Persistent Endoleak after EVAR for AAA with iliocaval fistula

Chang Jin Yoon
Seoul National University Bundang Hospital
Disclosure

Speaker name: Chang Jin Yoon

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
Clinical History

• 68-year old, male
• Chief complaint:
  – general weakness
• Others:
  – hypotension (BP 90/30)
  – decreased urine output
• No known history
Iliocaval (aortocaval) fistula

- A rare complication of AAA
  - <1% of all AAAs and 3-7% of ruptured AAAs
- Congestive heart failure with mortality of 22-51%
- Open surgical repair: perioperative mortality of 20-60%
Guzzardi et al.: CVIR, 2010

ENDOLEAK: Type IA + Type IV

Closure of fistula

Glue embolization
Glue: lipiodol 1:4
3 months
initial

3 months
Take Home Points

- AAA complicated with iliocaval (aortocaval) fistula
- Aortic stent graft alone
  - leaves communication btw. aneurysm and IVC
  - may result in high flow type IV endoleak
  - direct closure of fistula may be necessary
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