Self-expanding stents, Absolute Pro® (ABS)** and Complete SE® (COM)**, demonstrated safety and efficacy in previous studies. We aimed to determine which stent is more effective for the endovascular treatment of femoropopliteal artery disease. We enrolled patients who underwent endovascular intervention from 2010 to 2015 in our hospital. The primary endpoint was clinical primary patency, which is a composite of freedom from restenosis or clinically driven target lesion revascularization (TLR). A total of 197 patients and 210 limbs were analyzed, with 96 limbs of 88 patients assigned to the ABS group and 114 limbs of 109 patients assigned to the COM group. Baseline and lesion characteristics were similar between the two groups. The number of stents per limbs were 1.28±0.55 and 1.29±0.51 in the ABS and COM groups, respectively (p=0.92). The post-procedure ankle-brachial index was significantly improved in both groups compared with the pre-procedural one (p<0.01), but there were no differences between the both groups at 6, 12, and 24 months after the index procedure. There were no significant differences in clinical primary patency rate (68.7% in ABS vs. 66.7% in COM, p=0.68) and TLR (9.4% in ABS vs. 14.0% in COM, p=0.41) between the two groups. There was no interaction of the clinical primary patency rate of the two stents and the patients' characteristics or lesion characteristics. In this retrospective single-center study, ABS and COM showed no difference in clinical efficacy. Both stents can be effectively used for the endovascular intervention of femoropopliteal artery disease when it is necessary.

MIB Abstract ID Number: 56100

PMID: 31345007

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