Endovascular treatment of Behçet's peripheral aneurysms: A prospective comparative study to open repair.

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Behçet's disease is characterized by specific clinical manifestations including recurrent aphthous stomatitis, genital ulcers, anterior uveitis, and vasculitis. Vascular complications are fairly common in patients suffering from Behçet's disease.

Peripheral arterial aneurysms affect nearly every artery in association with this disease. A comparative study was done to treat peripheral aneurysms in Behçet's disease either by surgery or endovascular intervention. Fifty-five aneurysms were included, 22 were treated with surgery (group A), and 23 with covered stents (group B). The primary end point was the development of thrombosis or recurrence of the aneurysm (or pseudoaneurysm). All group A patients were treated with excision of the aneurysm and interposition of either saphenous or dacron graft. On the other hand, group B patients were treated with covered stents. Popliteal artery aneurysms represented the highest incidence (45%), followed by the common femoral (25%), the axillary (12%), the brachial (8%), the profunda femoris (6%) and the carotid arteries (4%).

In a follow-up of 3 years, the interventionally treated group showed a better outcome with regard to thrombosis (7% in group B vs 15% in group A, p value 0.03). Moreover, none of the group B proved to have recurrence, pseudoaneurysm, or endoleak while in group A, 18% needed redo for dehiscence at the suture line and secondary hemorrhage or pseudoaneurysms. Only one case of group B developed a significant hematoma at the puncture site with secondary infection that has been treated conservatively.

Conclusions: Vascular intervention seems attractive in the light of being minimally invasive, with minimal morbidity and considerable durability as well. Perioperative precautions including steroids, cyclosporine and appropriate antibiotics are all mandatory for the endurance of the implanted graft.