

## Symposium2

## 重症下肢虚血への集学的治療

2019年3月29日(金) 8:00-9:30 会議センター 5階 502

座長：古森 公浩 (名古屋大学 血管外科)  
座長：飯田 修 (関西労災病院 循環器科)

The number of chronic limb-threatening ischaemia (CLTI) among arteriosclerosis obliterans tends to increase because of an aging, prevalence of diabetes mellitus and increased chronic kidney disease stage. The Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) trial was reported in 2005. After that, together with evolution of endovascular therapy (EVT), surgery has been considered if patients with CLTI have a life expectancy of more than two years and have an appropriate saphenous vein. On the other hand, EVT has been considered as the first-choice treatment of CLTI patients with a life expectancy of less than two years. However, currently treatment of CLTI has been changed dramatically. In the 2017 European Society for Vascular Surgery (ESVS) / ESC Guidelines, the Society for Vascular Surgery (SVS) Wound, Ischemia, and foot Infection (WIFI) classification was added and autologous vein bypass was described for patients with CLTI class I. A new Global Vascular Guideline will be published in September 2018, in which it is recommended that treatment of CLTI is systemically selected based on the severity of systemic disease, wound severity and anatomical severity. In Japan, unlike other countries, chronic renal failure, especially maintenance dialysis patients often have concurrent CLTI, for which physicians commonly have difficulties in selecting a treatment strategy in the real clinical circumstances. Considering these background, we would like ask the enthusiastic Japanese physicians involved in active intervention in management of CLTI to participate in the meeting, and to give a presentation on current multidisciplinary therapy for CLTI along with the modified guidelines.

## SY02-2

## Impact of Frailty and Major Adverse Limb Event in Patients of Critical Limb Ischemia

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Background: Critical limb ischemia (CLI) is the most advanced stage of peripheral arterial disease (PAD), and CLI patients has very severe prognosis and high rate of major limb amputation. On the other hand, Frailty is also independent risk factor after operation for PAD. However, the association frailty with major adverse limb event (MALE) on the patients with CLI are not well known. Purpose: To evaluate association frailty score and MALE in patients with CLI. Method: This study was multicenter, prospective, observation study. Clinical data from 13 interventional centers in Nagano prefecture. We enrolled 176 CLI patients with endovascular therapy. Patients were divided 2 group (Mild Frailty group: Frailty score $\leq$ 5 n=78) (Severe Frailty group: Frailty score $>$ 6 n=98) by DALHOUSIE university frailty score. Result: The heart failure history was more frequently in severe frail group than mild frail group (10.6% vs. 25.3% p=0.002), and severe frail groups' albumin level was lower than that of mild frail group (3.7 $\pm$ 0.07 vs. 3.6 $\pm$ 0.06 p=0.001). The 1-year MALE was significant higher in the severe frail group than that of mild frail group (42.8% vs. 26.1% p=0.0001). Major amputation free rate was significant lower in severe frail group than mild frail group (90.7% vs. 100% p=0.02). Multivariate analysis revealed high frail was one of the strong predictor of MALE (HR 2.5 95%CI 1.34-4.72 p=0.003) and all cause death (HR 4.0 95%CI 1.95-8.91 p=0.0001). Conclusion: Frailty associated with MALE and death in patients of CLI. We should pay close attention to treat for severe frail CLI patients.

[Keywords] peripheral vascular disease / prognosis

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### Special Session3 Multi-modality Assessment of Heart Failure

2019年3月29日(金) 8:00-9:30 会議センター 5階 503

Chairperson : Jeroen J. Bax (Leiden University Medical Centre, The Netherlands)

Chairperson : Takahiro Shiota (UCLA School of Medicine, USA/Cedars-Sinai Medical Center, USA)

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### SS03-2 Echocardiography-guided Management of Heart Failure

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Heart failure (HF) is a threat to public health. Echocardiography, given its safety, easy availability, and the ability to permit a comprehensive assessment of cardiac structure and function, is an indispensable tool in the evaluation and management of patients with HF. From initial phenotyping and risk stratification to providing vital data for guiding therapeutic decision-making and monitoring, echocardiography plays a pivotal role in the care of HF patients. Traditionally, LVEF is useful for both diagnosis and prognosis in HFrEF. However, echocardiography offers more than this single parameter of systolic function, and for optimal risk assessment in HFrEF, an echocardiogram evaluating systolic, diastolic, left atrial and right ventricular function is beneficial. In this assessment echocardiographic modalities such as global longitudinal strain (GLS) by 2D speckle-tracking may be useful. Diastolic function quantified by E/e' and systolic function determined by GLS offer prognostic insight in HFpEF. In HFpEF, other parameters of cardiac performance such as left atrial and right ventricular function evaluated by echocardiography also contribute with prognostic information. Hence, it is important to consider the entire echocardiogram and not focus solely on systolic function. Future research should focus on combining echocardiographic parameters into risk prediction models to adopt a more personalized approach to prognosis instead of identifying yet another echocardiographic biomarker. The present review summarizes the recent advances in the field of echocardiography, with emphasis on their role in HF phenotyping, risk stratification, and optimizing clinical outcomes.

[Keywords] echocardiography / heart failure

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