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ХІРУРГІЯ ТА ТРАВМАТОЛОГІЯ

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CRITICAL LIMB ISCHAEMIA MEDICAMENTAL TREATMENT

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Critical limb ischemia (CLI) is an advanced stage of peripheral artery disease (PAD). It is defined as a triad of ischemic rest pain, arterial insufficiency ulcers, and gangrene. The latter two conditions are jointly referred to as tissue loss, reflecting the development of surface damage to the limb tissue due to the most severe stage of ischemia. CLI has a negative prognosis within a year after the initial diagnosis. Interventions for critical limb ischemia and the impact of major amputation have a significant social and economic impact. At 1 year, 25% of patients will be dead, 30% will have undergone amputation, and only 45% will remain alive with both limbs. At 5 years, more than 60% of patients with critical limb ischemia will be dead.

Purpose of the work. To study the result of treatment of patients with CLI using nonoperative methods.

Materials and methods. On the basis of the Kharkiv regional hospital for the 2014-2016 year we had treated 50 patients with CLI who underwent conservative therapy only because of the impossibility of direct or indirect revascularization. The patients were divided into two groups - main and control group. In the main group angiogenesis stimulation procedure was carried out using platelet-rich plasma (PRP).

Results. Observation for 12 months with the definition of quality of life of patients showed that the level of pain in patients with PRP in the period of 6 months was 26% below that of the control group and in 12 months - 33.3%. Also, pain-free walking distance in a period of 6 months was 50% higher in the main group and in 12 months - 78.4% higher than in a control group. Quality of life (physical functioning) of patients of the main group was 23,7 % higher than that of patients in the control group in the period of 6 months, and by 51,8% in the period of 12 months. Also, mental functioning level of patients of the main group in the period of 12 months was 20,7% higher than that of patients in the control group.

Conclusions. Patients with critical limb ischemia have increased functional impairment and increased rates of functional decline compared to those without critical limb ischemia; specifically, they have lower physical activity levels, slower walking speed, poorer balance, and poorer walking endurance. This functional impairment affects quality of life and may lead to an increased prevalence of depressive symptoms that have been observed in patients with critical limb ischemia Patients with addictive PRP treatment have higher quality of life in the period of 6 and 12 months.