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EJVES Extra Abstracts[☆]

Catheter-delivered Transducer-tipped Ultrasound Thrombolysis of a Chronically Occluded Aortic Stentgraft Limb

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Endovascular aneurysm repair (EVAR) is increasingly used to treat infrarenal abdominal aortic aneurysm. EVAR is almost exclusively accomplished by using bifurcated, bi-iliac stentgrafts. Nevertheless, it is accompanied with a considerable incidence of stentgraft limb occlusion. In case of acute occlusion endovascular revascularization options are plentiful, but for chronically occluded stentgraft limbs such consensus is lacking. Catheter-delivered transducer-tipped ultrasound (US) thrombolysis is a new technique specifically coined for the treatment of (sub)acute peripheral arterial occlusions and deep venous thrombosis. We describe a unique case of successful treatment of a chronically occluded stentgraft limb after EVAR with catheter-delivered transducer-tipped US thrombolysis.

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Occlusion of the Profunda Femoris Artery in Competitive Cyclists

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Symptomatic lower limb ischaemia in endurance athletes and competitive cyclists is usually due to iliac artery compression

syndrome. We report the cases of two competitive cyclists who presented with thigh claudication, with no previous cardiovascular or thrombo-embolic risk factors. They both had normal conventional and sports exercise tests. Further investigations revealed flush occlusion of the profunda femoris artery, believed to be due to dissection. Both patients improved with graduated exercise. We recommend contrast-enhanced MRA as the investigation of choice for this previously unreported condition.

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Hybrid Repair of an Aberrant Right Subclavian Artery with Kommerell's Diverticulum

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This publication describes a hybrid endovascular and open surgical approach to treating a large aneurysm of an aberrant right subclavian artery (Kommerell's diverticulum). A 76-year old man presented with dysphagia lusoria due to a 3.5 x 3.0 cm aneurysm involving an aberrant right subclavian artery. The patient was treated by a thoracic aortic endograft, left subclavian artery debranching (by its transposition to the left common carotid artery) and right subclavian artery revascularisation. This approach avoids the requirement for a thoracotomy or sternotomy needed with open surgical repair. At a 6 months follow-up assessment the aneurysm was shown to be thrombosed with no evidence of endoleak.

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