prospective randomised controlled trials. We wish Jivegård
and colleagues well with their current study and look
forward to seeing the results.

D. Birchley*
B. Campbell
Royal Devon and Exeter Hospital,
Vascular Surgery, Barrack Road,
Exeter, United Kingdom
*Corresponding author.
E-mail address: dbirchley@hotmail.com (D. Birchley)

Available online 24 November 2010

© 2010 Published by Elsevier Ltd on behalf of European Society for
Vascular Surgery.

Percutaneous Access for Endovascular Aortic Aneurysm Repair. Potential Predictors of Success must be Reappraised

Dear Editor,

Thank you for the excellent systematic review on percutaneous access for endovascular aneurysm repair (pe-EVAR). Data abstraction reveals that, relevant studies published online several months before Malkawi et al. submission, were omitted. Evidence of significantly lower primary success rates with increasing sheath size was mentioned. This fact remains a logical scenario but conflicting results appeared after the largest available study by Eisenack et al. (adding another 500 patients or 904 femoral groins) with negligible effect of sheath size on success rate. Instead, the significant issue of operator experience, had the pivotal role in predicting pe-EVAR outcomes.

Considering all 4 missing studies, and a recent study by Krajcer et al., adding totally 714 more patients (1219 femoral groins), thus ~40% expansion of the previous review population, and when splitting all pe-EVAR literature in two equal quantitative periods, (1st: 1999–2008 and 2nd: 2008–2010, initial 1450 and latest 1509 femoral access sites respectively) we found that (Table 1) the earlier period had worse primary success rate (88.7% vs 95.4%) and increased combined device-related and patient-related open conversion rates (8.6% vs 3.4%).

Considering that mean sheath size is almost the same, and assuming that learning curves are rather similar among institutions, this discrepancy might be explained by operator expertise. Interestingly, increasing experience eliminates other potential predictors of pe-EVAR success rates like sheath size or anatomically related factors, like obesity.

A meta-analysis is warranted to further clarify the contribution of all possible predictor of success in pe-EVAR era.

<table>
<thead>
<tr>
<th>Table 1 Early and late pe-EVAR results.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients Femoral \ Success rate\ DR-/PR-OC's\ P value</td>
</tr>
<tr>
<td>access sites used (Fr) overall pe-EVAR</td>
</tr>
<tr>
<td>Mean sheath size (Fr)</td>
</tr>
<tr>
<td>(1999–2008)</td>
</tr>
<tr>
<td>(2008–2010)</td>
</tr>
</tbody>
</table>


* Reported on pre-close technique femoral access entry site basis.

References


G.S. Georgiadis*
G.A. Antoniou
M.K. Lazarides
Department of Vascular Surgery, "Demokritos" University of Thrace, University General Hospital of Alexandroupolis, Greece
*Corresponding author. Alexandrou Papanastasiou 7 str., Alexandroupolis 68100, Greece.
Tel./fax: +30 2551037171.
E-mail addresses: docvasc@otenet.gr, ggeorgia@med.duth.gr (G.S. Georgiadis)

Available online 20 November 2010

© 2010 European Society for Vascular Surgery. Published by Elsevier Ltd. All rights reserved.
doi:10.1016/j.ejvs.2010.10.013

DOI of original article: 10.1016/j.ejvs.2010.02.001.