

# Surgical treatment of atherosclerotic popliteal aneurysms

### **Retrospective study**

A. Kerzmann, Q. Desiron, G. Dekoster, R. Limet



### Patients and methods (1) :

- Retrospective study from 1987 to December 2004
- 86 patients underwent 114 interventions
- ▶ Mean age ⇒ 66 years old ( 36 to 86 )
- ► Sex ratio ⇒ 84 men/2 women
- Mean follow-up 36 months (1 to 177)



# Patients and methods (2) :

#### cardio-vascular risk factors

► smoking	⇒	84%
arterial hypertension	⇔	56%
► dyslipemia	⇒	36%
► diabetes	⇔	14%
► coronaropathy	⇔	35%
► stroke	⇔	10%



# Patients and methods (3) :

# Aneurysms associated with popliteal aneurysms

Abdominal aorta	⇔		43/86	
Isolated femoral artery	⇒		5	
Isolated iliac artery		⇔	3	3
Thoracic aorta	⇔		2	
Carotid artery	₽		1	
Axillar artery	₽		1	



### Results (1) :

#### **Mode of presentation**

Asymptomatic
Acute ischemia
⇔ thrombosis
37/114 (32%)
⇒ embolism
9/114 (8%)
Slue toe syndrome
Claudication
Claudication
Compression (veinous or nervous)
Rupture
2



### Results (2) :

#### **Mode of diagnostic**

Arteriography	⇔	<b>75%</b>
► Ultrasound	⇔	72%
► CT scan	⇔	18%
Perop diagnostic	⇔	3,5%

- Mean diameter = 30,0 mm (12 to 76 mm)
- Bilateral 62% (33% of patients operated bil.)
- Thrombosed aneurysms 44%



### Results (3) :

#### **Types of intervention (1)**

- ► Exclusion-graft 17
   ⇒ vein 9
  - $\Rightarrow$  prosthesis 8

#### Bypass grafting 97

- ⇒ vein 79
- ⇒ prosthesis 16
- ⇔ composite 2





### Results (4) :

#### **Types of intervention (2)**

#### **Bypass grafting**

- Inflow vessel
- ⇒ common femoral 75
- ⇒ distal superficial 22

- Outflow vessel
- ⇒ distal popliteal 84
- ⇒ tibioperon. trunk 4
- ⇒ anter. tibial 2
- ⇒ post. tibial 5
- ⇒ peroneal 2



### Results (5) :

preoperat	cive thro	ombolv	/SIS	8

#### > associated procedure

<ul> <li>embolecto</li> </ul>	omy 21
-------------------------------	--------

- perop. thrombolysis4
- aortic procedure 5

7

- femoral procedure
- fasciotomy2
- minor amputation 1
- TEA tibioperoneal trunk
   1



### Results (6) :

#### **Early complications**

Mortality 3 MOF/86 patients

3,4%

Morbidity · general : PE (1); RF (1); DVT (1); pressure sore (1); MI (1); acute reaction to transfusion (1); PN (2)

> local : distal embolism (1); hematoma (8); infection (4)

18,4%

Reinterventions : thrombosis (7); hemorrhage (5); fasciotomy (2); AVF (3); prosthetic infection (1); minor amputation (3); major



# Results (7) :

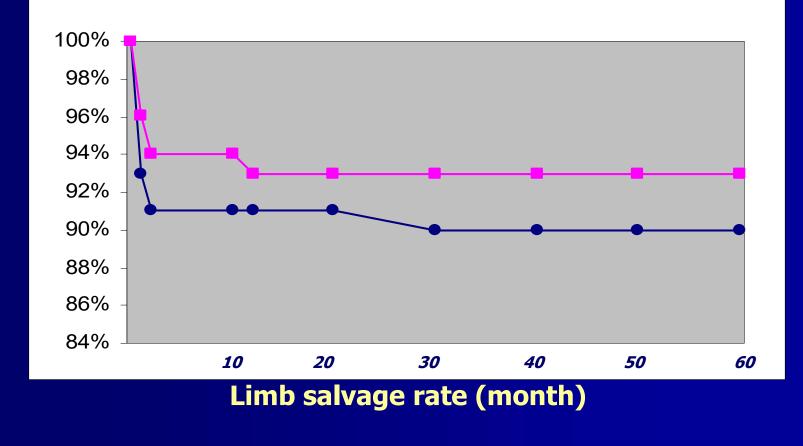
#### Late complications

► Thrombosed graft	16
⇒ medical management	7
⇒ endovascular management	4
⇒ surgical management	5
Major amputation	1
Minor amputation	2
► Neuritis	3
► Hematoma	1
► A-V fistula	3
Anastomotic pseudo-aneurysm	1



