



Aortic Endovascular Stent Graft Surveillance: Case Review

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Disclosures

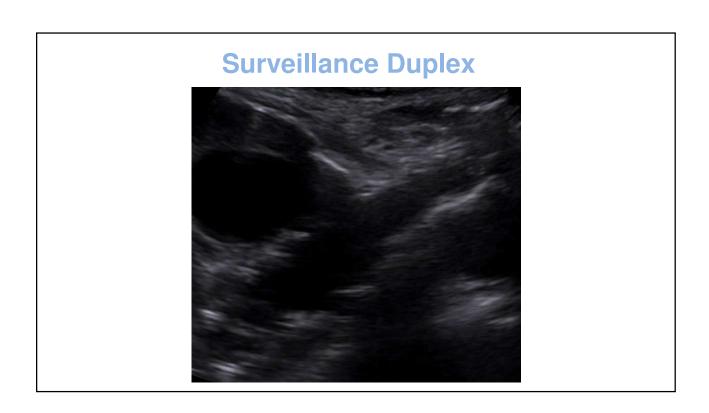
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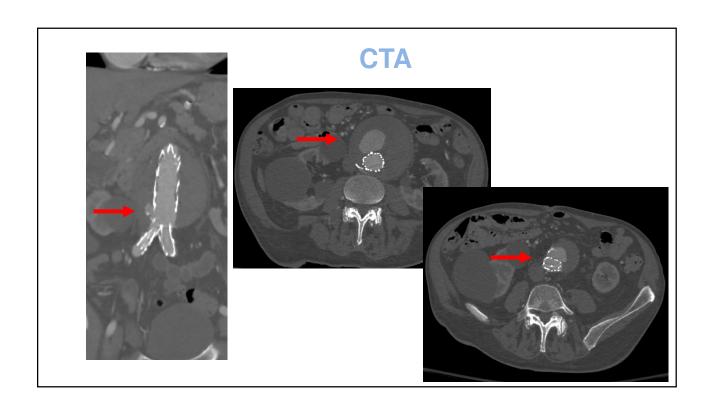
Case Review

- Know the graft/anatomy history
- Use ultrasound, CTA, and arteriography to understand etiology of the endoleak
- Review images with the tech, particularly if findings will change your management

Case 1

 83 y/o male with OSH EVAR with AFX stent graft placed 5 years prior



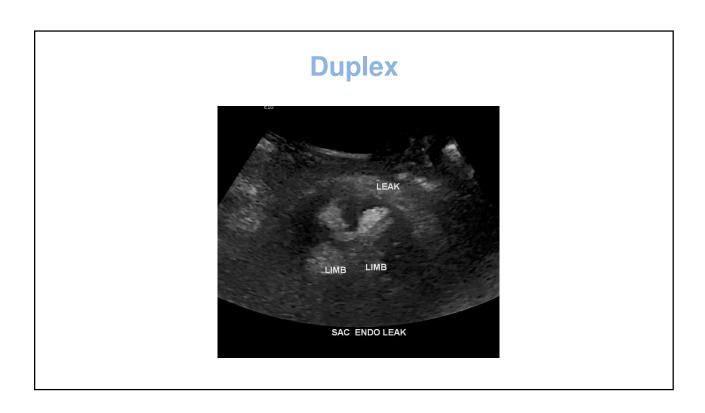


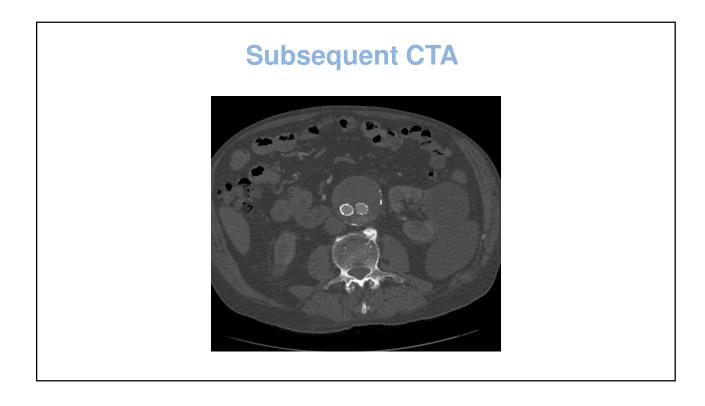
OR - Graft Reline



Case 2

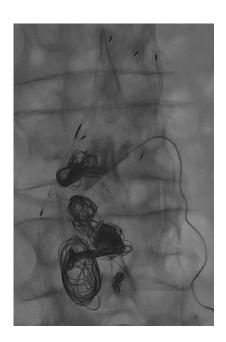
- 85 y/o male with h/o Gore Excluder for 5.5cm aneurysm
 - 1-month duplex US demonstrated no endoleak with stable sac size
 - 1-year duplex US demonstrated sac growth to 5.7x6.3cm with endoleak





