

Incidence, natural history and management strategies for type II endoleaks following endovascular abdominal aortic aneurysm repair

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Endovascular repair offers a less invasive treatment option for patients with infrarenal abdominal aortic aneurysms (AAAs). Despite a high technical success rate in the placement of endovascular grafts, persistent flow within the aneurysm sac (endoleaks) can be identified in 15% to 52% of patients after endovascular repair. Although the true significance of endoleaks is unknown, there is little debate that type I and III endoleaks are associated with continued risk of aneurysm rupture and need treatment. The best management strategy for type II endoleaks has been, as yet, undetermined. Our study is a prospective multicenter analysis of 67 patients who underwent regular CEUS and computed tomographic (CT) surveillance of the endograft and aneurysm sac after insertion of an aortic endograft for abdominal aortic aneurysm (AAA). Twelve patients (18%) with a type II endoleak at anytime in the follow-up period were included in the study. We report the hemodynamics, incidence, and natural history of these type II endoleaks occurring at different time points after EVAR. We believe that observation and regular follow-up with CT and Contrast Enhanced Ultrasound (CEUS) in all patients with type II endoleak is appropriate, unless there is evidence of progressive AAA sac enlargement. These preliminary observations may ultimately help define the future strategy of endoleak diagnosis and management.

Keywords: EVAR, AAA, type II endoleak

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