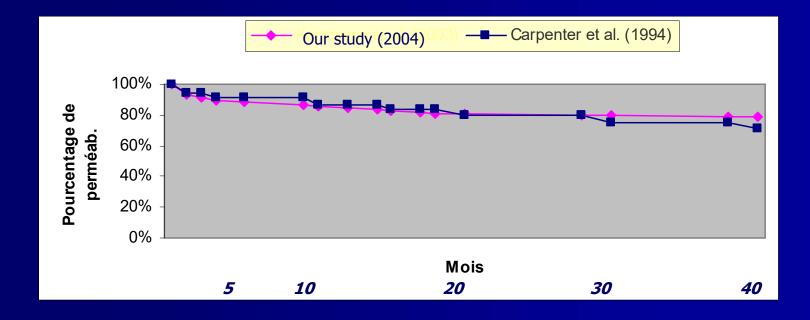
### Results (8) :

\_\_\_\_ Carpenter et al. (1994) \_\_\_\_ Our study (2004)200





### Results (9) :



Primary graft patency rate (month)



# **Comparison of studies :**

AUTHOR S	NUMB ER OF CASE S	AGE years old	FOLL OW- UP months	BILATERAL %	AAA %	¢ mm	ASYMPT. %	ACUTE ISCHEMIA %	PREOP. THROMBOL YSIS	BYPASS/ REPLACEM ENT	GRAFT (V/P) %/%	LIMB SALVAGE %	PRIMARY GRAFT PATENCY %
Dawson et al. 1991	44	65	60	42	36	36	14	19	0	42/2	60/40	95 (at 120 months)	75 (at 60 months)
Carpenter et al. 1994	45	64	62	62	58	27	39	44	7	32/13	93/7	94 (at 1 mon.) 90 (at 60 mo.)	95 (at 1 mo.) 71 (at 60 mo.)
Varga et al. 1994	133	69	22	54	33	20- 30	22	28	9	133/0	78/22		
Poirier et al. 1996	91	66	35	63	46		30	39	0	91/0	95/5	86 (at 39 months)	66 (at 60 months)
Sarcina et al. 1997	61	64	55	13	7	>20	69	19	0	32/29	16/84	83 (at 120 months)	75 (at 120 months)
Davidovic et al. 1998	59	61	48	32	20	42	19	53	0	39/20	87/13	95 (at 1 mon.) 72 (at 48 mon.)	93 (at 1 mon.) 78 (at 48 mon.)
Bowrey et al. 2003	47	73	35	46	41		45	28	9	47/0	98/2	91 (at 35 months)	74 (at 35 months)
Mahmood et al. 2003	50	68	26	44	27		56	27	4	30/20	100/0	94 (at 1 mon.) 87 (at 60 months)	87 (at 1mon.) 69 (at 60 months)
Our study 2004	114	66	38	62	50	30	36	40	4	97/17	77/23	96 (at 1 month) 93 (at 36 months)	93 (at 1 month) 79 (at 36 months)



### Conclusions (1) :

 Popliteal aneurysms are the most frequent peripheral arterial aneurysms. They are often bilateral (62%) and associated with AAA (50%).
 *NEED* to look for the latter aneurysm in patients who present popliteal aneurysm(s).

The most common mode of presentation is the thrombosis or embolism with threatened limb (40%). This clinical presentation may arise with aneurysms < 2 cm. *INDICATION* for prophylactic surgery with asymptomatic aneurysms ≥ 2 cm, even < 2 cm when there is thrombus at Doppler ultrasound.



### Conclusions (2) :

- Some years ago, the pre-operative *THROMBOLYSIS* was suggested for patients with sub-acute ischemia (8/46). This technique is able to restore some trunks of the leg.
   For patients with more acute ischemia, per-operative thrombolysis may be indicated (4/46).
- The LIMB SALVAGE and the PRIMARY PATENCY GRAFT rates are satisfactory in our study (respectively 93% and 79% at 36 months).