



## Patency of direct revascularisation of the hypogastric arteries in patients with aortoiliac occlusive disease

Submitted by Emmanuel Lemoine on Tue, 02/24/2015 - 15:49

Titre	Patency of direct revascularisation of the hypogastric arteries in patients with aortoiliac occlusive disease
Type de publication	Article de revue
Auteur	Maugin, E. [1], Abraham, Pierre [2], Paumier, A. [3], Mahé, Guillaume [4], Enon, B. [5], Papon, X. [6], Picquet, Jean [7]
Editeur	Elsevier
Type	Article scientifique dans une revue à comité de lecture
Année	2011
Langue	Anglais
Date	2011
Numéro	1
Pagination	78 - 82
Volume	42
Titre de la revue	European Journal of Vascular and Endovascular Surgery
ISSN	1532-2165
Mots-clés	Aged [8], Aortic Diseases/complications/diagnosis/mortality/physiopathology/surgery [9], Arterial Occlusive [10], Buttocks/blood supply [11], Constriction, Pathologic [12], Diseases/complications/diagnosis/mortality/physiopathology/surgery [13], Female [14], France [15], Humans [16], Iliac Artery/physiopathology/surgery [17], Ischemia/diagnosis/etiology/mortality/physiopathology/surgery [18], Kaplan-Meier Estimate [19], Male [20], Middle Aged [21], Retrospective Studies [22], Risk Assessment [23], Risk Factors [24], Time Factors [25], Tomography, X-Ray Computed [26], Treatment Outcome [27], Ultrasonography, Doppler, Duplex [28], Vascular Patency [29], Vascular Surgical Procedures/adverse effects/mortality [30]

Résumé en  
anglais

**OBJECTIVES:** Various indications for internal iliac artery (IIA) revascularisation have been reported. Revascularisations for gluteal ischaemia and buttock claudication remain controversial and uncommon. The objective of the study was to assess the patency of direct conventional revascularisations (CRs) of the IIA in patients with aortoiliac occlusive disease because few studies have focussed on this specific topic. **MATERIALS AND METHODS:** The charts of all patients who underwent CR of the IIA, between August 2000 and January 2009, were retrospectively reviewed. We recorded for each patient preoperative vascular work-up. All patients were tested for patency on January 2009. A computed tomography (CT) scan was requested if the duplex scan casts any doubt with regard to patency. If non-patent, the last date for confirmed patency was kept for the analysis. Functional outcomes at the proximal level were also collected. **RESULTS:** We studied 40 patients with occlusive disease. Buttock claudication was observed in 27 patients (66%), including eight (20%) in whom these symptoms were isolated. The 13 other patients had distal claudication or rest pain and documented proximal ischaemia, justifying the IIA revascularisations. We performed 44 conventional direct revascularisations of the IIA concomitant to aorto- or iliofemoral bypasses in these patients. The overall postoperative patency rate was 89%. Five early occlusions of the IIA remained asymptomatic. The median duration of follow-up was 39 months (3-86 months). The survival rate was 95% at 1 year and 86% at 5 years. The primary patency rate of the IIA was 89% at 1 year and 72.5% at 5 years. Buttock claudication disappeared in 23 of the 27 patients (85%), who were symptomatic at the proximal level prior to surgery. **CONCLUSION:** Direct IIA concomitant revascularisation has an acceptable patency rate in patients undergoing aorto- or iliofemoral bypasses for occlusive disease. When feasible, this technique appears to be safe for the treatment and prevention of buttock claudication.

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DOI

10.1016/j.ejvs.2011.03.014 [32]

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document

<http://dx.doi.org/10.1016/j.ejvs.2011.03.014> [32]

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