Clinical Ramifications of an Extended Proximal Seal Zone with a Novel Endograft System: First Report of 108 Consecutive Cases


Abstract:

Objectives: To evaluate the clinical course of patients treated with a novel endograft system that extends the proximal seal zone.

Methods: A prospective review of the clinical characteristics of patients treated with the new endograft system was conducted. The primary outcomes were freedom from endoleak and device-related complications.

Results: Among the 108 patients, 103 (95.4%) were treated electively and 5 (4.6%) were treated for acute rupture; 80 (74%) were men and 28 (25.9%) were women. The median follow-up was 4 months overall and 6 months in the imaging cohort. Values are expressed as mean ± standard deviation or median and range.

Conclusions: The extended proximal seal zone may provide improved sealing and reduced risk of endoleak and device-related complications.

Race and Gender Impact Early Outcomes of Lower Extremity Bypass

Ashish K. Jain, Corey A. Kalbaugh, Mark A. Farber, William A. Marston, Raghuveer Vallabhaneni.

Upper Extremity Access for Fenestrated Endovascular Aortic Aneurysm Repair Is Not Associated with Increased Morbidity


Abstract:

Objectives: To evaluate the impact of upper extremity access on outcomes of fenestrated endovascular aortic aneurysm repair (FEVAR).

Methods: A retrospective review of patients who underwent FEVAR with upper extremity access was conducted. The primary outcomes were major and minor complications, 30-day mortality, and readmission rates.

Results: Of 60 patients, 20 (33.3%) had upper extremity access. There were no significant differences in major or minor complications, 30-day mortality, or readmission rates between patients with and without upper extremity access.

Conclusions: Upper extremity access is not associated with increased morbidity in FEVAR.