The 65th International Congress of the European Society of Cardiovascular and Endovascular Surgery ESCVS

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ABSTRACT BOOK

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V373

MDCT of aortic abdominal aneurysm follow up and complication

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Aim: An abdominal aortic aneurysm (AAA) is defined as a fusiform or saccular enlargement of the aorta that is more than 3 cm in diameter. The most feared complication of AAA is rupture and the risk of rupture is proportional to aneurysm diameter.Other complications include: impending rupture, contained rupture, aorto-enteric fistula, aorto-caval fistula, aorto-left renal vein fistula and infection.The objective is to show ability of multidetector computed tomography (MDCT) to assess the exact diameter of aneurysm as well as volumetric CT acquisition with multiplanar reconstruction and three-dimensional volume rendering analysis which makes MDCT angiography the best suited imaging modality not only for follow up AAA but also detecting possible complications.
Methods: MDCT protocol of abdominal aortic aneurysm comprise unenhanced and scanning after administration of contrast material in dose of 1, 5 ml/kg, flow rate 4-5 ml/sec, with bolus tracking technique measured in a region of interest (ROI) plotted inside toraco-abdominal aorta at threshold of 150 Hounsfield units (HU), using twodimensional (2D), multiplanar reformation (MPR)-curved planar reformation(CPR), maximum-intensity projection (MIP) and three-dimensional (3D) volume rendering technique.
Results: Standard radiological description of AAA during MDCT follow up must include:shape, , exact location of AAA, distance from renal arteries, maximum transverse diameter, total length of aneurysm and volume. MDCT is able to detect the extent of intraluminal thrombus and the presense of complication: impending rupture as a hyperattenuating crescent sign which reflects hemorrhage in the mural thrombus or in the aneurysm wall, draped aorta sign as indicator of aortic wall insufficiency and contaided rupture, periaortic presence of gas, inflammation and abscess as a signs of infection and characteristic findings in acute rupture, aorto-enteric fistula, aorto-caval fistula, aorto-left renal vein fistula.
Conclusions: MDCT angiography using the 2D and 3D technique is supreme imaging modality for monitoring the size of the aneurysm as well as potential complications of AAA in order to prevent rupture and gives active preoperative support prior to surgical or endovascular intervention.

V389

Intraoperative use of continue neuromonitoring with NIRS (near infrared spectroscopy) in carotid endarterectomy at awake patients treated in cervical plexus block: early results

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Aim: Endarterectomy of carotid artery is standard surgical method in the treatment of the stenotic changes of the carotid arteries. Surgical treatment of the carotid artery can be in general endotracheal anesthesia or using cervical plexus block ин patient is awake. Leading of these patients during the surgery is specific, personalized for every patient, due to a temporary interruption of the unilateral blood stream to the brain. When we use cervical plexus block is possible continually to follow awake of patient, and also proper cooperation between the anesthetist and the patient during surgical procedure, but also is possible to use the continuous neuromonitoring with NIRS (near infrared spectroscopy) as a reflection of adequate perfusion of the brain. The application of NIRS consists of placing two electrodes in forehead of the patient. By using the NIRS, is possible to objectivly situation for the need for emergency use of intraoperative shunt to carotid artery for preventing intraoperative brain ischemia and stroke.
Methods: Aim of this article is through the analysis of 25 patients monitored with intraoperative NIRS with endarterectomy in cervical plexus block to determine superiority of accuracy in intraoperative neuromonitoring *versus* only control of the vigilance of the patients in the assessment of the adequacy of brain perfusion.Regional saturation of the brain with oxygen (rSO2) is measured continuously during.
Results: the whole surgical procedure, with a special punt at a beginning, prior to the start of the intervention (basal perfusion) and 3 minutes after placing of the clamp on the carotid artery.
Conclusions: It can be disengaged that in patients with cervical plexus block next to the vigilance and communication with the patient during the surgery, the continuous neuromonitoring with NIRS, significantly facilitates and objectives adequacies of brain perfusion during surgery.

V400

Superficial cervical plexus block for carotid endarterectomy-prevention of neurological complication

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Carotid endarterectomy (CEA) is a preventive surgery. Peri-operative menagement such patient is challenging. Both general anesthesia (GA) and loco-regional anesthesia (LRA) can be used with their pros and cons. (1) We present the case where LRA prevente neurobiological complication. Case report: a 73 year old femail patient came to plan elective right CEA, because ACI sin.75% and ACI dex.90% stenosis. After performing LRA and positioning the patient comes to the motor weakness of the right side of the body and loss of consciousness when it withdraws from surgery. After oxygen therapy and antiedematous treatment the patient is fully neurologically recovered. We established by neurological and CT examination that the loss of consciousness caused by left ACI kinking.Surgery are performed after two days, in the superficial cervical plexus block, without neurological complications. Early postoperative course was uneventful, and the patient discharged home on the third day with normal neurological findings. Regional anesthesia has became an increasingly preferred techique for CEA in recent years (2), because it enables monitoring of cerebral function directly. Recent papers report that the complication of CEA comes with clumping CA.

V408

Graft types in above knee femoropopliteal reconstruction and factors influencing their patency

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Aim: Above knee femoropopliteal reconstructions are even today one of the most common vascular procedures. The most common used grafts in this position are DacronÒ and PTFE grafts. This study was performed in order to analyze graft patency, short and long term complication and influence of risk factors and number of patent crural arteries on long term patency.
Material: The study was conducted as a retrospective-prospective bi-