

Nova era u vaskularnoj kirurgiji nakon endovaskularnih zahvata

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KLJUČNE RIJEČI: aneurizma aorte, abdominalna; endovaskularni postupci

UVOD: EVAR (endovascular aneurysm repair) predstavlja modernu metodu liječenja abdominalnih aneurizmi u anatomske pogodnih bolesnika. Pojava kasnih komplikacija bolesnika liječenih EVAR-om nadmašuje stopu komplikacija bolesnika liječenih otvorenim kirurškim pristupom (OSR, open surgical repair) te problematizira dugoročnu učinkovitost ovog postupka. Cilj ovog rada je prikazati bolesnika sa abdominalnom aneurizmom liječenog OSR-om nakon komplikacije EVAR-a.

PRIKAZ SLUČAJA: Šezdesetsedmogodišnji bolesnik zaprimljen je u Kliniku za kirurgiju u kolovožu 2023. radi planiranog endovaskularnog zahvata, doembolizacije lumbalnih arterija radi perzistentnog endoleak-a tip II i posljedičnog povećanja aneurizme. Bolesniku je inicijalni EVAR učinjen u lipnju 2020. te endovaskularno zatvaranje endoleak-a u srpnju 2022. U kolovožu 2023. MSCT (multi-slice computerized tomography) angiografijom ustanovljena je progresija veličine abdominalne aneurizme za više od deset milimetara u razdoblju manjem od godinu dana, te je indicirano kirurško liječenje. Otvoreni kirurški operacijski zahvat ekstirpacije prethodno postavljenog EVAR-a uz rekonstrukciju abdominalne aorte stent graftom izveden je tjedan dana nakon prijema. Uz uredan poslijeoperacijski tijek bolesnik se otpušta na kućnu njegu osmi postoperativni dan. Mjesec dana nakon zahvata bolesniku se palpiraju periferne pulzacije femoralno. Pri zadnjem pregledu njegov oporavak je bio adekvatan te se uz preporuku hodanja i stroge redukcije dijete vratio svojim svakidašnjim aktivnostima.

ZAKLJUČAK: Iako je liječenje EVAR-om manje mutilirajuće za bolesnika u odnosu na OSR, pojava reintervencija i sekundarnih ruptura predstavljaju izazov u dugoročnom liječenju bolesnika sa abdominalnom aneurizmom. Novije generacije endograftova te studije s dužim praćenjem bolesnika potrebne su kako bi se bolje razumjeli ishodi modernog EVAR-a.

A new era in vascular surgery after endovascular procedures

INTRODUCTION: EVAR (endovascular aneurysm repair) is a modern method for treating abdominal aneurysms in anatomically suitable patients. EVAR is associated with more late complications than OSR (open surgical repair) raising concerns about its long-term effectiveness. This study aims to present a patient with an abdominal aneurysm treated with OSR after EVAR complications.

CASE REPORT: A 67-year-old patient was admitted to the hospital in August 2023 for a planned endovascular procedure, embolization of lumbar arteries due to persistent endoleak type II and consequent enlargement of the aneurysmal sac. The initial EVAR was performed in June 2020, and the endovascular closure of the endoleak was performed in July 2022. In August 2023, MSCT (multi-slice computerized tomography) angiography revealed a progression in the size of the abdominal aneurysm by over ten millimeters within less than a year, and surgery was indicated. Open surgical removal of the previous EVAR along with reconstruction of the aorta using a stent graft was performed one week after admission. The early postoperative period was uneventful and the patient was discharged after eight days. One month after the procedure femoral pulses were palpable. At the last follow-up, his recovery was adequate, and with dietary and walking recommendations, he returned to his daily activities.

CONCLUSION: Although EVAR is the less traumatic treatment, reinterventions, and secondary ruptures pose a challenge in the long-term management of abdominal aneurysms. Newer generations of endografts and studies with longer patient follow-ups are needed to grasp the outcomes of modern EVAR.

KEYWORDS: aortic aneurysm, abdominal; endovascular procedures.

