Clinical Correlation Of SFA Disease And Symptoms

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Objective

- Investigate whether the location of SFA disease has any influence on the severity of PAD symptoms

Methods

- A retrospective review of SFA angioplasties was conducted from 2014 to 2022
- PAD was categorized into proximal, middle, or distal one-third of the SFA based on the most proximal lesion in angiograms
- Chart review assessed the severity of symptoms, claudication versus CLTI
- Statistical analysis was performed using Fisher's Exact test and Student's t-test

Results

- The relation between SFA stenosis location and claudication versus CLTI was not significant ($p = 0.32$)
- The mean claudication of the mid and distal lesions was higher when compared to proximal lesions ($p = 0.001$)
- The rate of occlusion was higher in the proximal category when compared to middle and distal SFA disease ($p = 0.029$)

Table 1. Results & Patient characteristics

	Proximal SFA (n = 202)	Mid SFA (n = 15)	Distal SFA (n = 11)
Claudication- n (%)	104 (51)	10 (67)	4 (36)
Mean ± SD (blocks able to walk)	1.20 ± 0.74	1.87 ± 0.96	2.00 ± 1.41
CLTI- n (%)	98 (49)	5 (33)	7 (63)
Occlusion- %	39	26	18
T2DM- %	59	66	81
Sex			
Male- %	67	80	72
Female- %	32	20	27
Age- years			
Mean	69	66	72
Range	48-90	57-75	51-91
Lower Extremity			
Right %	45	20	55
Left %	55	80	45

Conclusion

- Location of SFA disease cannot explain the severity of PAD symptoms
- Proximal SFA lesions had more severe claudication and higher occlusion rates when compared to middle and distal SFA disease
- Disease process between proximal and middle/distal SFA may differ but requires further investigation