

Abordagem da doença aterosclerótica do setor aorto ilíaco: Desafios

Antonio Quintella

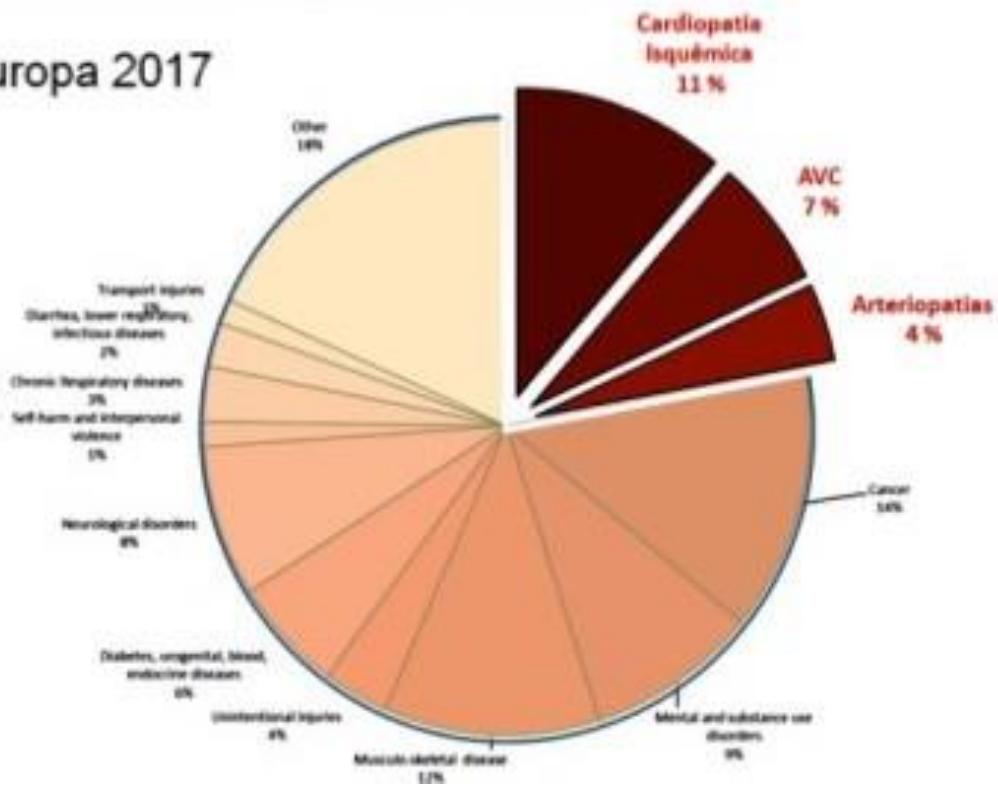
FACULDADE DE CIENCIAS MEDICAS DE MINAS GERAIS
FELUMA

BELO HORIZONTE BRAZIL



Causas de invalidez ou morte

Europa 2017



Europa 2017

Goda, Artan, et al. "European Society of Cardiology: cardiovascular disease statistics 2017." *European heart journal* (2017).

Prevalência doença arterial obstrutiva periférica

Doença arterial obstrutiva periférica
202 milhões de pessoas (2013)

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HIV 34 milhões de pessoas (2011)



Fowkes, F. Gerald R., et al. "Comparison of global estimates of prevalence and risk factors for peripheral artery disease in 2000 and 2010: a systematic review and analysis." *The Lancet* 382.9901 (2013): 1329-1340.

Hirsch, Alan T., and Sue Duval. "The global pandemic of peripheral artery disease." *The Lancet* 382.9901 (2013): 1312-1314.

Doença arterial obstrutiva periférica

- Aumento da incidência de 23,5% em uma década (2000-2010)
- 150 000 amputações nos Estados Unidos



Fowkes, F. Gerald R., et al. "Comparison of global estimates of prevalence and risk factors for peripheral artery disease in 2000 and 2010: a systematic review and analysis." *The Lancet* 382.9901 (2013): 1329-1340.

Hirsch, Alan T., and Sue Duval. "The global pandemic of peripheral artery disease." *The Lancet* 382.9901 (2013): 1312-1314.

Doença arterial obstrutiva periférica

Países desenvolvidos

- Prevalência 30,3%
- Aumento da incidência 13,1%

Países em desenvolvimento

- Prevalência 69,7%
- Aumento da incidência 28,7%

Fowkes, F. Gerald R., et al. "Comparison of global estimates of prevalence and risk factors for peripheral artery disease in 2000 and 2010: a systematic review and analysis." *The Lancet* 382.9901 (2013): 1329-1340.

Classificação

CLASSIFICAÇÃO DE FONTAINE	CLASSIFICAÇÃO DE RUTHERFORD
Estágio I Assintomático	Categoria 0 Assintomático
Estágio II a) Claudicação intermitente limitante	Categoria 1 Claudicação leve
	Categoria 2 Claudicação moderada
Estágio II b) Claudicação intermitente incapacitante	Categoria 3 Claudicação severa
Estágio III Dor isquêmica em repouso	Categoria 4 Dor em repouso
Estágio IV Lesões tróficas	Categoria 5 Lesão trófica pequena
	Categoria 6 Necrose extensa

Fontaine R, Kim M, Kieny R. [Surgical treatment of peripheral circulation disorders.] Helv Chir Acta 1954;21:499-533.

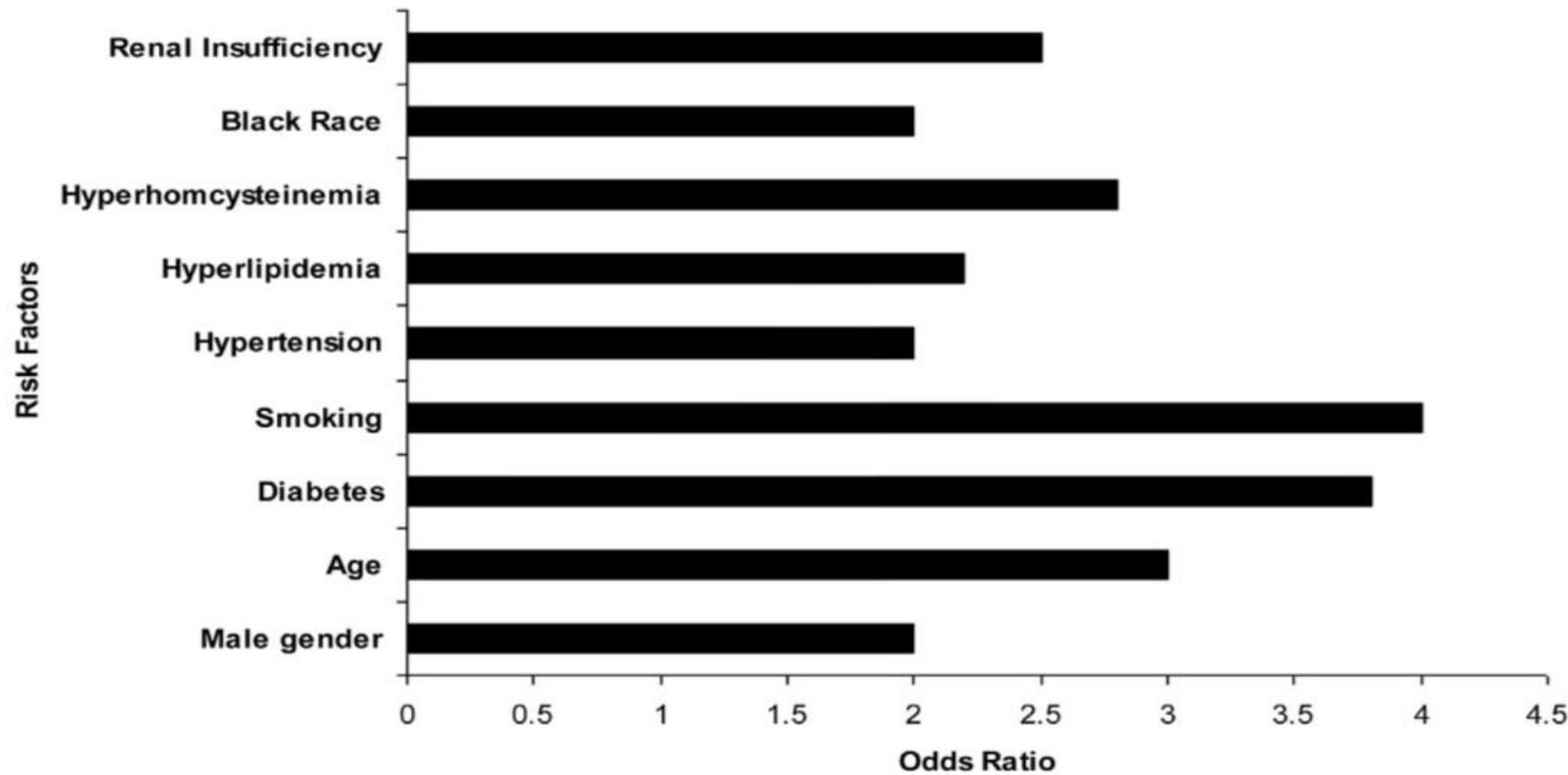
Rutherford RB, Baker JD, Ernst C, Johnston KW, Porter JM, Ahn S. Recommended standards for reports dealing with lower extremity ischemia: revised version. J Vasc Surg 1997;26:517-38

