Bending the rules can lead to leg pain, A case of ALI after EVAR

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BACKGROUND The role of surgery as the first line therapy for patient with unfavourable anatomy for abdominal aneurysms has been challenged now with the advent of newer modalities, recent approval of CE mark for Heli-FX Endo anchors for Endurant II stents challenges these hostile neck. It was noted that there is also 10% risk of developing acute limb ischemia after EVAR in 7-12 months, several pathophysiology’s then was explained but thrombolysis and re-stenting is an option to resolve these complications. Treatment of EVAR graft thrombosis still poses varied ways of treatment and percutaneous approach is a viable option.

CASE REPORT Presenting a case of 54 years old, male, farmer with complaint of abdominal pain. He presented with a pulsating palpable mass on his abdomen. We were able to deploy successfully an Endurant II’s device to a patient with hostile neck with application of 8 Heli-FX Endoanchor system, this was the first case reported. Patient was maintained with dual antiplatelet for one month, came back for acute limb ischemia after the EVAR, exactly two months later. The contralateral limb thrombosed. In-situ catheter directed thrombolysis was given for 24 hours and the left limb declotted and re-stented to strengthened the kink area. After 6 months on follow-up CT Aortogram showed patency of the EVAR with absence of endoleak.

CONCLUSION Anticipation and careful planning are still the best strategy to decrease the risks of developing complications from any procedures. We successfully planned and executed the problem of hostile neck but still faced with the risk of kink and eventually acute limb ischemia complication. Catheter directed thrombolysis plays a significant role for long in-stent thrombosis and maintenance of DAPT may not be a bad choice in these patients. Percutaneous approach is just another option in treating limb ischemia in the contralateral limb of EVAR.