

classification is inadequate for isolated infrarenal aortic lesions.

The use of covered stents may increase procedural costs. A proper cost-benefit analysis has not been published to date. An increased patency rate, as is shown in extensive iliac disease, combined with a possible decrease in complications might render the procedure cost effective. Without randomized studies, however, it might be more cost effective to reserve covered stenting for cases in which rupture is suspected. Studies focusing on the use of various techniques in relation to quality adjusted life years are therefore required.

In conclusion, we have shown that the use of covered stents for isolated aortic occlusive disease is safe, and related to low morbidity and excellent patency rates. Comparative studies with traditional treatment modalities are indicated to assess the role of covered stents in the treatment strategy of these lesions.

AUTHOR CONTRIBUTIONS

Conception and design: RB, AH, MR

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Critical revision of the article: CZ, AH, JO, CZ

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INVITED COMMENTARY

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The authors report a series of patients with focal infrarenal aortoiliac occlusive disease that was treated with polytetrafluoroethylene-covered stenting. Although this is a small series, it provides valuable information on a problem encountered frequently enough in clinical practice and shows that primary use of polytetrafluoroethylene-covered stents is a feasible, effective, and safe treatment for focal atherosclerotic lesions in the infrarenal aorta. With a median follow-up of 18 months, there were no instances of restenosis and no need for any secondary interventions.

It should be particularly noted that all patients were treated with a balloon-expandable stent, with no reported adverse events of aortic rupture. In addition, 67% of the patients had a patent inferior mesenteric artery, and 33% had aortic mural thrombus, with no reported cases of bowel ischemia or embolization.

The reader is correct to be somewhat skeptical of drawing broad conclusions from a small series that lacks a control group undergoing angioplasty or bare-metal stenting, but the results will expand our knowledge, inform future study, and impact the clinical care of patients with focal infrarenal aortoiliac occlusive disease. The results of this series, albeit limited, also seem to dismiss some of the concerns associated with the endovascular treatment of aortic occlusive disease such as a high recurrence rate, risk of iatrogenic rupture, risk of colonic ischemia, and the presence of heavily calcified lesions that would be resistant to angioplasty and stenting.

Stenting for focal infrarenal aortoiliac occlusive disease appears to be an attractive alternative treatment option for such patients. However, longer follow-up, and as the authors rightfully conclude, additional comparative studies with traditional treatment modalities, are needed before considering the use of covered stents as the first-line standard treatment.