AB030. 219. Eversion endarterectomy in iliac occlusive artery disease

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Background: Iliac eversion endarterectomy (IEE) offers an underutilised alternative to endovascular or prosthetic reconstruction in iliac occlusive disease.

Methods: All IEEs performed in a university hospital vascular centre over 17 years (from 2000 to 2017) were reviewed. Demographic, risk factors, operative and follow-up data was recorded.

Results: Forty-three patients underwent IEE, 24 for Trans-Atlantic Inter-Society Consensus (TASC) C (57.1%) and 18 for TASC D (42.9%) lesions. Over two-thirds of patients were male (67.4%, n=29), with a mean age of 64.79 years (range, 46–82 years). Documented risk factors included hypertension (89.7%), hyperlipidaemia (75%), diabetes mellitus (28.6%), and 81% had a smoking history. Over 85% were on best medical therapy for peripheral vascular disease pre-operatively. The majority (69%) were classified American Society of Anaesthesiology Grade 3. Indications for intervention were symptomatic claudication (97%), critical limb ischaemia (79.1%) and objective tissue loss (16.3%). There were no technical failures. Twelve patients had adjunctive procedures. There was one perioperative death from multi-organ failure. Two patients had a post-operative complication, one epidural haematoma and one wound infection. The mean follow-up was 35.19 months (range, 1–132 months). Five patients required secondary revascularisation, either by iliac artery stenting (n=2) or aortobifemoral bypass (n=3). One patient required a major ipsilateral amputation. Primary patency at 1 and 5 years were 96.77% and 83%, respectively. Secondary patency at 5 years was 94.4%. Ten patients died during the study period and seven were lost to follow up.

Conclusions: IEE is an effective alternative treatment for iliac occlusive disease. This study reports acceptable short-term outcomes and a low perioperative complication rate in a comorbid cohort.

Keywords: Iliac occlusive disease; eversion; endarterectomy

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