EVAR in women - still a problem?

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Purpose
Aim of this study was to evaluate operative results for EVAR in female patients with special focus on long-term results.

Material and Methods
Prospectively collected data of all consecutive patients (pts) undergoing AAA repair between 10/96 and 6/15 were analyzed retrospectively. Statistical analysis was performed using SPSS software.

Results
1487 patients (223 women, 1264 men) underwent AAA surger: Open repair (OR) in 1164 operations for 970 men and 194 women. 242 pts. were operated because of rupture (242/1164=20.8%). Emergency OR was performed in 46 women. (46/223=20.6%). EVAR was performed strictly in an elective situation in 323 pts (323/1487=21.7%). The percentage of women was higher in OR with 16.2% (189/1164 pts). compared to EVAR with 9.0% (29/323 pts). 29 women with (age 78.0 ± 8.3 years (69-94 years) underwent EVAR without in-hospital mortality. 4 pts underwent conversion: 1 early and 3 late after 47, 50 and 54 months. 6 pts died after 5-123 months (median 9 years). Mean follow-up in 19 women is 35.5 ± 35.9 months (range 1-124). No graft limb occlusion or secondary intervention was observed. Computertomographic controls showed complete aneurysm shrinkage in 4 pts whereas 8 aneurysms did not shrink.

Conclusions
During a 19 year period with 1487 AAA operations a total of 29 women was treated by EVAR. Very few women underwent EVAR with 1.9%. Low operative mortality and very good long-term results justify wider use of EVAR in women. AAA screening programs for women, changes in treatment indication, and device modification need further investigation.