<sup>29</sup> TCTAP2024

# Late open surgical repair for endoleak after EVAR

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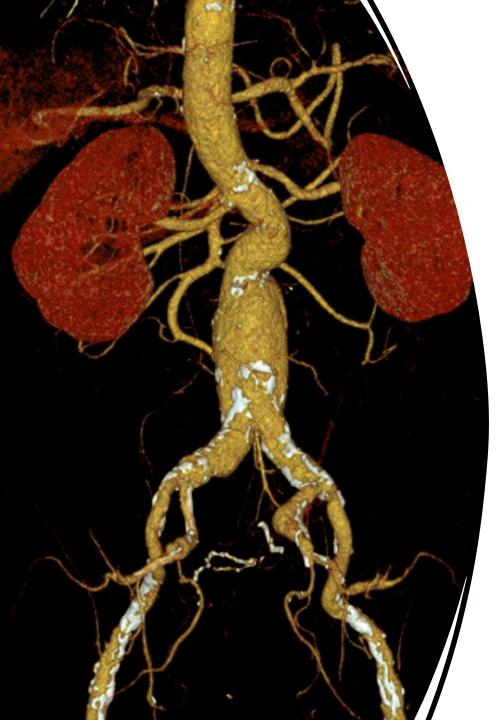


# **Disclosure**

• No potential conflicts of interest in this presentation





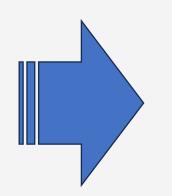


# CONTENTS

- Current status for open conversion on type II endoleak
- The appropriate method for open conversion

# **Type II endoleak**

- Embolization
  - ✓ Coil
  - ✓ Glue
  - ✓ Onyx



- Aneurysomorrhaphy (Preservation of stent graft)
- Ligation of culprit arteries (Preservation of stent graft)
- Total explantation (Explantation of stent graft)



# Until when we try endovascular procedures?



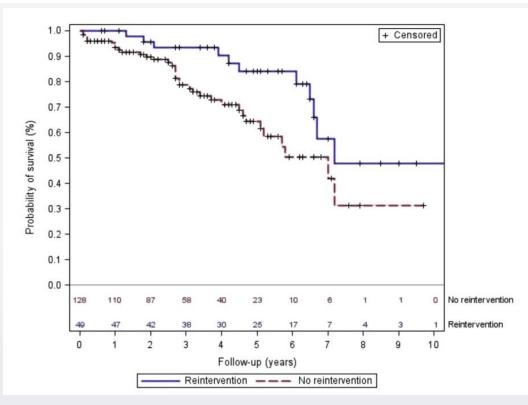
## No consensus, yet

# In my opinion...





Type II endoleak with or without intervention after endovascular aortic aneurysm repair does not change aneurysm-related outcomes despite sac growth



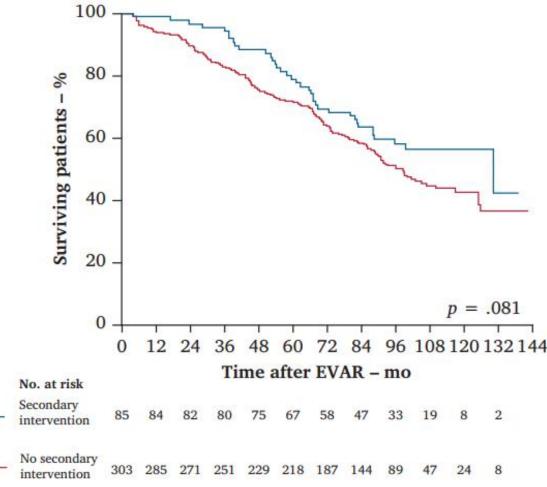
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Type 2 Endoleak With or Without Intervention and Survival After Endovascular Aneurysm Repair



