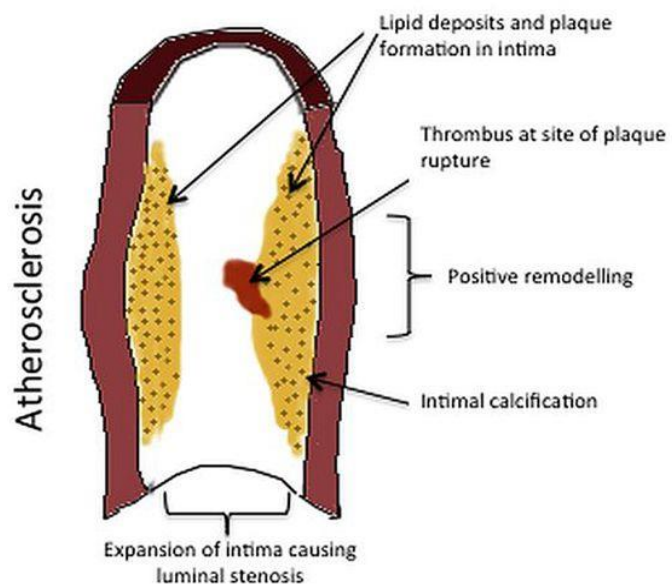
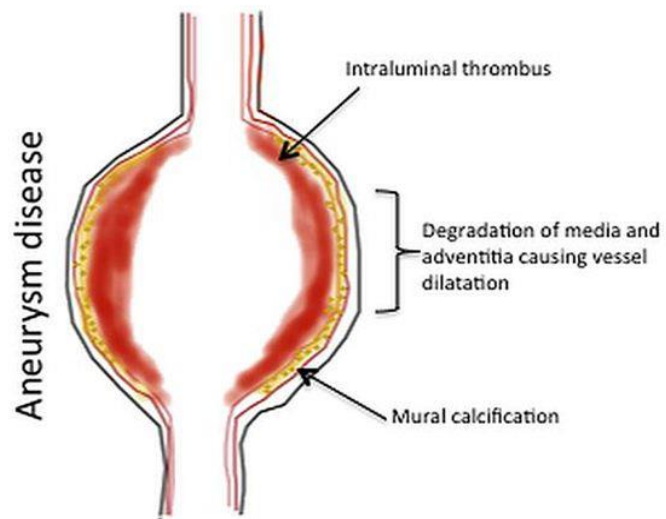


AAA

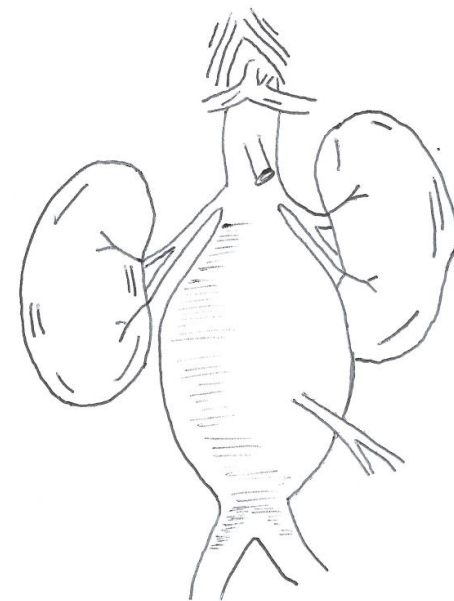
A OUTRA FACE DA ATEROSCLEROSE

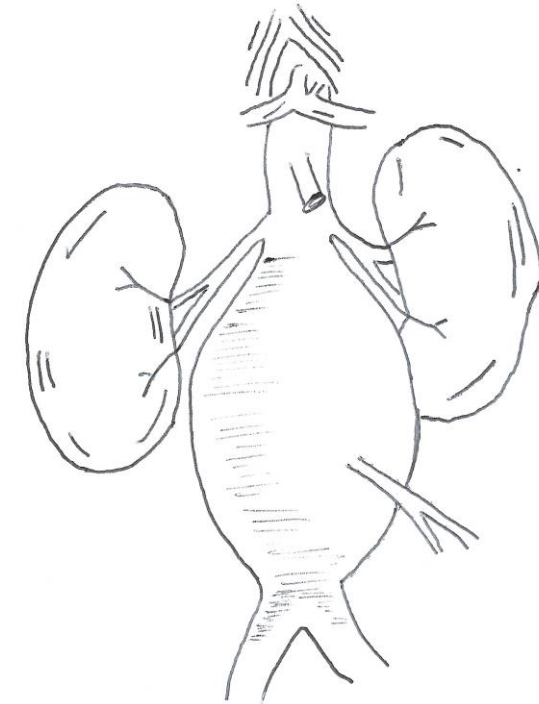
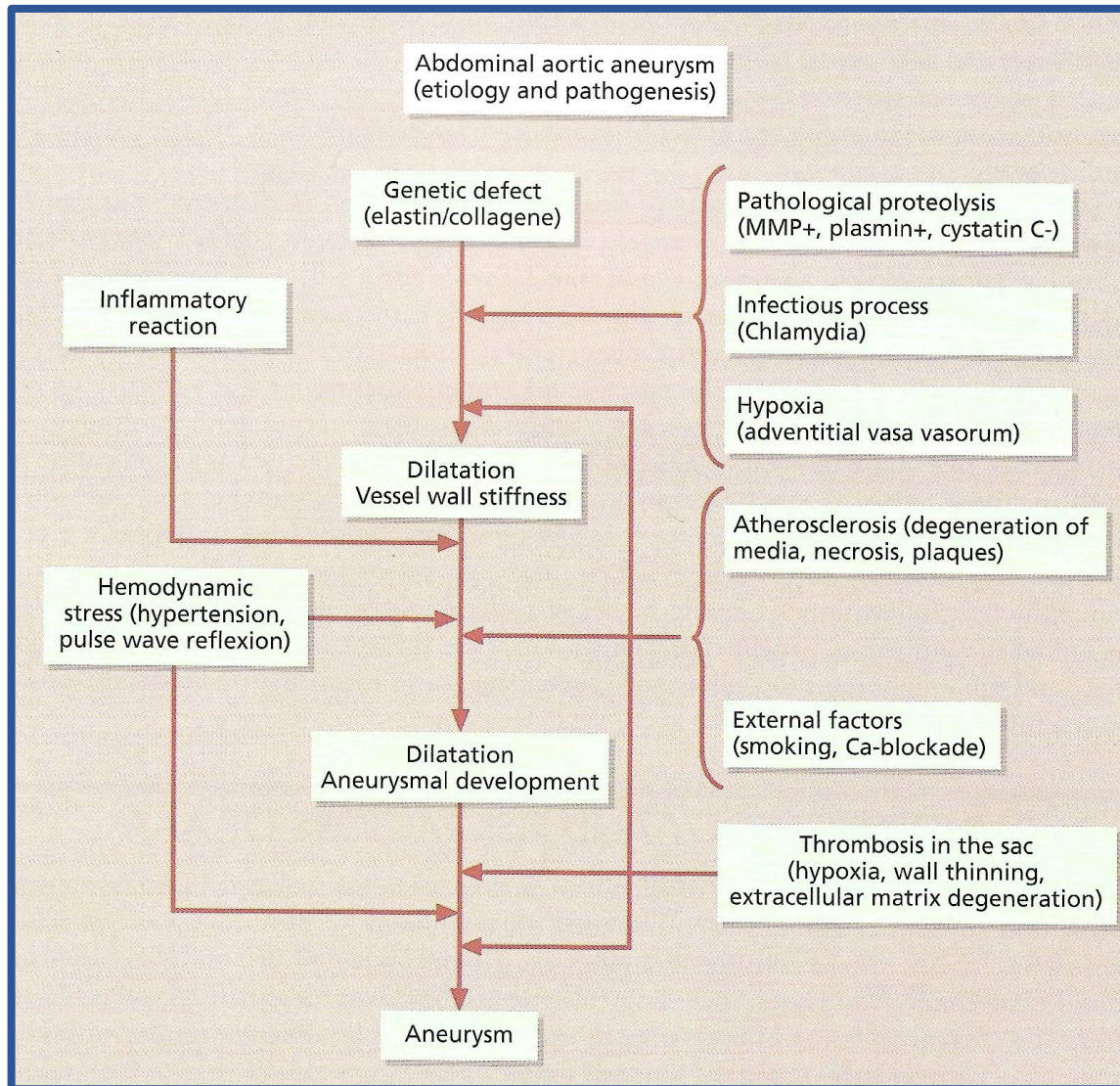
ou talvez não...

