Endovascular therapy of aortoiliac occlusion
Could it be the first line therapy?

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

☑ travel cost for congress (Medtronic)
Introduction

• Open surgical repair is considered the golden standard for aortoiliac occlusion.

• However, the number of articles reporting promising results following CERAB procedure are continuously increasing.
Herein, we are describing the experience at a tertiary Greek hospital, suggesting that endovascular therapy could henceforth become the first line therapy.
The question is whether CERAB technique is:

- Feasible/Safe?
- Durable?
- Cost-effective?

Or Not AND

AND

AND

Or NOT
Method

- Patients: **14** (13 electively, 1 urgently)
- Men 5 68-75 years : Women **9** 40-60 years
- ABI (on admission): **0.4 ± 0.13**
- Patients with ulcers or gangrene n=0
Technical notes (1)

• Anesthesia: local/epidural (in cases of surgical cut-down)

• Access: bilateral common femoral artery
  
  n=11 percutaneously
  
  n= 5 surgical cut-down
  
  n= 3 with additional percutaneous brachial artery access

• Pre-dilation was systematically performed: 6mm balloon, (>100mm).
In case of proximal aortic occlusion: a tube stent-graft was deployed first, in proximal aorta.

Kissing stent graft technique was performed in all patients creating a new aortic bifurcation.
Proximal aortic occlusion
Tube stent graft (> 16mm) proximally in aorta

(Arrow 9Fr R - 7Fr L)
kissing stent (graft) - PTA – final angio
Distal aortic (Iliac) occlusion
Results

• Technical success: 93.3 %. (14/15 patients)
• ABI (discharge): 0.7 ± 0.15.
• Mortality: 0%
• Limb salvage: 100%
• Admission time: 2 days
Results
(Follow-up: 1-5 years)

• Reoperations: 1 in 1 year (7.2%)

  Primary patency: 92% in 1 year

  Secondary patency: 100%
Overall, we used:

- 2 tube balloon expandable 16mm stent graft (Advanta)
- 3 tube balloon expandable 18mm stent graft (Be-graft)
- 16 self expandable stent graft 10cm (Hemobahn)
- 20 bare metal stent (10 BE / 10 SE)
Discussion

• **Is it feasible/safe?**  yes

  Technical failure: 7 %.

**COMPLICATIONS:**
- Aorta/iliac arteries rupture  n=0
- Dissection  n=0
- Impairing renal function  n=1
- Subcutaneous hematoma  n=4
- Pseudoaneurysm  n=0
Discussion

- Is it durable? probably

one patient completed 5-year follow up

A brief review of the literature revealed that it may be durable
Discussion

- Is it cost effective? **yes**

endovascular Vs OSR

~ 11.000 €
~ 5.000 €

- Extented hospitalization
- Quality of life
- Readmission for bowel obstruction

“Some things in life are priceless”
Discussion

• Patients with comorbidities (high-risk) ➔ mortality/morbidity

• Women, relatively young ➔ aesthetic outcome
Conclusion

• In authors belief, endovascular therapy demonstrates optimal postoperatively results and thus it should henceforth be the first-choice therapy.

• However, further studies with long-term outcomes are necessary to prove our suggestion.
Thank you!
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