

Anatomical Study of the Treatment of Abdominal Aortic Aneurysm - A Short Report

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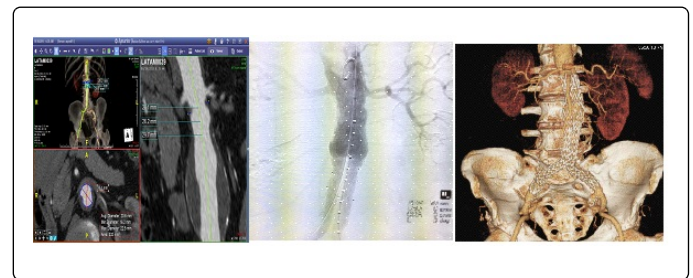
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Introduction

Abdominal aortic aneurysms (AAAs) are relatively common and are potentially life-threatening. Patients at greatest risk for AAA are men who are older than 65 years and have peripheral atherosclerotic vascular disease. AAAs usually is asymptomatic until they expand or rupture. An expanding AAA causes sudden, severe, and constant low back, flank, abdominal, or groin pain. The advent of endovascular therapies has led to a paradigm shift in the management of abdominal aortic pathology. Endovascular aneurysm repair (EVAR) has revolutionized the treatment of AAAs disease. Abdominal endografts are seeing widespread use as the first-line approach in treating elective aortic disease and are increasingly used to treat emergent processes including ruptures [1]. EVAR is currently the commonest treatment option for AAAs, especially in the elective setting. Short-term morbidity and mortality have proven superior to open aneurysm repair [2-4]. EVAR is less invasive than open repair and useful for treating AAAs in octogenarians [5]. With regard to the strategy of treatment of AAAs the principle of this technique is to eliminate the aneurysm via an endoluminal prosthesis (stent-graft), which is inserted trans- arterially from the femoral artery. In this sense the study of pre-operative CT angiography images of the abdominal aorta and iliac arteries are essential to obtain the anatomical measurements of aneurysms and the endografts implant sites so that no leaks occur and ideal cooptation. To illustrate this sequence in 2015, a 76-year-old man under- went elective EVAR with an aorto-bi-iliac Incraft Cordis

graft for a 5.5 cm diameter AAAs; Figure 1 (a) computerized tomographic angiography (CTA) ;(b) immediately after the implantation and (c) final result one month after the procedure showing that in this case the endovascular treatment of abdominal aortic aneurysm was successful.



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