EDITORIAL

271 In the End, It All Comes Down to the Beginning!
G.J. de Borst and A.R. Naylor

TRANS-ATLANTIC DEBATE

273 Trans-Atlantic Debate: Is an “Endovascular First” Strategy the Optimal Approach for Treating Acute Mesenteric Ischemia?
A.R. Naylor and T.L. Forbes

In our latest transatlantic debate, our protagonists argue whether an ‘endovascular surgery first’ strategy has usurped open surgery in the treatment of patients with acute mesenteric ischemia.

273 Part One: For the Motion. An Endovascular First Strategy is the Optimal Approach for Treating Acute Mesenteric Ischemia
M. Björck

276 Part Two: Against the Motion. An Endovascular First Strategy is not the Optimal Approach for Treating Acute Mesenteric Ischemia
N.T. Orr and E.D. Endean

279 Trans-Atlantic Debate: Is an “Endovascular First” Strategy the Optimal Approach for Treating Acute Mesenteric Ischemia?
A.R. Naylor and T.L. Forbes

CAROTID DISEASE

281 Mechanism of Procedural Stroke Following Carotid Endarterectomy or Carotid Artery Stenting Within the International Carotid Stenting Study (ICSS) Randomised Trial

This secondary analysis from ICSS looked at the timing, aetiology and prognosis of perioperative strokes following either CEA or CAS. They highlight the fact that one third of procedure related strokes may have been associated with perioperative haemodynamic problems rather than being embolic.

289 Spatio-temporal Quantification of Carotid Plaque Neovascularization on Contrast Enhanced Ultrasound: Correlation with Visual Grading and Histopathology
Q. Zhang, C. Li, H. Han, W. Dai, J. Shi, Y. Wang and W. Wang

In this observational study, spacial and temporal quantification of intra-plaque neovascularization (using contrast enhanced ultrasound) offered the potential of being a novel method for imaging the unstable carotid plaque.

AORTIC DISEASE

297 Ruptured Aneurysm Trials: The Importance of Longer-term Outcomes and Meta-analysis for 1-year Mortality
M.J. Sweeting, P. Ulug, J.T. Powell, P. Desgranges, R. Balm and for the Ruptured Aneurysm Trialists

In an individual patient meta-analysis of the AJAX, IMPROVE and ECAR randomized trials comparing open and EVAR repair in patients with ruptured AAA, there was a consistent trend for lower mortality rates and more favourable health economic outcomes following EVAR at 1 year.
Editor’s Choice – ECAR (Endovasculaire ou Chirurgie dans les Anévrysmes aorto-iliaques Rompus): A French Randomized Controlled Trial of Endovascular Versus Open Surgical Repair of Ruptured Aorto-iliac Aneurysms


This is the French randomized trial comparing EVAR and open repair in patients with ruptured AAA who were suitable for both treatments. The trial found no difference in 30-day or 1-year outcomes between either management strategy.

Invited Commentary

Where now for Endovascular Repair of Ruptured AAA?

R.J. Hinchliffe and J.R. Boyle

Endovascular Treatment of Ruptured Abdominal Aortic Aneurysms with Hostile Aortic Neck Anatomy

P.P.H.L. Broos, Y.W. ‘t Mannetje, Ph.W.M. Cuypers, M.R.H.M. van Sambeek and J.A.W. Teijink

In this Dutch study, a hostile aortic neck did not predict a poorer outcome after EVAR in patients with a ruptured AAA.

Systematic Review and Meta-analysis of Long-term survival After Elective Infrarenal Abdominal Aortic Aneurysm Repair 1969–2011: 5 Year Survival Remains Poor Despite Advances in Medical Care and Treatment Strategies


Despite improvements in standards of perioperative surgical and ITU care, in conjunction with improved risk factor control and ‘best medical therapy’ in patients undergoing elective infra‑renal AAA repair, there were still ‘disappointingly poor’ 5 year survival rates with no evidence of any improvement between 1969 to the present day.