Fatores de risco

- Idade
- Tabagismo
- Hipertensão
- Diabetes
- Historia de doença cardiovascular

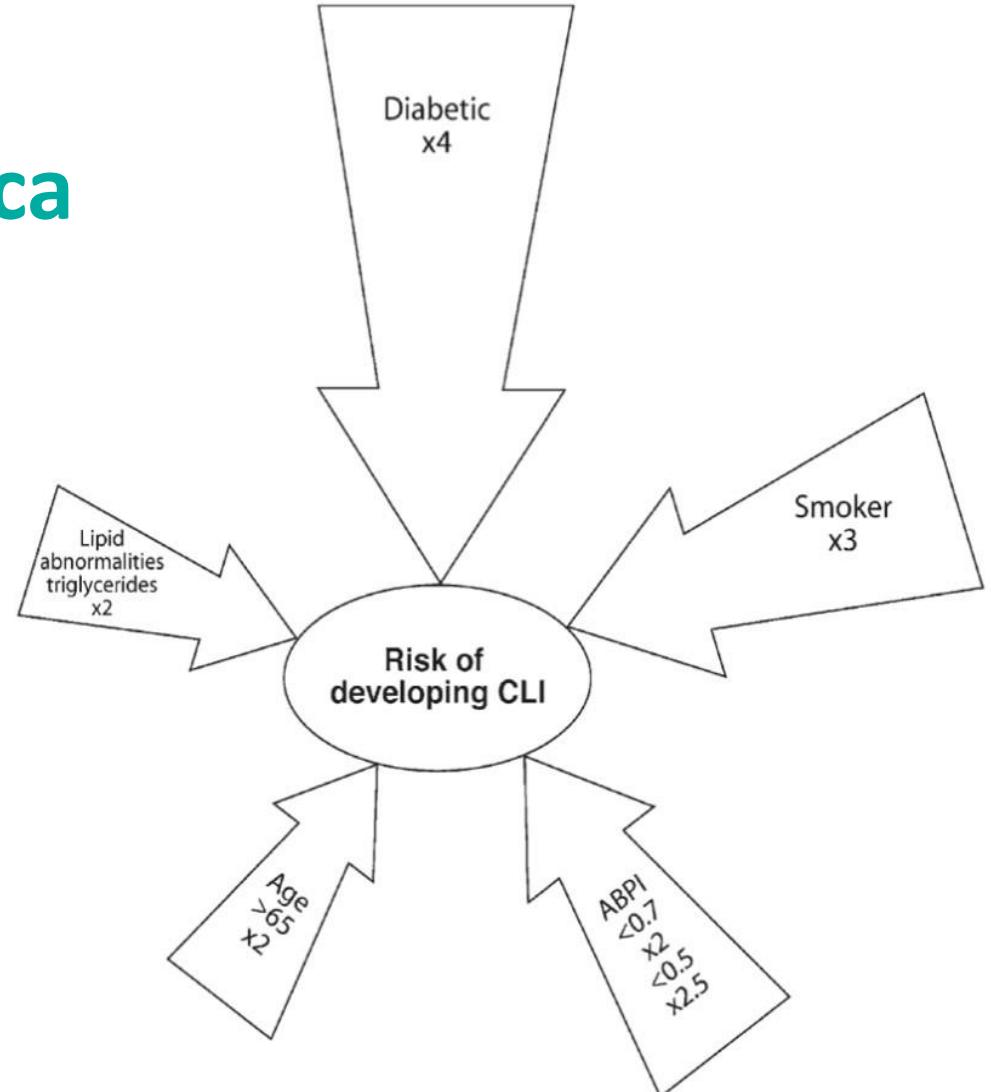
Fowkes FG, Rudan D, Rudan I, Aboyans V et al. Comparison of global estimates of prevalence and risk factors for peripheral artery disease in 2000 and 2010: a systematic review and analysis. Lancet. 2013;382(9901):1329-40.

Fatores de risco DAOP sintomático

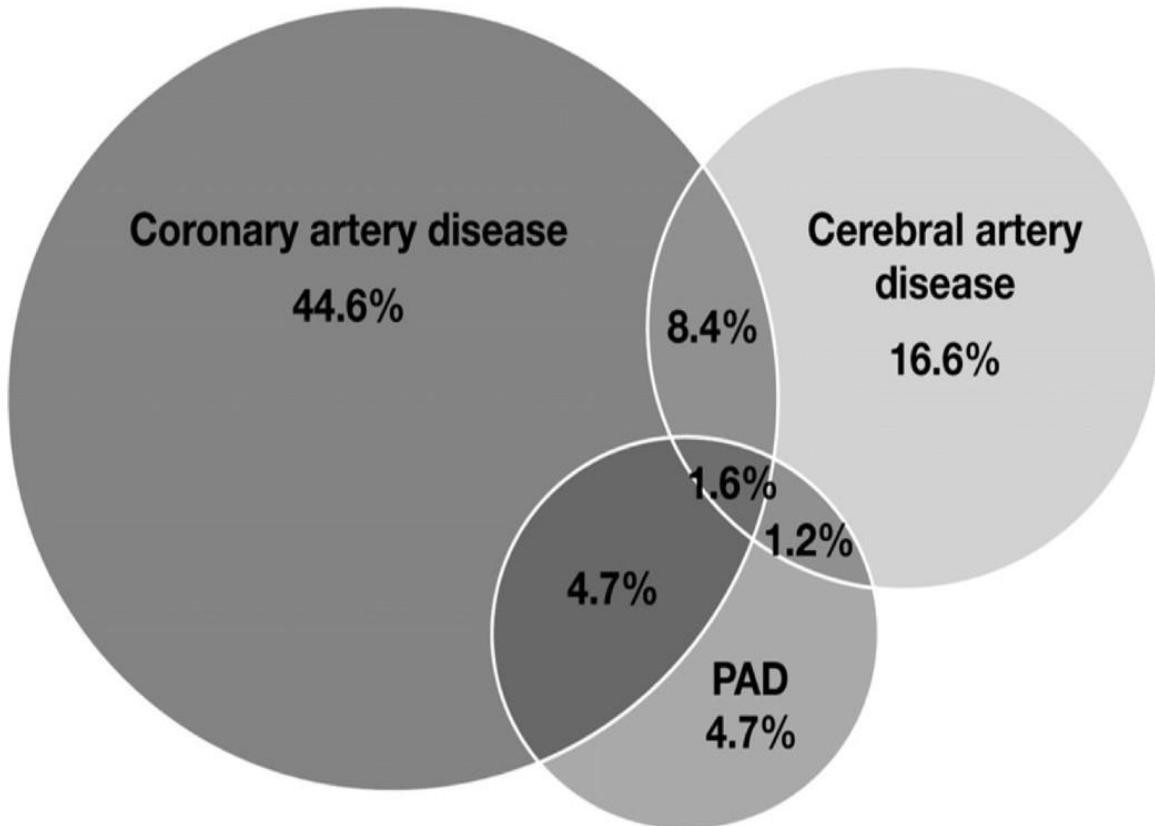


Conte, Michael S., et al. "Society for Vascular Surgery practice guidelines for atherosclerotic occlusive disease of the lower extremities: management of asymptomatic disease and claudication." Journal of vascular surgery 61.3 (2015): 2S-41S.

