EDITORS’ INTRODUCTION

Trans-Atlantic Debate: Debate Regarding the Best Surgical Option for Type IV Thoracoabdominal Aortic Aneurysms

J.-B. Ricco a,*, T.L. Forbes b

a Debate Section Editor, European Journal of Vascular and Endovascular Surgery, Poitiers, France
b Debate Section Editor, Journal of Vascular Surgery, London, Ontario, Canada

Conventional open surgical repair, endovascular treatment and hybrid technique constitute the three treatment options for patients with type IV thoracoabdominal aneurysms. Treatment is advocated to prevent rupture but yields significant risk for spinal cord ischemia, cardiovascular, renal and respiratory complications including death. Refinements in open surgical techniques and branched endovascular grafts repair together with the development of hybrid techniques have been applied to the treatment of type IV thoracoabdominal aneurysms to decrease the risk of these complications. However, much of the evidence of the argument is circumstantial. Large experiences are limited to a few centers worldwide with inherent disparity between patient groups and several limitations to the construction of a prospective randomised trial. This controversial subject is now open to discussion, and our debaters have been given the challenge to clarify the evidence to justify their preferred option for repair of type IV thoracoabdominal aneurysm.


Part One: Treatment of Type IV Thoracoabdominal Aneurysms – Hybrid Technique with Debranching is the Best Option

M.P. Jenkins *

Regional Vascular Unit, Waller Cardiac Block, St Mary’s Hospital, Imperial College Healthcare NHS Trust, Praed Street, London W2 1NY, UK

I don’t believe there is necessarily a "best option" for type IV thoracoabdominal aneurysms per se. What would be optimal treatment for one patient may not be the best option for another. If the best option is based on the treatment modality applied to the largest majority, then the answer would depend on the institution and the patient population served. However, I believe the best option is truly patient specific and therefore the best treatment is really given by the institution, which can offer all three treatment options and select the patients most suitable for that intervention.

Introduction

Thoracoabdominal aneurysms (TAAAs) tend to present in an elderly population, often with extensive co-morbidity. They are either identified incidentally or present late with pressure symptoms as a consequence of size. Untreated, despite the presence of co-morbidity, the mortality from aneurysm rupture is high.1 It is in these very elderly patients, with extensive co-morbidity, but large aneurysms where there is no perfect treatment strategy that the least invasive, cost-effective and readily applied technique is therefore desirable.

Outside the excellent results from individual single centre publications,2 population studies show that the traditional approach to TAAA treatment shows room for...