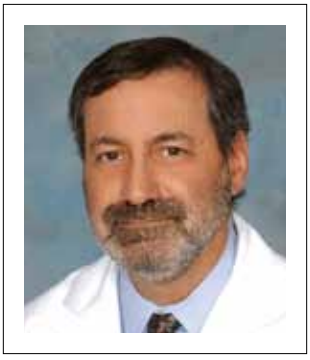
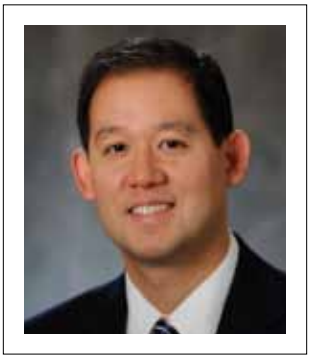
More EVAR Options, But Also More Questions

Endovascular aneurysm repair (EVAR) continues to progress both in terms of advanced technologies and, perhaps more importantly, a better understanding of how best to apply them. In our annual look at the status of EVAR, we are pleased to present a review of the current and anticipated technologies for both standard and challenging anatomies, available data, and clinical decision making.





Eanas S. Yassa, MD, and Joseph V. Lombardi, MD, begin with an overview of the newest generation of standard endograft technology that is available today, as well as a look at what's to come. Next, we present a pair of articles discussing the nuances of infrarenal versus suprarenal fixation mechanisms of EVAR endografts. Robert Y. Rhee, MD, explains the use of infrarenal fixation as the primary modality of graft fixation, whereas Benjamin M. Jackson, MD, and Ronald M. Fairman, MD, contend that there is no apparent disadvantage to suprarenal fixation and reliable evidence that supports its routine use.

Although type IV thoracoabdominal aortic aneurysms (TAAAs) have traditionally been treated with open repair, the introduction of new techniques and devices has made EVAR a practical treatment option. Nikolaos Tsilimparis, MD, and Joseph J. Ricotta II, MD, MS, describe how repair with fenestrated/branched stents grafts can benefit patients who are high-risk for open repair. Gustavo S. Oderich, MD, continues the discussion on TAAA repair and provides tips on the planning and use of debranching techniques to treat this challenging presentation.

There is much debate regarding how to best treat pararenal aortic aneurysms. Samir K. Shah, MD; Timothy Resch, MD, PhD; and Daniel G. Clair, MD, make a case for why off-the-shelf devices should be used, as they provide the most consistent treatment outcomes and have long-term data to support their use. However, Tara M. Mastracci, MD, and Roy K. Greenberg, MD, argue that custom devices can be used as part of a larger armamentarium that also includes off-the-shelf devices based on the needs of each patient.

The final two articles in our EVAR focus address the iliac arteries. Erin H. Murphy, MD, and Edward Y. Woo, MD, explore the endovascular options for treating common and internal iliac aneurysms, which accompany a significant portion of abdominal aortic aneurysms. Yiu Che Chan, MB BS, BSc, MD, FRCS (Eng), FRCS (Gen Surg), and Stephen W. K. Cheng, MB BS, MS, FRCS (Eng), FRCS (Edin), FCSHK, FHKAM, look at issues affecting iliac access for EVAR, lower-profile devices that may facilitate this approach, and alternative access techniques.

Outside of this month's feature on EVAR, we have a focus on varicose veins. This includes an article by Jose I. Almeida, MD, FACS, RPVI, RVT, and Cristal Boatright, MMS, PA-C, who list the factors that determine which patients are suitable candidates for endovenous ablation, as well as what is available in terms of the currently available technology. Rafi Jarjous, BS; Angelica Reihmer, BS; Farah Jarjous, BS; and George T. Nahhas, MD, FACC, RPVI, follow with a series of case reports illustrating the utility of varicose vein closure in patients with deep vein thrombosis.

In our Challenging Cases section, Ripal T. Gandhi, MD, and Barry T. Katzen, MD, FACC, FACR, FSIR, describe how they successfully treated a type Ia endoleak that occurred after EVAR. To close this edition, we speak with Alan T. Hirsch, MD, about the prevalence, therapies, and public awareness of peripheral artery disease. ■

Ronald M. Fairman, MD, and
Edward Y. Woo, MD
Guest Chief Medical Editors