Fatores de risco - Isquemia critica



Norgren L, Hiatt WR, Dormandy JA et al (2007) Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II). Eur J Vasc Endovasc Surg 33(Suppl 1):S1–S75



Norgren L, Hiatt WR, Dormandy JA et al (2007) Inter-Society
Consensus for the Management of Peripheral Arterial Disease (TASC II).
Eur J Vasc Endovasc Surg 33(Suppl 1):S1–S75

Mortalidade

Symptomatic PAD subjects had higher 5 year cumulative CV mortality than the reference population, 13% versus 5%.

ARTICLE IN PRESS

Eur J Vasc Endovasc Surg (2015) ■, 1–9

REVIEW

The Risk of Disease Progression in Peripheral Arterial Disease is Higher than Expected: A Meta-Analysis of Mortality and Disease Progression in Peripheral Arterial Disease

B. Sigvant ^{a,b,e,*}, F. Lundin ^c, E. Wahlberg ^d

^a Institution of Molecular Medicine and Surgery, Karolinska Institutet, Stockholm, Sweden

^b Department of Surgery Central Hospital, Karlstad, Sweden

^c Department of Medical Epidemiology and Statistics Central Hospital, Karlstad, Sweden

^d Department of Cardiothoracic and Vascular Surgery, Linköping University Hospital, Linköping, Sweden

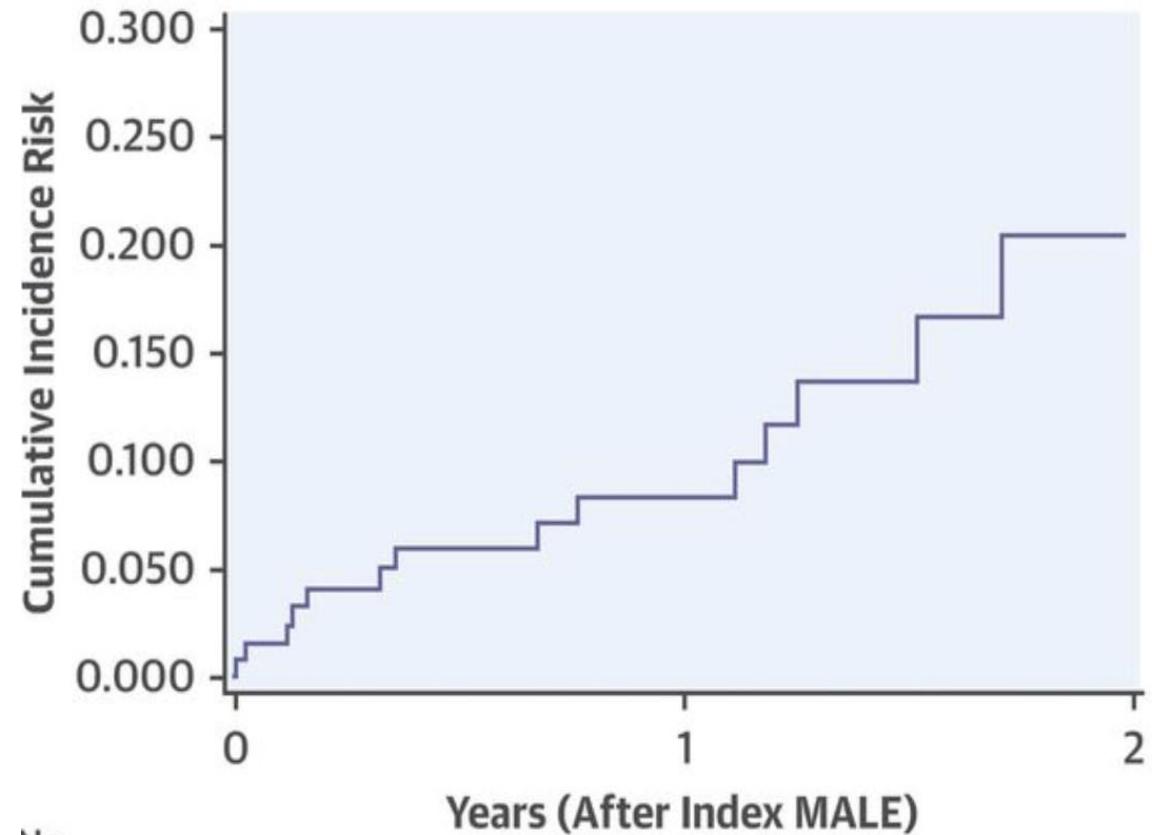
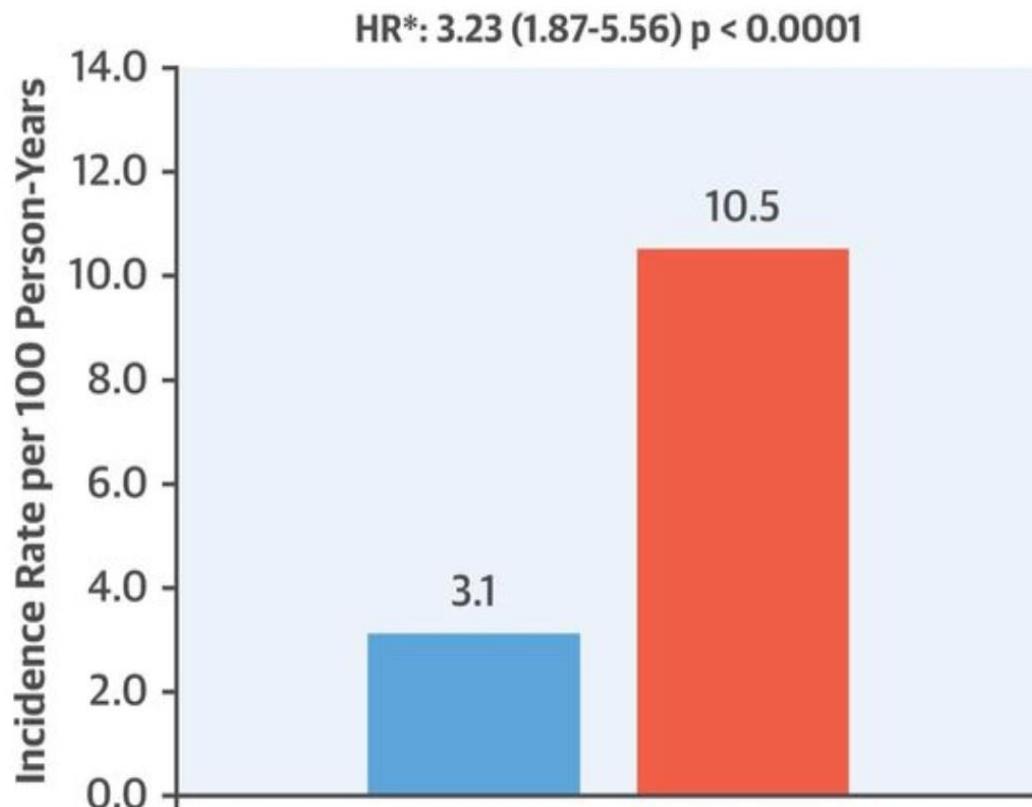
^e Department of Clinical Research and Education, Södersjukhuset, Karolinska Institute, Sweden

Sigvant, B., F. Lundin, and Eric Wahlberg. "The risk of disease progression in peripheral arterial disease is higher than expected: a meta-analysis of mortality and disease progression in peripheral arterial disease." *European Journal of Vascular and Endovascular Surgery* 51.3 (2016): 395-403.



