Persistent sciatic artery aneurysm treated with a use of VIABAHN endoprosthesis

Shigeo Ichihashi MD
Nara Medical University
Nara, JAPAN
Disclosure

Speaker name:
Shigeo Ichihashi

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

✔ I do not have any potential conflict of interest
Persistent sciatic artery (PSA)

 ✓ Remnant of a branch of umbilical artery
 ✓ Can lead to
   • Aneurysm rupture
   • Acute limb ischemia

 ✓ Symptom
   • Buttock mass, buttock pain, claudication, ischemic rest pain, necrosis

EJVES 2009; 37: 585-591
79F Acute limb ischemia
Ultrasound
Type 1: complete PSA + complete SFA

Type 2: *complete PSA + incomplete SFA*

Type 3: *incomplete PSA (only upper part) + complete SFA*

Type 4: *incomplete PSA (only lower part) + complete SFA*

Type 5: PSA originating from the median sacral artery
Treatment strategy

✓ Limb Ischemia

→ Revascularization: FP bypass

✓ Aneurysm → Embolization
Use of Stentgraft
DSA before EVT

Embolic occlusion
Stentgraft placement, followed by thrombolysis
Pre thrombolysis

Post thrombolysis
1M after endovascular treatment

Complete thrombosis of PSA aneurysm
**Persistent sciatic artery (PSA)**

- At 12 weeks gestation, sciatic artery degenerates while SFA develops.
  - Proximal part gives rise to gluteal arteries, distal part peroneal and popliteal artery
- Bilateral PSA in 20%
- PSA Occlusion rate: 27-41%
- Aneurysm degeneration: 20-50%
Another case of stands for aneurysm.
Amplatzer Vascular Plug (AVP)

14 mm diam. AVP
Femoro-tibial bypass with reversed GSV
Post ope 49x32mm

5M later 19x13mm
CONCLUSIONS

• A case of PSA aneurysm treated with Viabahn endoprosthesis was presented.

• Viabahn is useful not only for improving ischemic symptom but excluding aneurysmal disease, broadening indication of endovascular treatment.