# AB038. SOH21AS053. Endovascular unibody aortic grafts versus covered endovascular reconstruction of the aortic bifurcation (CERAB) technique for the management of aorto-iliac occlusive disease—a systematic review

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**Background:** Aortoiliac occlusive disease (AIOD) can adversely affect patients leading to life-limiting critical limb ischemia (CLI). Peri-operative morbidity is significant in open surgical repair. Endovascular alternatives include covered endovascular reconstruction of the aortic bifurcation (CERAB) or unimodular aortic endografts
**Methods:** A systematic review of articles was conducted following PRISMA guidelines, searching PubMed, Embase and CINAHL databases. We searched randomized-controlled trials, clinical-controlled trials and observational studies, looking at patients with CLI due to TASC-C/D AIOD. Outcomes included patency rates, re-intervention rates, amputation-free survival and adverse events
**Results:** Two hundred and eighty articles were identified. After removal of duplicates and screening of titles and abstracts, 20 full-text articles were screened. Three articles met the full inclusion and exclusion criteria and were included in the study. Forty-nine patients were treated with Unibody Aortic Endografts (age 59 to 67.9 years). Thirty-seven (75.5%) patients had Rutherford 4 symptoms and 12 had Rutherford 5–6. Forty-four (88%) patients had TASC-D lesions. Fifty-nine patients were managed with CERAB (age 61 to 67 years). Technical success occurred in 100% of Unibody cases. Primary patency ranged from 80–100%, Amputation-free survival: 99–100%, re-intervention rates 0–20%, Secondary patency was 100% in all cases, Quality of life improved in 73–100% of cases. Thirty-day mortality included only one patient. All articles reporting on CERAB included claudicants and CLI patients
**Conclusions:** Unibody Aortic Endografts for treatment of AIOD in patients with CLI are safe, with lengthy patency rates and exceptional limb salvage.
**Keywords:** Aortoiliac occlusive disease (AIOD); critical limb ischaemia (CLI); unimodular aortic endografts; covered endovascular reconstruction of the aortic bifurcation (CERAB)

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## Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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