ENDOVASCULAR TREATMENT OF VISCERAL ARTERY ANEURYSMS
A SINGLE CENTER EXPERIENCE

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**VISCERAL ARTERY ANEURYSMS (VAA)**

- **Incidence:** 0.1 – 2.0%
- **Indications for Surgical Treatment:**
  - symptomatic aneurysms
  - rapid grow rate
  - diameter > 2cm

**METHODS**
- Retrospective, observational and unincident study.
- From January 2008 to June 2017
- IBM® SPSS® v. 21.0.0.0

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
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<tbody>
<tr>
<td>VAA treated with an endovascular technique</td>
<td>VAA treated with open surgery</td>
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<tr>
<td>Elective procedure</td>
<td>No post-operative CT-scan</td>
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<tr>
<td>Control CT-scan</td>
<td>Urgent Procedure</td>
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</tbody>
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**Collected Data**
- **Demographic data and comorbidities**
- **Aneurysms** shape, size and location
- **Intervention:** type, operative time and rate of technical success
- **Length of stay and post-operative complications**
- **Overall survival**

**RESULTS**

- **Aneurysm Size, Shape & Location**
  - Celiac Artery (23.33±8.5mm)
  - Splenic Artery (28.9±21.5mm)
  - Renal Artery (22.8±3.7mm)

- **Time Free of Re-Intervention**
  - Mean follow-up period: 27.8 months
  - 2 re-convertions to open surgery
  - 1 case of 2nd embolization
  - 1 mycotic polianeurysmatic disease

**DISCUSSION**

The high rate of technical success and low mortality rates of the endovascular treatment of VAA is broadening indications for intervention (1), and has become the treatment of choice in many centers (2,3). The present study shows a 76% rate of technical success with a time free of reintervention of 81% at 24 months, which is consistent with the data published so far. The most common complications of the endovascular approach are distal thrombus and/or athero-embolization with end-organ infarction, intraprocedure aneurysm rupture and sac reperfusion in previously embolized aneurysms. In our series we observed 2 cases of re-reperfusion due to splenic infarction and another case presented a sac reperfusion that required a second embolization.

**CONCLUSIONS**

The endovascular approach to VAA is a feasible and safe technique with high rates of technical success. Although the need for re-intervention is rather significant, most cases were successfully treated. Further studies are needed to extend the follow up period, as long-term complications may occur.

**REFERENCES**