R.Caronno, D.Laganà^{*}, S.Repetto, M.Boscarini[°], G.Piffaretti, M.Carnini, M.Tozzi, M.Canziani, C.Lomazzi, P.Castelli INFERIOR MESENTERIC ARTERY: EMBOLIZE OR NOT EMBOLIZE?

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Purpose

To evaluate if preoperative embolization of the inferior mesenteric artery (IMA) can reduce the endoleak rate in long term follow-up.

Method

We performed a retrospective study on 70 endovascular procedures for abdominal aortic aneurysm (AAA) performed in the last 3 years; preoperative spiralCT scans showed patency of the IMA in all the cases. The patients were divided in two group of 35 patients; in the group A (mean age 68, mean diameter 56 mm) we implanted the Excluder endoprosthesis without the selective embolization of the IMA; while in the group B (mean age 67, mean diameter 47 mm) we embolized the IMA before the Zenith endograft implant. Every patients were controlled by spiralCT at 1,3,6 and 12 months after procedure.

Results

Overall mortality and conversion rates were zero, with angiographic exclusion of the AAA in the 100% of the cases. The mean follow-up was 14 months (range 3-62). In group A we documented 3 cases (8.6 %) of type II endoleak: 2 from a distal lumbar artery and 1 case from IMA. In the group B we documented only 1 case from lumbar artery. All the endoleaks were documented 6 months after the procedure. We submitted these patients to spiral-CT scans every 4 months without signs of endotension. Neither adjunctive surgical or endovascular procedures were performed; 2 endoleaks disappeared 6 months after the diagnosis.

Conclusion

In our experience type II endoleak seems to be more related to patency of lumbar arteries than to patency of IMA. Embolization of IMA does not seem to be mandatory before endovascular exclusion of AAA.

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