Endovascular repair is the best treatment? Clarifications

**Open and Endovascular Repair of Popliteal Artery Aneurysms: Tabular Review of the Literature**

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**RESULTS**

- Curve km

**EndoVascular Popliteal Artery Aneurysm Repair (EVPAR)**

- Contemporary outcomes of open and endovascular popliteal artery aneurysm repair

- Surgical repair has better 3 year patency in elective non-thrombosed PAAs.

**Anatomic selection criteria**

- Conclusions: Similar outcomes can be expected after endovascular and open PAA repair with adherence to specific anatomic and technical selection requisites.

**SELECTION CRITERIA**

- High medical risk
- Absence of significant occlusive disease (ABI>0.9)
- Absence of artery tortuosity
TECHNICAL CRITERIA: LANDING ZONES
- Proximal and distal landing zone
- Knee joint
- Superficial Femoral Artery diameter
- Overlap

CLINICAL CRITERIA
- Age
- Activity
- Thrombophilia
- Lifestyle (knee flexion)
- Therapy (antiplatelet or anticoagulant)

INCLUSION CRITERIA
- At least 1 tibial vessel patency till the foot or a run-off score < 8 (1=optimal; 10=absent run-off)
- Proximal and distal landing zone > 2 cm without large diameter discrepancy

EXCLUSION CRITERIA
- Age < 50 years
- Thrombophilia
- Contraindication to antiplatelet, anticoagulant, or thrombolytic therapy
- Superficial femoral artery aneurysm or anastomotic pseudoaneurysm
- Prolonged knee flexion (gardeners, carpenters...)

RESULTS

CONCLUSIONS
- Patency rates similar to open repair for selected cases
- Significant volume sac reduction with the exception of ruptured PAAs
- Covered length >20mm is a negative predictor for patency
EndoVascular Popliteal Artery Aneurysm Repair

- Open surgical repair, in particular with good autologous vein bypass, is the first choice when treating popliteal aneurysms.
- Early and long term results of EVPAR are similar to open repair, only for selected cases.

Thanks for your attention

I SINCERELY HOPE TO SEE ALL OF YOU IN PADUA AT THE VIP CONGRESS 2016