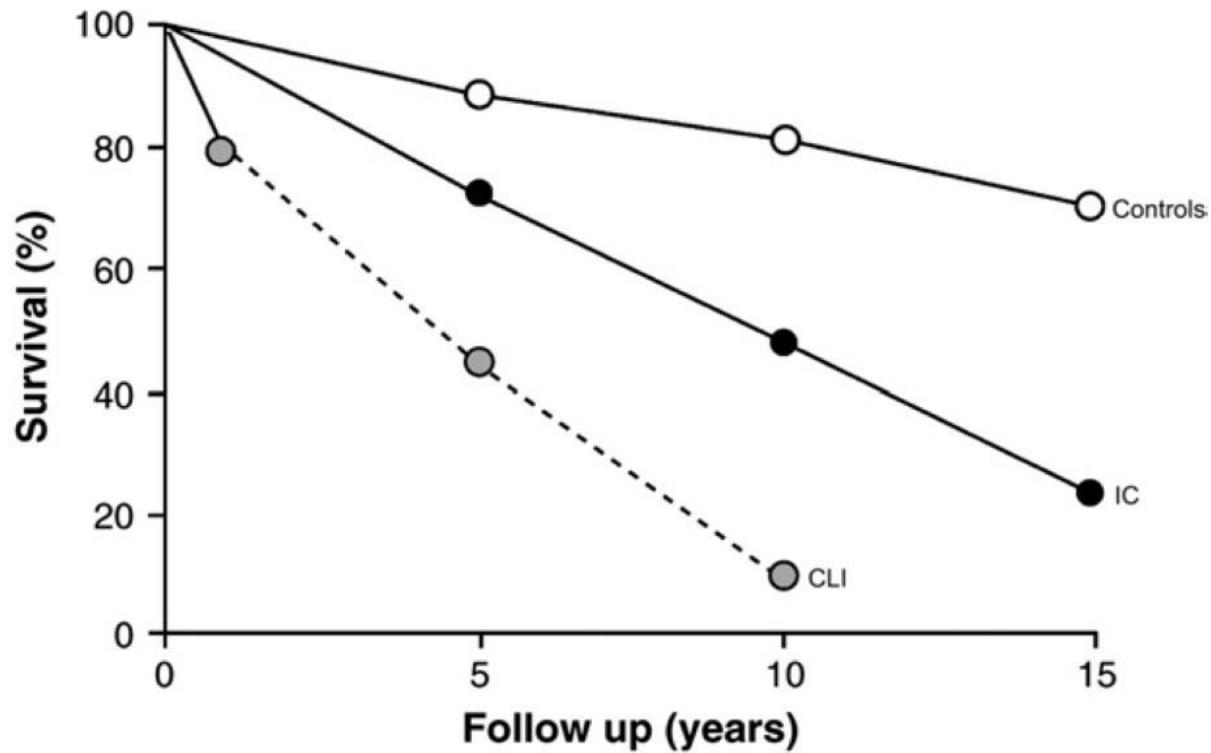
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Mortalidade



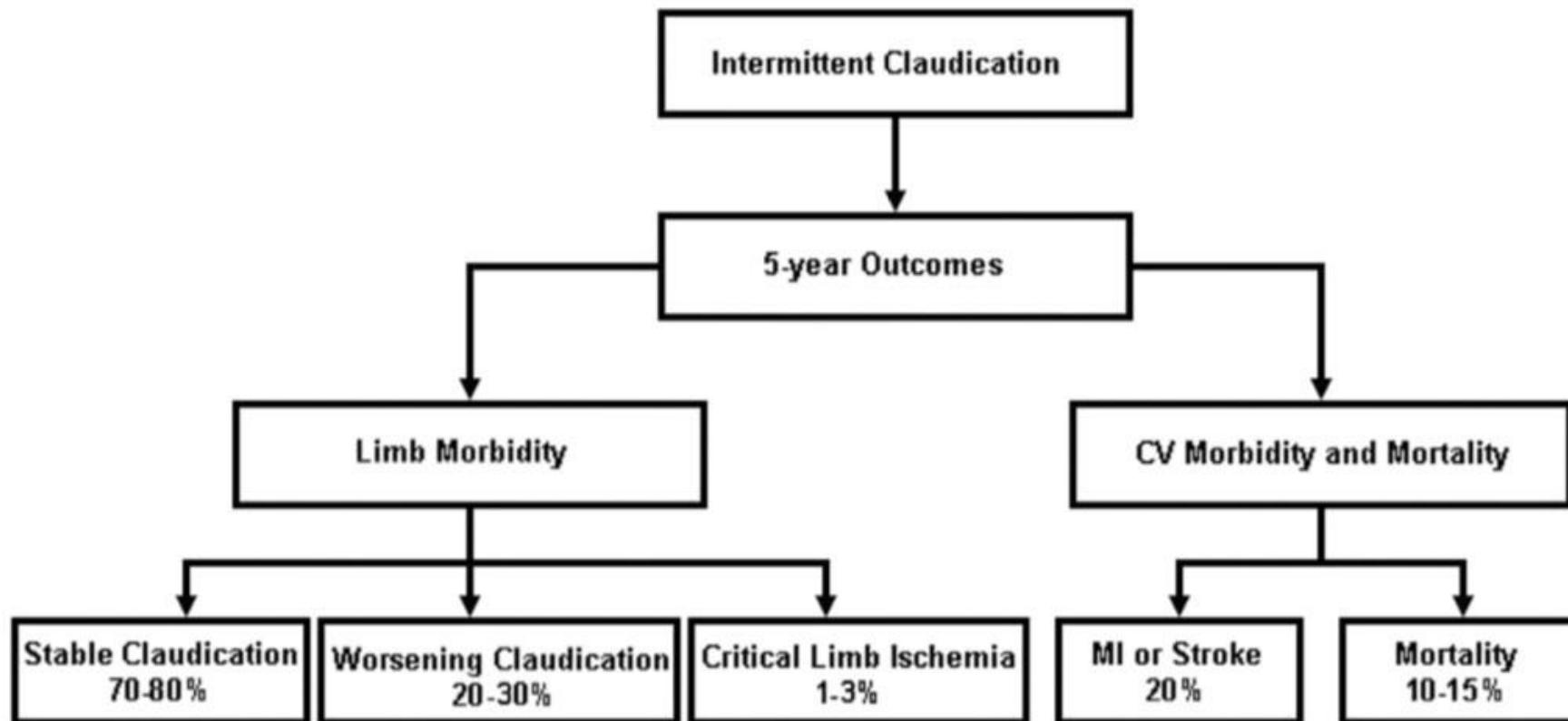
Anand, Sonia S., et al. "Major adverse limb events and mortality in patients with peripheral artery disease: the COMPASS trial." Journal of the American College of Cardiology 71.20 (2018): 2306-2315.

