



EMERGENCY AND TRAUMA RADIOLOGY 2025

Oslo, Norway

June 2 - 5, 2025

Abdominal Aortic Aneurysms: After the Fact



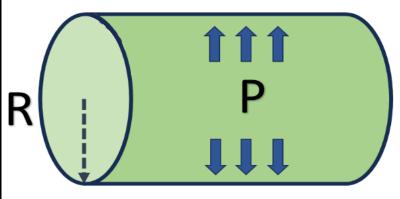
Fausto Labruto
Associate Professor
Director of Emergency Radiology



Contents:

- What is a AAA and how is it treated?
 - Open Repair
 - EVAR
- Open Repair
 - Normal postoperative appearances
 - Complications
- EVAR
 - Normal postoperative appearances
 - Complications





12 month AAA rupture risk by diameter

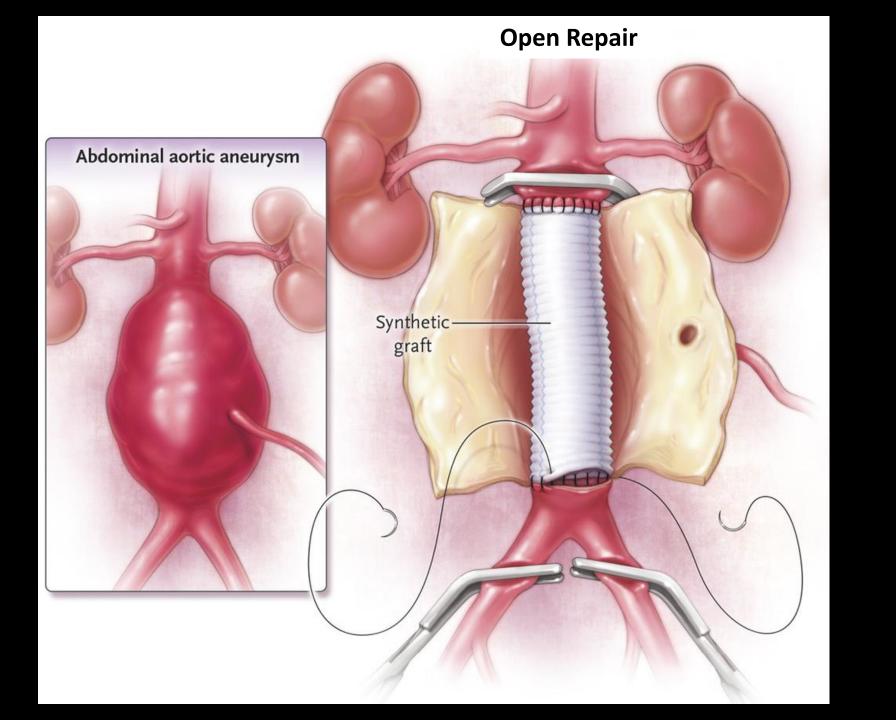
AAA diameter (cm)	Rupture risk (%/year)
3.0-3.9	0%
4.0-4.9	1%
5.0-5.9	1-10%
6.0-6.9	10-22%
>7.0	30-50%

Indications for AAA repair

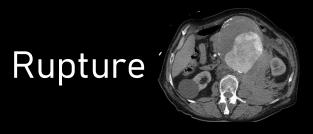
- Male with AAA >5.5 cm
- Female with AAA >5.0 cm
- Rapid growth >1.0 cm/year
- Symptomatic AAA (abdominal/back pain/tenderness, distal embolisation)



What options are there for aneurysm repair?