Pedro Martins
Serviço Cirurgia Vascular
Hospital Distrital de Santarém







Characteristic	Abdominal Aortic Aneurysm disease	Atherosclerosis
Location	Media and adventitia	Intima
Clinical manifestation of disease	Vessel rupture	Vessel occlusion
Inflammation	Transmural	Intima ± media
Lipid deposition	When associated with atherosclerosis	Marked intimal deposition
Calcification	Transmural	Intimal
Thrombus	Chronic, intraluminal thrombosis.	Acute plaque rupture causing luminal thrombosis and occlusion.
Neovascularisation	Medial and adventitial	Intimal





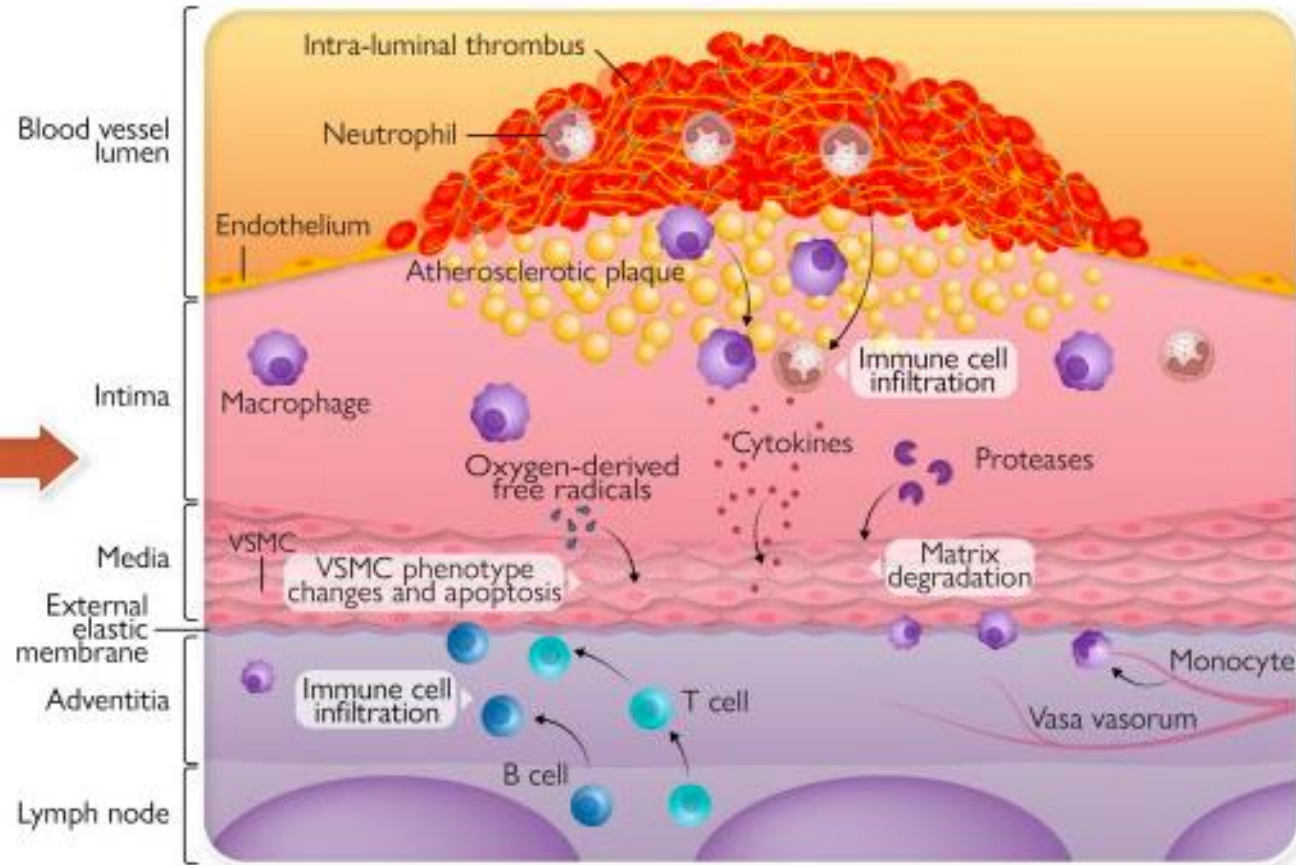
The Wall

Potential drug therapies

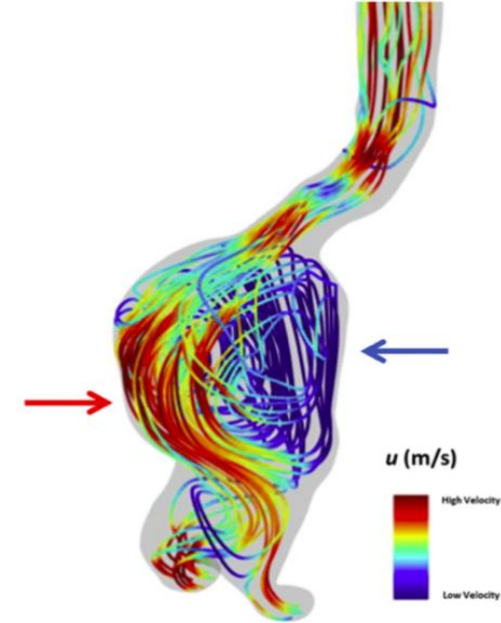
-  Metformin
-  Renin-angiotensin system inhibition
-  Blood pressure reduction
-  LDL-cholesterol reduction
-  Anti-thrombotic drugs
-  Interleukin-6 pathway blockade



