**COMPARISON OF ANGIOGRAPHIC FEATURES OF SUPERFICIAL FEMORAL ARTERY DISEASE IN DIABETICS AND NON-DIABETICS PRESENTING WITH LIFE-STYLE LIMITING CLAUDICATION**

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Background: Though clinical outcomes following percutaneous revascularization of superficial femoral artery (SFA) varies between diabetics (DM) and non-diabetics, angiographic differences of their SFA disease has never been systematically analyzed. Method: We conducted blinded angiographic analysis of peripheral angiograms in 64 consecutive patients (36 DM and 28 non-DM) between January 2009 - November 2010, presenting with Rutherford category 3 claudication.

Results: Mean age was 64.4 years with most flow-limiting lesions (≥70% diameter stenosis) in the distal SFA of DM (79%) compared to non-DM (22%; p<0.004) and greater popliteal artery involvement in DM (50% vs. 8%; p=0.001). Lesion lengths in DM/non-DM were 147±51.7 mm and 84±54.7 mm, respectively (p<0.001). Severe calcification (grades 4-5) was more prevalent in DM (22.2% vs. 0%; p=0.01). Prevalence of total occlusions was greater in DM (40%) vs. non-DM (30.5%; p<0.002). Number of diseased (≥50% diameter stenosis) run-off vessels in DM and non-DM were 2.53 and 2.36, respectively (p=0.04). Presence of angiographic thrombus and slow flow were more prevalent in DM. There was significantly greater stent implants in DM compared with non-DM (93% VS. 33.5%; p<0.006). Stent lengths were 241.5±98 mm in DM vs. 195±116 mm in non-DM (p<0.002) and debulking more frequent in DM (72% vs. 10.7%; p<0.008). Overall, 12-month patency rates were 60.5% and 82% in DM and non-DM groups, respectively (p<0.004).