**POOR PROGNOSIS
IN AORTOILIAC PAD**

Studies have shown that patients with distal peripheral arterial disease (PAD); that is, atherosclerotic lesions in the arteries of the lower legs and feet, have increased rates of limb ischemia and amputation than those with more proximal disease. However, whether the general prognosis of patients differs according to lesion localization is uncertain. Researchers from France and the USA have now demonstrated that individuals with proximal PAD of the abdominal aorta bifurcation and iliac arteries experience more cardiovascular events than patients with distal PAD of the femoral, popliteal, or infragenicular arteries.

This longitudinal, retrospective study pooled data from 400 patients who underwent investigation for PAD using digital subtraction angiography. “[This is] the gold-standard method for PAD imaging” explains investigator Victor Aboyans. Patients with renal or heart failure, hypertension, or diabetes were more likely to have distal PAD, whereas proximal PAD was associated with male sex and current smoking.

During the follow-up period (mean 34 months), patients with aortoiliac PAD had a threefold increase in the cardiac event rate (a composite of death, fatal and nonfatal myocardial infarction or stroke, and coronary or carotid revascularization) when compared with individuals who had distal PAD. This association persisted after adjustment for cardiovascular risk factors and other confounders. “Our findings are only limited to severe cases of PAD and need to be reassessed in [the] general population” cautions Dr Aboyans. “Unfortunately, current cohorts assessing PAD use only the ankle-brachial index, which is not able to localize PAD. New cohorts with complete lower limb arterial assessment are needed, for example by using duplex [ultrasonography].”

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