Potential treatment targets



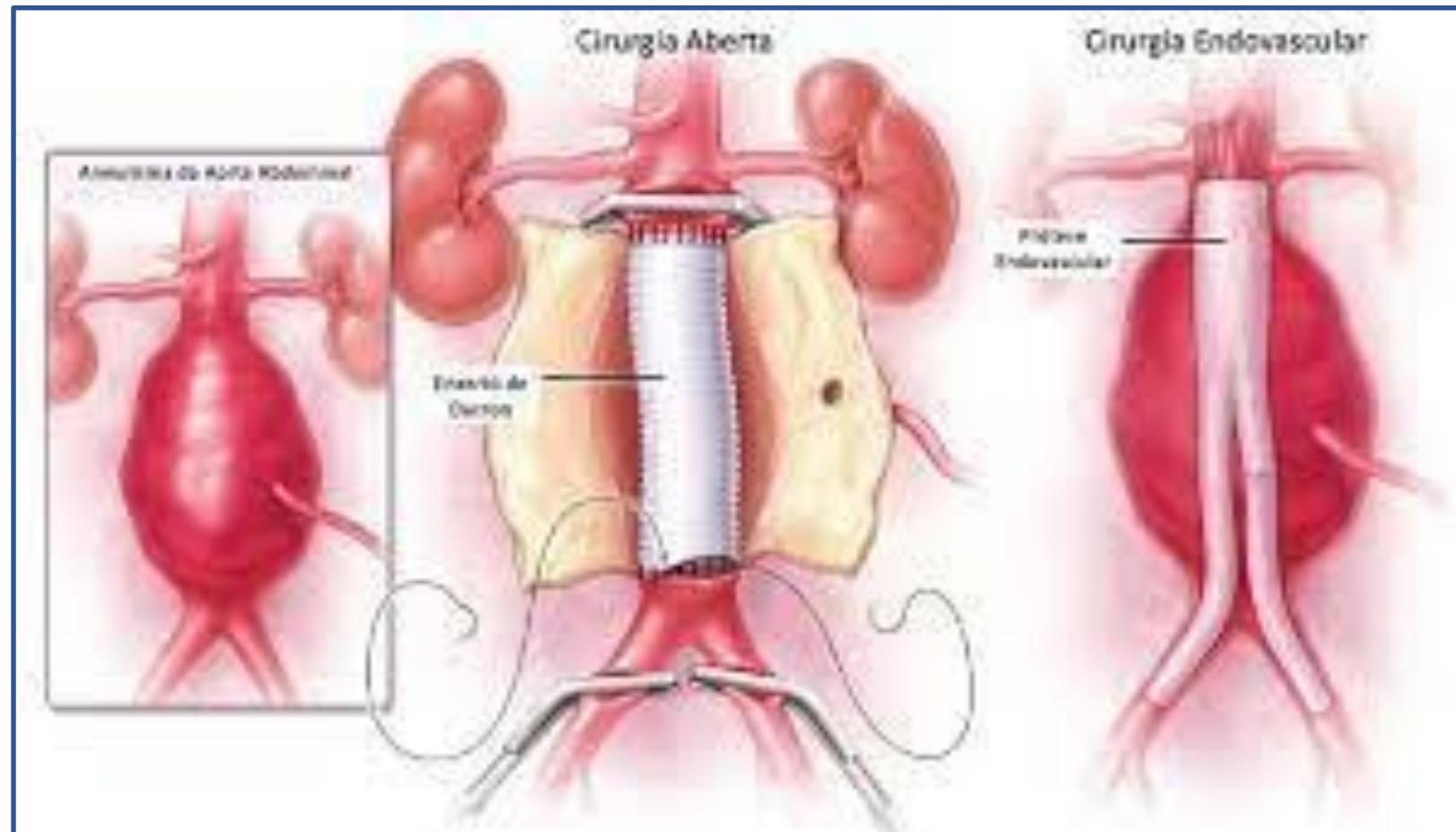
The thrombus

