

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

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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

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Footnote

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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.

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