A STUDY WITH DIPLOX AFTER VASCULAR RECANALIZATION OF FEMORO-POPITHELIAL OCCLUSIONS

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Aim of the study was to investigate with Duplex whether and when and where restenoses develop after later percutaneous transluminal angioplasty of femoral artery occlusions. The peak systolic velocity (PSV) was calculated using the Doppler ultrasound technique with the Duplex system. The site of the stenosis was measured with the Duplex in the proximal segment and expressed as an increase in percentage. We defined a stenosis as a PSV increase of up to 50% of the initial PSV value. At 6 months, 34 patients were found in 32 patients. The femoral popliteal artery testing was divided in 3 segments. A. The region of the femoropopliteal artery occlusion 25 segments were found. 19 segments were found within 1 day after PTA. In the follow up of the remaining 6, 3 remained stable while 10 during the next 3 months increased. B. The region outside the occluded, inside the dilated segment, developed stenoses in 24 hours after the procedure. In the region outside the former occluded or dilated segment stenoses developed. In segment A restenoses were calculated to affect 20% of the restenoses while in segment B the dilatation seems to cause stenoses.

DEMENTIA AND ALZHEIMER’S DISEASE: FACTORS INFLUENCING THE DIAGNOSIS.


The diagnosis of dementia, Alzheimer’s Disease (AD), multiinfarct dementia (MD) and related disorders is largely based on a broad clinical assessment involving several disciplines. In a previous study, the diagnosis of dementia and/or its specific cause was found to be misdiagnosed in up to 45% of the patients referred to our memory clinic, in which an interdisciplinary multidisciplinary diagnostic model was adhered. The aim of the present study is to explore further whether there were differences between the relevant disciplines in interpretation of available data and to investigate which factors are of influence on the diagnosis. Therefore, 458 participants of a Dutch consensus conference on dementia were asked to formulate their diagnosis in 10 case descriptions of patients with dementia and forgettingness with varying etiologies and complexity. Each description included all necessary data for a diagnosis according to well-accepted research criteria. The diagnosis of a “golden standard committee” of 3 removed Dutch researchers was used as a reference. Ninety participants responded. The overall correctness of the responses for the diagnosis of dementia was 78% with no differences between the disciplines. The correctness for the etiological diagnosis was 58%: neurologists and psychologists did significantly better than psychiatrists. The presence of depressive symptoms influenced negatively the correctness. A strong correlation was found between correctness and degree of deterioration. This study clearly shows the shortcomings of a multidisciplinary approach. Especially in the cases of mild dementia or in the presence of depressive symptoms, a broad multidisciplinary approach based on strict criteria is a prerequisite.

ASYMPTOMATIC PATIENTS WITH RESTENOSIS AFTER CORONARY ANGIOPLASTY: LONG-TERM FOLLOW-UP.

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There are only a few data available concerning the treatment decision in asymptomatic patients with restenosis after percutaneous transluminal coronary angioplasty. We report the long-term follow-up of 33 patients who had angiographic evidence of restenosis (diameter reduction > 50%) at the control angiogram (performed at 6.7 months [4.1 - 11 months] after PTA). The mean (± SD) value of diameter stenosis was 83 ± 7% before PTA, 29 ± 7% immediately after PTA and 61 ± 9% at control angiography. The mean follow-up after control angiography was 22.3 months (0.7 - 39 months). All patients had a maximal thallium exercise test at the time of the control angiogram (at least 80% of the predicted heart rate during upright bicycle exercise). By definition, no patient had chest pain during the exercise test. We decided not to redilate despite significant ECG changes in 4 patients during the exercise test and despite ischemia (related to the dilated artery) at scintigraphy in five patients. 21 patients are still asymptomatic (4 extracardiac deaths occurred respectively at 15, 30, 30, and 52 months without premonitory cardiac symptoms). 8 patients became symptomatic. Eight of these symptomatic patients had a second control angiogram (26 months after the first control). Two patients underwent new PTA at the same site because of progression of the stenosis. In these patients the severity of the stenosis at the site of the PTA was unchanged, but occurrence of angina was due to progression of coronary artery disease in other segments. Thus, during a follow-up of 2 years, only 2 (6%) needed a repeat PTA.