

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

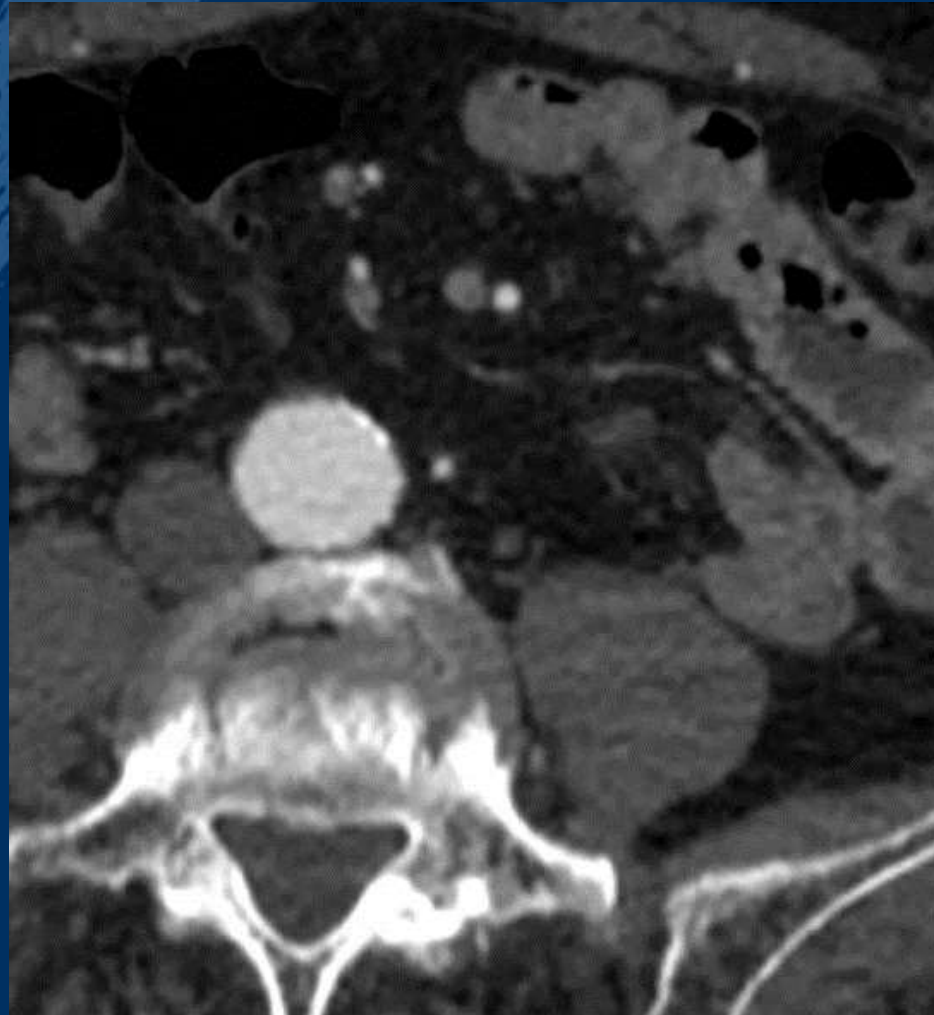
- Sheath size
 - 018 vs 035 system (018 only up to 7mm stent through 7F sheath)
- Access
 - Body habitus can affect feasibility of antegrade approach



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

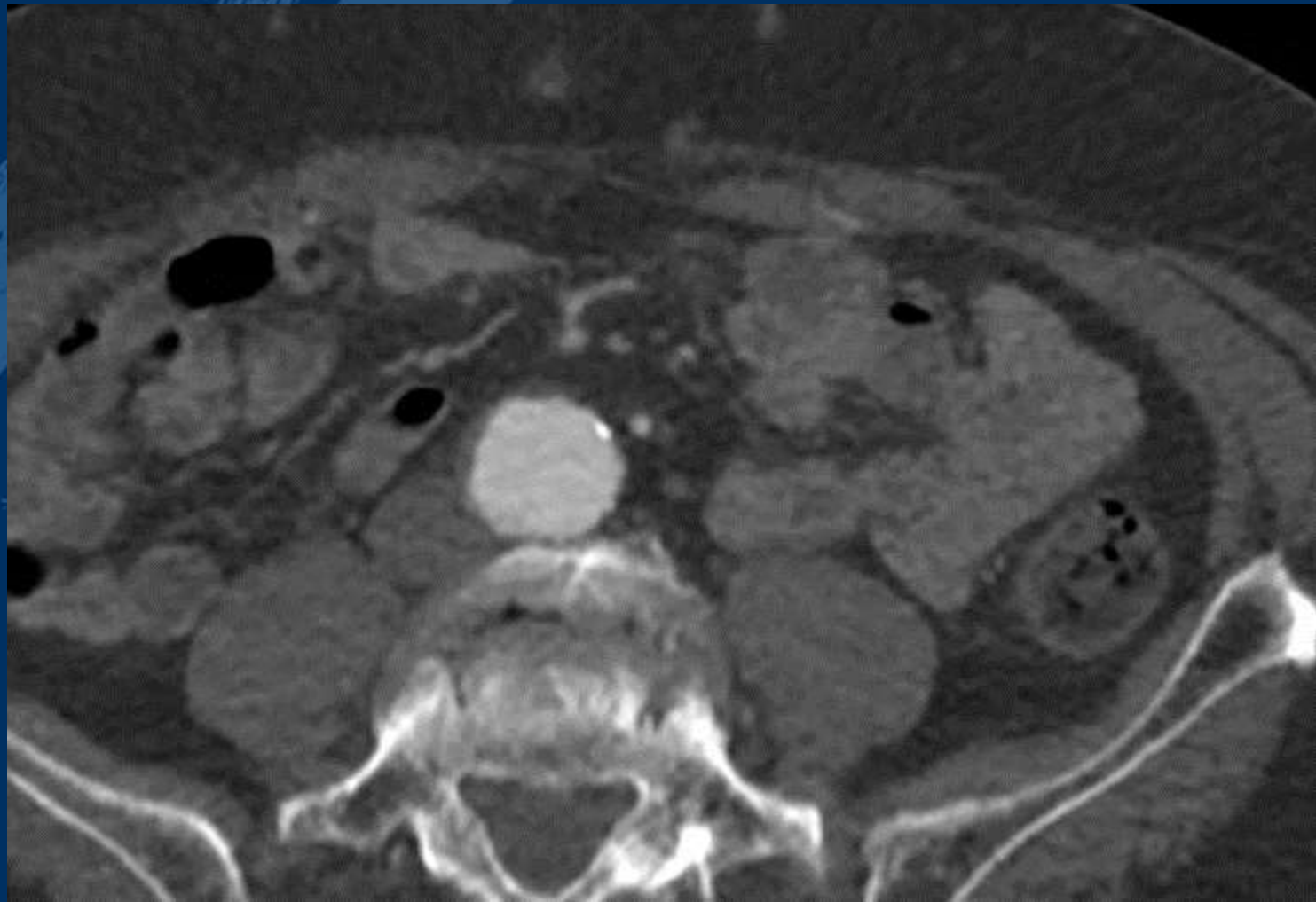
8mm overlapping Viabahns including ectatic SFA



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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