Mortalidade

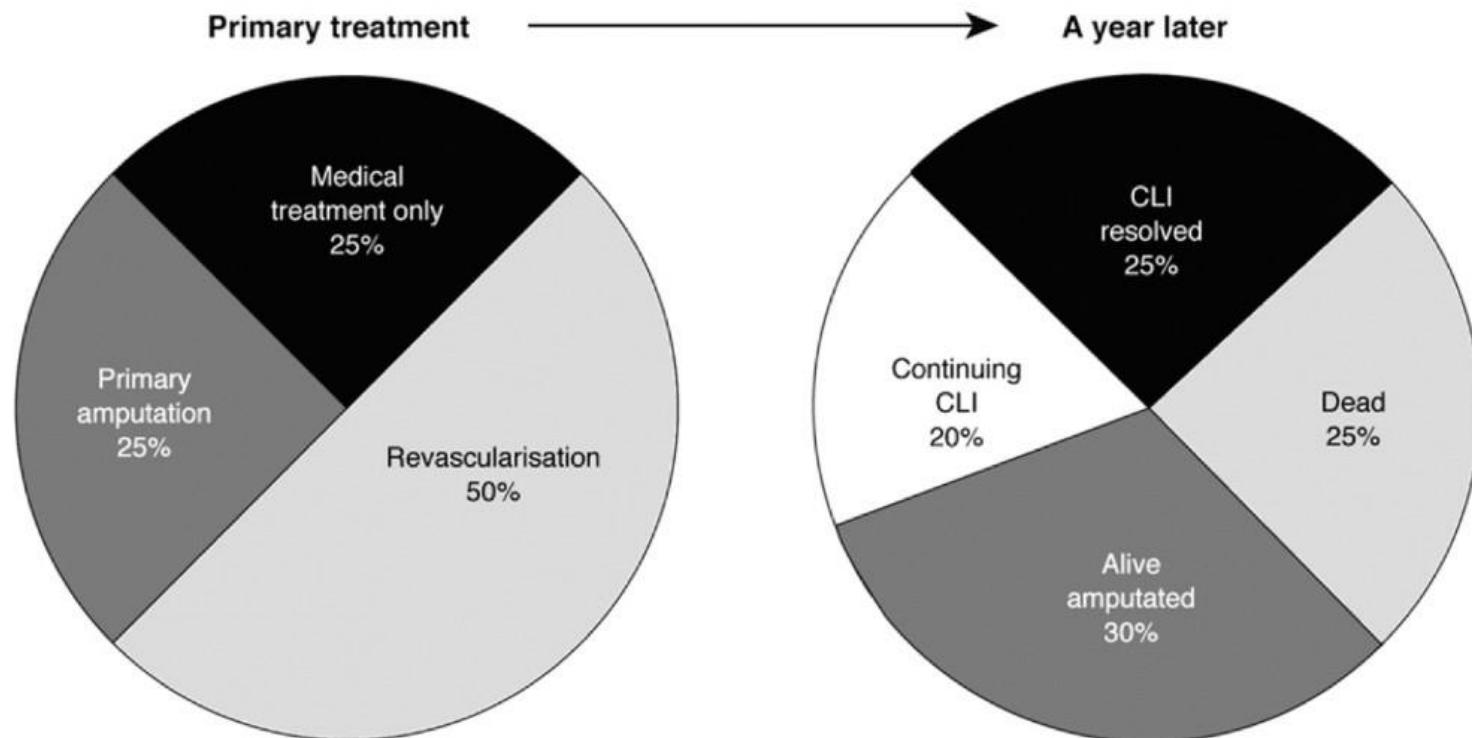


Norgren L, Hiatt WR, Dormandy JA et al (2007) Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II). Eur J Vasc Endovasc Surg 33(Suppl 1):S1–S75

Evolução



Evolução

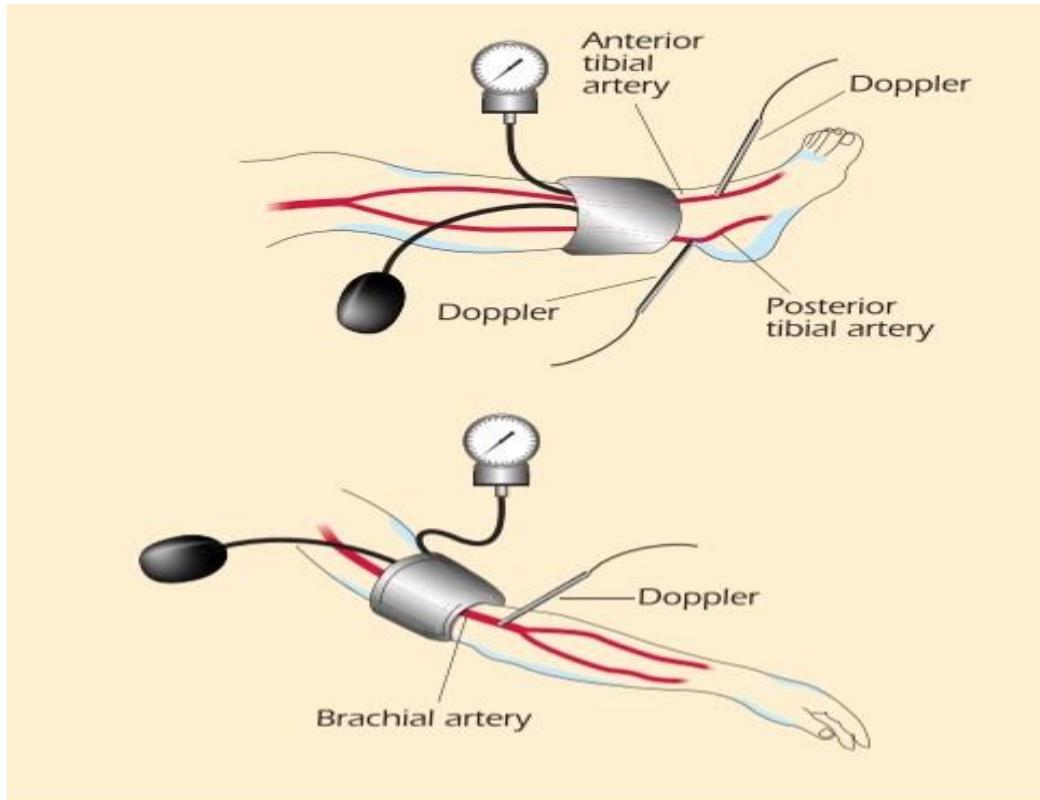


Norgren L, Hiatt WR, Dormandy JA et al (2007) Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II). Eur J Vasc Endovasc Surg 33(Suppl 1):S1–S75



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Índice tornozelo braquial



Índice Pressórico
Tornozelo-Braço

Pressão Sistólica Supramaleolar*



Pressão Sistólica do Braço

Aboyans, Victor, et al. "2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society for Vascular Surgery (ESVS) Document covering atherosclerotic disease of extracranial carotid and vertebral, mesenteric, renal, upper and lower extremity arteries Endorsed by: the European Stroke Organization (ESO) The Task Force for the Diagnosis and Treatment of Peripheral Arterial Diseases of the European Society of Cardiology (ESC) and of the European Society for Vascular" European heart journal 39.9 (2017): 763-816.



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Índice tornozelo braquial

Doppler portátil



Esfigomanômetro



Índice Tornozelo braquial

Normal : $\geq 1,00$ a $1,30$

Limitrofe: $\geq 0,90$ e $< 1,00$

DAOP: $< 0,90$

Incompressivo: : $\geq 1,30$

Aboyans, Victor, et al. "2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society for Vascular Surgery (ESVS) Document covering atherosclerotic disease of extracranial carotid and vertebral, mesenteric, renal, upper and lower extremity arteries Endorsed by: the European Stroke Organization (ESO) The Task Force for the Diagnosis and Treatment of Peripheral Arterial Diseases of the European Society of Cardiology (ESC) and of the European Society for Vascular" European heart journal 39.9 (2017): 763-816.



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Índice Tornozelo braquial

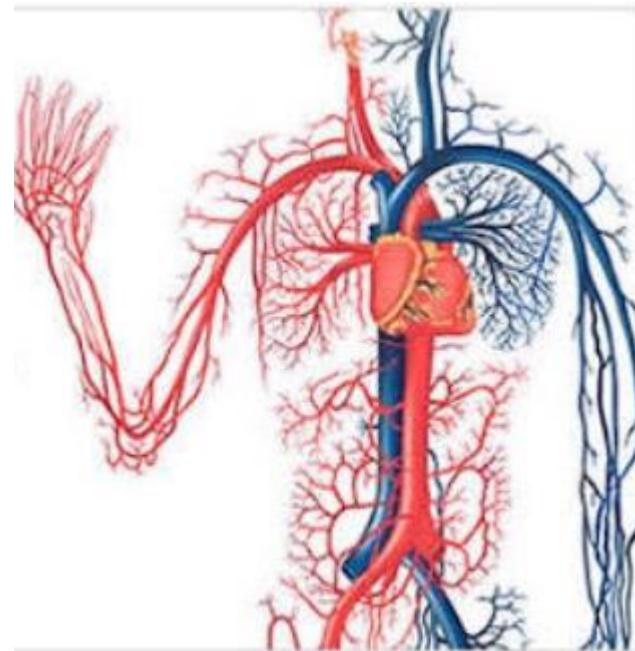
- Todos os pacientes com sintomas de DAOP
- Paciente com fatores de risco
- Todos os pacientes acima de 65 anos
- Todos os pacientes acima de 50 anos com historia familiar positiva

Aboyans, Victor, et al. "2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society for Vascular Surgery (ESVS) Document covering atherosclerotic disease of extracranial carotid and vertebral, mesenteric, renal, upper and lower extremity arteries Endorsed by: the European Stroke Organization (ESO) The Task Force for the Diagnosis and Treatment of Peripheral Arterial Diseases of the European Society of Cardiology (ESC) and of the European Society for Vascular" European heart journal 39.9 (2017): 763-816.

