

Eight cases of successful percutaneous retrograde revascularization of lower extremity vessels

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Critical limb ischemia (CLI) is still associated with significant morbidity and mortality despite advances in both medical and interventional approaches to its treatment. Antegrade recanalization is the common method for these peripheral artery disease of the lower extremities. In the case of failure of below-the-knee arteries intervention using antegrade approach, retrograde approach can be used as an alternate method. Retrograde approach is expected to improve a chance of success of procedure, so a risk of amputation will be decreased and patients have obvious benefits in quality of life. But it still has been practiced only infrequently because of technical complexity. Eight cases are patients with CLI who had benefits in quality of life through prevention of leg amputation and improved symptom without complication after balloon angioplasty via retrograde approach. These cases suggest retrograde approach for CLI affecting below-the-knee arteries is the safe and effective method.

	Age	Sex	S/H	lesion	Treatment	Complication	ABI	ABI F/U	Amputation	Death
Case1	89	male	30PYS	Lt. PA	balloon	(-)	0.95	0.92	(-)	(-)
Case2	68	male	30PYS	Rt. ATA	balloon	(-)	0.89	0.98	(-)	(-)
Case3	61	male	10PYS	Lt. PA, PTA	balloon	(-)	0.44	0.71	(-)	(-)
Case4	83	male	None	Lt. PTA	balloon	(-)	0.49	1.02	(-)	(+)
Case5	80	male	30PYS	Lt. SFA, PA	balloon	(-)	0.65	0.84	(-)	(-)
Case6	79	male	30PYS	Rt. SFA, PTA	balloon	(-)	0.51	0.88	(-)	(-)
Case7	79	male	None	Lt. SFA, PTA	balloon	(-)	0.79	0.92	(-)	(-)
Case8	79	male	50PYS	Rt. PTA, PA, POP	balloon	(-)	0.71	1.00	(-)	(-)

PA, Peroneal artery; ATA, Anterior tibial artery; PTA, Posterior tibial artery; SFA, Superficial femoral artery; POP, popliteal artery

To compare head-up tilt test outcomes and hemodynamic responses in the elderly with ones in younger patients who were suspected of vasovagal syncope

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Background: Few data are available concerning head up tilt table test (HUT) outcomes in unselected populations in the elderly. The aim of this study was to compare the elderly with younger patients in a large number of consecutive patients with unexplained syncope who underwent nitrate-potentiated head up tilt test. **Methods:** Consecutive outpatients with history of recurrent unexplained syncope underwent HUT by being tilted to 60 degree after supine position for five minutes. The test was potentiated by the administration of isosorbide dinitrate spray 20 minutes after that. The frequency of syncope occurrence and hemodynamic responses during the passive and nitrate phases of HUT were evaluated; symptoms preceding HUT-induced syncope were recorded with heart rate and arterial blood pressure values. **Results:** 311 (46.9%) of 633 patients were positive. The positive results showed 39.5% in those aged ≥ 60 years ($n=215$), 45.2% in the age of 36 - 64 years ($n=272$) and 58.5% in the age of ≤ 35 years ($n=176$). The patients experienced HUT positive results almost after using isosorbide dinitrate spray (95.1%), and average time to syncope was 33 minutes after HUT started. HUT positive patients had increased pulse rate more than older age groups. **Conclusion:** The rate of nitrate-induced syncope was more frequent in younger patients. In younger patient with HUT positive, heart rate was more increased in the passive and the active phases than the one in older patients.

