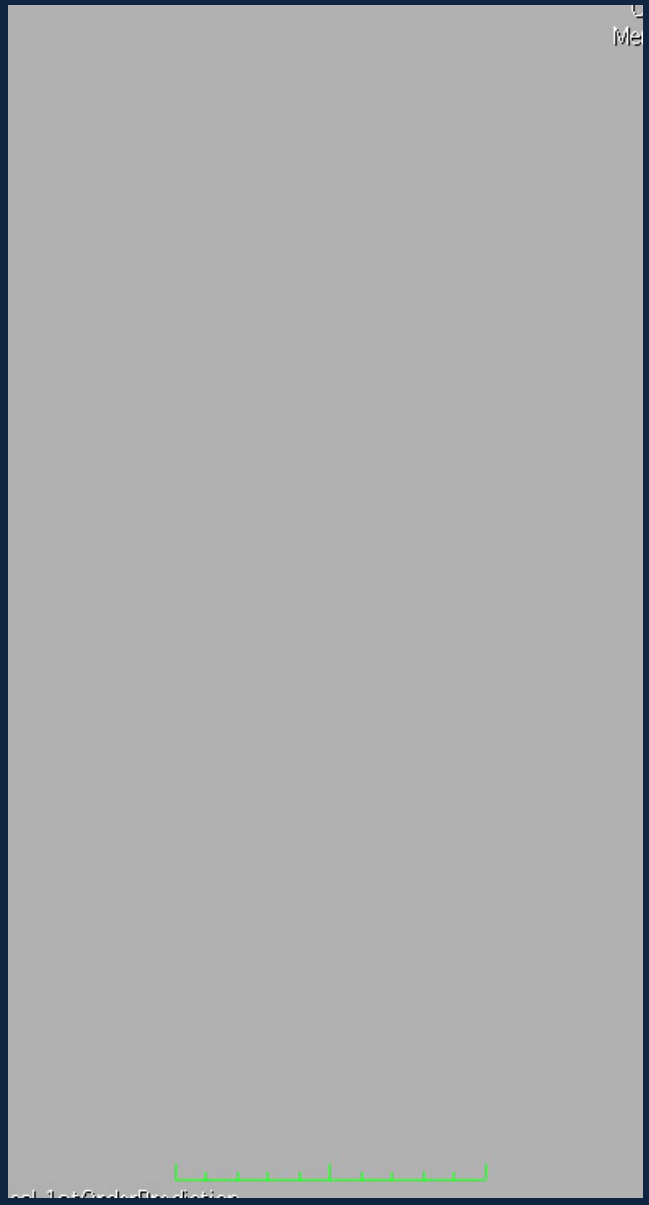


In Brandão D, Mansilha A *et al, Below the Knee Techniques: Now and Then. Angioplasty, Various Techniques and Challenges in Treatment of Congenital and Acquired Vascular Stenoses*; Thomas Forbes; Intech, 2012.

ATA approach



ATA Final



Endodistal Approach

- ✓ Endovascular treatments have surfaced as an acceptable alternative to surgical reconstruction

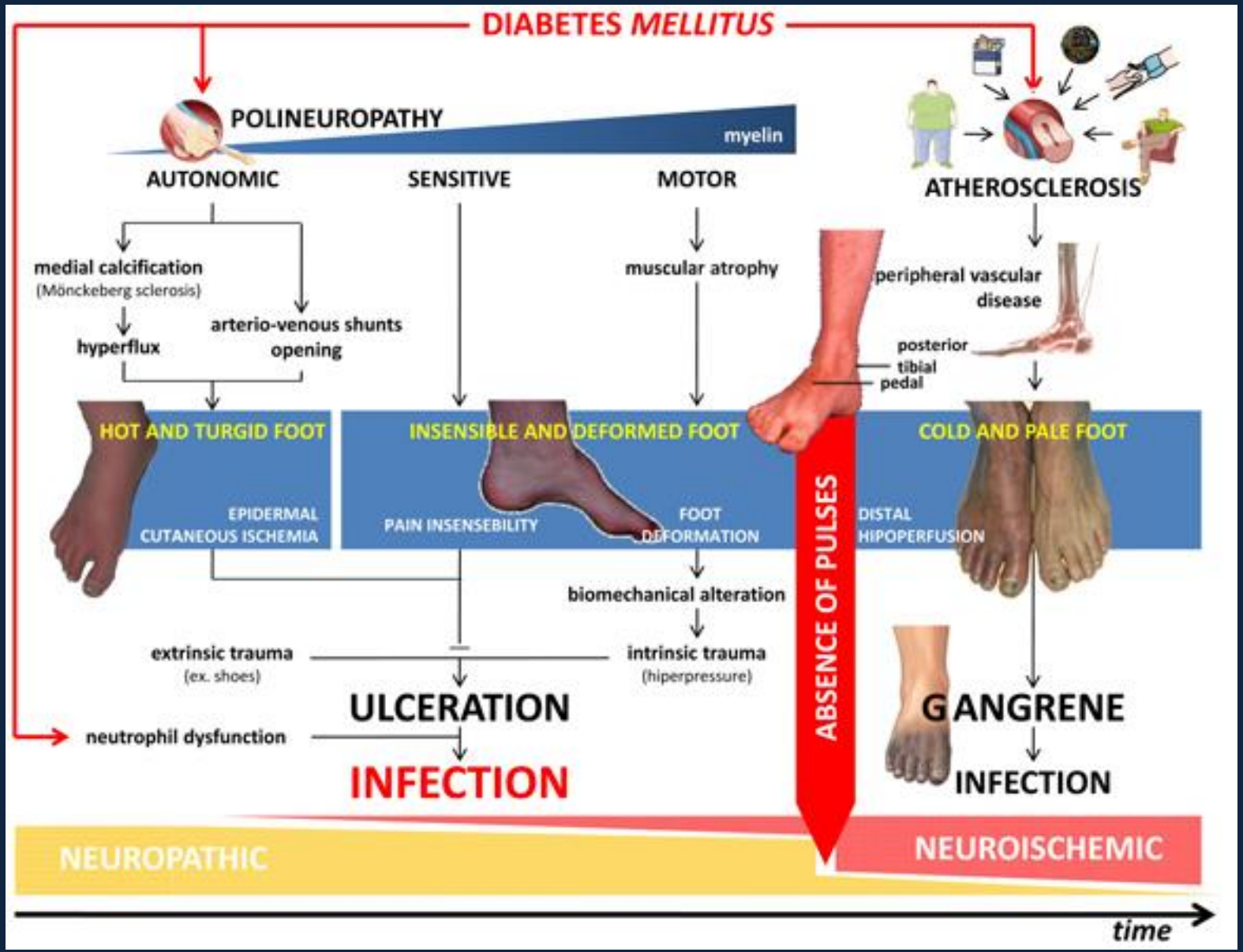
- ✓ Most endovascular procedures do not prohibit future surgical bypass or additional endovascular intervention

- ✓ Surgical intervention is not always feasible:
  - other co-morbidities
  - anaesthetic risk
  - lack of a target vessel
  - lack of a autogenous conduit
  - infected distal anastomotic area

Summary

- ✓Many patients with CLI are poor surgical candidates
- ✓The long-term goal of any intervention is limb salvage rather than vessell patency
- ✓Success is much higher when PTA is performed for a single stenosis than for occlusion or multiple stenosis
- ✓Close follow-up is recommended, and aggressive re-intervention is mandatory for limb preservation

“Time is Tissue”



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