

**Table.** Distribution of procedures

	Age, years	Thoracic		Thoracoabdominal		Aortoiliac		Subclavian/carotid/vertebral		Others	
		Open	Endo	Open	Endo	Open	Endo	Open	Endo	Open	Endo
Marfans (n = 42)	37.4 ± 15.7	69	11	16	3	9	8	5	1	12	5
EDS <sup>a</sup> (n = 15)	42.3 ± 15.9	14	3	3	2	3	4	0	1	2	2
LDS (n = 6)	35.8 ± 15.5	9	0	3	0	1	2	4	3	1	1
Total	-	92	14	22	5	13	14	9	5	15	8

<sup>a</sup>One patient had both EDS & LDS, and underwent 2 open thoracic and 1 endovascular subclavian intervention

**Conclusions:** Genetic identification of CTDs is rapidly expanding, allowing for categorization of previously undiagnosed patients. Endovascular options are viable and useful when there is acceptable vascular morphology and the procedure is planned properly, potentially in a hybrid modality.

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#### PVSS14.

##### Physician and Self Referral Patient Patterns for Thoracic Outlet Syndrome Are Excellent

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**Objectives:** The purpose of this study was to categorize patients referred to a specialized thoracic outlet syndrome (TOS) practice.

**Methods:** Demographic and clinical data on all patients who were referred for TOS between 2006 and 2010 were retrospectively reviewed from a prospectively maintained, IRB approved database and patient records.

**Results:** Between 2006-2010, 621 patients were referred for TOS (433F/188M; mean age, 39 years [range, 10-87]). 571 (92%) were diagnosed with TOS-421 (74%) neurogenic, 126 (22%) venous and 24 (4%) arterial. Of the 525 physician referrals, 478 (91%) had TOS and of the 93 self referrals, 90 (97%) had TOS.

The 421 patients with neurogenic TOS (NTOS) (304F/117M) had symptoms on average for 56 months (range, 1-516). 271 (64%) were initially treated with TOS specific physical therapy (PT) and 100 (37%) improved. 178 (42%) underwent a lidocaine block and 145 (81%) had a positive block. 74 (18%) patients underwent botox injections-44 (60%) were positive and the average number of botox injections was 1.3. 140 (33%) underwent First Rib Resection and Scaleneotomy (FRRS) and 128 (91%) improved. Of patients undergoing FRRS, 92 (66%) had a lidocaine block, 82 (89%) of which were positive. Of patients with a positive lidocaine block, 74

(90%) improved following FRRS. Of patients undergoing FRRS, 31 (22%) underwent botox injections, 15 (48%) of which were positive. Of patients with a positive lidocaine block, 14 (93%) improved following FRRS. Average length of time between initial visit and operation was 6.4 months (Range 2 weeks-34 months) and average follow up was 13 months (Range 1 week-49 months).

##### Conclusions:

1. Both referring physicians and patients are very accurate in their preliminary diagnosis of TOS-neurogenic, venous, or arterial.
2. In a specialized TOS practice, 2/3 of patients are sent to TOS specific PT and 1/3 improve from that alone.
3. 1/3 of patients referred for NTOS eventually undergo FRRS with a 91% success rate.

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#### PVSS15.

##### The Association Between Erythrocyte n-3 Polyunsaturated Fatty Acids (n-3 PUFAs) Content and Inflammation in Male Patients With Peripheral Artery Disease (PAD)

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**Objectives:** Dietary intake of n-3 PUFAs has been associated with cardiovascular disease, but the relationship to PAD is unclear. PAD patients have an increased burden of systemic inflammation. In a cross-sectional cohort study, we evaluated the relationship between n-3 PUFAs content of red blood cells (omega-3 index) and biomarkers of inflammation.

**Methods:** This was a prospective cohort study of patients (n = 83) presenting to vascular surgery clinic for evaluation of PAD. We used linear regression to evaluate the independent association between the omega-3 index (gas chromatography) and inflammation (hsCRP, IL-6, TNF- $\alpha$  and ICAM-1; ELISA kits).

**Results:** 70 patients had PAD while 13 were found to have a normal ankle-brachial index (ABI). Mean ( $\pm$  SD)