Editor's Choice – European Society for Vascular Surgery (ESVS) 2024 Clinical Practice Guidelines on the Management of Abdominal Aorto-Iliac Artery Aneurysms

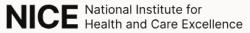


EVAR



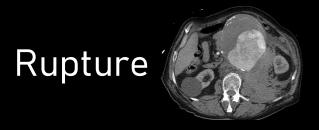


- Patients with "reasonable life expectancy": EVAR
- Patients with <u>long</u> life expectancy:
 Open Repair



Abdominal aortic aneurysm: diagnosis and management

NICE guideline [NG156] Published: 19 March 2020



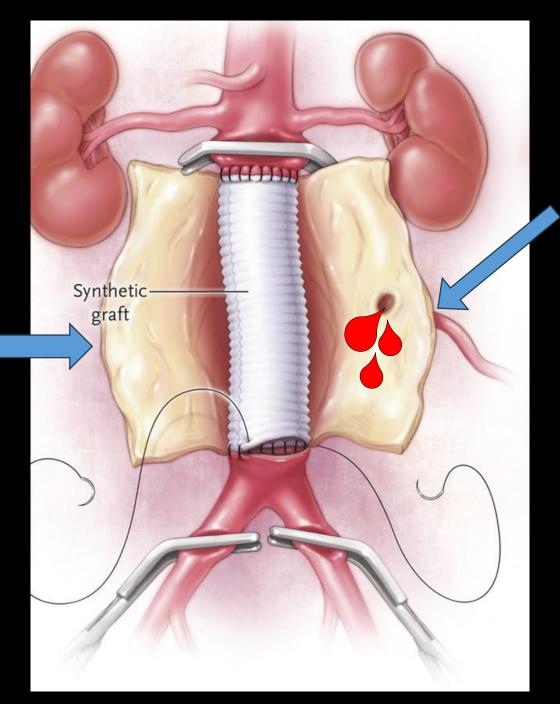
EVAR





- Open Repair
- Patients with contraindications to Open Repair: EVAR

Open Repair



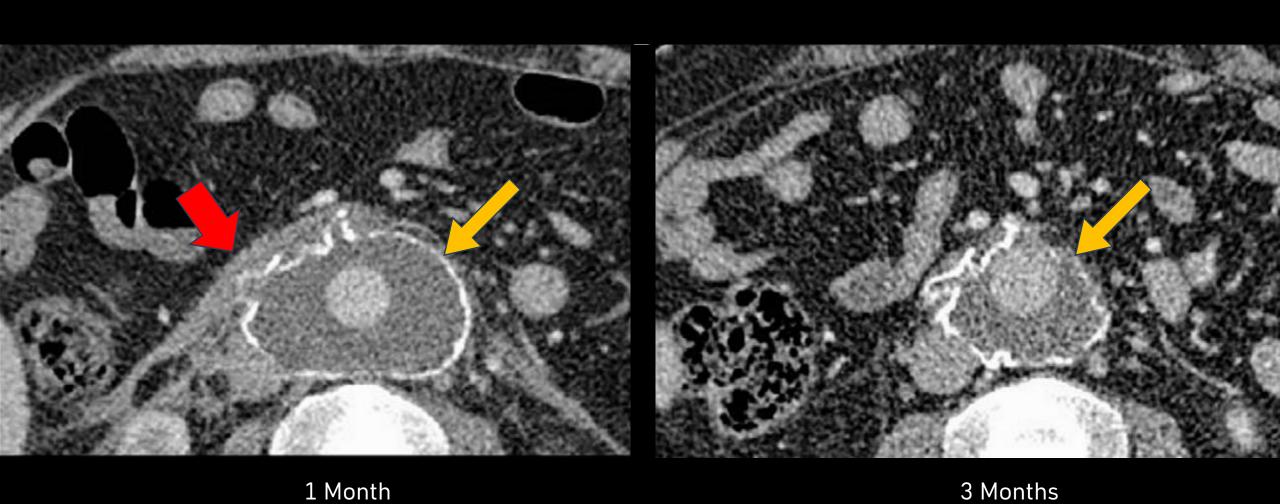
The aneurysmal sack is then closed

Arteries arising from the aneurysmal sack are ligated

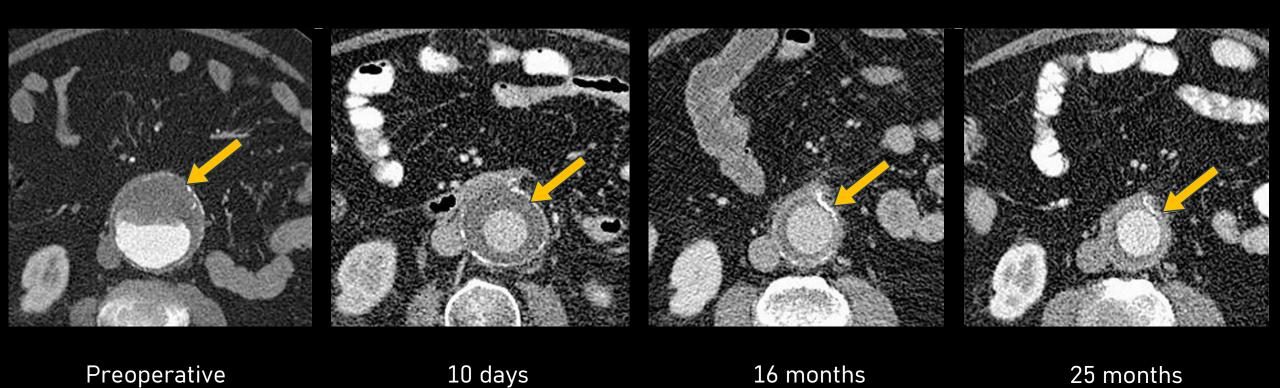
Open Repair :

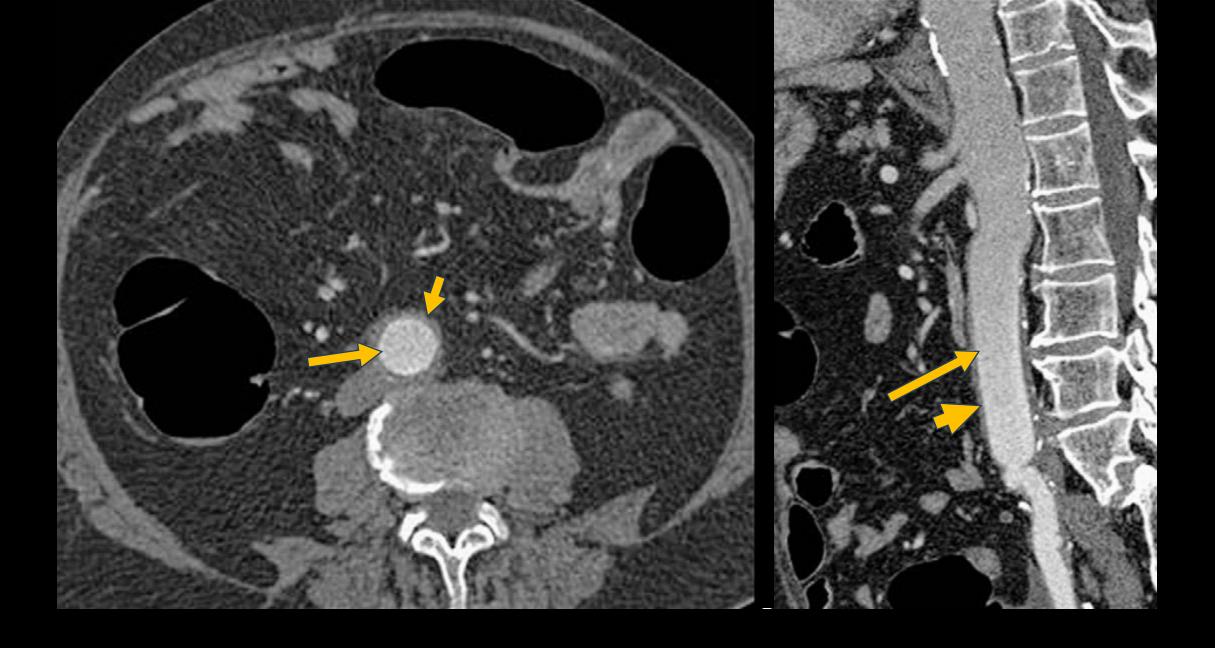
normal radiological appearance

Normal Shrinkage of the Aneurysmal Sack Postop (repair after rupture)



