

MANAGEMENT OF PERIPHERAL VASCULAR DISEASE

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■ **Abstract** The management of patients with peripheral arterial occlusive disease (PAD) has to be planned in the context of natural history, epidemiology, and apparent risk factors that predict deterioration. The ankle-brachial index to date has proved to be the most effective, accurate, and practical method of PAD detection. Given that PAD is a powerful indicator of systemic atherosclerosis and (independent of symptoms) is associated with an increased risk of myocardial infarction and stroke, as well as a six times greater likelihood of death, the prevalence and demographic distribution of measurable PAD becomes particularly relevant. Reliable information on interventions to confer symptom relief is much weaker and reflects discrepancies between published reports from centers of excellence and the experience of patients routinely treated in communities around the world. The impact of newer treatment modalities, such as complex endovascular procedures and therapeutic angiogenesis, has been a subject of recent controversy.

INTRODUCTION

Peripheral arterial occlusive disease (PAD) comprises obstruction of blood flow in arteries other than the coronary and intracranial vessels. Although the definition of PAD technically includes problems within the extracranial carotid, upper limb, visceral, and renal arteries, it is the circulation of the lower limbs that is most frequently involved and is the principal subject of this review. Atherosclerosis is the cause of the majority of cases of chronic PAD (1).