**PREDICTION OF PROGNOSIS BY VACULAR IMAGINGS IN PERIPHERAL ARTERY DISEASE**

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We evaluated usefulness of ultrasonography (US), CT angiography (CTA) and MRA for prediction of prognosis after endovascular treatment(EVT). The patients who were treated with EVT for peripheral artery disease (PAD) were evaluated. We compared US, CTACT and angiography. In 90 patients patients with PAD (45 iliac lesions , 58 femoral lesions, 4 tibial lesions ), US could evaluate all vascular lesions in femoral and tibial arteries, but could not detect lesions in 3 iliac arteries( 6.6%). In all patients, carotid US was performed to evaluate both plaque score (PS) and plaque characteristics. Carotid PS was not usually associated with degree of PAD. After EVT, iliac restenosis was observed in 7 and femoral restenosis was observed in 12(21%). Before EVT, calcification of the lesion could be evaluated by both CTA and US. Calcified lesion was not usually associated with restenosis. In most of cases with iliac and femoral lesions, stenting was performed after balloon angioplasty. By US,lumen diameter and percent stenosis were precisely evaluated in most of cases with iliac and femoral lesions. Even in tibial lesions, stenosis or occlusion could be evaluated. ABI was also useful for diagnosis and prediction of restenosis in most of cases, but not in all. Stent was also imaged by US, and inadequate stenting could be evaluated. Additional US 3D image was useful to evaluate lesions more precisely. Thus, US is almost comparable to CTA for evaluation and EVT of PAD, and more useful for flow evaluation.