Lower-Extremity Intervention: Meeting the Challenge?

Percutaneous lower-extremity interventions have been receiving increasing attention during the past several years, with more patients and physicians opting for endovascular procedures over the "gold standard" of bypass surgery.

Coincidentally, encouraging (but by no means ideal) results with new technologies have spawned considerable competition among device manufacturers who are vying to gain ground in one of medicine's hottest markets. Many physicians have even picked up the torch of their preferred lower-extremity device, vociferously supporting its use and, at times, arguing strongly against the use of competing technologies.

Many previous debates surrounding endovascular technologies have focused on the viability of using any endovascular option versus that of a surgical gold standard. There have also been spirited discussions over which technologies are the best among a particular device type, such as we continue to see with stent grafts designed for aneurysm repair, but rarely has there been such heated debate over the use of competing endovascular products as we are currently seeing in the lower extremities. Perhaps this is due to how significantly the available devices differ with respect to mechanism of action. Another reason may be that no single technology has emerged from the crowd with superior long-term results across patient subgroups.

Until one device platform is proven superior to all others, which may never happen, it is my opinion that each currently available technology has a specific utility in our ability to treat all patients who present with lower-extremity occlusive disease. Because these technologies vary so significantly in how they are designed to function, each has its advantages and disadvantages, both of which can be seen when one has used them in a variety of different patients.

For this reason, we have decided to focus this issue of *Endovascular Today* on challenging iliac and SFA cases. We have asked some of the finest interventionists to share difficult cases that have been resolved using a particular technology or technique, discussing the specifics of the patient's disease, the treatment options considered, the details of the procedure, and the final results with all available follow-up data. Our goal is not to showcase any one technology over another, nor to say that all are equal. Rather, we aim to illustrate the way experts are employing many of today's available technologies, their rationale for selecting what they consider the best option for a particular type of patient, and the nuts and bolts of performing a successful iliac or SFA intervention. We hope you find these cases interesting and useful in your efforts to bring your patients ideal lower-extremity care.

In addition to this month's feature articles, we are also proud to share a roundtable that discusses the current issues in varicose vein treatments, as well as several articles focusing on IVC filter placement, including an overview of all available devices. Our New Technology article introduces a new orbital atherectomy system currently being investigated for peripheral use, and this month's FDA Insights column features Kenneth J. Cavanaugh, Jr, PhD, explaining the FDA's considerations pertaining to renal artery stenting. Finally, in this month's interview, I answer a few questions about my recent decision to accept a position at Jikei University in my native Japan, as well as a new role I have accepted in the US.

As always, we hope you enjoy this issue of *Endovascular Today*, and we welcome any feedback you would like to share. ■

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