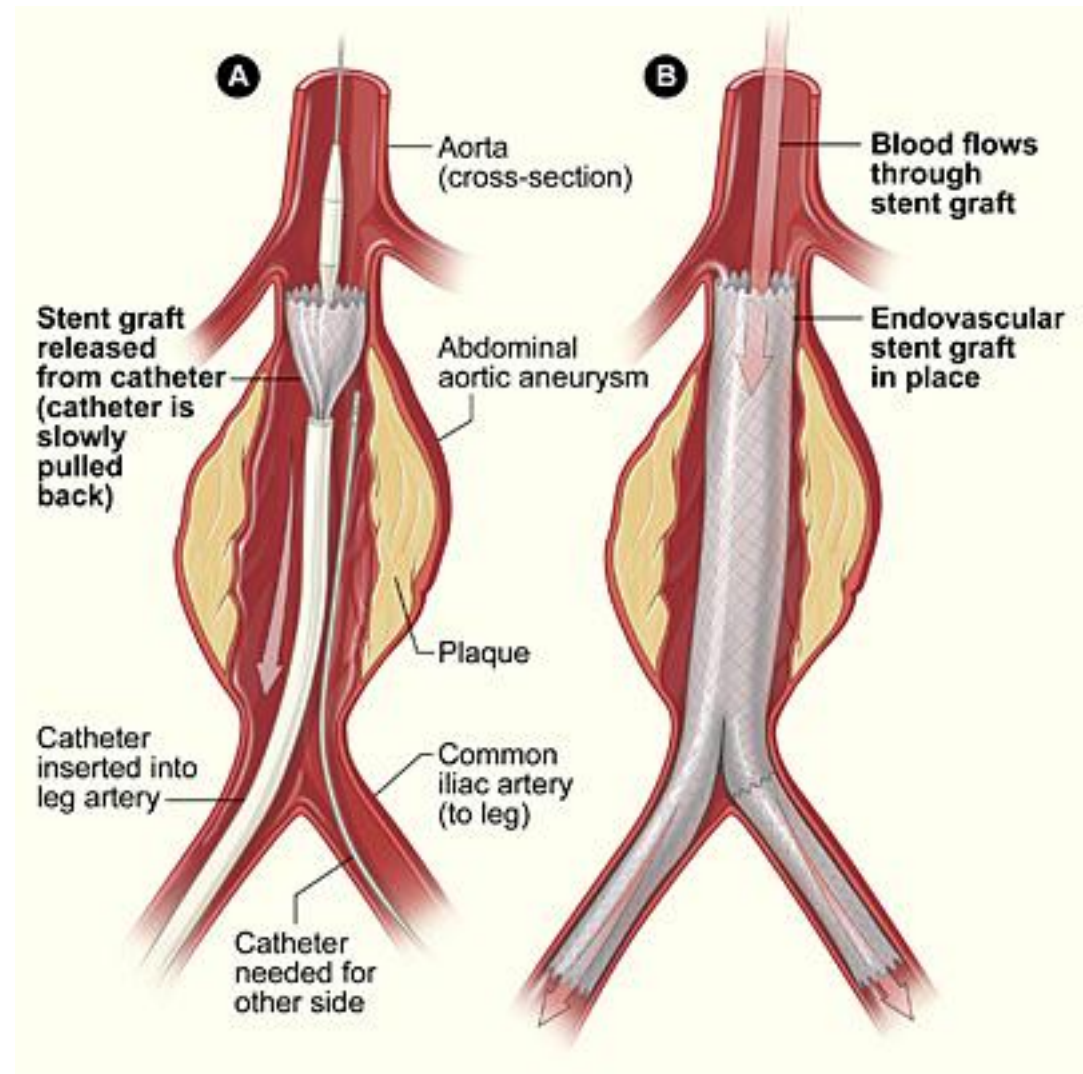
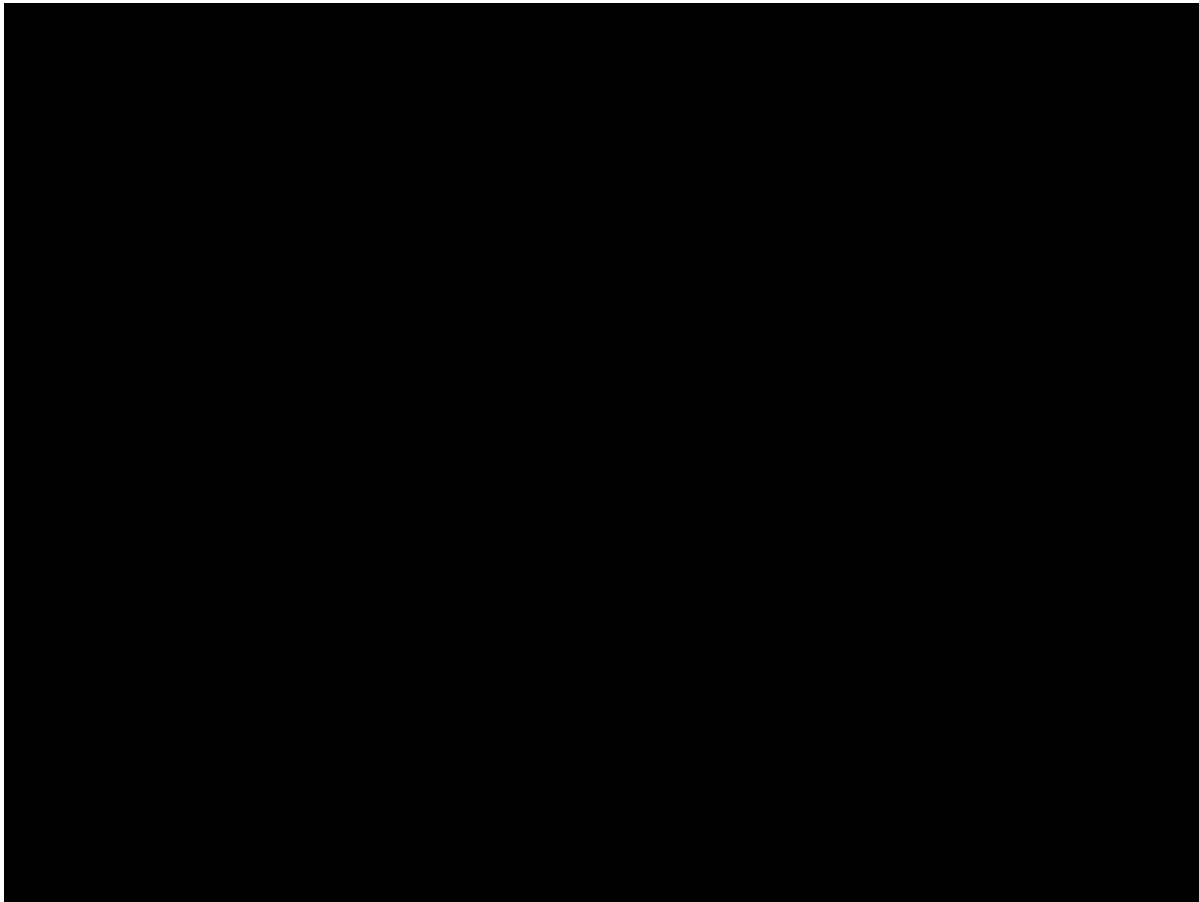


