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Percutaneous Venoplasty for Central Venous Stenosis: Effect on Patient's Symptoms and Patency of Arteriovenous Accesses

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Objectives: To determine symptomatic relief and patency rate of arteriovenous (AV) fistulae and grafts and after venoplasty in patients with central venous stenosis (CVS) on hemodialysis. **Methods: Study Design:** Retrospective case series. **Place and Duration of the Study:** Aga Khan University Hospital, Karachi, January 2012 to December 2017. **Methodology:** The data of patients who had one session of successful venoplasty for CVS were reviewed. The outcomes measured were symptomatic recovery and improvement in the patency of AV accesses. Symptomatic recovery was termed "complete," when there was complete symptomatic relief after venoplasty, and "partial," when there was technically successful procedure but symptoms were not resolved. Primary patency of AV access is the duration from first intervention till the further intervention. Cumulative patency was total duration of time fistula remain patent with multiple interventions. Events considered end points to functional access status were placement of new access site, ligation of access site, dialysis catheter placement, or the patient death. **Results:** Thirty-five patients had technically successful PTA with a mean age of 56.86 (\pm 14.6) years. Twenty-one (60%) were female patients. All patients tolerated the procedure well. Twenty-one (60%) patients had complete relief of symptoms. Fourteen patients (40%) had partial relief of symptoms. Twenty-one patients required repeat angioplasty. The mean follow-up was 18.6 (\pm 9.02) months. Primary patency was 40%, 24%, and 24% at 6, 12, and 24 months. Cumulative patency was 69%, 66%, and 59% at 6, 12, and 24 months. **Conclusion:** Percutaneous venoplasty provided symptomatic relief to the patients and improved the short-term patency of AV accesses.

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Myocardial Infarction and Stroke after Ruptured Abdominal Aortic Aneurysms

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Objectives: The objective of this study is to establish the incidence of stroke and myocardial infarction (MI) in patients who survived operative intervention for ruptured abdominal aortic aneurysm (RAAA). The secondary outcome was to identify how age correlates to surviving a RAAA repair. **Methods:** Data from all patients who were operated on for a RAAA during a 6-year period (July 2012 to May 2018) at a single vascular center was obtained from the national vascular registry. The patients who had new neurological symptoms were assessed using computed tomography brain imaging for signs of a stroke and patient with signs/symptoms of MI were assessed using serum troponin levels

and electrocardiography (ECG) with troponin levels >100 ng/L and pathognomonic ECG changes, being diagnostic. **Results:** There were 94 patients operated on for RAAA of which 53 (56%) survived. There were 3 (5.6%) incidences of MI and 1 (1.9%) incidence of stroke in this RAAA cohort. The mortality from a RAAA seems to favor the younger population with patients older than 75 years at least 6 times more likely to die from a RAAA than a patient <65 years. **Conclusion:** The risk of an MI after elective aortic operation has been in the range of 5% which is similar to that observed in this group of patients who survived an aortic rupture and repair. Furthermore, the risk of a stroke post-aortic repair for RAAA does not appear to be of an higher incidence in patients who have an elective AAA repair as studies have quoted incidence in the region of 1%–10% post-routine repair. Surviving a RAAA is more likely to occur if the person is younger.

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Penetrating Aortic Ulcer with Esophageal Fistulization: A New Etiology with a Different Treatment? A Case Report

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Background: Penetrating aortic ulcers rupturing into the esophagus are rare and the resulting aorto-esophageal fistula carries high mortality. With the progressive increase of life expectancy and with the expansion of the prevalence of risk factors for atherosclerosis, we are witnessing a multiplication of this condition. The emergency nature of this situation and its complex treatment makes the latter not consensually defined. **Objectives:** The aim of this study is to report two cases of aorto-esophageal fistula and their alternative treatment, documenting the success of the method. **Results:** We present two cases of elderly patients, with no conditions for conventional surgery, who presented with acute gastrointestinal hemorrhage (hematemesis). The diagnosis of aorto-esophageal fistula was suggested during upper gastrointestinal endoscopy and confirmed with computed tomography angiography. The two patients were submitted to endovascular stent graft repair of the aortoenteric fistula. A Ryle's tube was introduced and its position in the stomach was confirmed through fluoroscopy. Contrary to the common practice, no active surgical intervention was carried out for the esophageal lesion. Total parenteral nutrition was begun in the immediate postoperative period and both patients were maintained on broad-spectrum antibiotic coverage. They were discharged with enteric nutrition through the Ryle's tube and under antibiotic coverage. Consecutive upper gastrointestinal endoscopies revealed a reduction of the fistula's diameter until their complete closure. The patients remained under antibiotic coverage and initiated oral nutrition, with no significant events to be reported. **Conclusion:** The cases of penetrating aortic ulcer with esophageal fistulization are becoming more prevalent. Hence, it is essential to raise awareness about this subject, to provide the patient the best possible treatment. Thus, the report of similar cases is of major importance. Currently, the authors believe that this type of treatment option can be used in selected patients, that otherwise would not survive a conventional surgery.