

Limited benefit to stenting plus angioplasty for superficial femoral artery lesions

Clinical question	How effective is percutaneous transluminal angioplasty (PTA) when compared with PTA and stenting for lesions of the superficial femoral artery (SFA), for people with intermittent claudication or critical limb ischaemia?
Bottom line	There was a small but statistically significant improvement in primary angiographic patency (NNT* 10 [5 to 296]) and duplex patency (NNT 17 [7 to 29]) at six months, in patients treated with PTA plus stent over lesions treated with PTA alone. However, primary angiographic patency was non-significant after 12 months and 24 months. A similar but lesser effect was seen for ankle brachial pressure index, while a more pronounced improvement in treadmill walking distance in patients with PTA with stent insertion was observed at six months (mean 271 versus 183 metres) and 12 months, but not at 24 months. However, when asked about their quality of life, there was no improvement, whether a stent was placed or not, up to one year later. Therefore stenting combined with PTA cannot be recommended as routine practice. *NNT = number needed to treat to benefit one individual (95% confidence interval)
Caveat	Protocols between trials varied, and the benefit may be limited to patients with SFA disease, subsequently treated with clopidogrel. In some trials, patients with narrowings in other leg arteries were included. There were also differences in the anticoagulants given after stent placement between trials, which may change results.
Context	Lower limb peripheral arterial disease is a common, important manifestation of systemic atherosclerosis. It occurs in 3% to 10% of the population, increasing to 15% to 20% in people over 70 years of age. ¹ Stenoses or occlusions in the SFA may result in intermittent claudication as an early consequence, which may be treated by balloon angioplasty, with or without stenting.
Cochrane Systematic Review	Twine CP et al. Angioplasty versus stenting for superficial femoral artery lesions. Cochrane Reviews 2009, Issue 2. Article No. CD006767. DOI:

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[References]

1. Selvin E, Erlinger TP. Circulation 2004;110:738-43



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