HOW I TREAT POPLITEAL ANEURYSM IN MY DAILY PRACTICE

M. Antonello MD, PhD

Department of Cardiac, Thoracic and Vascular Sciences
Vascular and Endovascular Surgery
University of Padua. Chief: Prof. F. Grego
PAA: ENDOVASCULAR TREATMENT

Previous anatomo-radiologic studies have found that the distal part of the popliteal artery is relatively fixed at the origin of the anterior tibial artery and at a more proximal point which corresponds to the origin of the descending genicular artery. Movement of the popliteal artery between these two fixed points constantly occurs during flexion.
PAA: ENDOVASCULAR TREATMENT

CRITICAL POINTS: ANATOMY
Ideal Endograft Characteristics:

• Good flexibility
• Radial stiffness
• Resistance to external compression
• Conic shape in different sizes
PAA: ENDOVASCULAR TREATMENT

PLANNING: Angio-CT

- Distal landing zone ø > 4.5 mm
- Proximal and distal neck length > 15mm
- At least one-vessel runoff
- Angulation < 60°
- Difference of more than 4 mm
PAA: ENDOVASCULAR TREATMENT

PLANNING
PAA: ENDOVASCULAR TREATMENT PLANNING: USD
PAA: ENDOVASCULAR TREATMENT PLANNING: DSA
PAA: ENDOVASCULAR TREATMENT

INTRAOPERATIVE
PAA: ENDOVASCULAR TREATMENT
PAA: ENDOVASCULAR TREATMENT

PATIENT SELECTION: ANATOMY
PAA: ENDOVASCULAR TREATMENT

LONG-TERM RESULTS

Primary Patency Rate

Primary Patency % (n° at risk)

<table>
<thead>
<tr>
<th>Months</th>
<th>OR</th>
<th>ET</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>100 (27)</td>
<td>100 (27)</td>
</tr>
<tr>
<td>6</td>
<td>94.4 (18)</td>
<td>85.7 (19)</td>
</tr>
<tr>
<td>12</td>
<td>88.1 (15)</td>
<td>80.9 (18)</td>
</tr>
<tr>
<td>18</td>
<td>88.1 (12)</td>
<td>71.4 (16)</td>
</tr>
<tr>
<td>24</td>
<td>88.1 (10)</td>
<td>71.4 (13)</td>
</tr>
<tr>
<td>30</td>
<td>88.1 (12)</td>
<td>71.4 (9)</td>
</tr>
<tr>
<td>36</td>
<td>88.1 (10)</td>
<td>71.4 (7)</td>
</tr>
<tr>
<td>42</td>
<td>88.1 (10)</td>
<td>71.4 (7)</td>
</tr>
<tr>
<td>48</td>
<td>88.1 (10)</td>
<td>71.4 (7)</td>
</tr>
<tr>
<td>54</td>
<td>88.1 (10)</td>
<td>71.4 (7)</td>
</tr>
<tr>
<td>60</td>
<td>88.1 (10)</td>
<td>71.4 (7)</td>
</tr>
<tr>
<td>66</td>
<td>88.1 (10)</td>
<td>71.4 (7)</td>
</tr>
<tr>
<td>72</td>
<td>88.1 (10)</td>
<td>71.4 (7)</td>
</tr>
</tbody>
</table>

Technical error
Restenosis
Behaviour
CONCLUSIONS

- EVPAR provides successful aneurysm exclusion with good long term patency and excellent limb salvage.

- Simple rules must be followed to obtain great results.

- Close surveillance with USD is mandatory within the first year.

- A double antiplatelet therapy for almost 6 month using clopidogrel and ASA is mandatory.
HOW I TREAT POPLITEAL ANEURYSM IN MY DAILY PRACTICE

M. Antonello MD, PhD

Department of Cardiac, Thoracic and Vascular Sciences
Vascular and Endovascular Surgery
University of Padua. Chief: Prof. F. Grego