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Clinical Outcomes of PAD Patients Who Underwent Routine Coronary Angiography and Subsequent Percutaneous Coronary Angiography for Severe CAD

Background: Patients with peripheral arterial disease (PAD)have a poor prognosis including high mortality rate. Long-term clinicaloutcomes of symptomatic PAD patients who underwent percutaneoustransluminal angioplasty (PTA) who also underwent routine coronaryangiography (CAG) and subsequent percutaneous coronary intervention(PCI), if clinically indicated, are not fully elucidated yet.Methods: A total of 674 consecutive PAD patients who underwent successfulPTA and CAG were enrolled. Coronary artery disease (CAD) was defined asangiographic stenosis >=70%. Patients were divided into two groupsaccording to the presence of CAD (CAD group: 413 patients, non-CAD group:261 patients). To adjust for any potential confounders that could causebias, propensity score matching (PSM) analysis was performed. Clinicaloutcomes were assessed based upon Kaplan-Meier curved analysis at 5 yearsfollow-up.Results: PSM analysis yielded two matched groups (160 pairs, n=320) withbalanced baseline characteristics. During the 5-year clinical follow-up,there were no differences in the incidence of mortality, myocardialinfarction, strokes, peripheral revascularization, or target extremitysurgeries between the two groups except for repeat PCI, which was higherin the CAD group than the non-CAD group (9.3% vs. 0.8%, P<0.001).Conclusion: A strategy of routine CAG and subsequent PCI, if required,appears to be a reasonable strategy for risk reduction of PAD patients.Our results highlight the importance for evaluation for CAD in patientswith PAD. A randomized trial is needed to evaluate the clinical benefitof this strategy..