Intraluminal thrombus: Innocent bystander or factor in abdominal aortic aneurysm pathogenesis?

April J. Boyd, MD, PhD, *Winnipeg, Manitoba, Canada*

How to do it? OSR vs EVAR...





4 Randomized Clinical Trials

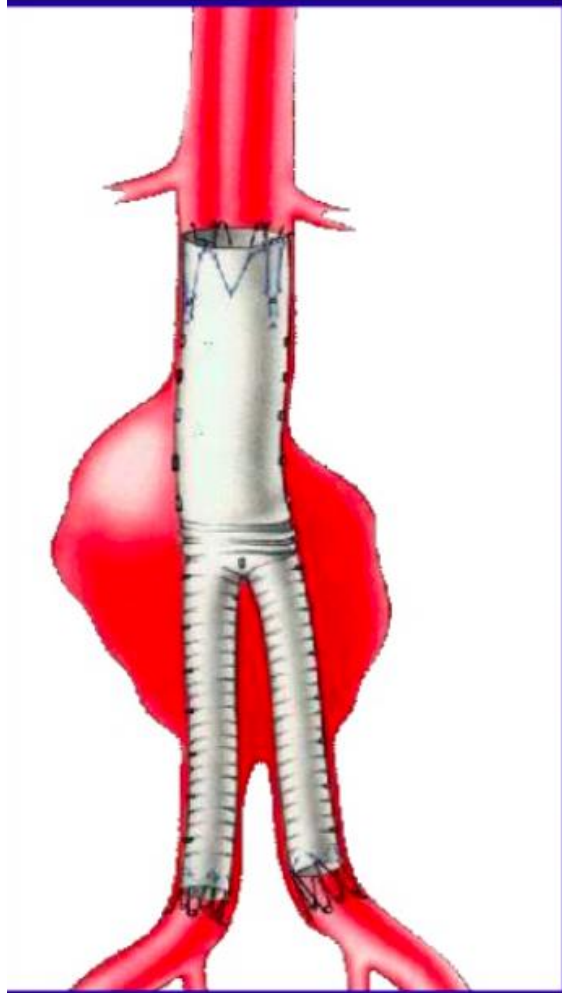
- ❑ **EVAR trial in the UK**
- ❑ **DREAM trial in Holland**
- ❑ **OVER trial: VA Cooperative Study**
- ❑ **ACE trial in France**

**Several
Industry
Regulatory
Trials**



**Early Results of EVAR
Are Superior to Open Repair**

EVAR: Many Early Advantages



- ❖ **Local or Regional Anesthesia**
- ❖ **Lower Morbidity and Mortality**
- ❖ **Lower Blood Loss**
- ❖ **Shorter Hospital and ICU Stays**
- ❖ **Feasible in Higher-Risk patients**
- ❖ **Patient Comfort**

Mortality is reduced by EVAR in ALL AGE GROUPS

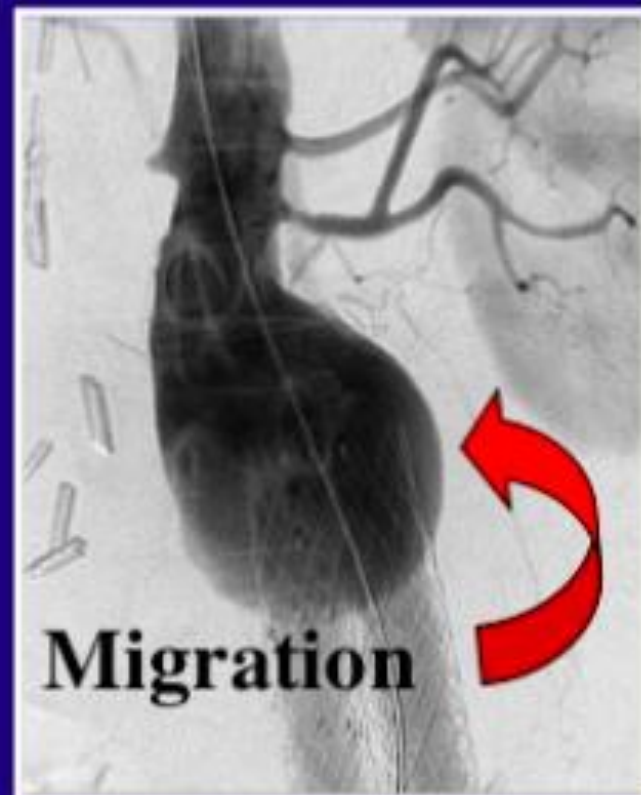
	50-64 y		65-74 y		75-84 y		> 85 y	
	EVAR	OAR	EVAR	OAR	EVAR	OAR	EVAR	OAR
Hospital LOS, mean, d	2.5	7.3	2.9	8.2	3.2	9.5	3.5	9.9
In-hospital mortality, %	0.3	1.2	0.8	2.5	1	5.6	1.5	9.5
Discharge to home, %	98.1	94.9	96.1	88	92.3	71.5	85.6	50.2
complications, %	8.8	27.3	11	34.1	15.7	41	17.9	48.9

J Vasc Surg 2009;50:722-9

➤ **Endoleaks**

➤ **Migration**  **Life Long Surveillance**

➤ **Material Fatigue**



Preferences for endovascular (EVAR) or open surgical repair among patients with abdominal aortic aneurysms under surveillance


Rebecca J. Winterborn, MD, MRCS,^a Irum Amin, MRCS,^b Georgios Lyratzopoulos, MD, FFPH, MRCP,^c Nicola Walker, RN,^a Kevin Varty, MD, FRCS,^b and W. Bruce Campbell, MS, FRCP, FRCS,^d *Exeter, United Kingdom*

<i>Preference</i>	<i>EVAR</i>	<i>Open surgery</i>	<i>Undecided</i>
Number of patients (%)	47 (84%)	7 (13%)	2 (3%)
Gender, Male:Female	43:4	6:1	2:0
Age in years (Mean \pm SD)	74.0 \pm 7.1*	62.3 \pm 5.7*	80 \pm 0

EVAR, Endovascular aneurysm repair; *SD*, standard deviation.

