

Limb Salvage Evolution

This issue of *Endovascular Today* focuses on various aspects of the management of critical limb ischemia (CLI). The field has evolved enormously in recent years, and its importance is reflected in the coverage of CLI in at least one issue of this publication in each of the last 6 years (March 2009, September 2010, August 2011, June 2012, May 2013, and May 2014). The high level of interest and the progress still being made in this field is underscored by the fact that none of the subjects dealt with in the current issue is a duplicate or redundant to topics discussed in these previous issues. The role of endovascular therapy in patients with CLI has definitely changed from ancillary to first-choice treatment.

Obviously, a role remains for open surgery, and the article from Eric C. Scott, MD, provides a practical algorithm that is of help in deciding which therapy is best suited for a specific patient. Often, combining endovascular and open surgery provides the optimal solution for patients, and the usefulness of hybrid procedures is described by Shannon D. Thomas, MBBS (Hons), et al. The article by Dr. Mustapha and coauthors deals with the use of extravascular ultrasound in complex procedures in order to reduce radiation exposure to the operator and contrast dose for patients who have, or are at risk for, chronic kidney disease.

CLI is not synonymous with below-the-knee disease, and the multilevel nature of complex lesions is dealt with in an article by George L. Adams, MD, and Vinayak Subramanian, BS. Pedal access after failed antegrade recanalization has

been addressed in *Endovascular Today* in the past. In this issue, the alternative to distal access and the use of collaterals for retrograde recanalization is described by Prof. van

den Berg. Marco Manzi, MD, provides insight into the use of 2D perfusion angiography, a technique likely to develop further into a tool that will be able to evaluate wound perfusion, which may potentially affect the way we view angiosome-directed revascularization. Steven Kum, MD, et al describe the technique of percutaneous deep arterialization, which is currently being evaluated as an ultimate option in patients with no others.

A new mobile app designed to allow surveillance of wound healing in patients living in remote areas is presented by John A. Phillips, MD. This application may optimize wound care in patients who do not have a tertiary wound care center nearby.

There are also three interviews included in this issue. Michael R. Jaff, DO, discusses the opening of the VTEC facility in Boston, while Thomas Zeller, MD, provides further insights into why IN.PACT-DEEP failed to demonstrate a benefit for drug-coated balloons in

the treatment of below-the-knee disease and gives a summary of the ongoing BTK-DCB trials. Finally, Stefan Müller-Hülsbeck, MD, focuses on the recently presented results of the MAJESTIC trial, as well as how he chooses from all the currently available tools (with or without drug elution).

We hope you enjoy this issue! ■

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