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CORRESPONDENCE

Letter to Editor re: Endovascular Ruptured Abdominal Aortic Aneurysm Repair (EVRAR): A Systematic Review.

Dear Sir,

I read with great interest the Cochrane Update Review¹ on EVRAR and I congratulate the authors for their effort. However, I was surprised not to see included my study on the topic. In 2006 we published our results with the endovascular and surgical treatment of rupture abdominal aortic aneurysms (rAAA) in World Journal of Surgery.² The study meets all inclusive criteria established by the authors.¹ It was published in October 2006, available online from July 2006 and included in the MEDLINE database. All patients had CTA evidence of rAAA and the study appears in PubMed using the selected by the authors¹ keywords: “endovascular” AND “abdominal aortic aneurysm” AND “ruptured”. Therefore, I cannot understand the reason for the presumed application of exclusion criteria to my study and I believe that it must be included in future Cochrane Update Reviews as it offers valuable data in the effort of the international scientific community to establish the role of endovascular treatment in rAAA.

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
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Re: Response to Letter to Editor from Dr Ilias Dalainas on “Endovascular Ruptured Abdominal Aortic Aneurysm Repair (EVRAR): A Systematic Review. Harkin DW, et al”.

Dear Sir,

Dalainas, et al.,¹ reports outcomes in 28 patients over a 7 year period with ruptured abdominal aortic aneurysm: 20 patients selected for endovascular repair with a 40% mortality rate, 8 patients had open repair for a mortality rate of 62.5%. This non-randomised cohort study reports a trend towards reduced mortality with the application of an endovascular intention-to-treat protocol. However, mortality remains high overall, especially in those undergoing open repair, compared to the pooled results of our systematic review.² This may in part reflect the selection bias introduced by this protocol, in that open patient were generally less stable and had more challenging aortic anatomy. This study may also highlight the effect of low-volume emergency vascular care on outcomes,³ as this study would suggest this group despite a large elective practice on average treated only 4 ruptures per year.

This group has and continues to report significant contributions to the development of elective and emergency endovascular practice, and should be included in future Cochrane Database System Update Reviews.⁴

Yours truly,

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