



CORRESPONDENCE

Letter to the Editor re: Separation of Components in Fenestrated and Branched Endovascular Grafting

Dear Editors,

We welcome the proposed definition of inter-component relationships by Dowdall *et al.*¹ However, there is no mention of the value of plain radiographs in the detection of migration, component movement and surveillance. Although centerline of flow analysis was required for this study, standardized radiographic protocols allow successive plain films to be readily and meaningfully compared for standard endovascular repair² and we have found this to be the case with fenestrated and branched stent-grafts in our experience.

An issue not discussed in this excellent paper is the haemodynamic effect of the angulation at the limb-body junction of the distal bifurcated component as it migrates caudally. This potentially risks limb thrombosis. We have recently had to place an adjunctive stent to assist in the patency of one of the limbs of a fenestrated stent-graft in a patient who originally had almost 5 stent overlap (Fig. 1a) of the modular components that reduced to 2 stent overlap (Fig. 1b) at four year follow up. Duplex ultrasound recorded severe haemodynamic effects in the left limb of the graft due to kinking and an adjunctive Wallstent[®] (Boston Scientific) was placed which abolished the pressure gradient.

We would be interested to know if Dowdall *et al.* have observed any effects on limb blood flow from modular migration of the distal body in their series.

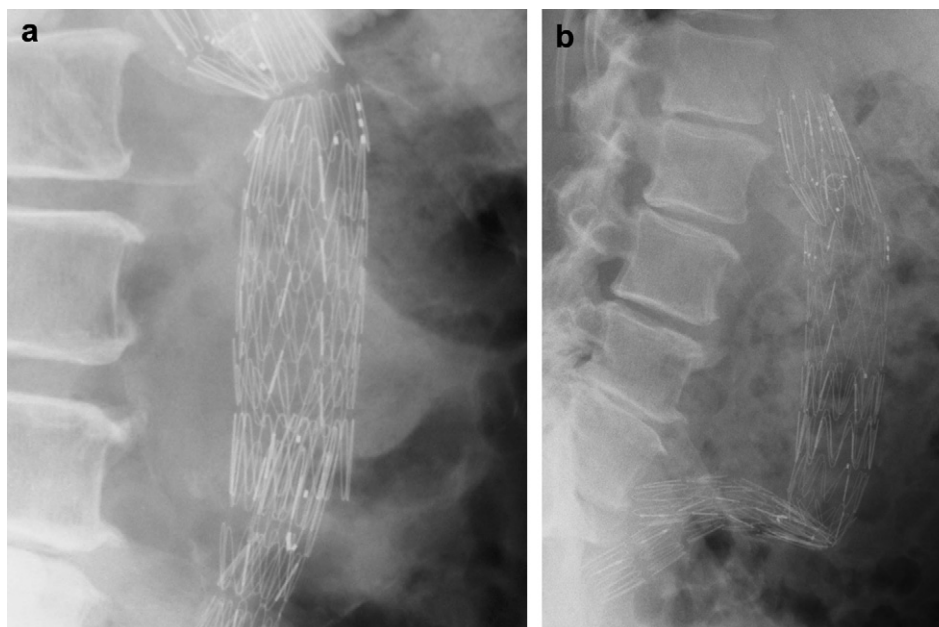


Figure 1 a) Baseline lateral plain x-ray of a fenestrated stent-graft, b) 4 years later.

References

- 1 Dowdall JF, Greenberg RK, West K, Moon M, Lu Q, Francis C, et al. Separation of components in fenestrated and branched endovascular grafting - branch protection or a potentially new mode of failure? *Eur J Vasc Endovasc Surg* 2008;**36**(1):2–9.
- 2 Fearn S, Lawrence-Brown MMD, Semmens JB, Hartley D. Follow-up after endovascular aortic aneurysm repair: the plain radiograph has an essential role in surveillance. *J Endovasc Ther* 2003;**10**:894–901.

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