

Physician - Aortic (Thoracic) Pathologies and Surgery/Endovascular Interventions

[MSB-36]

Long-Term Results of Covered Endovascular Aortic Bifurcation Repair in Complex Aortoiliac Disease: A Two-Year Follow-Up

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Objective: This study aimed to investigate the two-year outcomes of covered endovascular reconstruction of the aortic bifurcation (CERAB) in patients with complex aortoiliac occlusive disease.

Methods: This retrospective study was conducted with 40 patients (33 males, 7 females) with aortoiliac occlusive disease categorized as TASC (Trans-Atlantic Inter-Society Consensus Document on Management of Peripheral Arterial Disease) II B, C, and D, based on computed tomography angiography findings. All patients underwent the CERAB procedure. The study assessed procedural outcomes, including clinical and symptomatic improvements, as well as patency rates, over a two-year follow-up period.

Results: The technical success rate was 100% across all procedures. At 36 months, the overall primary patency, assisted primary patency, and secondary patency rates were 85%, 90%, and 92.5%, respectively.

Conclusions: The two-year outcomes of this study suggest that CERAB offers patency rates comparable to those reported in other studies for complex aortoiliac occlusive diseases. The procedure showed favorable patency rates, particularly for more advanced TASC II B, C, and D lesions.

Keywords: Aortoiliac occlusive disease, aortic bifurcation, CERAB procedure, endovascular.

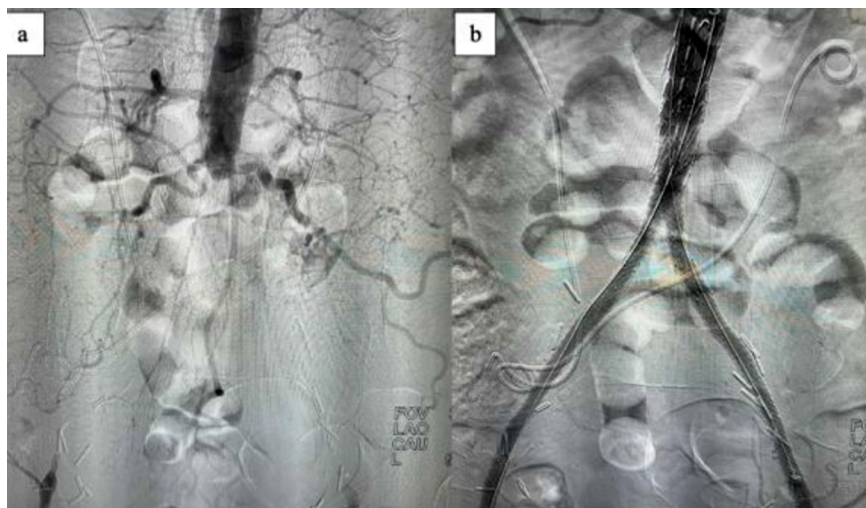


Figure 1. Intraoperative (a) and post-CERAB (b) aortography.

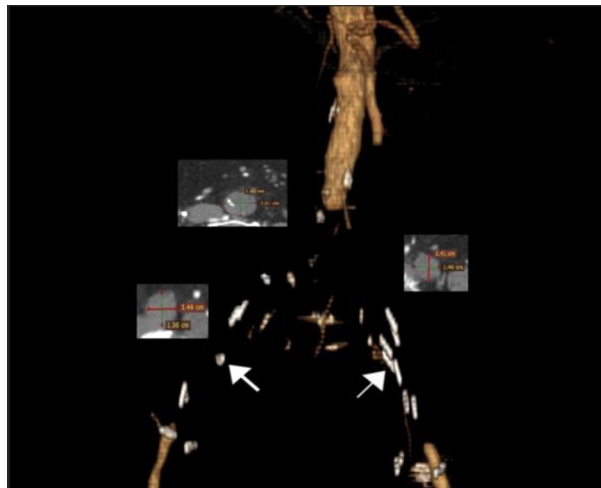


Figure 2. ?????.

References

1. García LF, Gómez-Rodríguez JC, Cabrera-Vargas LF, Contreras M, Lozada-Martínez ID, Rahman S. Midterm outcomes of the covered endovascular reconstruction of the aortic bifurcation for aortoiliac occlusive disease in a latinoamerican population. *Int J Surg Case Rep* 2021;88:106572. doi: 10.1016/j.ijscr.2021.106572.
2. Smith AH, Beach JM, Dash S, Rowse J, Parodi FE, Kirksey L, et al. Comparison of aortobifemoral bypass to aortoiliac stenting with bifurcation reconstruction for TASC II D aortoiliac occlusive disease. *Ann Vasc Surg* 2022;82:120-30. doi: 10.1016/j.avsg.2021.10.040.
3. Grimme FA, Goverde PC, Verbruggen PJ, Zeebregts CJ, Reijnen MM. Editor's choice--first results of the Covered Endovascular Reconstruction of the Aortic Bifurcation (CERAB) technique for aortoiliac occlusive disease. *Eur J Vasc Endovasc Surg* 2015;50:638-47. doi: 10.1016/j.ejvs.2015.06.112.
4. Shen CY, Qu CJ, Zhang YB, Fang J, Teng LQ, Li JL. Midterm outcomes of kissing covered self-expanding stents for reconstruction of complex aortoiliac occlusive disease. *Ann Vasc Surg* 2023;94:239-45. doi: 10.1016/j.avsg.2023.02.011.
5. Nordanstig J, Behrendt CA, Baumgartner I, Belch J, Bäck M, Fitridge R, et al. Editor's choice -- European Society for Vascular Surgery (ESVS) 2024 clinical practice guidelines on the management of asymptomatic lower limb peripheral arterial disease and intermittent claudication. *Eur J Vasc Endovasc Surg* 2024;67:9-96. doi: 10.1016/j.ejvs.2023.08.067.
6. Wooten C, Hayat M, du Plessis M, Cesmebasi A, Koesterer M, Daly KP, et al. Anatomical significance in aortoiliac occlusive disease. *Clin Anat* 2014;27:1264-74. doi: 10.1002/ca.22444.