Sir,

We read with great interest the article on five-year results of femoro-popliteal angioplasty by Dalmia et al. [1] Although infrainguinal revascularization surgery is the most established method for treatment of patients with critical limb ischemia, in recent years there have been many promising publications on the role of percutaneous angioplasty, especially for limb salvage. [2,3] Some authors even suggest this minimally invasive method be utilized as a first choice for revascularization, considering its lower morbidity, rapid recovery and shorter hospital stay as compared to surgery. [4]

Patients with critical limb ischemia are often elderly, and not infrequently have coexistent morbidities like diabetes, coronary or carotid artery disease. The mortality rates in this group of patients may be as high as 60-80% at five years. [2,5] Hence the primary aim in these patients is to provide clinical benefit (relief of rest pain and healing of skin ulcers to save the limb) rather than long-term patency rates. If this can be achieved by a non-surgical, minimally invasive method with lower mortality and morbidity rates, this can be accepted as an alternative to conventional surgery. In the last decade, there have been improvements in angioplasty equipment, imaging techniques and medications, such as angioplasty balloons with lower-profile, cutting balloons, digital road mapping, and antiplatelet therapy with clopidogrel or GP IIb/IIIa inhibitors. In view of the good technical success (> 90%) and acceptable medium term results, we remain enthusiastic about this procedure and like others, [2,5] we use transluminal or subintimal angioplasty on a regular basis for limb salvage.

Primary angioplasty is seldom detrimental to later surgery. Also, clinical improvement and limb salvage rates may be better than primary patency as slow re-stenosis of the treated artery allows time to heal ulcers and form new collateral circulation. [3] With post-procedural duplex surveillance to assess patency, higher assisted and secondary patency rates can be achieved. Thus, we believe infrainguinal angioplasty is a feasible, safe and effective management option and deserves a place in the treatment of patients with critical limb ischemia.

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