

European Journal of Vascular & Endovascular Surgery

Volume 50 • Issue 6 • 2015
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EDITORIAL

686 Too Much Information may not always be a Good Thing
F. Verzini and P. De Rango

CAROTID DISEASE

688 Risk Factors For Stroke, Myocardial Infarction, or Death Following Carotid Endarterectomy: Results From the International Carotid Stenting Study
D. Doig, E.L. Turner, J. Dobson, R.L. Featherstone, G.J. de Borst, G. Stansby, J.D. Beard, S.T. Engelter, T. Richards, M.M. Brown and on behalf of the ICSS Investigators

Increasing diastolic BP was the only independent risk factor for stroke after CEA in ICSS. Procedural risks were unrelated to endarterectomy type, anaesthetic technique or peri-operative medical therapy.

695 Can Patients Select the Best Hospital for Carotid Revascularization?
S. Chaturvedi and I. Loftus

In a large USA metropolitan area with 30 hospitals in a 30-mile radius, 43% provided no information on annual CEA/CAS volumes and no hospital published institutional (surgeon specific) procedural death/stroke rates after CEA or CAS.

AORTIC DISEASE

698 Risk Aversion in Vascular Intervention: The Consequences of Publishing Surgeon-specific Mortality for Abdominal Aortic Aneurysm Repair
A. Karthikesalingam, P.J.E. Holt, I.M. Loftus and M.M. Thompson

In this 'for debate' paper, the authors argue that the UK Government's decision to publish individual surgeon outcomes after elective AAA repair may foster a 'risk averse' culture with increased turn down rates, it may inadvertently lead to racial profiling because of co-associated risk factor profiles, whilst having an adverse impact on vascular training and recruitment into the specialty of vascular surgery.

702 **Editor's Choice** – Pharmaceutical Management of Small Abdominal Aortic Aneurysms: A Systematic Review of the Clinical Evidence
V.B.C. Kokje, J.F. Hamming and J.H.N. Lindeman

This systematic review found no evidence (to date) that any pharmaceutical strategy was able to reduce annual expansion rates of small AAAs.

714 Association of Resting Heart Rate with Infrarenal Aortic Diameter: A Cross Sectional Study in Chinese Hypertensive Adults
R. Wei, L.S. Liu, L.W. Wang, Y.B. Li, T. Zhang, J. Liu, S.W. Zuo, S.H. Jia, Y.X. Song, Z.Y. Wu, C. Duan, Y.Y. Ge, H.B. Li, J. Xiong, X. Jia, X. Wang, W. Kong, X.P. Xu, W. Guo and Y. Huo

In a cohort of 19,200 Chinese hypertensive subjects (62% female), those with an elevated resting heart rate had significantly smaller infra-renal aortic diameters, although the correlation may be exaggerated by smoking rates, especially in females.

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- 722 Chimney Grafts in Aortic Stent Grafting: Hazardous or Useful Technique? Systematic Review of Current Data

B. Lindblad, A. Bin Jabr, J. Holst and M. Malina

In a systematic review of 831 EVAR/TEVAR patients who also had at least one chimney, periscope or sandwich graft inserted into 911 visceral arteries or 364 aortic branches, 30-day mortality was 4% and 11–13% developed immediate gutter type-1 endoleaks (mostly treated conservatively). Late patency was 97–99% and few developed late gutter endoleaks. The authors highlighted the potential for biased case reporting of 'good outcomes' in this type of patient.

- 732 Outcome in Men with a Screen-detected Abdominal Aortic Aneurysm Who are not Fit for Intervention

J. Lim, J. Wolff, C.D. Rodd, D.G. Cooper and J.J. Earnshaw

59/334 males found to have a ≥ 5.5 cm diameter AAA did not undergo immediate repair and their late outcomes were evaluated. Sixteen subsequently underwent delayed repair (without complication), while only 14 died during follow-up (9 after rAAA). It is important that modern contemporary data like these become available to determine true rupture rates in those in whom elective AAA repair is deferred or delayed (for whatever reason).

Invited Commentary

- 737 Unfit for Repair After Screening for Abdominal Aortic Aneurysm: Do We Fail to Fulfil the Basic WHO Criterion of an Available Treatment?

J.S. Lindholt

- 738 Operative Results and Clinical Features of Chronic Stanford Type B Aortic Dissection: Examination of 234 Patients Over 6 Years

T. Fujikawa, S. Yamamoto, Y. Sekine, S. Oshima, R. Kasai, Y. Mochida, K. Ozaki and S. Sasaguri

In this series of 234 patients undergoing open repair of a chronic Stanford Type B aortic dissection, 180 still had a patent false lumen at the time of surgery. Overall, operative mortality was 7%, three year patency rates were 87% and only 3% required a late reintervention.

Invited Commentary

- 744 Open repair for chronic type B dissection

K. Mani

- 745 CXCR4: A Potential Marker for Inflammatory Activity in Abdominal Aortic Aneurysm Wall

F. Tanius, J. Pelisek, B. Lutz, B. Reutersberg, E. Matevosian, K. Schwamborn, V. Hösel, H.-H. Eckstein and C. Reeps

The chemokine receptor CXCR4 (mainly co-localized with B and T lymphocytes and macrophages) was significantly upregulated in human AAA tissue (compared with non-aneurysmal aortic wall), suggesting it may have a role in the inflammatory proteolytic process of AAA formation.

