

# Comprehensive Approach to Management of Critical Limb Ischemia

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## Opinion statement

Fighting major amputation has been one out of the four priorities of the World Health Organization (WHO) for a decade. If we consider that according to all epidemiological studies, the number of diabetic people is expected to double by 2030, the worse complication of this disease could represent a big sanitary, social, and economic problem in the near future. In developed countries, the cost of treatment for diabetic disease-related foot problems represents 15 – 25 % of available resources for the treatment of diabetes in general, but in some developing countries, the same cost may reach up to 40 % of available resources for diabetic disease. On the positive side, currently over 90 % of all diabetes-related amputations may be prevented thanks to the education of diabetic patients as primary prevention, and mainly to the new non-surgical revascularization techniques, which effectively fight the consequences of diabetic arteriopathy as a secondary prevention. The virtual pathway in reducing lower limb amputations starts with a better comprehension of critical limb ischemia (CLI), particularly its diagnostic aspects and consequent revascularization treatment. For 15 years we have assisted in a spectacular improvement of revascularization modalities and particularly of endovascular interventions. As a consequence, a large series of treated patients have shown the possibility to reduce the risk of limb loss in subjects at a higher risk to a rate of 1.7 – 2.4 %. Management of CLI requires integrating clinical, interventional, and surgical competencies together to a significant cultural advancement of every single physician involved in reducing the risk of limb loss. Consensus documents and international guidelines are, in general, precious opportunities to promote cultural and scientific upgrading of the involved specialist, but their results sometimes do not meet the physician's expectations. A close look into the available scientific literature adopted for scientific statements reveals an urgent need for standardized reporting of demographic data, severity of disease, and outcome of the studied population.