Interventional Radiology Unit

Endovascular Approaches To Treatment Of Giant Visceral Aneurysms (Up To 10 cm)

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**DISCLOSURE**

I have no actual or potential conflict of interest in relation to this presentation

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**VAAs**

- 5% of Ab. An.
- Tenderness
- Compression
- > 3 cm
- Symptomatic
- Pseudoaneurysms

**G VAAs**

- 65% splenic
- Rarely > 3 cm
- Bone erosion
- Fistulas gastro-colic-pancreas - portal vein

Overall rupture risk 2-10%
Mortality rate 33.3%

Risk!!

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Treatments options

- Surgery/Lapar.
- Endografting
- Embolization

Surgery/Lapar.
- % Compl. Pancreatitis, Infecions

Endografting
- P.E. syndrome
- Splenic Infarct
- Splenic Abscesses
- Coil Migration
- Sac Infarction
- Sac Reperfusion

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- Coils
- Plugs
- Liquid Embolic Agents
- Glue
- Fibrin
- Onyx

Neck! Missing Mismatching Too distant Short/Tortuous

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1950-2015
69 papers 78 pts
17 pts endovascular
1 endograft

**Mastroroberto et al. Case Rep in Radiol. 2012**
**Ho MF et al. Vascular 2013**
**Pappy R. et al., Cathet. Cardiov. Interv 2010**
Endovascular approaches to treatment of GVAAs

- Must be treated as early as possible
- Endografting virtually appealing but unfeasible in GVAAs
- Multiple embolizations are the standard
- Microcatheters, Onyx and Detachable Coils
- Infarcts must be expected
- Infections!! Sterile environment, antibiotics coverage

### SUMMARY

<table>
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<tr>
<th></th>
<th>VAAs</th>
<th>Stent graft</th>
<th>Giant</th>
<th>Splenic &amp; hepatic</th>
<th>Splenic Infarct</th>
<th>Splenic Abscess</th>
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