AB037. SOH21AS008. Outcomes of revascularisation for acute limb ischaemia in patients with underlying malignancy: a systematic review

Aisling Kelly, Conor Toale, Michael Anthony Moloney, Eamon Kavanagh

Department of Vascular and Endovascular Surgery, University Hospital Limerick, Limerick, Ireland

Background: Rates of acute limb ischaemia (ALI) are higher in patients with malignancy. Despite this, there remains uncertainty with regards to the most appropriate management for patients with cancer presenting with ALI due to previously published higher rates of associated morbidity and mortality amongst this population. The aim of this review was to summarise the available evidence to compare outcomes of ALI in these two groups.

Methods: A systematic review was performed in May 2020 in accordance with the PRISMA guidelines. PubMed, Scopus, Cochrane and Embase databases were searched with the terms “acute limb ischaemia” and “cancer” or “malignancy”. A total of 849 papers were identified; 8 studies were included. Data including demographics, Rutherford classification, baseline performance scores, method of revascularisation and periprocedural outcomes were assessed and analysed.

Results: There was no significant difference in the overall risk of amputation between cancer and non-cancer groups; with a pooled overall risk of amputation of 14.2% in cancer patients, versus 14.4% in non-cancer patients. Thirty-day mortality varied widely, with an average of 26.1% (range, 6.3–50%) in the malignancy cohort versus 7.7% (range, 6.9–30%) in the group without cancer. Neither of these differences reached statistical significance.

Conclusions: Amputation rates are no higher than in those without malignancy, and several studies have demonstrated acceptable short- and medium-term outcomes for those with cancer undergoing revascularisation. Future research in this area should seek to standardise inclusion criteria and case definitions, in specific patient cohorts, in order to provide a more nuanced picture of outcome measures for patients with cancer.

Keywords: Acute limb ischaemia (ALI); cancer; malignancy; revascularisation; vascular surgery

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/map-21-ab037). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.