

LINC

1 Year Result Of Stent Graft For Carotid Artery Pseudo- Aneurysm In Behcet's Disease Patients

H Lotfy, W Shaalan, A Elemam, A Naga

Prof Dr Hassan Lotfy

Vascular and Endovascular Consultant
Alexandria University - Egypt



Disclosure

Speaker name:

Prof Dr Hassan Lotfy

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

Behçet syndrome

- The syndrome carries the name of the Turkish dermatologist **Hulusi Behçet** (1937)
- Multisystem disease of **unknown** etiology.
- Prevalence estimates from Japan, Korea, China, and the Middle East vary from **13-20 cases per 100,000 population**.

Manifestations

- Recurrent aphthous ulcers, genital ulcers, uveitis or retinal vasculitis
- Skin lesions, arthritis, GI lesions, CNS involvement, and
- **vascular lesions**, including aneurysms and thrombosis.

Vascular complications

The basic pathology is **vasculitis**.

•Venous:

- Migratory superficial thrombophlebitis or
- DVT

•Arterial:

- **Occlusions** may present with symptoms related to ischemia.
- Arteritis may involve the aorta or its branches and lead to **aneurysm** formation.

Surgical resection of aneurysms with graft placement should be considered if feasible because of the high risk of **aneurysmal rupture**.

However, **complications** of arterial surgery, such as aneurysms at the anastomotic site and local thrombus formation, commonly occur.

International Team for the Revision of the International Criteria for Behcet's Disease (2006)

- Ocular lesions, oral aphthosis and genital aphthosis are each assigned **2 points**
- Skin lesions, central nervous system and vascular manifestations are each assigned **1**
- The pathergy test, when used, was assigned **1**

A patient scoring **≥ 4 points** is classified as having BD.

Study design

- **Retrospective** study
- Behcet's patients treated by **stent graft exclusion** between 2008 and 2017 at Alexandria university Hospitals were included.
- All study subjects met the **international** study group criteria for diagnosis of Behcet's disease.
- None of them had any **previous open** vascular repair of their aneurysms.

Methods

- All patients were managed by endovascular deployment of **stent grafts**.
- At day 2 postoperative all patients had **CDU** scan to verify exclusion of the whole pseudo aneurysm and thrombosis of its lumen.
- After 1 year all cases had **CTA** to detect any further aneurysmal formation or endoleaks and measure regression of the size.
- All patients were subjected to **rheumatological** consultation for proper medical control prior to intervention.

Results

- 9 patients were included in the study.
- The mean age (\pm SD) was 38 (\pm 5.2).
- 6 patients were males and 3 were females.
- 6 cases (67%) ICA
- 3 cases (33%) CCA
- The mean pseudo-aneurysm size (\pm SD) was 3.3 cm (\pm 1.2).
- Technical success was 89%.

Complications

- **1** patient had a **false aneurysm** at the site of groin puncture , Rx: f/u with CDU / 3 months and was not operated for his 2.2 cm groin pseudo-aneurysm.
- **1** patient had **SFA thrombosis**. Rx: conservatively after refusal of surgical thrombectomy.

Results

- **CDU** at day 2 post-op revealed complete exclusion and thrombosis of the false aneurysm lumen in all cases.
- **CTA** also revealed complete thrombosis in the pseudo-aneurysms lumen with a mean regression in size of **1.8** (± 0.6) cm.

- After 1 year, primary patency rate was **88%**, only 1 had an occluded stent. This patient was asymptomatic with rich intra cerebral collaterals.
- One case had a **recurrent pseudo-aneurysm** at the distal margin of the stent graft. This was a small one (1.8 cm) with no signs of refilling of the previously excluded lumen, thus follow up with CDU / 3 months was done with no further increase in size.

Conclusion

- Endovascular management of carotid pseudoaneurysm in Behcet's patients has a high technical success and good mid-term primary patency rates.
- It clearly avoids the hazardous complications of surgery.
- We think it should be the preferable first line of treatment.

Case report



Fleuncy Stent Graft

9 x 40 mm

1 year later...





Thank you



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