

Introduction

Critical limb ischemia (CLI) represents the most severe clinical manifestation of peripheral arterial disease (PAD). (Varu et al, 2010) It is defined as the presence of chronic ischemic rest pain, ulcers, or gangrene attributable to objectively proven arterial occlusive disease. An important component of the definition of CLI is that symptoms must be long term, lasting a minimum of 2 to 4 weeks. (Norgren et al, 2007)

Diabetes mellitus (DM) is a multisystem disorder often associated with peripheral vascular disease. The disease is a common cause of small vessel vasculopathy, hence accounting for the various forms of clinical presentation. The described pattern of atherosclerotic disease is often more diffuse in diabetics, with more severe involvement of the distal vessels. (Tan et al, 2010)

Patients suffering from CLI have traditionally been treated with surgical bypass to avoid major amputation. However, there are increasing data on the efficacy of endovascular revascularization procedures in achieving good leg salvage rates. Indeed, the use of endovascular interventions has rapidly increased during the last decade due to, for example, their mini-invasiveness and the reduced hospital stay in comparison to bypass surgery. Furthermore, as balloon angioplasty does not usually preclude later bypass surgery, it can be attempted rather liberally as a first-line revascularization strategy. (Korhonen et al, 2012)

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Historically, vascular disease in women has been both underdiagnosed and undertreated. Hence the majority of treatment outcome studies have been conducted in predominantly male cohorts with small subgroups of females. It has been well documented in both the carotid and aortic literature that vascular disease in women differs significantly from men in the natural history, clinical characteristics, and physiologic patterns. While there remains a paucity of data detailing treatment outcomes in women undergoing treatment of lower extremity PAD, a few studies have examined the issue directly. (Gallagher et al, 2011)

Aim of work

In this study, we plan to clarify gender- related differences in outcomes, regarding limb salvage and patency rates, of endovascular revascularization of critically ischemic limbs of diabetic patients.