LONG-TERM COMPLICATIONS AFTER ENDOVASCULAR REPAIR OF A POLIANEURYSMATIC DYSTROPHY

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Disclosure

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I have the following potential conflicts of interest to report:

Consulting

☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
LIMITATIONS of EVAR in polianeurysmatic dystrophy

Natural evolution of the disease

Importance of Long-Term follow up
CASE REPORT

- 63-year-old male
- High BP and DM
- COPD
- JUNE 2010: Incidental diagnosis of a polianeurysmatic dystrophy, with bilateral common iliac and hypogastic aneurysm
2010 OCTOBER: ENDOVASCULAR REPAIR

- Cook Zenith bifurcated main body
- Cook Zenith right iliac side
- Gore Excluder left external iliac side
6 MONTHS Angio CT follow up

ENDOLEAK TYPE 2 ➔ EXPECTANT BEHAVIOUR

MAY 2011
1 YEAR Angio CT control

ENDOLEAK TYPE 2 ➔ COIL IMA EMBOLIZATION

DECEMBER 2011
1.5 YEAR Angio CT follow up

ENDOLEAK TYPE 2 ➔ CT-GUIDED PUNCTURE of the aneurysm sac
Thrombine and glue

JULY 2012
2016: 5 YEAR Angio CT control

- ENDOLEAK TYPE 1B
- ENDOLEAK TYPE 1A

FEBRUARY 2016
3 Months angio CT control:

ENDOLEAK TYPE 2

MAY 2016
2016
Peripheral aneurysm: 2 Fempop bypass
2018: Endoleak TYPE 3

EMERGENTLY REPAIR Ruptured AAA

JULY 2018

AORTIC BEGRAFT

JULY 2018
AUGUST 2018

- NO endoleak type 1
- NO endoleak type 3
- ENDOLEAK TYPE 2
and still growing the sac
CONCLUSIONS

1. - Follow up images are basic to detect any complications and failures of the grafts because of the natural evolution of the polianeurysmatic disease

2. - Endovascular treatment of patients with a polianeurysmatic disease could be controversial

3. - Endoleaks type 2 not always are benign