European Journal of Journal Vascular Surgery

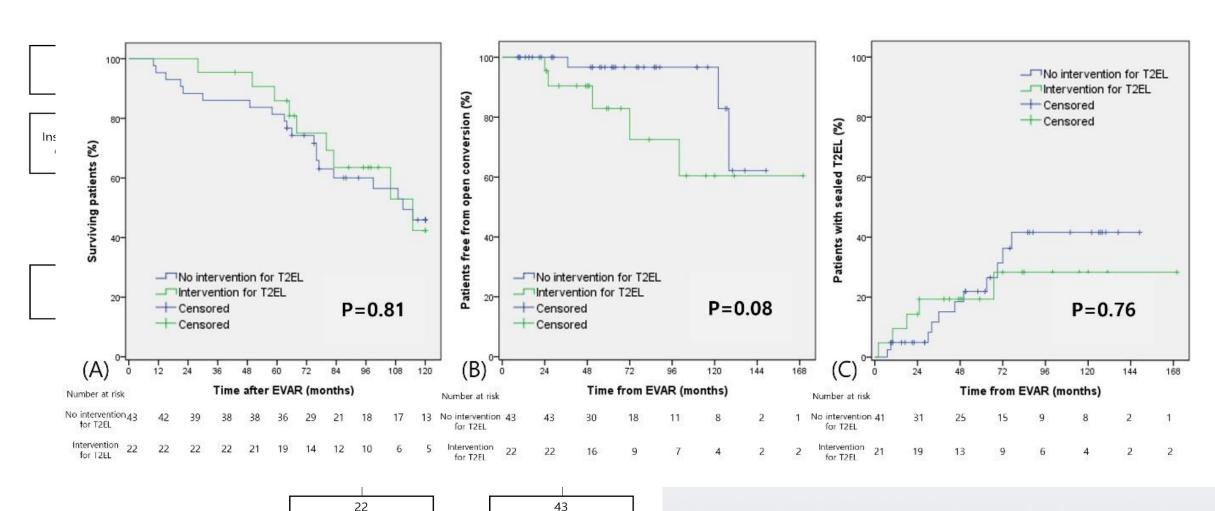
es√s

hil

<sup>3</sup>\*\*

Intervention for

type 2 endoleaks+



Intervention for

Type 2 endoleaks-

CVRF

# Until when we try endovascular procedures?



# In my opinion...

If late onset or rapid growth type II endoleak, operate when the patient is at least one year younger...









### Semi open conversion – Preservasion of stent graft Aneurysomorrhaphy Ligation of culprit arteries

# VS

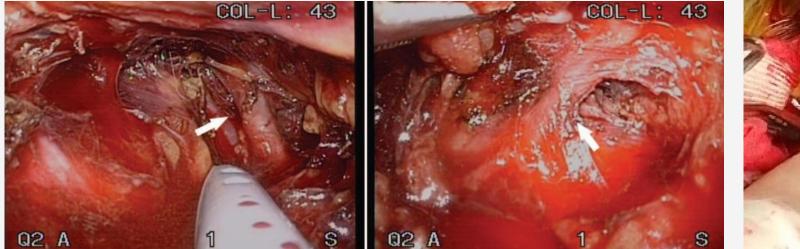
# **Total open conversion – Explantation of stent graft**





