Popliteal aneurysms

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Disclosure

Speaker name: Michelle C Martin, MD

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
Bypass vs stenting

A comparison study in one patient

78yo smoking man with asymptomatic bilateral popliteal aneurysms 2cm by duplex and CTA

Also with small <4cm AAA and 2.8cm Left IIA aneurysm
Stent Graft

Inclusion and Exclusion Criteria

• 2cm Landing zones
  • Normal proximal and distal segment
  • Without size discrepancy
• Lack of excessive vessel tortuosity
• Not excessively large aneurysm
  • Stent graft “Kinking”
  • Component separations
Exclusion criteria

• Patients who frequently bend their knees >90 degrees (carpenters, gardeners, yoga)

• Single-vessel runoff

• Contra-indication for Plavix
Other consideration

• Sheath size
  – 018 vs 035 system (018 only up to 7mm stent through 7F sheath)

• Access
  – Body habitus can affect feasibility of antegrade approach
Overview: Planning and Sizing

• Pretreat with Plavix

• Graft selection: minimal oversize

• Build from distal to proximal, “telescope”
  – Maximum 1 mm size discrepancy between grafts

• Significant stent overlap for adequate seal (2-3 cm) for long/tapered aneurysms
Internal Iliac aneurysm
Popliteal aneurysms
RIGHT LEG: Exclusion and bypass

Distal Embolization
LEFT: Endovascular Exclusion

- Right femoral access (8F), perclosed

- LEFT IIA exclusion with GORE VBX (9x 59mm)
  - Ballooned to 12mm proximally and 10mm distally
LEFT: Endovascular Exclusion
8mm overlapping Viabahns including ectatic SFA
Surveillance and Outcome

- 19 and 15 month patency
  - Biannual duplex of bypass and stents
- CTA: IIA aneurysm evaluation
- Remains on Plavix
Thank you
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