

Novosti u endovaskularnom liječenju lezija zdjeličnih arterija News in endovascular treatment of aortoiliac lesions

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Intervencije na zdjeličnim arterijama su od početaka intervencija na perifernim arterijama bile u fokusu interesa zbog svoje anatomske dostupnosti, ali i dobrih kratkoročnih i dugoročnih rezultata. 2017. godine izašle su nove smjernice Europskog kardiološkog društva za liječenje periferne arterijske bolesti¹ u kojima je s intervencijske strane gledano glavna promjena u odnosu na smjernice od 2011. godine napuštanje TASC II klasifikacije. Endovaskularno liječenje je dobilo preporuku IC za okluzivne lezije do duljine od 5cm. Ostale kompleksnije situacije dolaze u obzir za endovaskularno liječenje kao prva strategija liječenja u slučaju značajnih komorbiditeta bolesnika. Općenito gledajući endovaskularno liječenje okluzivnih lezija zdjelične lokalizacije ima središnju ulogu nakon adekvatne medikamentne terapije i kontroliranih vježbi hodanja.

Percutaneous interventions on lesions in aortoiliac localization have been in focus of interest from the very beginning of interventions because of anatomic suitability and very good short and long-term results. New guidelines from European Society of Cardiology on Peripheral Artery Disease¹ published in 2017 made changes in categorization of lesions by abandoning TASC II classification. Endovascular approach has I C recommendation for first choice treatment of occlusive lesions up to 5 cm in length. More complex lesions should be considered for endovascular-first strategy in patients with severe comorbidities. In general, endovascular treatment of peripheral artery disease in aortoiliac localization has a very important role after optimal medication treatment and supervised exercise training.

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LITERATURE

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