Índice tornozelo braquial

Avalia a doença arterial periférica

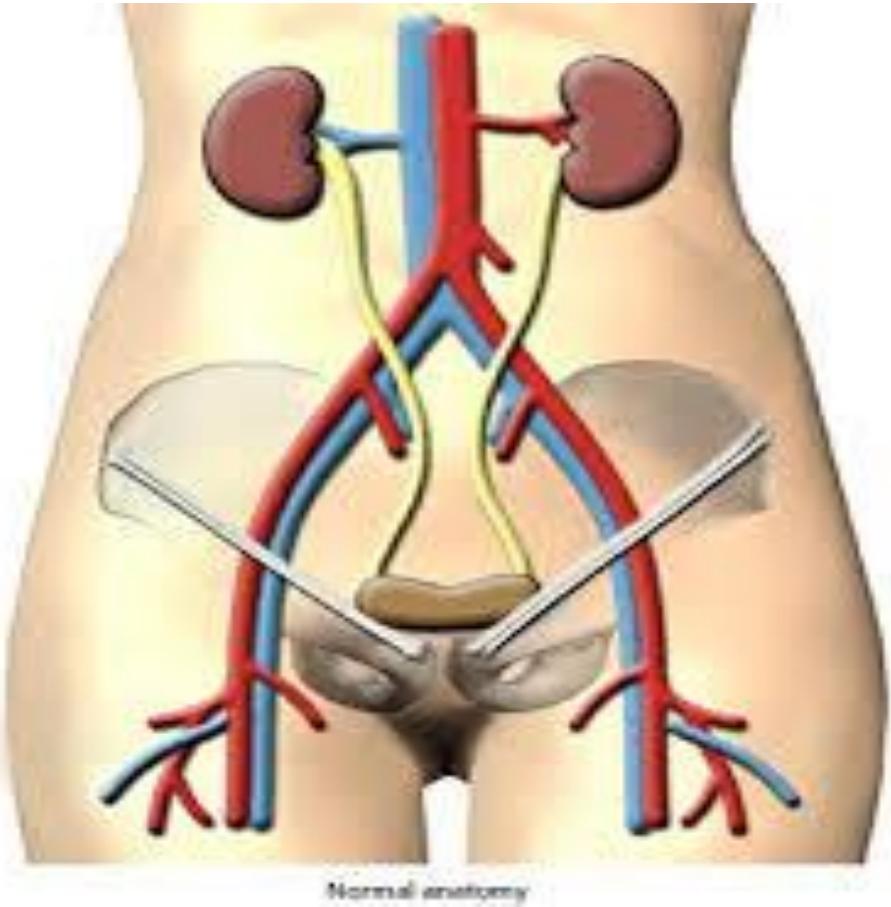
- Não invasivo
- Ambulatorial
- Fácil execução



