

Critical limb ischemia – diagnosis and treatment from a cardiologist perspective

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Critical limb ischemia is a clinical syndrome of ischemic pain at rest or tissue loss, such as a nonhealing ulcer or gangrene, associated with peripheral artery disease. Smoking and diabetes are “strong” risk factors for the development of peripheral atherosclerotic disease, and more than 50% of patients with critical ischemia have diabetes. Treatment and diagnostics include a multidisciplinary approach of several specialties including vascular surgeons, radiologists, diabetologists, infectious disease specialists, dermatologists, and cardiologists.¹ For the proper functioning of the team, it is necessary to have a precise diagnostic and therapeutic algorithm. Patients with critical limb ischemia have a one-year risk of amputation and cardiovascular death greater than 25%. The assessment of the risk of amputations is done by calculating the “WI-FI” score. Endovascular treatment is preferred as the first option of revascularization treatment. The main goal of the treatment is to establish flow through at least one vessel to the foot, which often involves addressing the “inflow” and “outflow” regions. Small amputations are often necessary and are an integral part of treatment. Patients with critical ischemia of the extremities have associated significant heart disease. More than 70% of patients have associated coronary artery disease, over 30% of patients have chronic congestive heart failure, and 15% have permanent atrial fibrillation. That all cause a high one-year risk of adverse cardiovascular events and death (>25%) which gives a special importance to the participation of cardiologists in the multidisciplinary team, both in diagnosis and in the actual implementation of endovascular treatment.

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LITERATURE

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