

European Journal of Vascular & Endovascular Surgery

Volume 62 • Issue 3 • 2021
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CAROTID AND SUPRA-AORTIC ARTERIES

- 340 **A Systematic Review and Meta-analysis of Peri-Procedural Outcomes in Patients Undergoing Carotid Interventions Following Thrombolysis**
S.K. Kakkos, M. Vega de Ceniga and R. Naylor
→ Previous thrombolysis increases the hazard of hemorrhagic complications after CEA and CAS - better to wait for 6 to 7 days if possible (25 studies reporting 150 000 procedures (2500 after thrombolysis) analysed)
- 350 **EJVES Open Access – Clinical Response to Procedural Stroke Following Carotid Endarterectomy: A Delphi Consensus Study**
A.J.A. Meershoek, D.D. de Waard, J. Trappenburg, C.J. Zeebregts, R. Bulbulia, J.L.J. Kappelle and G.-J. de Borst on behalf of the Delphi consensus experts panel
→ Clear expert consensus on need for expedited diagnostics including immediate re-exploration of the index carotid artery if ipsi-lateral stroke occurs upon carotid clamp release (4 delphi rounds among 31 experts)
- 358 **Plaque Elasticity and Intraplaque Neovascularisation on Carotid Artery Ultrasound: A Comparative Histological Study**
Y. Zhang, J. Cao, J. Zhou, C. Zhang, Q. Li, S. Chen, S. Feinstein, P.A. Grayburn and P. Huang
→ Plaque vulnerability depends on elasticity, which can be determined by specialised ultrasound: opportunity for personalised care? (98 plaques compared)

AORTA AND MAJOR BRANCHES

- 367 **Editor's Choice – Systematic Review and Meta-Analysis of Sex Specific Differences in Adverse Events After Open and Endovascular Intact Abdominal Aortic Aneurysm Repair: Consistently Worse Outcomes for Women**
A.L. Pouncey, M. David, R.I. Morris, P. Ulug, G. Martin, C. Bicknell and J.T. Powell
→ Mortality risk for women still increased, particularly after EVAR, but targets for improvements identified (26 studies reporting 430 000 procedures analysed)
- Invited commentary:*
- 379 **Extra Caution Required in Elective Abdominal Aortic Aneurysm Repair for Women**
R. Soares Ferreira and F. Bastos Gonçalves
- 380 **EJVES Open Access – Long Term Outcome of Screen Detected Sub-Aneurysmal Aortas in 65 Year Old Men: a Single Scan After Five Years Identifies Those at Risk of Needing AAA Repair**
K. Thorbjørnsen, S. Svensjö, N.P. Gilgen and A. Wanhainen
→ Over ten years, 95% of aortic ectasias (25 to 29 mm) can be expected to progress to an AAA, 30% of which will reach 55 mm or more. However, those without progression at five years are at very low risk (1000 patients followed).

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Invited commentary:

- 387 **Effective, But Will It Be Cost Effective?**

J.J. Earnshaw and J. Lindholt

- 388 **Editor's Choice – Systematic Review and Meta-Analysis of the Impact of Institutional and Surgeon Procedure Volume on Outcomes After Ruptured Abdominal Aortic Aneurysm Repair**

N. Kontopodis, N. Galanakis, E. Akoumianakis, C.V. Ioannou, D. Tsetis and G.A. Antoniou

→ As expected, institutional volume correlates with improved rAAA outcomes - particularly for open repair. In contrast, individual surgeon caseload was without statistical effect (13 studies reporting 120 000 procedures)

Invited commentary:

- 399 **Hospital Volume Counts for Ruptured Abdominal Aortic Aneurysm Repair: Evolving Data from a Meta-Analysis**

S.T. Scali and D.H. Stone

- 400 **EJVES Open Access – Risk Factors for Abdominal Compartment Syndrome After Endovascular Repair for Ruptured Abdominal Aortic Aneurysm: A Case Control Study**



S. Ersryd, H. Baderkhan, K. Djavani Gidlund, M. Björck, P. Gillgren, L. Bilos and A. Wanhainen

→ Unlikely to develop without peri-operative shock (< 70 mmHg systolic blood pressure, need for aortic balloon, or > 5 RBC transfusions), but independent of aneurysm morphology (108 rEVAR patients compared)

Invited commentary:

