20 years of experience and learnings with the evolving GORE® VIABAHN® Endoprosthesis: when does VIABAHN® truly make the difference?

Popliteal Artery Aneurysm

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Disclosure

Speaker name:
prof. Michele Antonello

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest
Previous anatomo-radiologic studies have found that the distal part of the popliteal artery is relatively fixed at the origin of the anterior tibial artery and at a more proximal point which corresponds to the origin of the descending genicular artery. Movement of the popliteal artery between these two fixed points constantly occurs during flexion.
PAA: ENDOVASCULAR TREATMENT

PLANNING: ANGIO-CT

- Distal landing zone $\varnothing > 4.5$ mm
- Proximal and distal neck length $>15$ mm
- At least one-vessel runoff
- Angulation $< 60^\circ$
- Difference of more than 4 mm
PAA: ENDOVASCULAR TREATMENT PLANNING
PAA: ENDOVASCULAR TREATMENT PLANNING: USD
PAA: ENDOVASCULAR TREATMENT
PLANNING: DSA
PAA: ENDOVASCULAR TREATMENT
PAA: ENDOVASCULAR TREATMENT
INTRAOPERATIVE
PAA: ENDOVASCULAR TREATMENT
PAA: ENDOVASCULAR TREATMENT
PATIENT SELECTION: ANATOMY
PAA: ENDOVASCULAR TREATMENT

PATIENT SELECTION: ANATOMY
PAA: ENDOVASCULAR TREATMENT

PATIENT SELECTION: INFLOW
**PAA: ENDOVASCULAR TREATMENT**

**LONG-TERM RESULTS**

**Primary Patency Rate**

![Diagram showing primary patency rate over months with technical error, restenosis, and behavior highlighted.]

<table>
<thead>
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<th>Months</th>
<th>OR</th>
<th>ET</th>
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<tbody>
<tr>
<td>0</td>
<td>100 (27)</td>
<td>100 (27)</td>
</tr>
<tr>
<td>6</td>
<td>94.4 (18)</td>
<td>85.7 (19)</td>
</tr>
<tr>
<td>12</td>
<td>88.1 (15)</td>
<td>80.9 (18)</td>
</tr>
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<td>18</td>
<td>88.1 (12)</td>
<td>71.4 (16)</td>
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<tr>
<td>72</td>
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<td>71.4 (7)</td>
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FOLLOW-UP: USD
RUPTURED PAA
RUPTURED PAA
RUPTURED PAA
RUPTURED PAA
CONCLUSIONS

• EVPAR provides successful aneurysm exclusion with good long term patency and excellent limb salvage.

• Simple rules must be followed to obtain great results.

• Close surveillance with USD is mandatory within the first year

• A double antiplatelet therapy for almost 6 month using clopidogrel and ASA is recommended
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