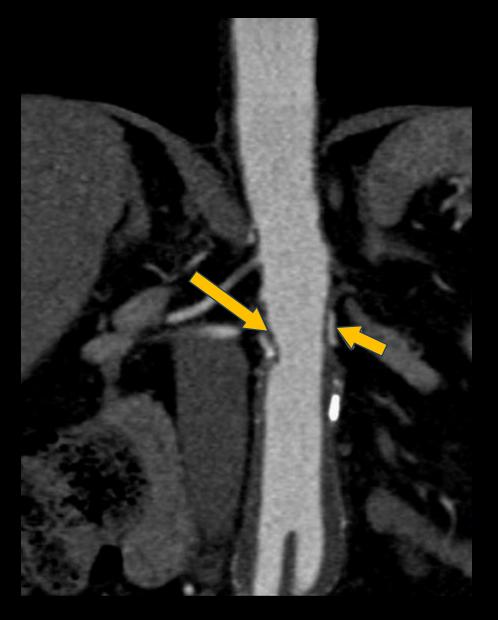
Normal Shrinkage of the Aneurysmal Sack Postop (elective repair)





Normal Several Years Postop



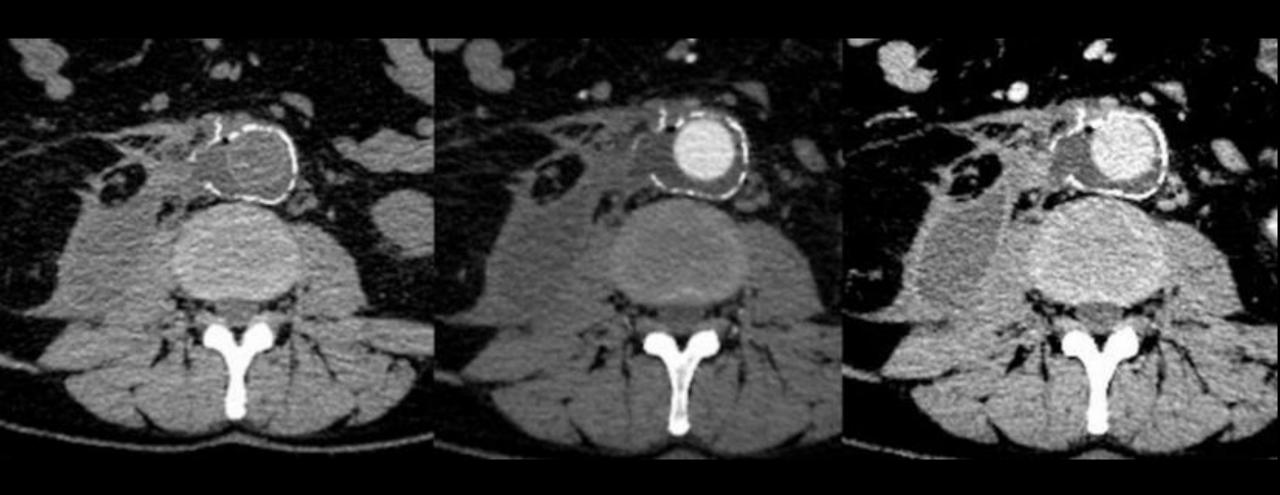


PTFE Reinforcement Belt

Open Repair:

complications for the emergency radiologist

Collection



Does not resorb and shows thick, contrast-enhancing margins: infected collection!