Magnetic Resonance Imaging with a Weak Albumin Binding Contrast Agent can Reveal Additional Endoleaks in Patients with an Enlarging Aneurysm after EVAR


In a series of EVAR patients with sac expansion of unknown aetiology, MRI with a weak albumin binding contrast agent was able to identify the nature, location and type of endoleak in situations where CTA showed no obvious endoleak and/or was non‑diagnostic.

Invited Commentary

Commentary on ‘MRI with a Weak Albumin Binding Contrast Agent can Unmask Additional Endoleaks in Patients with Enlarging Aneurysm After EVAR’

F. Bastos Gonçalves

Treatment of Popliteal Aneurysm by Open and Endovascular Surgery: A Contemporary Study of 592 Procedures in Sweden

A. Cervin, J. Tjärnström, H. Ravn, S. Acosta, R. Hultgren, M. Welander and M. Björck

In this large observational audit of 499 patients with popliteal aneurysm where 90% of patients had one year follow‑up, SwedVasc observed that patency rates were poorer and amputation rates higher after endovascular (as opposed to open) repair. They concluded that these data will make vascular surgeons more cautious about recommending endovascular repair in the future.

Two Decades of Endovascular Repair of Popliteal Artery Aneurysm—A Meta-analysis

M. von Stumm, H. Teufelsbauer, H. Reichenspurner and E.S. Debus
VENOUS DISEASE

360 Association of Venous Disorders with Leg Symptoms: Results from the Bonn Vein Study 1
M. Wrona, K.-H. Jöckel, F. Pannier, E. Bock, B. Hoffmann and E. Rabe

In a cohort of 3072 randomly recruited individuals aged between 18–79, 22% developed varicose veins while 16% developed chronic venous insufficiency. Leg itching, heaviness and tightness were commonly associated with varicose veins but ‘restless legs’ and cramps were not. The Bonn Vein study concluded that the latter symptoms should be removed from the list of recognised varicose vein symptoms.

368 Adjustable Velcro © Compression Devices are More Effective than Inelastic Bandages in Reducing Venous Edema in the Initial Treatment Phase: A Randomized Controlled Trial
G. Mosti, A. Cavezzi, H. Partsch, S. Urso and F. Campana

In a randomized trial, adjustable Velcro compression devices offered a more practical means of controlling edema secondary to venous disease (compared to inelastic bandaging), especially as they enabled the patient to adjust the degree of compression.

Invited Commentary

375 Commentary on ‘Adjustable Velcro Compression Devices are More Effective than Inelastic Bandages in Reducing Venous Edema in the Initial Treatment Phase: A Randomized Controlled Trial’
J.A. Caprini

MISCELLANEOUS

376 Differential FDG-PET Uptake Patterns in Uninfected and Infected Central Prosthetic Vascular Grafts

In a series of 59 patients with infected or non-infected prosthetic grafts undergoing FDG-PET imaging, patterns of FDG uptake were neither sensitive nor specific enough to enable a reliable diagnosis of prosthetic infection to be made.

EDUCATION SECTION

384 Multiple Choice Questions
387 Correspondence

ABSTRACTS

390 Abstracts presented at the ESVS Annual Meeting in Porto on 23–25 September 2015
S. Parvin

Abstracts appearing online only (http://www.sciencedirect.com/science/journal/10785884/50)
e15 Prize Abstracts for Presentation at the 2015 BSET Annual Meeting, 2nd–3rd July, Walton Hall, Warwickshire

British Society of Endovascular Therapy

e19 Abstracts Presented at the IAVS & NIVASC Joint Annual Meeting 2015

B. Egan

405 Selected Abstracts from the September Issue of the Journal of Vascular Surgery
408 Forthcoming Events

COUP D’OEIL

288 Kinking of a Superior Mesenteric Artery Stent due to Contraction of the Abdominal Wall
P. van Schaik and R. Toorop

Editor’s Choice: This paper has been selected by the Editor to be made freely available online.

Additional material available online: http://www.sciencedirect.com/science/journal/10785884/50