Exames de imagem

- Ecodoppler duplex
- Angiotomografia
- AngioRM
- Angiografia

Setor aorto ilíaco

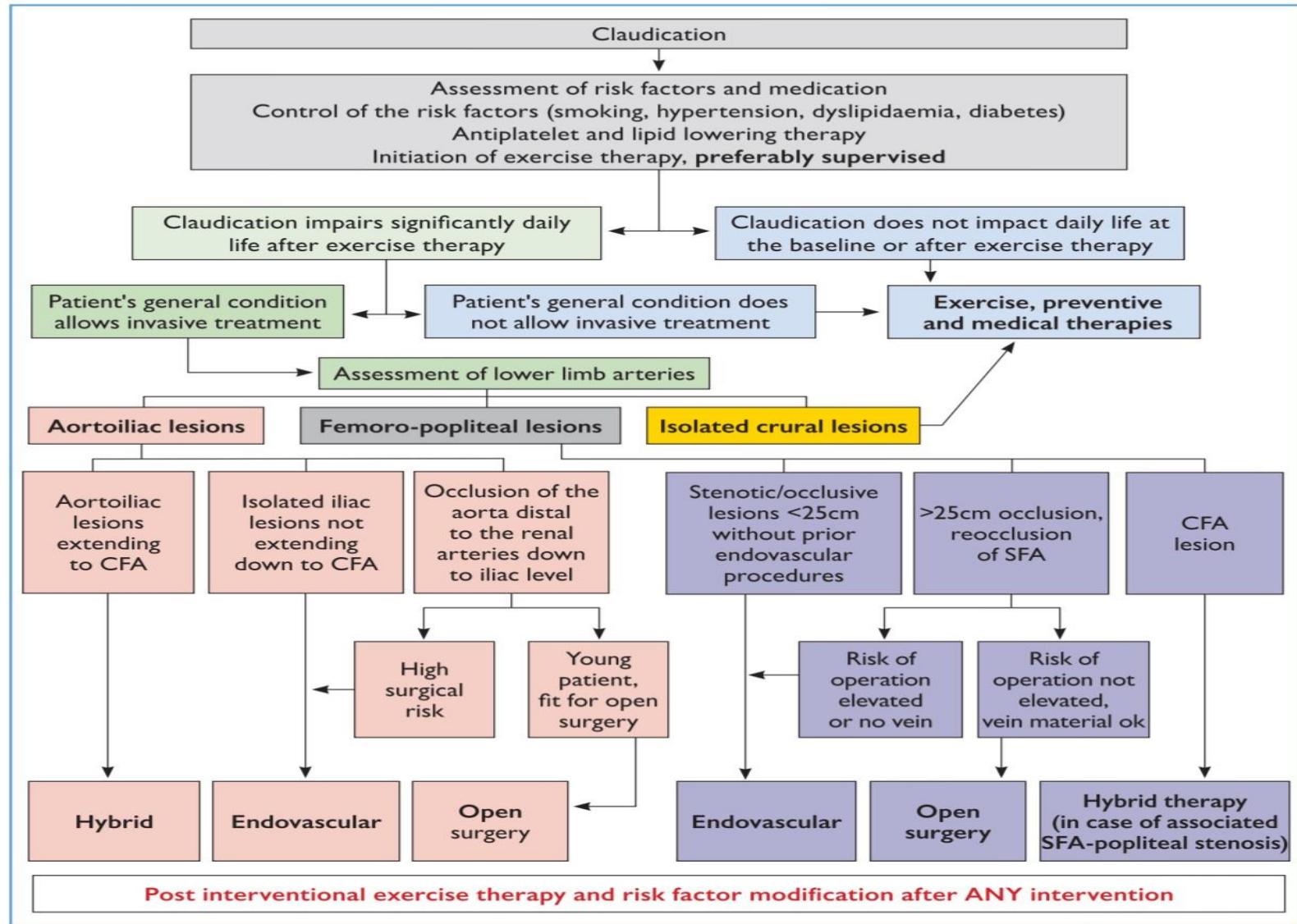


Tratamento

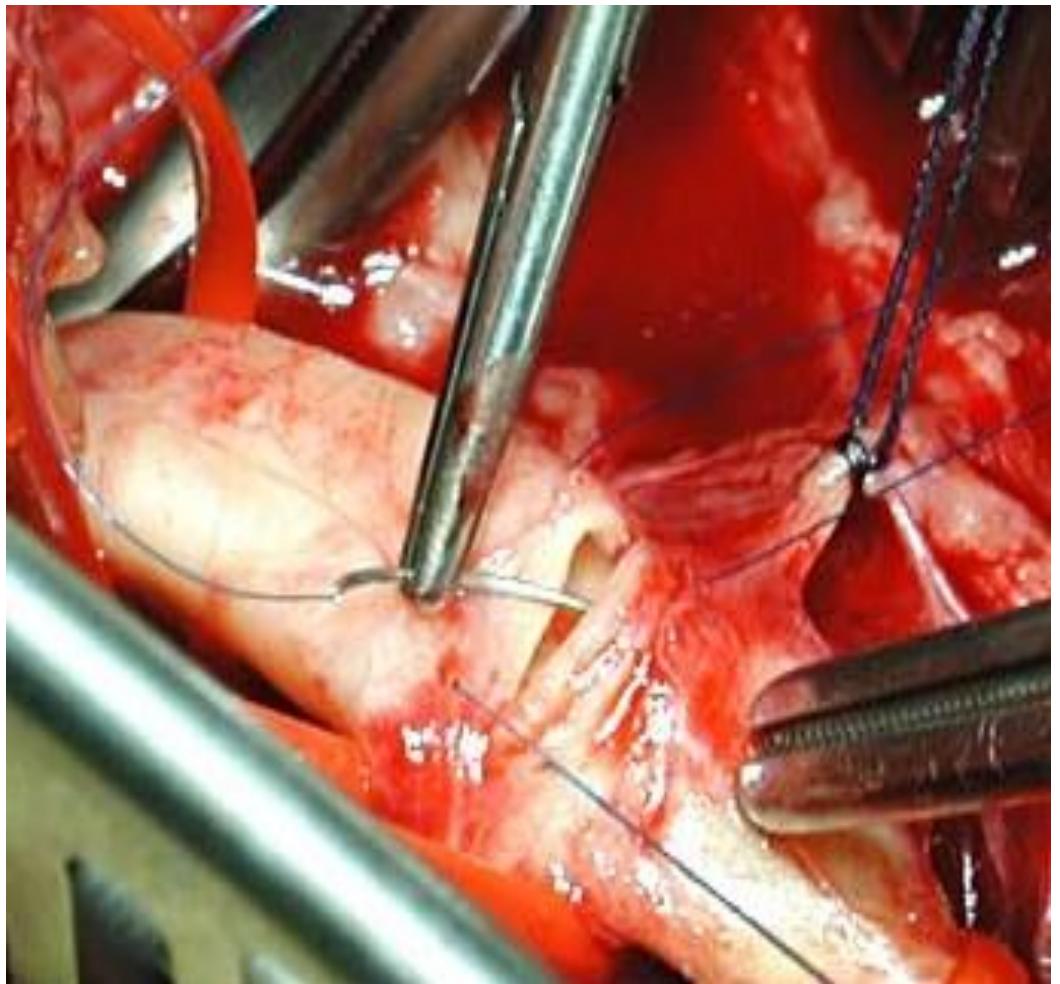
Assintomático

- Evitar progressão da doença
- Reduzir a mortalidade cardiovascular
- Reduzir a taxa de amputação

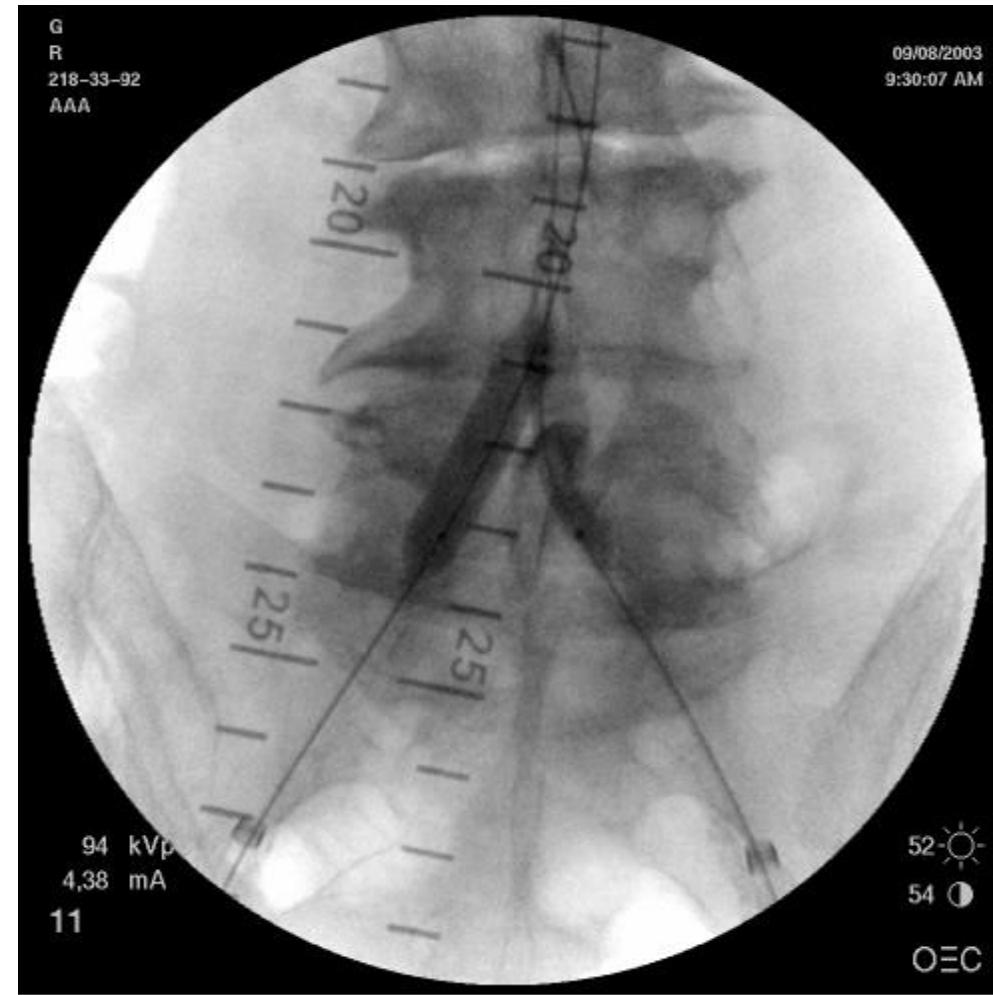
De Luccia, Vice-Coodenador Nelson, Marcos Rogerio Covre, and Calógero Presti. "DOENÇA ARTERIAL PERIFÉRICA OBSTRUTIVA DE MEMBROS INFERIORES DIAGNÓSTICO E TRATAMENTO."



Aboyans, Victor, et al. "2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society for Vascular Surgery (ESVS) Document covering atherosclerotic disease of extracranial carotid and vertebral, mesenteric, renal, upper and lower extremity arteries Endorsed by: the European Stroke Organization (ESO) The Task Force for the Diagnosis and Treatment of Peripheral Arterial Diseases of the European Society of Cardiology (ESC) and of the European Society for Vascular" European heart journal 39.9 (2017): 763-816.



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Classificação Anatômica

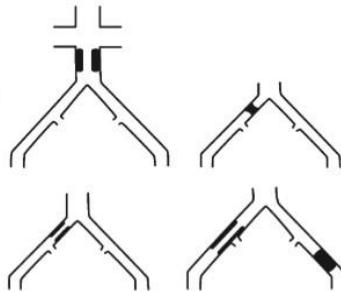
Type A lesions

- Unilateral or bilateral stenoses of CIA
- Unilateral or bilateral single short (≤ 3 cm) stenosis of EIA



Type B lesions:

- Short (≤ 3 cm) stenosis of infrarenal aorta
- Unilateral CIA occlusion
- Single or multiple stenoses totaling 3–10 cm involving the EIA not extending into the CFA
- Unilateral EIA occlusion not involving the origins of internal iliac or CFA