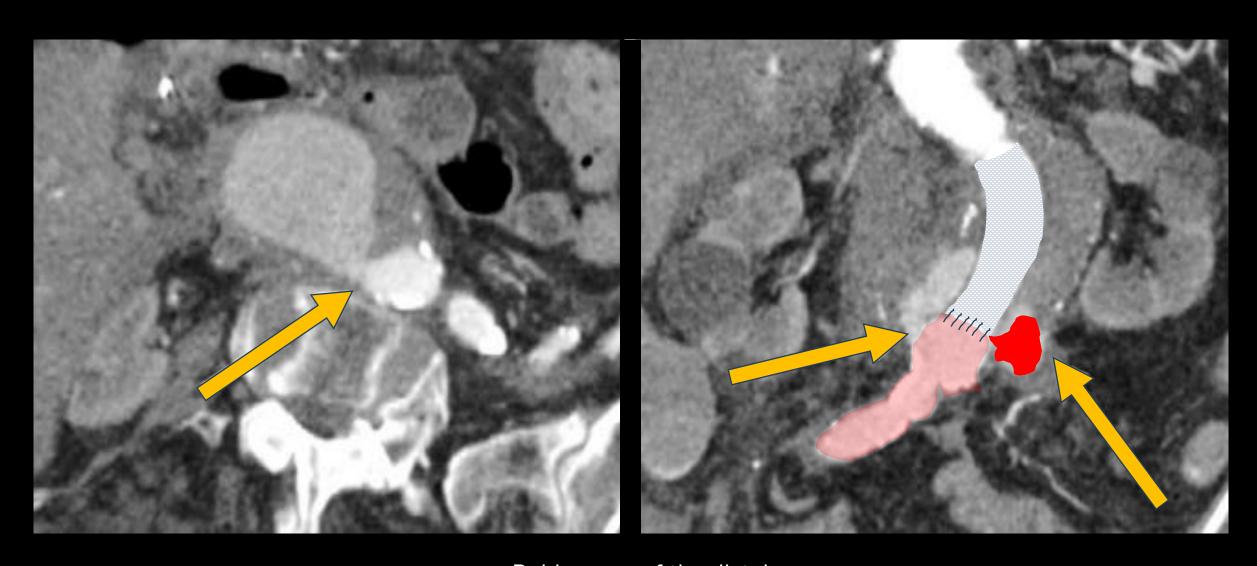
Presence of gas around the graft



Normal 1 week postop



Not normal several weeks after surgery: infection!



Dehiscence of the distal anastomosis, with bleeding This is an early complication

