Regarding “Floppy aortic graft reconstruction for germinoma tumor invasion of the infrarenal aorta”

We read the article by Drs Jerius, Elmajian, Rimmer, and Spires (J Vasc Surg 2003;37:889-891) with great interest. We were very pleased to see the utilization of this technique for the resection of retroperitoneal tumors that invade large vessels.

We used this technique for the first time in 1998, for the resection of a large retroperitoneal fibrosarcoma that had invaded the infrarenal vena cava and aorta. After 36 months of follow-up with satisfactory oncological and vascular results, we published this novel technique in 2002, in the Journal of Pelvic Surgery.1

In the case presented by Jerius et al, Dacron is also used as a vascular substitute because of the greater flexibility of this material. This enables the oncological team to manipulate the graft easily during the tumor resection, without causing damage to the anastomoses. In the same way as in our technique, the original anastomoses were preserved and resection was performed only on the redundant portion of the temporary bypass (the “floppy” part) after complete resection of the mass.

We believe that, although this technique may only be used infrequently because of the rarity of similar cases, it is an excellent technical option. In our service we have satisfactorily used the same technique in another two cases,2 thus confirming its validity.

We enjoyed reading Jerius et al’s article, and we think that this technique makes an important contribution towards both oncological and vascular surgery.

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REFERENCES


Reply*

We find your case utilizing packing of the aneurysm sac with thrombogenic foam an interesting and innovative approach to the problem of continuing popliteal artery aneurysm sac expansion after exclusion and bypass. Your technique does not appear to add any further or extensive surgical dissection of the proximal or distal popliteal arteries and yet would appear to address the problem created by persistent collateral perfusion of the excluded popliteal artery aneurysm sac. It was unclear within your letter whether a repeat duplex ultrasound scan performed at three weeks revealed simply a thrombosed aneurysm sac or whether collateral vessels were not visualized. In our article, we noted that five limbs had patent arterial branches communicating with thrombosed excluded popliteal artery aneurysms.

We would be interested in following such cases longer term postoperatively as several patients were noted in our series to have late popliteal artery aneurysm sac enlargement.

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doi:10.1016/j.jvs.2003.11.044

*The opinions expressed in this letter are solely those of the author and do not represent the views of the United States Air Force, United States Department of Defense, or the United States Government.