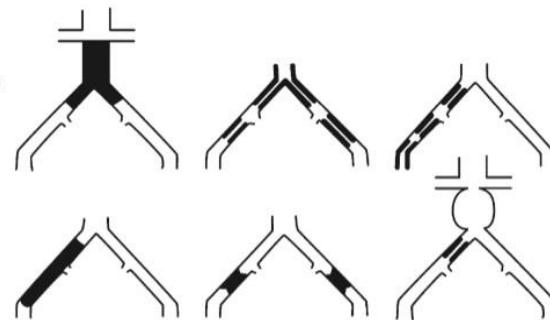
Type C lesions

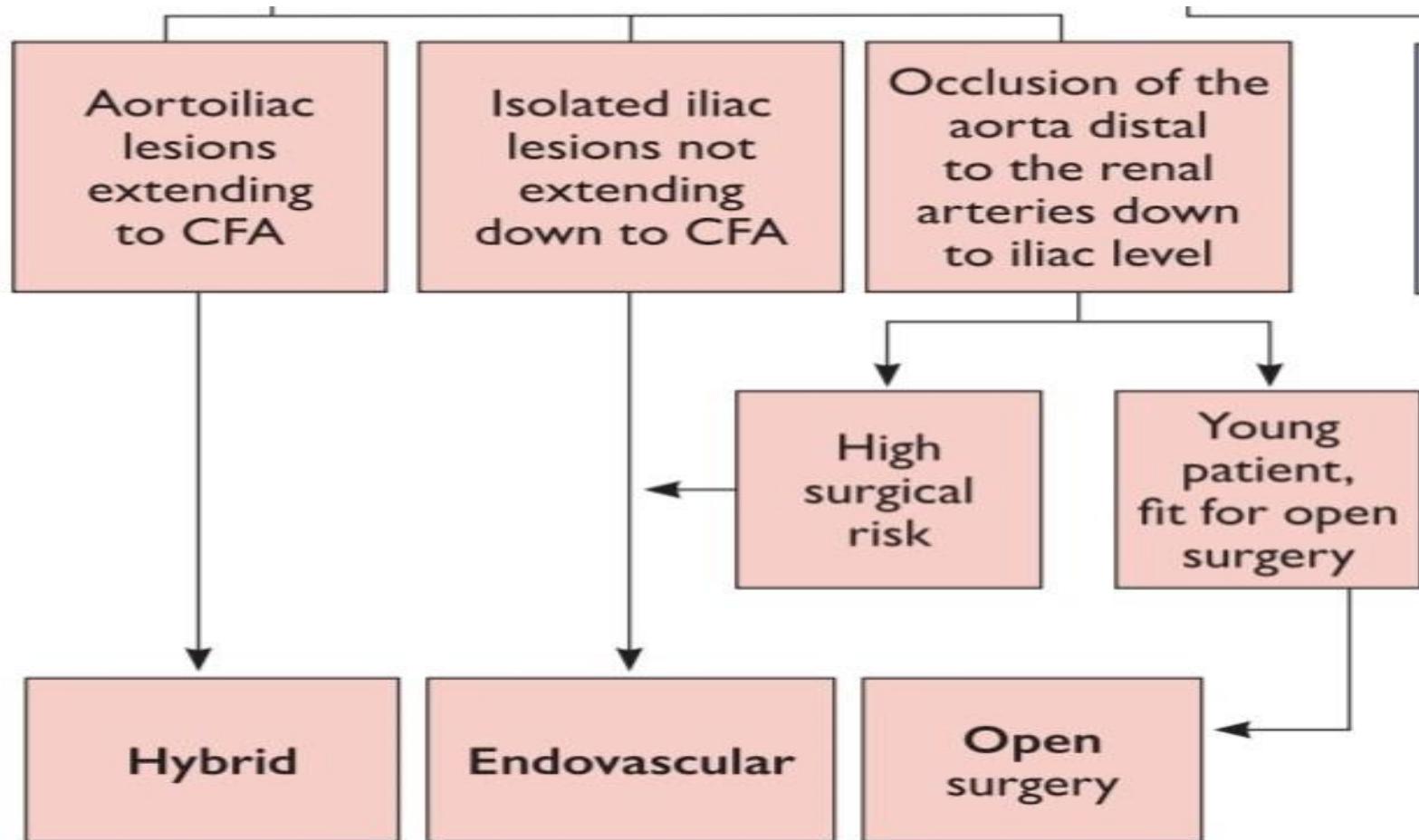
- Bilateral CIA occlusions
- Bilateral EIA stenoses 3–10 cm long not extending into the CFA
- Unilateral EIA stenosis extending into the CFA
- Unilateral EIA occlusion that involves the origins of internal iliac and/or CFA
- Heavily calcified unilateral EIA occlusion with or without involvement of origins of internal iliac and/or CFA



Type D lesions

- Infra-renal aortoiliac occlusion
- Diffuse disease involving the aorta and both iliac arteries requiring treatment
- Diffuse multiple stenoses involving the unilateral CIA, EIA, and CFA
- Unilateral occlusions of both CIA and EIA
- Bilateral occlusions of EIA
- Iliac stenoses in patients with AAA requiring treatment and not amenable to endograft placement or other lesions requiring open aortic or iliac surgery

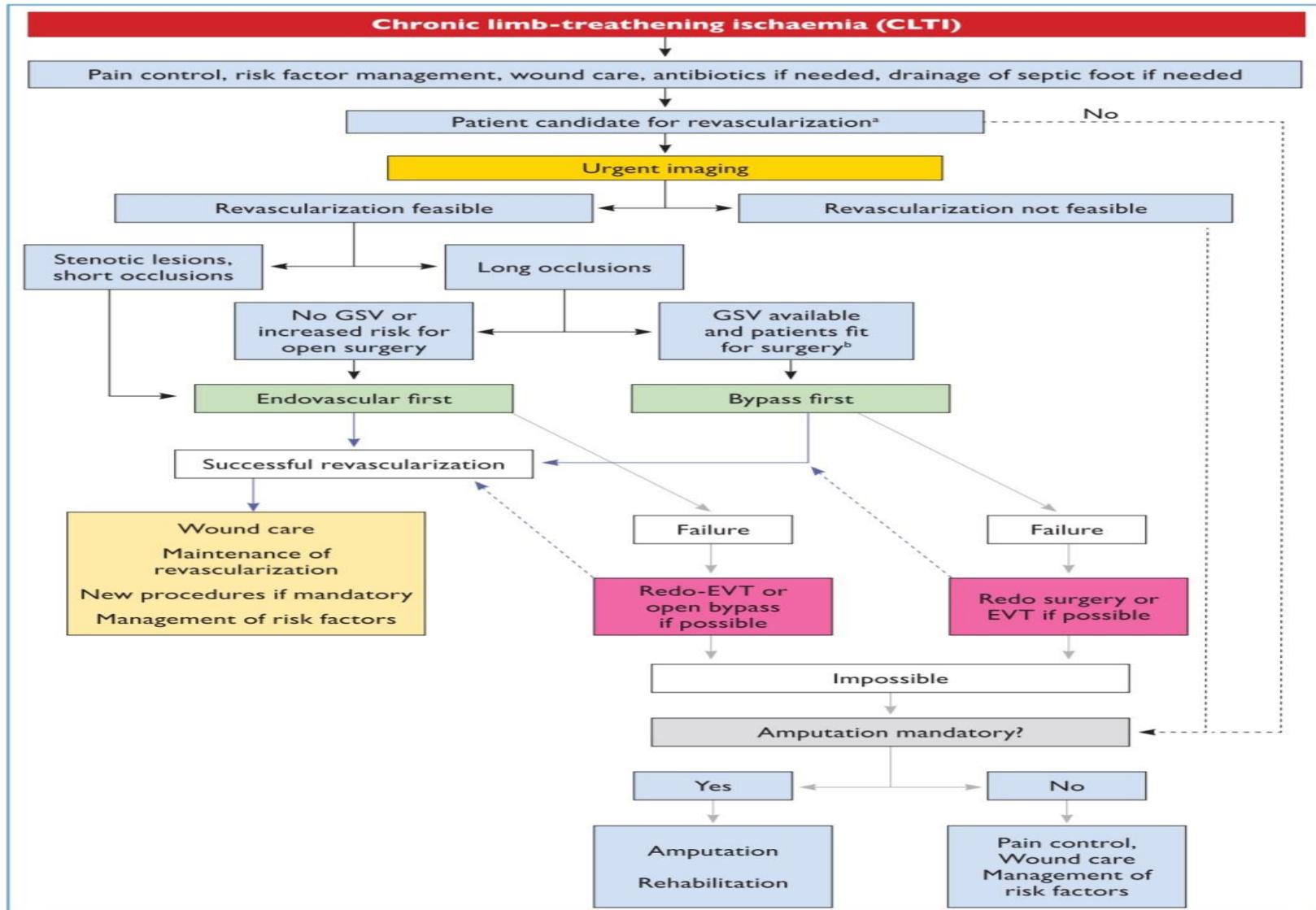




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Conclusões

Diagnóstico

Controle dos fatores de risco

Redução da mortalidade cardiovascular

Redução da taxa de amputação

OBRIGADO!

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