- 754 Aortic Arch Morphology and Aortic Length in Patients with Dissection, Traumatic, and Aneurysmal Disease

H.B. Alberta, T. Takayama, T.C. Smits, B.B. Wendorff, R.P. Cambria, M.A. Farber, W.D. Jordan, V. Patel, A. Azizzadeh, J.D. Rovin and J.S. Matsumura

In a series of 210 patients undergoing TEVAR treatment for dissection, trauma or aneurysm, there were important differences in arch morphology, anatomy and distances between reference vessels, which will be important to consider in stent graft design and on-shelf availability.

PERIPHERAL ARTERIAL DISEASE

- 761 Prevalence and Regional Distribution of Lower Limb Amputations from 2006 to 2012 in Germany: A Population based Study

K. Heyer, E.S. Debus, L. Mayerhoff and M. Augustin

Between 2006 and 2012, there was no significant change in the prevalence of lower limb amputations in Germany, although there was a small decrease in amputation rates in diabetic patients despite a 10% increase in the diagnosis of diabetes during this time period.

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- 767 Male Sex Associated with Increased Long-term Cardiovascular Mortality after Peripheral Vascular Surgery for Atherosclerosis Despite Optimal Medical Treatment
J.W. Budtz-Lilly, C.N. Petersen, T.F. Pedersen and N. Eldrup

Contrary to some previous reports, this study which involved 11,234 Danish patients undergoing surgical reconstruction for PAD found that males had significantly higher rates of late death and MI (but not stroke) and a significantly higher rate of late, major cardiovascular events than females.

Invited Commentary

- 774 Commentary on “Male Sex Associated With Increased Long-term Cardiovascular Mortality After Peripheral Vascular Surgery for Atherosclerosis Despite Optimal Medical Treatment”
P.A. Coughlin

- 775 Bone Marrow derived Cell Therapy in Critical Limb Ischemia: A Meta-analysis of Randomized Placebo Controlled Trials

S.M.O. Peeters Weem, M. Teraa, G.J. de Borst, M.C. Verhaar and F.L. Moll

A previous meta-analysis had suggested that bone marrow derived cell therapy might confer meaningful benefit in CLI patients. This updated meta-analysis, which only looked at outcomes in placebo controlled RCTs, found no evidence of any improvement in terms of amputation or survival.

VENOUS DISEASE

- 784 Treatment of Truncal Incompetence and Varicose Veins with a Single Administration of a New Polidocanol Endovenous Microfoam Preparation Improves Symptoms and Appearance

J.T. King, M. O’Byrne, M. Vasquez, D. Wright and for the VANISH-1 Investigator Group

In a randomised, placebo controlled dose incremental study, involving a single (<15ml) dose of placebo or new Polidocanol Endovenous Microfoam (PEM) in patients with varicose veins, there was a significant improvement in symptoms and visual appearance across all PEM concentrations (compared with placebo). One year and five year outcomes are awaited.

- 794 A Cost-effectiveness Analysis of Surgery, Endothermal Ablation, Ultrasound-guided Foam Sclerotherapy and Compression Stockings for Symptomatic Varicose Veins

G. Marsden, M. Perry, A. Bradbury, N. Hickey, K. Kelley, H. Trender, D. Wonderling and A.H. Davies

In a Markov-decision model of the cost-effectiveness of surgery, endothermal ablation, ultrasound guided foam sclerotherapy and compression stockings used to guide management in a recent NICE guideline on the management of varicose veins, all interventions were deemed to be cost-effective, although endothermal strategies were deemed the most cost-effective overall.

MISCELLANEOUS

- 802 International Vascunet Validation of the Swedvasc Registry

M. Venermo and T. Lees

One of the major criticisms of multi-national Registry data is its accuracy. The SwedVasc Registry (a major contributor to the VASCUNET registry) was evaluated and found to have an external validity of 100% for carotid procedures and a 99% validity for AAA. Internal validity analyses were similarly good.

Invited Commentary

- 809 Accurate Clinical Data is Vital in the Age of Surgeon Level Outcome Reporting
E.R. Atkins and J.R. Boyle

- 810 Venous Side Branch Ligation as a First Step Treatment for Haemodialysis Access Induced Hand Ischaemia: Effects on Access Flow Volume and Digital Perfusion

R.H.D. Vaes, R. Wouda, J.A.W. Teijink and M.R. Scheltinga

A ‘first-line’ strategy of ligating non-functional AVF venous sidebranches in patients with haemodialysis access induced distal ischaemia was associated with clinical improvement in 94% of patients, while the digital: brachial index increased from 0.5 (pre-op) to 0.68 (immediately post-op) and 0.83 (1 year).

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- 701 Compression of the Internal Carotid Artery by Turning the Head to the Left
P. van Schaik and G.-J. de Borst
- 721 O-shaped, Non-pulsatile Distal Superficial Femoral Artery Pseudoaneurysm in the Presence of Proximal Occlusion
N. Kontopodis and C.V. Ioannou

Editor's Choice: This paper has been selected by the Editor to be made freely available online.