

or residual stenosis >30%, then stenting; the inferior genicular artery lesions were only carried out in balloon angioplasty. Followed up for 6 months and 12 months to assess of restenosis and clinical efficacy.

Results All the patients therapy was successful. Their clinical symptoms were improved or disappeared. Six-month follow-up revealed restenosis rates in the iliac artery and femoral popliteal artery, inferior genicular artery were respectively 5.5%, 16.7%, 25%; 12-month follow-up revealed restenosis rates were respectively 11.1%, 33.3%, 75%.

Conclusions Angioplasty and stent implantation are safe and effective in treatment of lower limb atherosclerosis obliterans. standardised postoperative anti-platelet, anticoagulant, anti-lipid therapy is essential for maintaining blood vessel recanalisation.

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CLINICAL RESEARCH OF ANGIOPLASTY AND STENT IMPLANTATION IN THE TREATMENT OF LOWER LIMB ATHEROSCLEROSIS OBLITERANS

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Objective To assess efficacy and safety of angioplasty and stent implantation in the treatment of lower limb atherosclerosis obliterans.

Methods Twenty patients (34 lesions) with lower limb atherosclerosis obliterans were treated by angioplasty and stent implantation, which 18 cases occlusion in iliac artery, 12 cases in femoral popliteal artery and four cases in inferior genicular artery. The iliac artery and femoral popliteal artery lesions were first carried out balloon angioplasty. If there is mezzanine