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ABSTRACTS



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AMPUTATION RATE REDUCTION USING NEUROSTIMULATION IN CRITICAL LIMB ISCHEMIA IN PATIENTS TECHNICALLY INOPERABLE

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Introduction: Wound treatment in patients with arterial occlusive disease (AOD) is a real problem, especially when it's impossible to operate and delaying amputation is the only result we can achieve. In these cases we can consider vasoactive therapy with prostaglandins or surgical revascularisation. Nevertheless, in some patients neither revascularisation nor prostaglandins therapy can be performed.

Aim: The main goal with these patients is to reduce the amputation rate with neurostimulator treatment (FREMS). The other clinical target is to improve pain.

Methods: A total of 166 patients with an injury caused by AOD were analyzed. They were all technically inoperable and can't use prostaglandins. Patients with neuropathy were excluded. Fifty-nine (35%) patients were treated with FREMS for 10 consecutive two-daily sessions within two weeks. The others were analyzed as control group. The pain has been measured by Visual Analogic Scale (VAS).

Results: In a one-month period, the amputation rate was reduced from 52.34% to 30.51% (controls vs FREMS, $p=0.0187$). We noted a more evident reduction in minor amputation rate (13.07%).

In FREMS group we had a significative clinical improvement in wound healing which corresponded to pain control that was achieved 48 hours after the first FREMS application; at the end of the treatment we had a VAS reduction from 7.1 to 2.9 ($p < 0,0001$).

Conclusions: FREMS treatment is very effective for patients with lesions in critical limb ischemia, technically inoperable and that can't be treated with prostaglandins.