PARTIAL CONVERSION FOR PERSISTENT TYPE II ENDOLEAK: WHEN AND HOW TO DO IT

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NO DISCLOSURE

OPEN CONVERSION AFTER EVAR

0.9-8%

INCREASING NUMBER OF EVAR (UP TO 70%)

INCREASING NEED FOR CONVERSION

LITERATURE REVIEW

OPEN CONVERSION WITH GRAFT REMOVAL

• MORTALITY

0-67%


12.4%

REV 12236 PVE- MOULAKAKIS 2010

MANDATORY FOR INFECTION & ...
MATERIAL FATIGUE

TYPE II E-LEAK IS ONE OF THE MOST COMMON (17%) CAUSE OF CONVERSION
> 20% PERSISTENT AFTER EV TREATMENT

INCREASE SAC Ø > 10 MM
OPEN CONVERSION (OC)

OPEN CONVERSION WITH GRAFT PRESERVATION

<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>YEAR</th>
<th>CASES</th>
<th>PARTIAL</th>
<th>DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>HINCHLIFFE</td>
<td>2002</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<tr>
<td>LIPSITZ</td>
<td>2003</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FERRARI</td>
<td>2005</td>
<td>4</td>
<td>0</td>
<td>0</td>
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<tr>
<td>MORY</td>
<td>2008</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NABI</td>
<td>2009</td>
<td>8</td>
<td>2</td>
<td>1 (12.5%)</td>
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<tr>
<td>CHAAR</td>
<td>2012</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FACCENNA</td>
<td>2013</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<tr>
<td>MAITRIAS</td>
<td>2015</td>
<td>12</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>


OPEN CONVERSION WITH GRAFT PRESERVATION
SURGICAL ANASTOMOSIS
OPEN CONVERSION WITH GRAFT PRESERVATION
SURGICAL ANASTOMOSIS

STILL AGGRESSIVE OPERATION

- EXTENSIVE PREPARATION
- CROSS CLAMPING
- HEPARINIZATION
- ANASTOMOSIS
- TIME CONSUMING
- BLEEDING

24 PARTIAL CONVERSION
W/OUT CROSS CLAMPING
1623 EVAR - JAN 2001-JAN 2015

- Partial conversion 24 pts (4 out-pts)
  - Sac growth w/t evident type II EL 10ʃ
  - Type II E-leak 10*$
  - Type I & II E-leak 4#
  - Gore 16
  - Cook 3
  - Talent 3
  - Endurant 1
  - Vanguard 1
  $ 2 RELYNING
  * PREVIOUS EMBOLIZATION
  # 2 PROX CLIFF

24 PARTIAL CONVERSION

- MEAN AGE 76.1 (65-88)
- MEN 23/24
- SMOKER 9 37.5%
- HYPERT 20 83.3%
- DIABETES 6 25%
- SEVERE COPD 4 16.6%
- CAD 11 45.8%
- RI 6 25%

24 PARTIAL CONVERSION

- MEAN INTERVAL 73.5 months(13-120)
- MEAN ANEURYSM SIZE 7.7 cm (5.5-11.5)
- MEAN ANEURYSMAL INCREASE 38.0%
- MEAN ANNUAL INCREASE 6.4%

PARTIAL CONVERSION: TECHNIQUE
ACCESS

INTRASAC PRESSURE 40-99 mmHg

PROX NECK BANDING

PROX NECK FIXATION
3-5 STITCHES (5/0)

PROX NECK WITHOUT BANDING
LONG & SAFE SEALING ZONE

REMOVE THROMBUS
...OR HYGROMA

CLOSE THE SAC WITH FENESTRATION

SUTURE FEEDING VESSELS

IMMEDIATE RESULTS 24 PTS

• DEATH 0
• COMPLICATIONS 3 (12.5%)
  ✓ POSTOP HEMORRAGE (REINTERV) 2 *
  ✓ URETERAL STENOSIS 1 *

* same patient: inflammatory aneurysm

LATE RESULTS 24 PTS
Mean F-UP 42.8 mths (range 6-78)

• DEATH 5 (20.8%)
  ✓ CARDIAC 4
  ✓ RUPTURED TAA 1

• COMPLICATIONS 3 (12.5%)
  ✓ DISTAL TYPE I E-LEAK (extension) 1
  ✓ TYPE III E-LEAK (bridge) 1
  ✓ RENAL FAILURE 1

Survival Function
CONCLUSIONS
TYPE II E-LEAK & ENDOTENSION

• GRAFT SALVAGE FEASIBLE
  AVOID:
  • EXTENSIVE DISSECTION
  • CLAMPING
  • SYSTEMIC HEPARINIZATION

• POPULATION AT RISK
  – AGE
  – COMORBIDITIES