

assessed between the current smoker (n=177) and non-smokers (n=382) in significant PAD (pts) who underwent PTA at 1 year.

**RESULTS** Current smokers had more male gender (96.0% vs. 69.4%,  $p<0.01$ ), whereas non-smokers had a higher incidence of hypertension (63.3% vs. 72.8%,  $p=0.029$ ), diabetes mellitus (68.4% vs. 76.7%;  $P=0.039$ ), cerebral vascular disease (11.3% vs. 20.2%,  $p=0.011$ ), chronic kidney disease (22.0% vs. 31.2%;  $p=0.027$ ), need for dialysis (11.9% vs. 22.8%;  $p=0.003$ ), coronary artery disease (48.0% vs. 59.2%,  $p=0.017$ ). Wounds as the initial diagnosis were higher in non-smoker group (55.9% vs. 68.6%,  $p=0.004$ ), but ischemic resting pain as the initial diagnosis was high in current smoker group (21.5% vs. 9.7%  $p<0.01$ ). PTA at iliac artery (36.2% vs. 20.2%,  $p<0.01$ ), femoral artery (21.5% vs. 13.1%,  $p=0.017$ ), and below the knee (60.5% vs. 72.8%,  $p=0.004$ ) was more commonly performed in the current smokers. At 8 months, non-smokers had higher rate of total occlusion of the limb (35.1% vs. 50.8%,  $p=0.039$ ). At 1-year, the incidence of repeat PTA, amputation rate, and major adverse cardiovascular events (MACE) were similar between the two groups.

**CONCLUSION** Although current smokers had lower incidence of traditional cardiovascular risks, more frequently presented with critical limb ischemia and had higher rates of PTA compared with symptomatic PAD with non-smokers. Despite of expected worse outcomes in smokers, smoking itself did not negatively impacted on the 1-year incidence of repeat PTA and amputations rates following successful PTA.

#### CRT-300.09

##### Percutaneous Coronary Intervention versus Optimal Medical Therapy in Peripheral Arterial Disease Patients Underwent Endovascular Revascularization and Combined With Significant Coronary Artery Disease

Ji Young Park,<sup>1</sup> Seung-Woon Rha,<sup>2</sup> Byoung Geol Choi,<sup>2</sup> Se Yeon Choi,<sup>2</sup> Sang Ho Park,<sup>3</sup> Ji Yeon Hong<sup>4</sup>

<sup>1</sup>Eulji General Hospital, Seoul, Korea, Republic of; <sup>2</sup>Korea University Guro Hospital, Seoul, Korea, Republic of; <sup>3</sup>Soonchunhyang University Cheonan Hospital, Cheonan, Korea, Republic of; <sup>4</sup>KEPCO medical center, Seoul, Korea, Republic of

**BACKGROUND** Peripheral arterial disease (PAD) is known to be associated with poor outcomes due to higher incidence of combined cardiovascular morbidity and mortality. We evaluated the clinical outcomes of patients (pts) who underwent peripheral transluminal angioplasty (PTA) for PAD with combined significant coronary artery disease (CAD) treated by percutaneous coronary intervention (PCI) versus optimal medical therapy (OMT).

**METHODS** The outcomes of 311 consecutive pts with symptomatic PAD who underwent PTA were enrolled for the analysis. Pts were divided into two groups; 1) PAD with CAD underwent PCI (N=154) and 2) PAD with CAD treated with OMT (N=157). The incidence of restenosis, amputation rates and clinical outcomes were compared between the two groups up to 1 year.

**RESULTS** PAD pts with CAD underwent PCI had suffered from more chronic kidney disease (CKD, 35.1% vs. 22.8%;  $p=0.024$ ) and myocardial infarction (MI, 20.8% vs. 1.9%;  $p<0.001$ ). The incidence of claudication (20.1% vs. 6.4%;  $p<0.001$ ) and gangrene (32.5% vs. 15.9%;  $p=0.001$ ) as the initial diagnosis for PAD were higher in pts with CAD underwent PCI. At 8 months follow-up, the incidence of binary restenosis, total occlusion of the limb were similar between the two groups. However, at 1-year follow up, the incidence of repeat PTA (8.7% vs. 18.0%;  $P=0.025$ ) and below knee amputation rate (12.3% vs. 20.7%;  $p=0.060$ ) were lower in pts with CAD underwent PCI. Major adverse cardiovascular events (MACE) were similar between the two groups.

**CONCLUSION** PAD pts underwent PCI had higher comorbidity including CKD and MI, and more frequently presented with critical limb ischemia. However, the incidence of restenosis and amputation rate at 1 years were lower in CAD pts underwent PCI, suggesting there may be significant risk reduction by PTA and PCI compared with control group.

