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trainee

Description

AORTO-UNI-ILIAC STENT-GRAFTING WITHOUT SYNCHRONOUS FEMORO-FEMORAL BYPASS FOR THE ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSMS IN PATIENTS WITH CONTRALATERAL ILIAC OCCLUSION Konstantinos Papazoglou, Christos Karkos, Ioannis Pliatsios, Dimitrios Pelekas, Maria Mitka, Konstantinos Konstantinidis, Theodosios Stamatopoulos, Alexandros Stamatopoulos. **OBJECTIVE** To present the results of the endovascular treatment of abdominal aortic aneurysms (AAAs) in patients with contralateral iliac occlusion using aorto-uni-iliac (AUI) stent-grafts without a synchronous femoro-femoral bypass (FFB). **METHODS** Over a 14-year period (December 2001-November 2015), 24 patients (23 men, average age 70.5 [59-86]) with an AAA and coexisting occlusion or severe stenosis of the contralateral iliac artery were treated with AUI stent-graft without FFB. Five of these were ruptured AAAs and were treated urgently. Comorbidities included: coronary artery disease in 16, hypertension in 8, chronic respiratory disease in 3, obesity in 5, malignancy in 1, renal impairment in 2, and stroke in 16. The procedure was carried out under local anesthesia through an ipsilateral femoral artery cutdown. Stent-grafts used were: 17 Endurant, 3 Talent, 2 Endofit and 2 Excluder. The anatomical characteristics of the aneurysms were: mean proximal neck length 27 mm, mean proximal neck diameter 25.2 mm, mean aneurysm diameter 67.7 mm, and mean length of the infrarenal abdominal aorta 115.2 cm. **RESULTS** There were no intra- or post-operative deaths or complications. Intraoperative endoleak was noted in 3 patients. During follow-up (1-10 years) 4 deaths were recorded (1 AAA rupture after 10 years, 1 heart attack after 4 years, 2 after 1 year due to irrelevant causes). Additionally, 2 endoleaks were detected during the follow-up. Three patients reported intermittent claudication which was unchanged from the pre-operative status. **CONCLUSIONS** The use of AUI stent-grafts without FFB for the endovascular treatment of patients with AAA and coexisting contralateral iliac occlusive disease seems to be safe and effective.

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