*Statistically significant difference between ages of patients (*t* test, *P* = .009).

Cost-effectiveness of the endovascular repair of Abdominal Aortic Aneurysm in Portugal

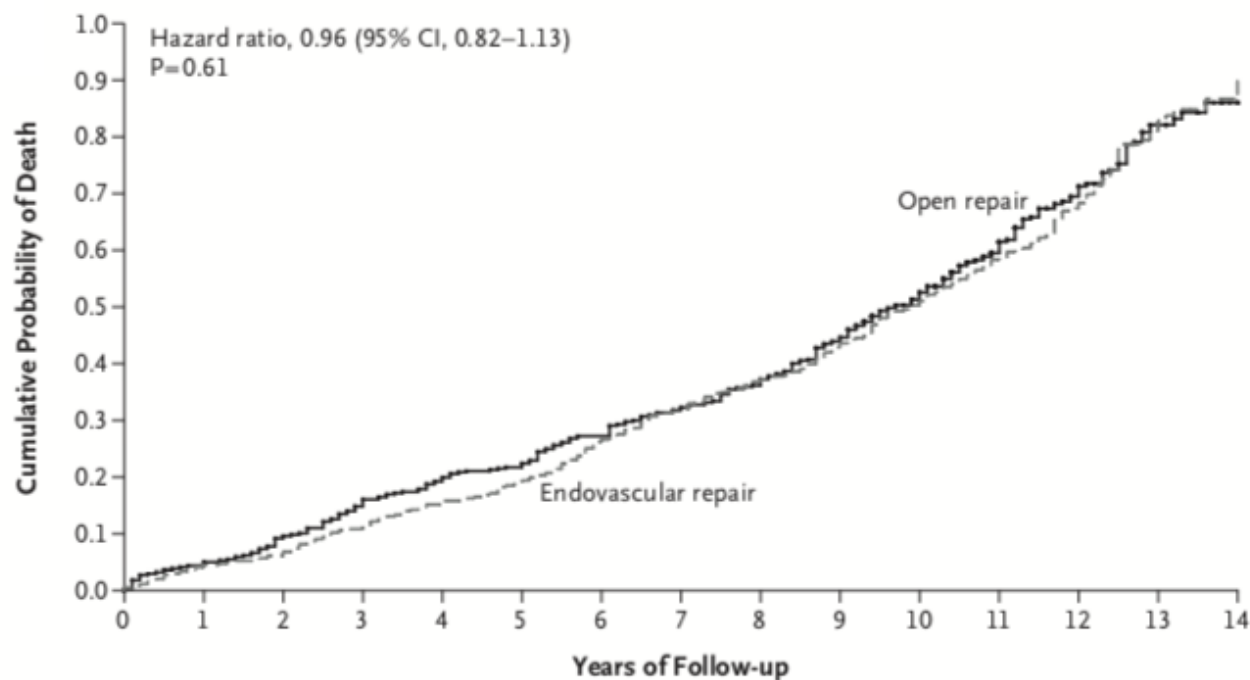
Paulo Sousa^a, , Julian Perelman^a, Klára Dimitrovová^a, António Santos Simões^b, Daniel Brandão^c, João Albuquerque e Castro^d, Luís Mendes Pedro^e, Rui Machado^f, Sérgio Sampaio^g, Paul Hayes^h, José Fernandes Fernandes^e

Primary intervention	EVAR (€)	OR (€)	DIFF (EVAR-OR)(€)
Total	11,461	8,397	3,064

ORIGINAL ARTICLE

Open versus Endovascular Repair of Abdominal Aortic Aneurysm

Frank A. Lederle, M.D.,* Tassos C. Kyriakides, Ph.D., Kevin T. Stroupe, Ph.D., Julie A. Freischlag, M.D., Frank T. Padberg, Jr., M.D., Jon S. Matsumura, M.D., Zhiping Huo, M.S., and Gary R. Johnson, M.S., for the OVER Veterans Affairs Cooperative Study Group†