#### CRT-300.10

##### The Impact of the Use of Renin Angiotensin Aldosterone Blocker on Clinical Outcomes in Patients Undergoing Endovascular Revascularization for Peripheral Arterial Disease

Ji Young Park,<sup>1</sup> Seung-Woon Rha,<sup>2</sup> Byoung Geol Choi,<sup>2</sup> Se Yeon Choi,<sup>2</sup> SangHo Park,<sup>3</sup> Ji Yeon Hong<sup>4</sup>

<sup>1</sup>Eulji General Hospital, Seoul, Korea, Republic of; <sup>2</sup>Korea University Guro Hospital, Seoul, Korea, Republic of; <sup>3</sup>Soonchunhyang University Cheonan Hospital, Cheonan, Korea, Republic of; <sup>4</sup>KEPCO medical center, Seoul, Korea, Republic of

**BACKGROUND** Peripheral arterial disease (PAD) is known to be associated with poor outcomes due to higher incidence of combined cardiovascular morbidity and mortality. We evaluated the impact of the use of renin-angiotensin-aldosterone (RAS) blocker on clinical outcomes in patients (pts) with PAD who underwent percutaneous transluminal angioplasty (PTA).

**METHOD** The outcomes of 559 consecutive pts with symptomatic PAD who underwent PTA were enrolled for analysis. Pts were divided into two groups according to use of RAS blocker; PAD with RAS blocker (n=309) and PAD without RAS blocker (n=250). The incidence of restenosis, amputation rates and clinical outcomes were assessed at a follow-up of 1 year.

**RESULTS** PAD pts using RAS blocker had suffered from more diabetes mellitus (DM, 58.9% vs. 41.1%;  $p=0.004$ ), coronary artery disease (CAD, 62.1% vs. 47.6%;  $p=0.001$ ), treated with percutaneous coronary intervention (PCI, 31.4% vs. 23.2%;  $p=0.036$ ), myocardial infarction (MI, 8.7% vs. 3.2%,  $p=0.008$ ), and the use of beta blocker (40.8% vs. 14.8%;  $p<0.001$ ) and statin (86.7%, vs. 80.4%,  $p=0.049$ ). The incidence of claudication and resting pain as the initial diagnosis for PAD were similar between the two groups. At 8 months follow-up, the incidence of primary patency were higher in PAD pts using RAS blocker (54.8% vs. 37.8%;  $p=0.027$ ). At 1-year follow up, the incidence of repeat PTA, amputation rate, and major adverse cardiovascular events (MACE) were similar between the two groups.

**CONCLUSION** In this study, although PTA pts using RAS blocker had more traditional cardiovascular risks, the incidence of restenosis, amputation rate, and MACE at 1 years were similar between the two groups. Therefore, the use of RAS blocker may be useful to improve clinical outcomes in significant PAD pts underwent PTA.

#### CRT-300.11

##### Comparison of Hypertensive and Normotensive Patients Undergoing Endovascular Revascularization for Peripheral Arterial Disease

Ji Young Park,<sup>1</sup> Seung-Woon Rha,<sup>2</sup> Byoung Geol Choi,<sup>3</sup> Se Yeon Choi,<sup>1</sup> Ji Yeon Hong,<sup>4</sup> Sang Ho Park<sup>5</sup>

<sup>1</sup>Eulji General Hospital, Seoul, Korea, Republic of; <sup>2</sup>Korea University Guro Hosp, Seoul, Korea, Republic of; <sup>3</sup>Korea University Guro Hospital, Seoul, Korea, Republic of; <sup>4</sup>KEPCO medical center, Seoul, Korea, Republic of; <sup>5</sup>Soonchunhyang University Cheonan Hospital, Cheonan, Korea, Republic of

**BACKGROUND** Peripheral arterial disease (PAD) is known to be associated with poor outcomes due to higher incidence of combined cardiovascular morbidity and mortality. We evaluated the clinical outcomes of hypertensive versus normotensive patients (pts) with PAD who underwent peripheral transluminal angioplasty (PTA).

**METHODS** The outcomes of 559 consecutive pts with symptomatic PAD who underwent PTA were enrolled for analysis. Pts were divided into two groups; PAD with hypertension (N=390) and PAD without hypertension (N=169). The incidence of restenosis, amputation rates and clinical outcomes were assessed at a follow-up of 1 year.

**RESULTS** Hypertensive PAD pts had suffered from more diabetes mellitus (DM, 78.2% vs 64.5%;  $P=0.001$ ), chronic kidney disease (CKD, 34.9% vs 13.0%;  $P<0.001$ ), and need for dialysis (23.8% vs 8.9%;  $P<0.001$ ). However, the incidence of wounds and claudication as the initial diagnosis for PAD were similar between the two groups. At 8 months follow-up, the incidence of binary restenosis, total occlusion of the limb were similar between the two groups. At 1-year follow up, the incidence of repeat PTA, amputation rate, and major adverse cardiovascular events (MACE) were similar between the two groups.

**CONCLUSION** Although hypertensive PAD pts had higher comorbidity including DM and CKD, the incidence of restenosis and amputation rate, and MACE at 1 years following successful PTA were similar with those of PAD pts without hypertension.