noticed within the stent—graft lumen on the CT, but this was considered haemodynamically insignificant. Both patients developed limb ischemia requiring restenting of the stent—graft limbs. In another patient, a pseudoaneurysm in the groin after a femoro-femoral bypass was overlooked and the patient developed acute limb ischemia requiring surgical repair. One final patient underwent restenting of a significant restenosis of a superior mesenteric artery.

We reiterate the importance of improving the follow-up after EVAR, which may increase the cost-effectiveness of EVAR and, thereby, allow an even wider application of the technique.

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Comment on Do Both Genders have the Same Ankle-brachial Index?

Dear Editor,

Ramos et al. should be commended for their study on the epidemiology of peripheral artery disease (PAD) in Spain.1 However, we are concerned by the accurate estimation of the PAD prevalence in women. While it is well-established that young women are relatively protected from atherosclerotic diseases, the authors found an almost 3-fold higher PAD prevalence among women than men <45 years. In women, 34% of their PAD cases were under the age of 55, compared to only 10% in men. Similarly, they reported a men/women PAD sex-ratio at 1:33 based on an ABI < 0.90, while the same ratio was at 12 for symptomatic PAD, based on the Edinburgh questionnaire.

In a subset of participants of the Multi-Ethnic Study of Atherosclerosis2 with normal ABI and no traditional cardiovascular risk factors, ABI was 0.02 lower in women than in men, which would have lead to a +10% PAD over-estimation in women if a unique ABI threshold at 0.90 was used. In the ABI collaboration study,3 the risk of mortality in men with an ABI within 0.81—0.90 was equivalent to women with an ABI within 0.71—0.80.

The normal ABI threshold should be lower in women than in men. Further studies are still required to quantify this difference.

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Response to comment on: The Role of Sex in Normal Ankle-Brachial Index

Dear Editor,

We appreciate the comments of Aboyans et al. regarding our recent work on the epidemiology of peripheral artery disease (PAD), and we agree with their observation about the involvement of sex in normal ankle-brachial index (ABI).1 Our data show that 2.7% of women under 55 have ABI < 0.9, but, notably, 97.7% have ABI > 0.8. Thus, most would be considered PAD-free if a lower cut-point for normal ABI were established for women.

Aboyans et al. propose that the difference in ABI between men and women without other evidence for PAD must be related to other conditions than atherosclerosis.2 Their suggestion that arterial stiffness may contribute to this difference is especially interesting. Recent studies suggest that ABI underestimates arterial obstruction in the elderly,2 increased arterial stiffness and greater artery calcification in these patients may play an