Management of uncommon type Endoleak after EVAR

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Disclosure

Speaker name: Jong Yun Won

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
Surgical Aortic Banding for Type I endoleak after EVAR.
AD & AAA

F / 71

DTA: 51mm

AAA: 55mm
AD & AAA

2 yr FU

DTA; 58mm

AAA; 60mm
AD & AAA
AAA: 55 → 60mm

persistent type I Endoleak

no further endovascular option due to false lumen
Surgical Aortic Banding
Aortic Banding
Aortic Banding
1 yr FU after Aortic Banding
• Advantage: short surgery time, no need for aortic clamping
Endovascular Stent-Graft Reinforcement for Type IV Endoleak after EVAR with Excluder Device
M/76

- s/p EVAR – 5 yrs ago
- PHx: HTN
Abdominal aortic aneurysm (5 yr ago)
EVAR

5 yr ago

D; 52 mm
Follow-up

1 mon FU

Diameter: 53 mm

2 yr FU

59 mm

4 yr FU

73 mm
5 yr FU Stent-Graft Reinforcement
Stent-Graft Reinforcement
Excluder

- Sept / 7 / 2005
  - 26 - 14 - 160 mm
  - 14 - 120 mm

- Mar / 19 / 2010
  - 26 - 33 mm
  - 14 - 120 mm
  - 14 - 120 mm
Follow-up

July / 2005
Diameter: 53 mm

Nov / 2007
59 mm

Nov / 2009
73 mm

Mar / 2011
32 mm
Successful treatment of endotension and aneurysm sac enlargement with endovascular stent graft reinforcement

Panagiotis Kougias, MD, Peter H. Lin, MD, Alan Dardik, MD, PhD, W. Anthony Lee, MD, Hosam F. El Sayed, MD, and Wei Zhou, MD, Houston, Tex; New Haven, Conn; and Gainesville, Fla

Abdominal aortic aneurysm (AAA) enlarges after successful endovascular repair because of endoleak, which is persistent blood flow within the aneurysm sac. In the absence of detectable endoleak, AAA may still expand, in part because of endotension, which is persistent pressurization within the excluded aneurysm. We report three patients who underwent successful endovascular AAA repair using the Excluder device (W. L. Gore & Associates, Flagstaff, Ariz). Although their postoperative surveillance showed an initial aneurysm regression, delayed aneurysm enlargement developed in all three, apparently due to endotension. Endovascular treatment was performed in which endograft reinforcement with a combination of aortic cuff and iliac endograft extenders were inserted in the previously implanted stent grafts. The endograft reinforcement procedure successfully resulted in aneurysm sac regression in all three patients. Our study underscores the significance of increased graft permeability as a mechanism of endotension and delayed aneurysm enlargement after successful endovascular AAA repair. In addition, our cases illustrate the feasibility and efficacy of an endovascular treatment strategy when endotension and aneurysm sac enlargement develops after endovascular AAA repair. (J Vasc Surg 2007;46:124-7.)
Thank You !!
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