### Methods for open conversion

# **Ligation of culprit arteries**





#### <sup>20\*</sup> TCTAP2024



### Methods for open conversion

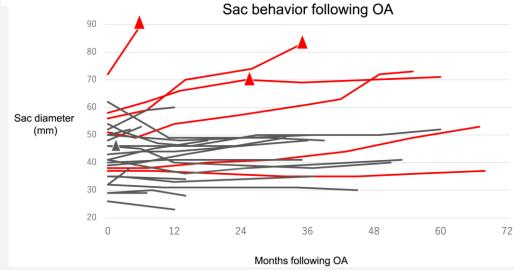




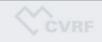
Clinical research study

Abdominal aortic and iliac artery aneurysms

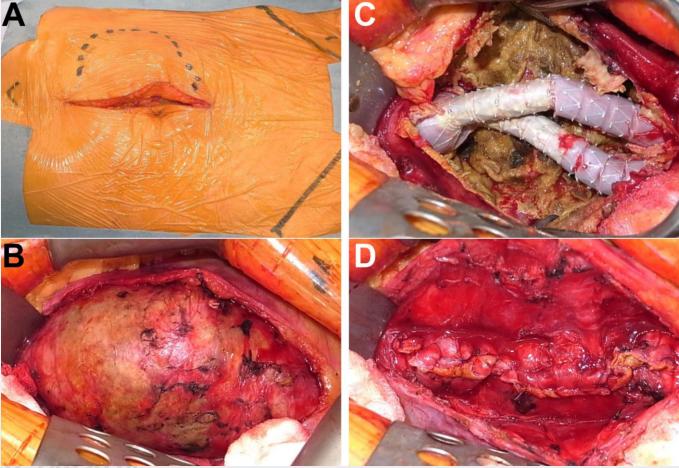
Evolution of open aneurysmorrhaphy for management of sac expansion after endovascular repair of abdominal aortic aneurysms



Sac size increases again at 6/28 (21.4%) ???