- 408 **Abdominal Compartment Syndrome; Can Big Data Provide the Answers?**

M. Teraa and J.R. Boyle

- 409 **Prognostic Role of Severe Infrarenal Aortic Neck Angulation in Endovascular Aneurysm Repair**

H. Qayyum, V. Hansrani and G.A. Antoniou

→ Does increase the hazard of type 1a endoleak and re-intervention, but not mortality: close surveillance is key! (ten studies reporting almost 7400 EVAR procedures compared)

Invited commentary:

- 422 **Infrarenal Aortic Neck Angulation Falls Short as a Sole Prognostic Factor for EVAR Outcomes**

C.G. Vos, R. Zuidema and J.-P.P.M. de Vries

- 423 **Determination of Optimal and Safest Proximal Sealing Length During Thoracic Endovascular Aortic Repair**

M. Piazza, F. Squizzato, A. Xodo, G. Saviane, E. Forcella, C. Dal Pont, F. Grego and M. Antonello

→ 2.0 cm for type I, and 2.5 to 3.0 cm for type II and III arches - at least according to this posthoc analysis (single centre experience)

Invited commentary:

- 431 **Proximal Sealing Length in TEVAR: Dependent on Aortic Arch Type?**

L. Meuli and A. Zimmermann

PERIPHERAL ARTERIES

- 432 **EJVES Open Access – Real World Practice Deviation from Nationwide Guidelines in Patients with Intermittent Claudication**



A.G.L. Aaij, B. Wermelink, M. Haalboom, A.C. Vahl, R. Meerwaldt and R.H. Geelkerken

→ Among 420 claudicants, management deviated in 20% from practice guidelines, but deviation was justified by personalised care in most cases (single centre observation)

- 439 **Editor's Choice – External Applicability of the COMPASS and VOYAGER-PAD Trials on Patients with Symptomatic Lower Extremity Artery Disease in France: The COPART Registry**

F.-X. Lapébie, V. Aboyans, P. Lacroix, J. Constans, C. Boulon, E. Messas, J. Ferrières, V. Bongard and A. Bura-Rivière

→ 'PAD-Trials' were selective: recommendations only applicable to 30% of 'real world' PAOD patients (2 300 COPART registry patients evaluated in retrospect)

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- 450 **Effects of Statin Therapy and Dose on Cardiovascular and Limb Outcomes in Peripheral Arterial Disease: A Systematic Review and Meta-analysis**
S. Sofat, X. Chen, M.M. Chowdhury and P.A. Coughlin
→ More appears to be more, but dedicated trials needed (24 studies included, but quality of specific evidence limited)

Invited commentary:

- 462 **Sometimes More is Always Better, if the Patient Joins in**
A. Gombert

BASIC RESEARCH AND TRANSLATIONAL MEDICINE

- 463  **EJVES Open Access – Microbubbles and Ultrasound Accelerated Thrombolysis for Peripheral Arterial Occlusions: The Outcomes of a Single Arm Phase II Trial**
S.A.N. Doelare, D.M. Jean Pierre, J.H. Nederhoed, S.P.M. Smorenburg, R.J. Lely, V. Jongkind, A.W.J. Hoksbergen, H.P. Ebben and K.K. Yeung and MUST collaborators
→ Contrast enhanced sonothrombolysis appears safe, but is it more effective than standard treatment? (20 patients observed)

MISCELLANEOUS

- 469 **Vascular Diagnostic and Surgical Treatments Before Lower Limb Amputations in Patients with Arterial Vascular Diseases: A Population Based Study from 2013 to 2015 in Germany**
K. Hagenström, C. Garbe, E.S. Debus and M. Augustin
→ 80% had undergone a vascular diagnostic examination, but only 60% received a revascularisation before amputation: room for improvement (3 100 first amputees out of 2 million screened patients analysed)
- 476 **Regional Anaesthesia for Lower Extremity Amputation is Associated with Reduced Post-operative Complications Compared with General Anaesthesia**
S.H. Mufarrih, N.Q. Qureshi, M.S. Schaefer, A. Sharkey, H. Fatima, O. Chaudhary, S. Krumm, V. Baribeau, F. Mahmood, M. Schermerhorn and R. Matyal
→ Less pulmonary, hemorrhagic, septic and local complications but no difference in 30 day mortality (45 000 major amputations evaluated)

CORRESPONDENCE

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

 Additional material available online: <http://www.sciencedirect.com/science/journal/10785884/62>