Foot Perfusion Measurements Are The Best Method To Evaluate Treatment Effectiveness For CLTI: What Methods Are Available And Best Werner Lang

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DISCLOSURES: NONE

# Perfusion imaging and guidelines

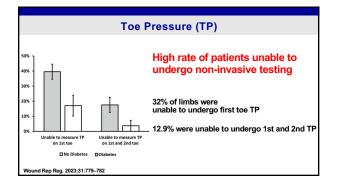
2019 Global Vascular Guidelines on the Management of CLTI,

Wound, Ischaemia and foot Infection, WIfI

rely on ABI, TBI, TP and TcPO2

as non-invasive markers of foot perfusion

# TcPO2 Diffusion of oxygen molecules – no direct measurement Heating is necessary to avoid blood vessel reactivity Long measuring time Heating phase appr. 20 minutes Resting level: change less 2 min following 10-min response time Ambient temperature Problem: Skin changes as necrosis and inflammation Evidence in guidelines: conditional.low(<sup>1</sup>)



Preferred methods of perfusion imaging

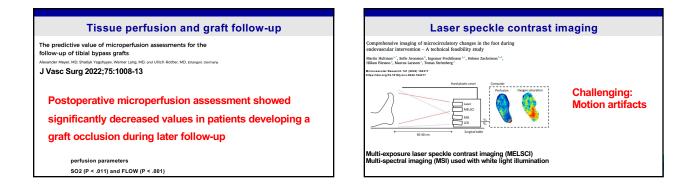
Laser Doppler imaging

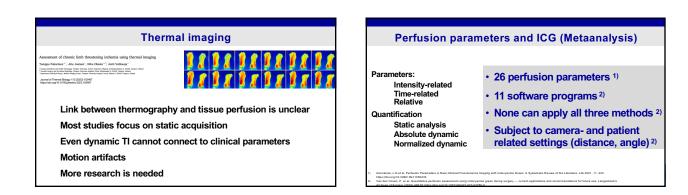
White light spectrometry

**ICG** perfusion imaging



pre	post	4 weeks	80%-	pre	post	4 weeks
<b>P</b> . <b>e</b>	Т	т		<b>P</b> . <b>C</b>	P - 51	
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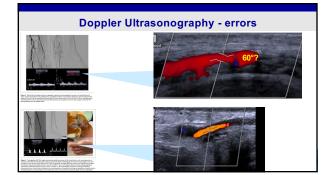




## **Doppler Ultrasonography**

Not require Clinical Value of resubility and Clinical Value of trapprocedural Diopter Ultrassongers, and lood Flow Parameters During Peripheral notovascular Proceedures for Limbo alvages: A Pilot Study toros followed ND 76. EML 45%, Moyabid Gespiden, Perificial terros followed ND 76. EML 45%, Moyabid Gespiden, Perificial terros followed ND 76. EML 45%, Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden, Perificial terros followed ND 76. EML 45% Moyabid Gespiden terros followed ND 76% Moyabid terros followed ter

Difficult to enroll every case Enrollment of 28 cases (out of 106) Parameters of tissue blood flow PI (pulsatility index) PAT (pedal acceleration time)





wide variation across patients e.g. catheter placement, BP, volume status no standardized protocols poor outflow limits washout no threshold for healing

### **Cross-section imaging**

# CT perfusion techniques

MRI perfusion techniques

s Most studies show healthy/patients Muscle/compartment studies more than CLTI Lack of cut-off values for CLTI May demonstrate immediate effect of Tx N/A for f-up in clinical routine practice

# Conclusion

Foot perfusion measurements are necessary to evaluate the effect of revascularization in CLTI

May predict failure of Tx

Lack of precise cut-off values

Intraindividual comparison of values may be helpful for follow-up