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Long-term results of aorto-uni-iliac devices for the endovascular repair of abdominal aortic aneurysms

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Objective: The purpose of this study was to review the outcomes of endovascular abdominal aortic aneurysm repair (EVAR) using aortouni-iliac devices with femoro-femoral bypass in patients whose aortoiliac anatomy was unfavorable for bifurcated repair.

Methods: A retrospective review of 35 patients from September 2001 to February 2012, who underwent EVAR with aorto-uni-iliac devices. These comprised 35/372 (9.4%) of all patients who underwent EVAR during that period. Patient records were reviewed to determine morbidity, mortality, and survival following aorto-uni-iliac repair. Patients were followed at 1, 3, 6 and 12 month intervals with CT scans during each visit. Mean follow up was 56 months (range 2-135 months).

Results: Mean age was 76 years (range 60-93). The mean preoperative aneurysm diameter was 57 ± 7.3 mm and the mean postoperative diameter was 52 ± 11.7 mm. Two type II endoleaks occurred on 1 month CT, while ten endoleaks (type I (3), II (6), III (1)) occurred during follow-up after 1 month. Migration of the stent graft occurred in 9% (N=3). Secondary procedures were required in 26% (N=9) while a tertiary procedures were required in 3% (N=1). Mortality over the follow-up period was 34% (N=12) with no deaths occurring within 30 days. No cases of aneurysm rupture were observed during the follow-up period.

Conclusion: Patients who present with aortoiliac anatomy unsuitable for bifurcated stent graft placement are effectively protected from aneurysm rupture with the use of aortouni-iliac devices with femoro-femoral bypass grafts.

Biography

John D. Dortch completed his undergraduate medical degree at the University of Florida in Gainesville, Florida. He is currently in his second post-graduate year of General Surgery residency training at the Mayo Clinic School of Graduate Medical Education in Jacksonville, Florida.

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