

of substances of the foot and of the ankle observed in patients with CI.

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NATIONAL STUDY COMPARING THE INCIDENCE OF VASCULAR SURGICAL EMERGENCIES IN FRANCE BEFORE, DURING AND AFTER THE FIRST COVID-19 LOCKDOWN IN 2020



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Objectives: The first wave of Covid-19 in spring 2020 and the strict lockdown set up at this time had a major impact on the activity of vascular surgeons, with delays in scheduled interventions, but also with a more difficult to explain major reduction in the activity of vascular urgencies. We sought to objectify this decrease of activity at the national level, and to detect a possible “rebound-effect” after the end of lockdown, by evaluating the national data up to four months after the end of the lockdown.

Material and methods: Data were extracted from the Computerized Medical Information Systems Programme (PMSI), including the rates of hospitalization for a number of diagnoses, which we classified in several categories: aortic dissection, aortic aneurysm rupture, acute lower limb ischemia, critical lower limb ischemia, as well as the number of major or transmetatarsal amputations using the coding of the Common Classification of Medical Acts (CCAM). We studied the data over the months of January to September 2020, this period including the first peak of the COVID-19 pandemic, the first national lockdown and the four months following the end of the lockdown, and compared the results with the average of the three previous years, 2017 to 2019, measured over the same months.

Results: A significant reduction of all the hospital admissions for aortic and peripheral vascular emergencies was observed, with an overall decrease of 8.9% across the study period and a reduction of 29.3% during the lockdown. No “rebound-effect” was observed at the end of the period of lockdown, except briefly and moderately for aortic aneurysm ruptures. We did not observe an increase in the number of amputations. For all the data studied, the numbers gradually returned to levels and variations similar to those of the previous years.

Conclusion: This national analysis of the volumes of hospital admissions for aortic and peripheral vascular surgical emergencies during and after the first national lockdown in France in 2020 suggested that many patients did not have access to emergency medical care and to secondary

prevention during the lockdown for various supposed reasons: true decreased incidence, problems of access to healthcare or diagnostic issues related to the medical context, with a probable increase in extra-hospital mortality related to these pathologies.

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ISOLATED RETROGRADE PUNCTURE FOR THE ENDOVASCULAR TREATMENT OF PERIPHERAL VASCULAR DISEASE



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Objectives: The risks of femoral puncture encourage the search for alternative accesses. Angioplasties through the isolated retrograde puncture of an artery of the foot were described (Tibiopedal Arterial Minimally Invasive Retrograde Revascularization - TAMI) but the data remain very limited. We present here a study of feasibility and safety of the TAMI technique conducted in two centers.

Material and methods: To perform the TAMI technique, an ultrasound guided retrograde puncture of the pedal artery or the posterior tibial artery was carried out and generally followed by the use of 4F material. The demographic, peroperative and follow-up data of the patients treated by TAMI were collected retrospectively. The results are expressed as averages and standard deviations.

Results: Between August 2019 and December 2021, 24 patients had 30 TAMI procedures (six bilateral procedures). Among them, 67% (n = 20) were considered at risk for a femoral puncture (obesity, surgical history, crossover not feasible) and 46% (n = 11) presented with critical ischemia. TASC classification was generally B (70%) but also C (27%) or D (3%). Most lesions were femoropopliteal (87%; n = 26) and measured 90 ± 43 mm in length. Overall, 57% (n = 17) of the procedures were carried out on an outpatient basis and 83% (n = 25) under potentiated local anesthesia. The punctured artery was the posterior tibial artery in 67% (n = 20) of the cases and the pedal artery in 33% (n = 10) of the cases. In 86% of the cases (n = 26), a 4 French introducer was used. Twenty-six procedures (87%) required stenting (1.6 ± 0.9 stents by procedure). The operative time was 68 ± 18 minutes and the fluoroscopy time was 9 ± 5 minutes. The amount of contrast media injected was 36 ± 18 mL. The technical success rate was 100% and all the patients could walk around in the evening. No per- or postoperative complication was reported. At 30 days, the patencies of the revascularized axis and punctured artery were 97% (one pauci-symptomatic thrombosis) and 100%, respectively.