Iliac Artery Aneurysms
Types and Treatment

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Nothing to disclose in regard to this presentation
Locations ...

- Common Iliac Artery
- Internal Iliac Artery
- External Iliac Artery

Solitary
Combined
Aneurysm Types

Single
Multiple
Concentric

The type influences the treatment choice
Aneurysm Types

Single
Multiple
Concentric
Excentric

The type influences the treatment choice
Pathogenesis

- Atherosclerosis
- Collagen diseases
- Inflammatory diseases
- Trauma
- Post-operative anastomotic aneurysm
TX Indications depend on ...

- Symptoms
  - Compression
  - Pain
  - Rupture with bleeding and shock

- Size
  - 2.5 – 3.0 x normal diameter
TX Options

- EVAR
- Covered stent
- Amplatzer Plugs
- Coils
- Particle + fluid embolization
CIA Aneurysm

J. H. m-76
Excentric CIA Aneurysm

W. St. m-74
Excentric CIA Aneurysm

W. St. m-74 EVAR with Z-BIS
CIA Aneurysm

The expansion rate of CIAAs is 0.29 cm/y.

Hypertension predicts faster expansion.

Elective repair of asymptomatic patients with CIAA >3.5 cm is justified, because no rupture of a CIAA <3.8 cm was observed.

Combined AAA and CIA Aneurysm

E. F. m-78
AAA + CIA Aneurysm

D. Sch. m-69
AAA + CIA Aneurysm

D. Sch. m-69
AAA + CIA Aneurysm

D. Sch. m-69 EVAR
Anastomotic Aneurysm

K.B. m-63  Aorto-biiliac prothesis  6y ago
Anastomotic Aneurysm

H. K. m-83 14y after surgical AAA repair
Anastomotic Aneurysm

H. K. m-83  EVAR 14y after surgical AAA repair
CIA Aneurysm 11Y after Surgery

J. S. m-77  Covered stent
Rupture occurred in 38% with a mortality of 58%.

There was no direct relationship between the size of the aneurysm and the risk of rupture.

IIA Aneurysm

E. K. m-77 Embolization + Covered Stent
IIA Aneurysm

D. K. m-69
I.H. f-80  Bladder Cancer
I.H. f-80  Bladder Cancer
Tumor Erosion of IIA

I.H. f-80 Bladder cancer
Tumor Erosion

I.H. f-80 Bladder cancer

After embolization of IIA
Traumatic Aneurysm ...

A. G. f-18
Traumatic IIA Aneurysm ...

A. G. f-18

Covered stent EIA
Amplatzer plug IIA
False Posttraumatic EIA Aneurysm

Covered stent
Take home message …

- Diagnosis with US, CTA and MRA
- Treatment planning best with CTA
- Most aneurysms can be treated with endovascular means
- Mycotic aneurysms must be resected
Everything clear?

So, Where are we exactly?

Thank you for your interest