

LINC

Visceral Artery Aneurysms (VAAs): *Management, Surveillance and Natural History Analysis in a single UK centre over 10 years*



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Disclosure

I do not have any potential conflict of interest.

Aims and Methods

- Visceral artery aneurysms (VAAs) are rare with a reported prevalence of 0.1 to 0.2%. ^{1,2}
- April 2017, ESVS published guidelines for the Management of the Diseases of Mesenteric Arteries and Veins. ³
- 12-year experience (so far the largest single centre experience in the UK) of natural history and surveillance of VAAs.
- Study of 80 patients (29 Men & 51 Women) with a total of 106 aneurysms over 12 year period (2006-2017).
- VAA grouped into 3 respective categories (Renal, Mesenteric & Splenic)
Mesenteric category included: hepatic, gastroduodenal, coeliac and pancreaticoduodenal
- 7 VAA's treated (embolisation)-no complications

Results (1)

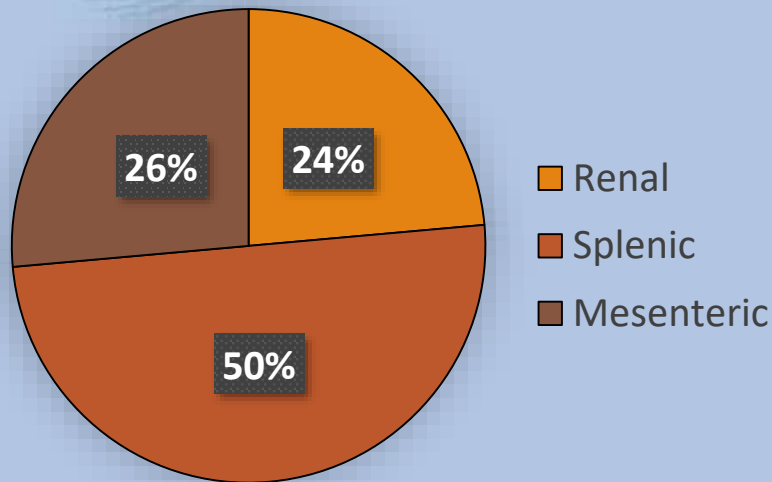
<i>Type of VAA</i>	<i>Total No (%)</i>	<i>Male No. (%)</i>	<i>Female No. (%)</i>	<i>Mean age, years</i>	<i>Mortality No (%)</i>
Mesenteric	28	14 (61%)	8 (36%)	73	1 (4%)
Renal	25	6 (32%)	13 (68%)	70	1 (5%)
splenic	53	9 (23%)	30 (77%)	69	2 (4%)

<i>Type of VAA</i>	<i>No. Monitored</i>	<i>Mean surveillance time, months</i>	<i>Mean initial size +/- SD, mm</i>	<i>Mean growth (mm)</i>	<i>No (%) that grew</i>
Mesenteric	28	25	15	3	4 (14%)
Renal	25	28	14	4	3 (0.1%)
Splenic	32	37	17	1	12 (38%)

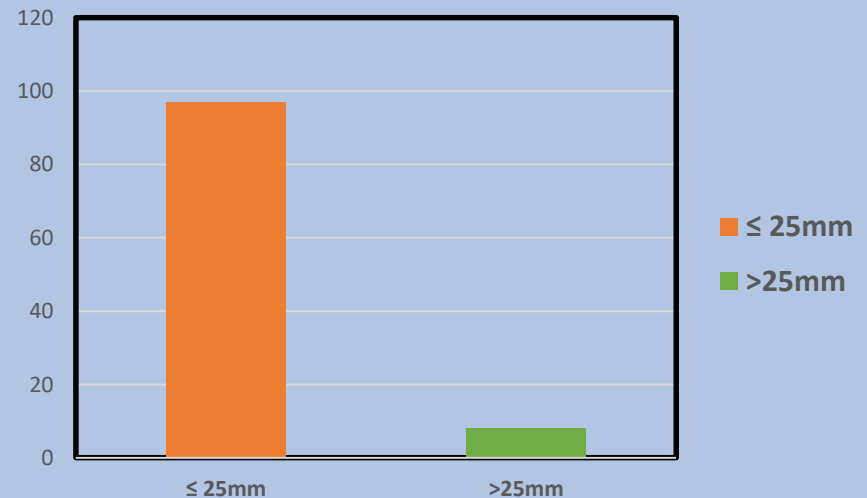
Results (2)

- Mean age across all categories = 70 yrs (Range 24-95 yrs)
- Mean size across all categories = 15mm
- Mean surveillance time = 31 months
- Mortality = 4 (5%) deaths – *unrelated* to VAA (2 malignancy, 2 cardiac/resp causes)
- Size Categories = 97 (92 %) \leq 25mm and 8(8 %) $>$ 25mm

Distribution of VAA's, by type



Size Category of VAA



Conclusion

Inter reporter variation on CT scan reporting

ESVS recommendation – interval imaging every 2-3 years (<25mm VAA)

No clear evidence from our study that aneurysms grow to reach the cut-off treatment level

Un-necessary exposure to radiation??

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