

early and long-term morbidity and mortality than other previously reported treatment options. Repair with CAA is associated with low rates of aneurysm formation, recurrent infection, and limb loss.

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RR12.

Familial AAA Is Associated With Increased Postoperative Adverse Events After EVAR

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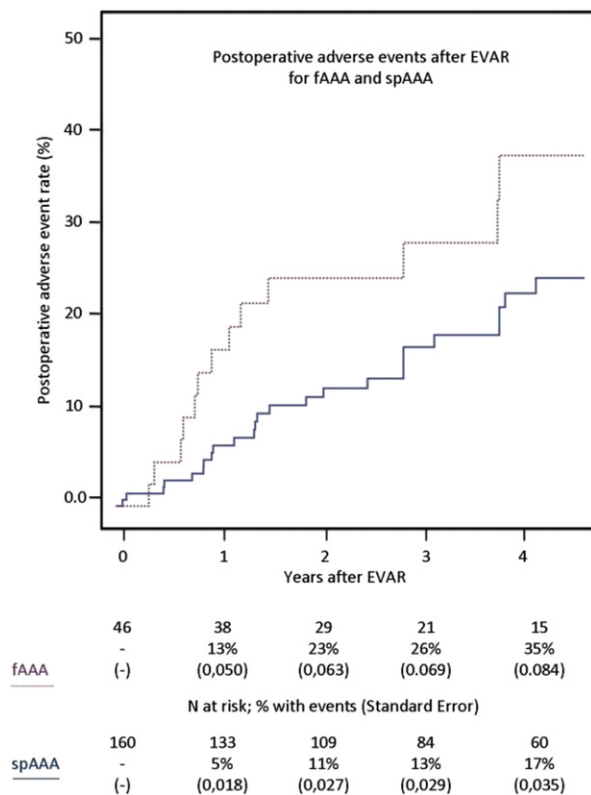


Fig.

Objectives: To investigate the risk of postoperative adverse events (PAE) in patients with familial AAA (fAAA) vs sporadic AAA (spAAA).

Methods: Patients were derived from a prospective database for EVAR. Family history was obtained by written questionnaire (93% response rate). fAAA patients were defined as having ≥ 1 affected 1st-degree relative, and excluding connective tissue disorders. Cardiovascular risk factors, AAA morphology (neck, sac and iliac), and follow-up (FU) information were scored. PAE was defined as a composite of secondary intervention, sac growth (> 5 mm), and type I/III endoleak. PAE estimates were obtained from Kaplan-Meier plots and multivariable Cox-regression was used to explore the risk associated with fAAA.

Results: 207 patients were included (90% men; age 71 ± 8 ; FU 4.5 ± 3 yrs), with 46 (22%) classified as fAAA. Patients with fAAA were younger (68 vs 72 yrs; $P = .003$) and less likely smokers ($P = .056$). No difference was observed in AAA morphology. After EVAR, fAAA patients had significantly more PAE (Fig), with a 2-fold increase in risk (adjusted HR, 2.0; 95% CI, 1.1-3.8). Sac growth was observed in 20% of fAAA vs 9% of spAAA ($P = .005$), unrelated to presence of endoleak. There were no further differences in individual components of PAE, nor in overall survival.

Conclusions: Despite similar morphology, patients with fAAA had more PAE, mainly due to sac growth. Until the underlying cause is identified, patients with fAAA may need closer surveillance.

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RR13.

A Review of the Contemporary and Historical Management of 134 Patients With Splenic Artery Aneurysms

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Objectives: This study aims to examine the shifting trend in the management of true splenic artery aneurysms (SAA) in an endovascular (EV) era.

Methods: A retrospective review of a single institution experience with SAA was performed. Medical records and imaging of 74 patients diagnosed with SAA between 1997 and 2012 were reviewed. This data was compared to a historical cohort of 60 patients managed before 1974.

Results: A female predominance of 80% was noted, of which 65% of women were multiparous and 13% reported grand-multiparity (≥ 6 pregnancies). Mean age at diagnosis was 56 years (range, 32-80). Mean aneurysm size at diagnosis was 2.0 cm (range, 0.8-3.5). 31 patients (41%) were followed conservatively and demonstrated no growth by surveillance imaging. 43 patients underwent surgical