IMPACTO DO EVAR NO HDS

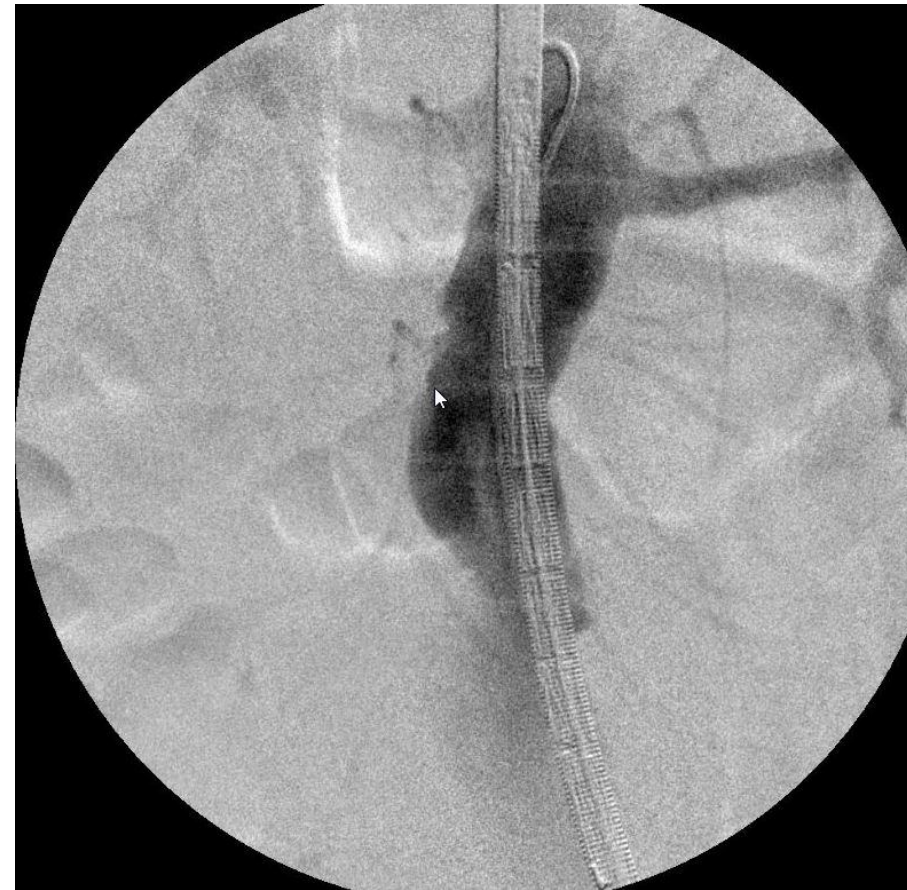
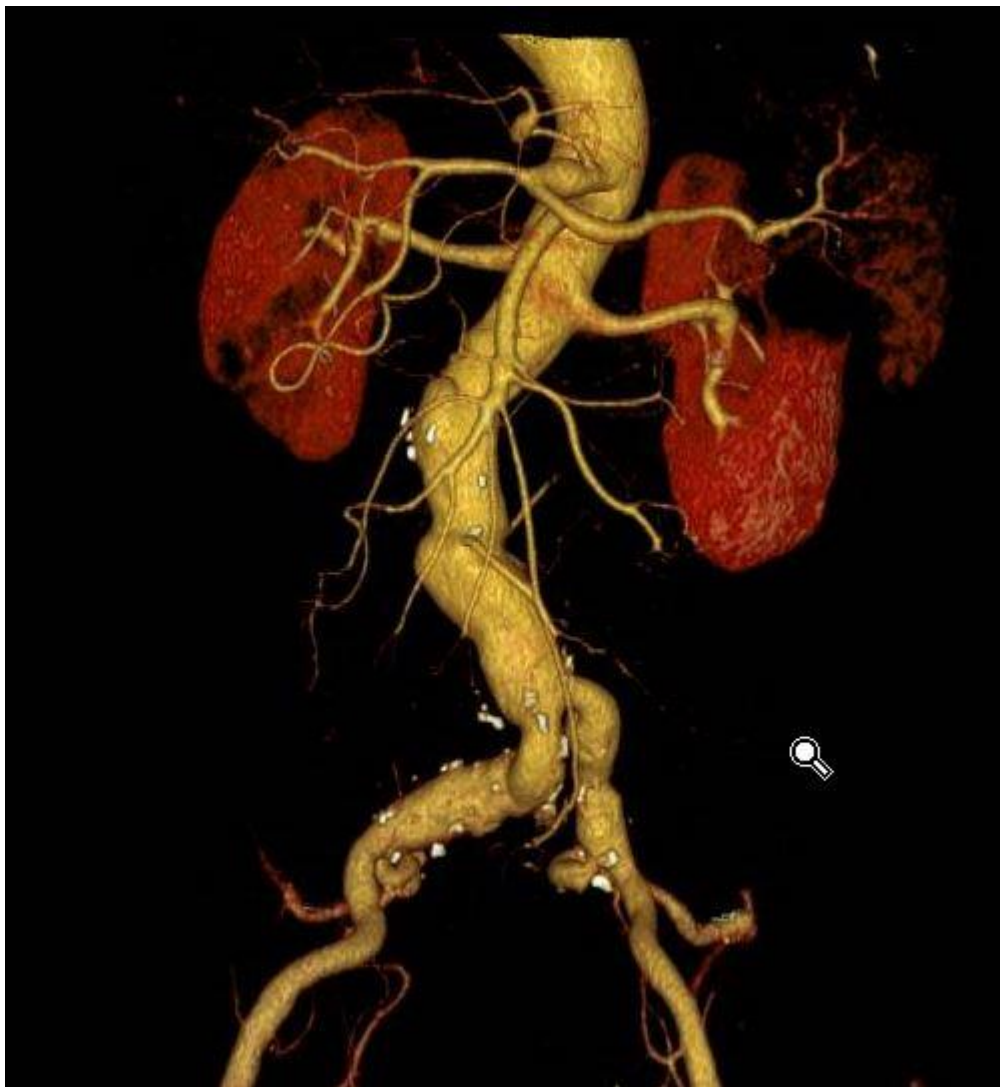
- Aumento da capacidade de resposta – Volume crescente
 - Gestão ocupação UCINT/UCI
 - Tempo de bloco operatório
- Outcomes do EVAR menos dependente do volume da instituição – Menor morbi-mortalidade
- Diferenciação de hospitais distritais
- Novas necessidades tecnológicas
- Aspectos financeiros – análise global

- Primeiro EVAR em 2016
- Learning curve – 10 doentes com Proctor
- Experiência global – 70 doentes

2018 a 2023 - 51 doentes electivos
(volume anual crescente 2022 - 15 doentes)

