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Magnitude of the Improvement in Skin Perfusion Pressure is as Important as Skin Perfusion Pressure Immediately Following Intervention for Predicting Limb Salvage in Critical Limb Ischemia

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Background: Skin perfusion pressure (SPP) using a laser Doppler technique has recently been introduced to be used in identifying patients with critical limb ischemia (CLI) who need percutaneous peripheral intervention (PPI), and those who are destined to major amputation after PPI. However, the magnitude of the improvement in SPP by PPI (d-SPP) may also play a role in predicting the fate of CLI. We sought to analyze the relationship between d-SPP and the outcome of CLI.

Methods: We analyzed consecutive 80 limbs presenting non-healing foot ulcer from 67 patients (age ranged 29-88 years; including 42 men) whose SPP was measured in the foot before and after PPI performed between July, 2005 and September, 2006. Patients were followed up 7.8±3.4 months later. Lesions were located above the knee in 2 (2%), below the knee in 36 (45%), and both above and below the knee in 42 limbs (53%). SPP was measured using a cuff type laser Doppler scanner designed for this purpose. Predictive power of d-SPP as well as that of SPP following PPI was compared regarding limb salvage using ROC analysis.

Results: d-SPP >20 mmHg and SPP > 45 mmHg best predicted limb salvage in CLI. Area under the curve was similar between d-SPP and SPP (Figure).

Conclusions: Magnitude of the improvement in SPP is as important as SPP immediately following PPI for predicting limb salvage in CLI.

ROC analysis