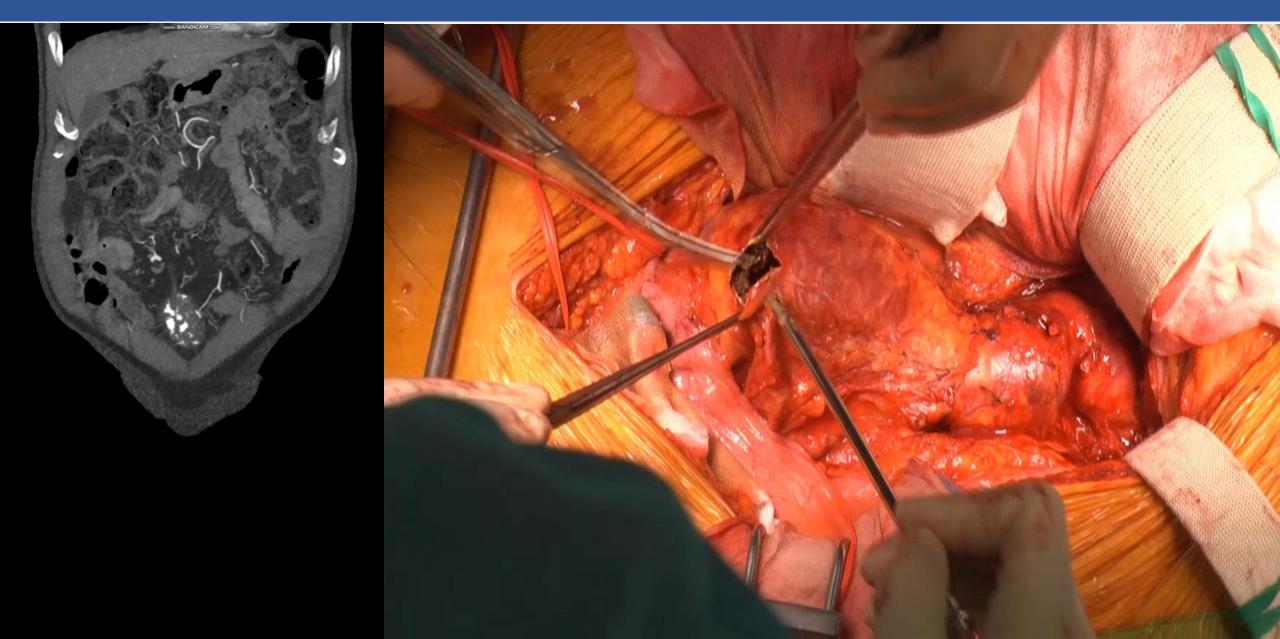


### Aneurysmorrhaphy

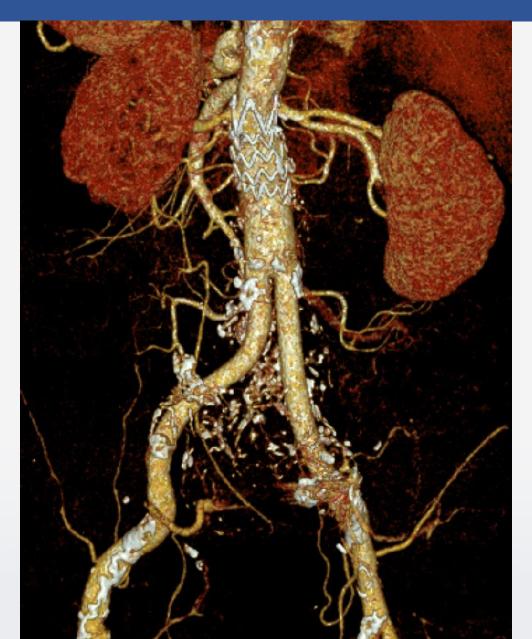


ICIAPZUZ4

## Methods for open conversion (6cm -> 10cm / 6 years)



### Methods for open conversion (6cm -> 10cm / 6 years)





Indication for surgery

Type I EL





# Semi (SC) vs Total (LOC)

LOC (n, %)

138 (62.2)

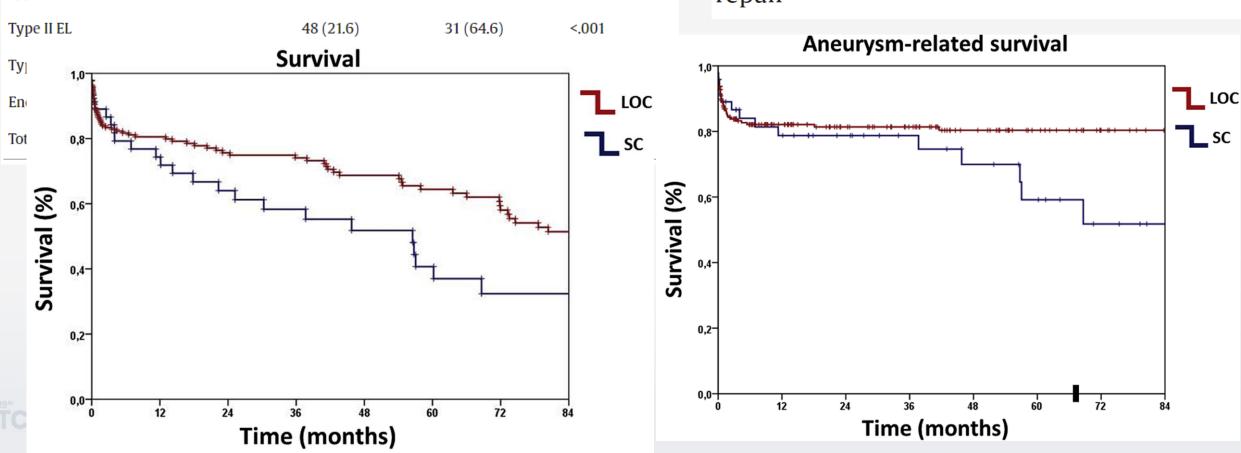
SC (n, %)

16(33.3)

Clinical research study

Abdominal aortic and iliac aneurysms

Multicenter comparison between open conversions and semi-conversions for late endoleaks after endovascular aneurysm repair



P value

<.001

# Conclusion

 Type II endoleak can be treated with endovascular treatment, but the probability of recurrence is high.

 When embolization of late onset or raid sac growth type II endoleak fails, a strategy of early open surgical repair is also worth considering.

 Total explantation of stent graft has relatively low risk of recurrence and has a better prognosis than semi open conversion.