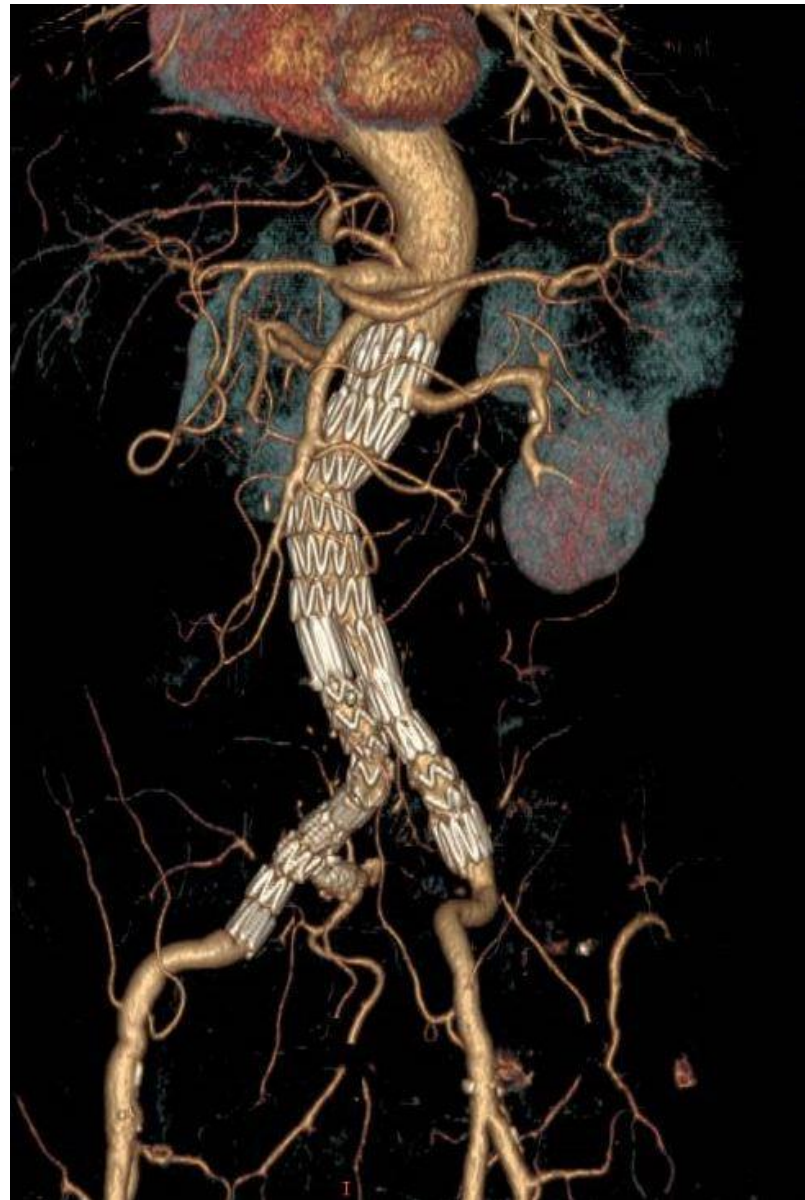
Mortalidade 1/51 - 1.96%

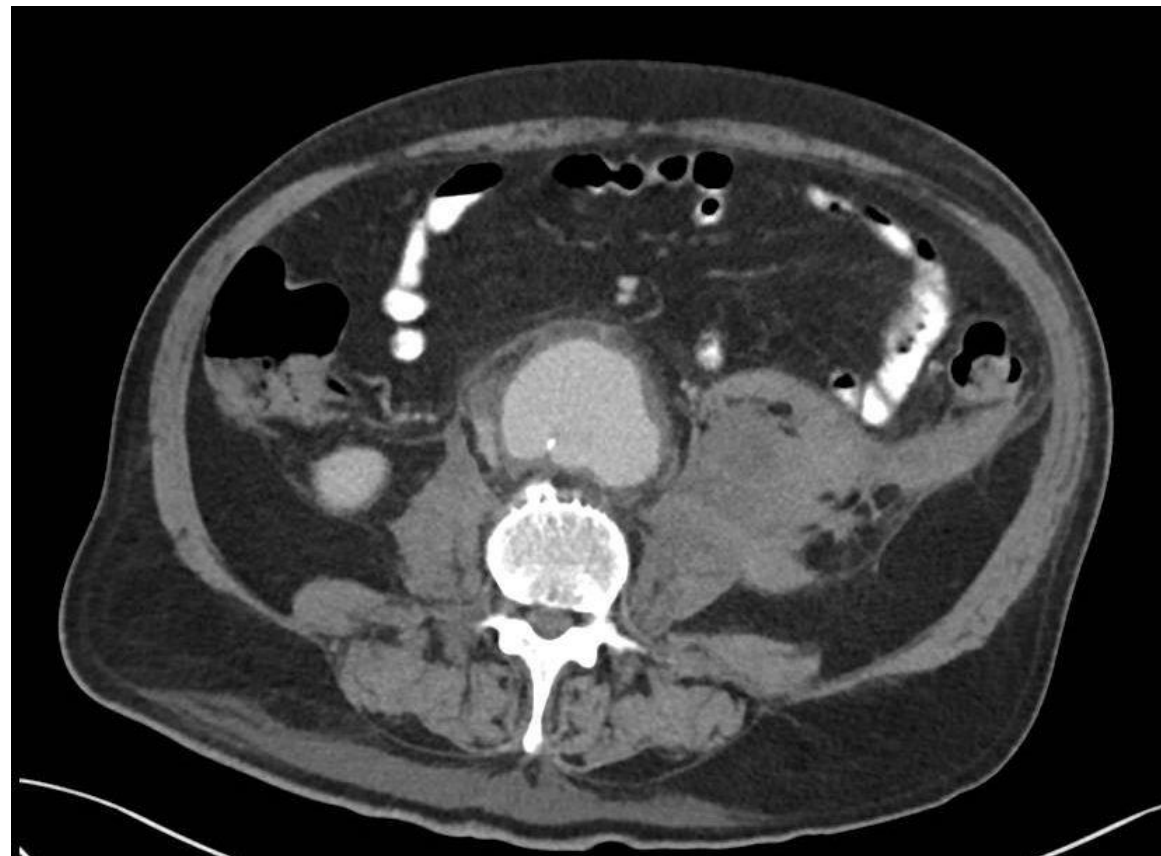




CLINICAL CASE – EVAR IBD

- ❖ Homem de 70 anos
- ❖ Fumador, DPOC, DMII
- ❖ AAA IR 5,5cm e íliaco direito





CLINICAL CASE - REVAR

- ❖ Homem de 81 anos
- ❖ Pneumonia, Card Isq.
- ❖ rAAA

CLINICAL CASE - chEVAR