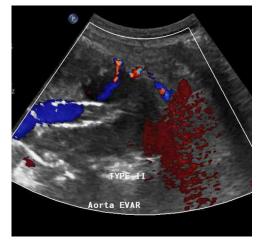
Angiogram





Subsequent Duplex

• 6 month following coiling – AAA 7.2x7.1cm, persistent leak



Another Duplex

• 6 months later – AAA 7.6x8.1cm, persistent leak



Another 6 months

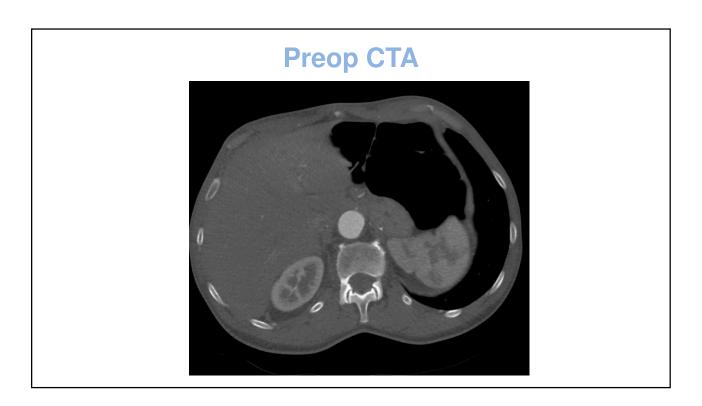
- Another duplex, another intervention
- Sac still growing
- NEXT STEPS?

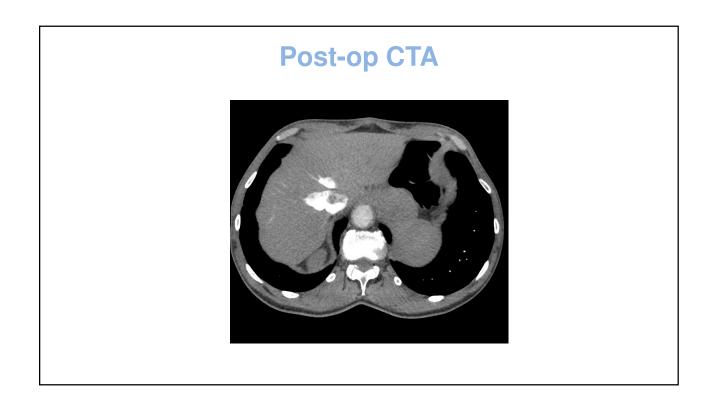
Take Home Points

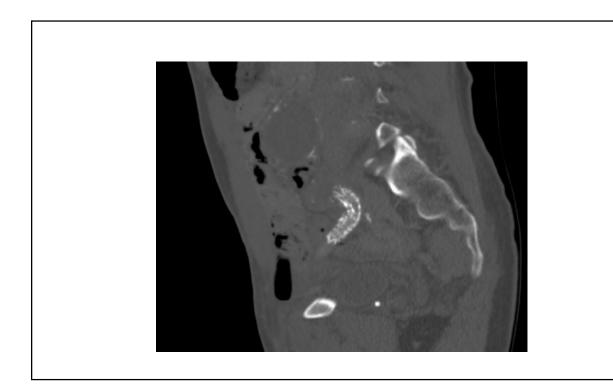
- Be suspicious in cases of going sac growth despite Type II endoleak treatment for an occult Type I
- The endoleak you see on ultrasound may not be the culprit for aneurysm sac growth
- CT and angiogram may not visualize the leak
- May need to consider open conversion

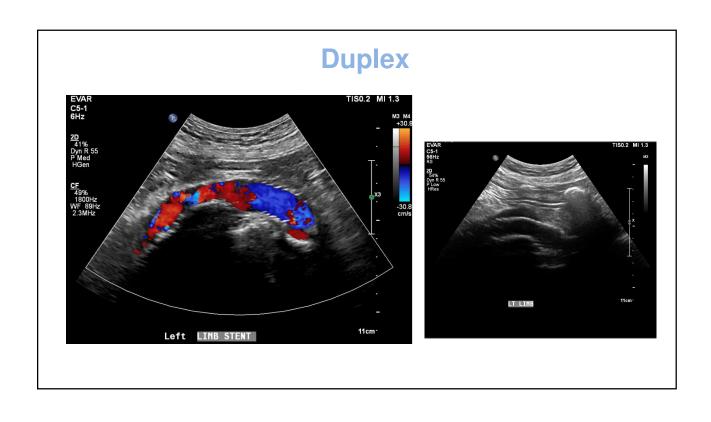
Case 3

• 68 y/o male with incidental finding of 5.1cm AAA with 3.5cm left iliac aneurysm treated with Gore Excluder









Case 4

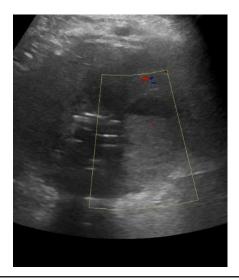
- 87 y/o male who presented with L flank pain and 10cm aneurysm and Type Ia endoleak
 - PMH: CKD Stage 3, HLD, HLD, CM with LVEF 27% s/p ICD placement, aflutter s/p Watchman device placement
 - EVAR History
 - 2009 Talent graft placed at OSH
 - 2014 coil embolization of Type II endoleak in setting of sac growth
 - Continued sac growth with subsequent graft relining with aorto-uni and L axillary to femoral bypass

CTA



ENDO STENT PRX

OR – Ballooning of Proximal Endograft with Placement of Endoanchors



Follow Up Ultrasound Imaging

 Stable aneurysm sac size at 2 year follow up with no evidence of endoleak

Take Home Points

- Beware of new endoleaks
- Large degree of sac growth usually not a Type II
- Not all endoleaks can be readily seen with duplex, CTA, or angiogram
- Consider the anatomy and history of the graft
- Don't blindly trust your US tech work with them!
- Utilize multiple modalities to understand from where an endoleak may be originating