

**COMMENT ON: SELF-EXPANDING NITINOL STENTS IN RECANALISATION OF LONG-LENGTH SUPERFICIAL FEMORAL ARTERY OCCLUSIONS IN PATIENTS WITH CRITICAL LIMB ISCHAEMIA**

Dear Sir,

I read with interest the recently published article by Taneja et al.<sup>(1)</sup> Firstly, I would like to thank the authors for sharing their experience on the use of self-expanding nitinol stents in patients with critical limb ischaemia (CLI). The overall limb salvage and secondary patency rates achieved are comparable with other studies, as mentioned in the paper. However, for the Asian population, the secondary patency (assisted primary patency) in this study is slightly better than that of Cho et al from Korea, who only achieved a 59% secondary patency rate at 12 months.<sup>(2)</sup>

A particularly interesting point is the patency of long stents that were affected by the number of distal runoffs, in which the authors found that the degree of in-stent stenosis appears to be lower in patients with a three-vessel runoff distally. This is supported by Keeling et al and Lazaris et al, who observed that the presence of more than one patent below the knee runoff artery was a significant protector against an adverse outcome of subintimal angioplasty.<sup>(3,4)</sup> In other words, the number of runoff vessels is highly correlated to the ultimate 12-month procedure success rate. Their results suggest that one should aim to recanalise more than one runoff vessel to improve patency success rates.

The role of medical anticoagulant post angioplasty and stenting is unclear. Many authors used long-life aspirin and clopidogrel for three months post procedure. Whether warfarin, together with dual antiplatelet, could play a role in maintaining the long-term patency of these stents is debatable.

There is a relatively high incidence of diabetes mellitus (DM) in Southeast Asia. This is usually directly related to a high incidence of peripheral vascular disease with hard calcified arteries. The authors found that two of their patients with arterial calcifications had poor long-term patency and subsequent stenosis, which required re-interventions. Balloon angioplasty alone is not sufficient to maintain the patency of the arteries in these patients, for which stents are required. Should these patients be managed endovascularly or undergo an open bypass? This is a question that needs to be answered with further studies. However, Lazaris et al, who assessed the clinical outcome of subintimal angioplasty in diabetic patients with CLI compared to non-diabetics with CLI, have observed a limb salvage rate at 36 months of 90% in non-diabetics and 82% in diabetics.<sup>(5)</sup>

Yours sincerely,

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