Endovaskularni popravak aorte Endovascular aortic repair

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Bolesti aorte uključuju aortalnu aneurizmu, akutni aortalni sindrom (AAS): disekcija, intramuralni hematoma, penetrirajući aterosklerotski ulkus, traumatska aortalna ozljeda; pseudoaneurizme, rupturu aorte i aterosklerotsku ili upalnu bolest aorte. Najčešća su aneurizme abdominalne (AAA) ili torakalne (TAA) aorte, koje dugo imaju supklinički tijek i često se manifestiraju tek akutnom prezentacijom s izuzetno lošom prognozom.¹⁻³

Endovaskularni popravak abdominalne (EVAR) i torakalne (TEVAR) aorte graft stentom u većini je slučajeva preferirana metoda liječenja nad otvorenim kirurškim zahvatom. Duljina boravka u intenzivnoj skrbi, duljina hospitalizacije, akutne komplikacije, brzina oporavka i ishod u srednjoročnom praćenju su prema svim kliničkim ispitivanjima na strani EVAR/TEVAR-a, dok je otvorena kirurgija zadržala svoje mjesto u liječenju bolesti uzlazne i luka aorte. Razvoj novih tehnika i uređaja omogućava endovaskularno liječenje visoko rizičnih bolesnika (torakoabdominalne aneurizme, „neprijateljski“ vrat aneurizme) koji su do danas bili proglašavani inoperabilnima.

U Kliničkom bolničkom centru Rijeka je u razdoblju od 2014. do 2016. godine učinjeno ukupno 49 endovaskularnih zahvata (TEVAR 20, EVAR 29). U 14 bolesnika (28,6 %) zahvat je hitno izveden zbog AAS. Većina procedura učinjena je perkutano (30 bolesnika, 61 %). Periproceduralna smrtnost iznosi 2 % (1 bolesnik), unutar 30 dana umrlo je 4 bolesnika (8,1 %). Daljnji razvoj pretpostavlja stabilno financiranje te dodatnu integraciju i edukaciju multidisciplinarnog endovaskularnog tima sastavljenog od vaskularnih kirurga, intervencijskih radiologa i kardiologa.

Aortic disease includes aortic aneurysm, acute aortic syndrome (AAS): dissection, intramural haematoma, penetrating atherosclerotic ulcer, traumatic aortic injury; pseudoaneurysm, aortic rupture and atherosclerotic or inflammatory aortic disease. Aneurysms of abdominal (AAA) or thoracic (TAA) aorta are most common. They have long-lasting subclinical course and AAS is often first manifestation of the disease, with extremely poor prognosis.¹⁻³

Endovascular repair of abdominal (EVAR) and thoracic (TEVAR) aorta with graft stents is preferred method of treatment over open surgical procedure. Length of stay in ICU, hospitalisation duration, acute complications, rate of recovery and survival over 5 years are all, according to clinical studies, on EVAR/TEVAR side. Open surgery kept its position in treating disease of ascending aorta and aortic arch. Development of new techniques and devices enables endovascular treatment of high-risk patients (thoracoabdominal aneurysms, „hostile“ neck) who were deemed inoperable until now.

In University Hospital Centre Rijeka we performed 49 endovascular procedures (TEVAR 20, EVAR 29) from 2014 to 2016. 14 patients (28,6%) have had an emergency procedure because of AAS. Majority of procedures were performed percutaneously (30 patients, 61%). Periprocedural mortality was 2% (1 patient), 30-days mortality was 8.1% (4 patients). Further development needs stabile financing and additional education and integration of multidisciplinary endovascular team (vascular surgeons, interventional radiologists and cardiologists).

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