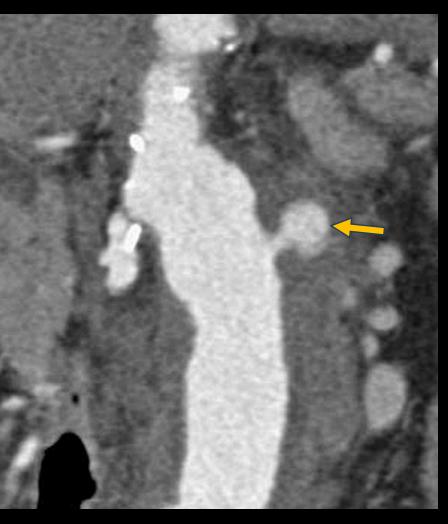




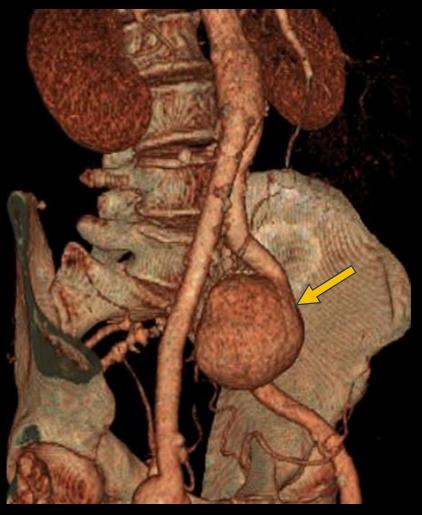


Anastomotic Dissection Distal

Anastomotic Dissection Proximal



Anastomotic Pseudoaneurysm Proximal



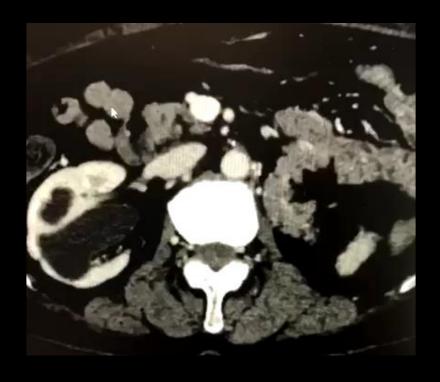
Anastomotic Pseudoaneurysm Distal



Anastomotic Pseudoaneurysm Distal – treated with stent

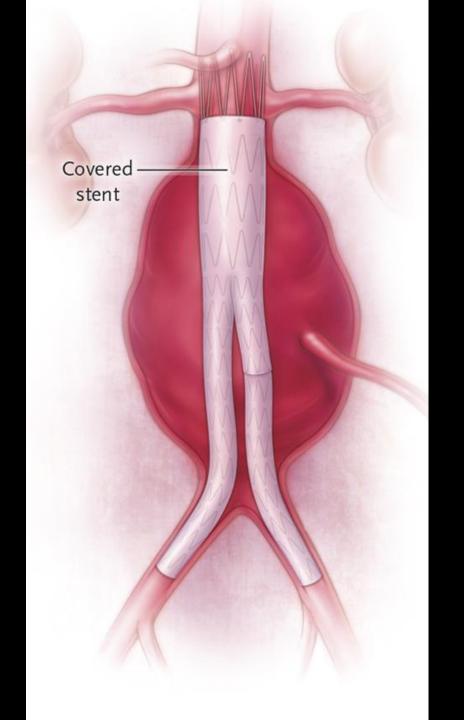
This is a late complication





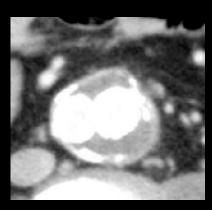
EVAR

EVAR



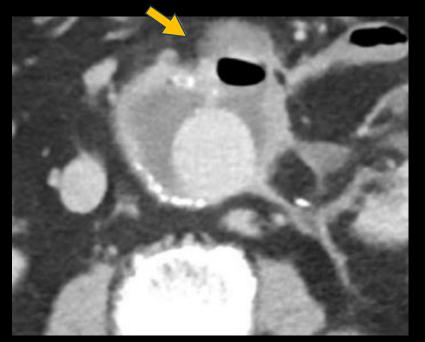




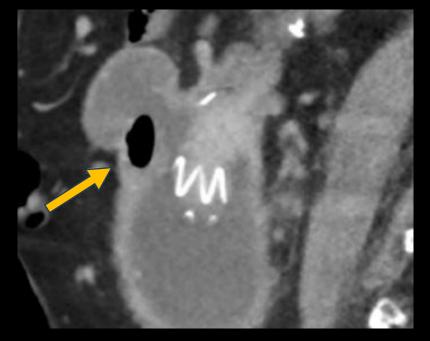


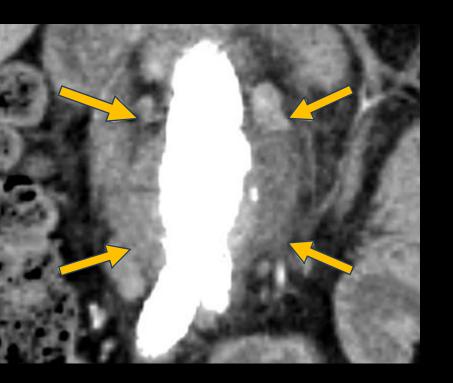
EVAR:

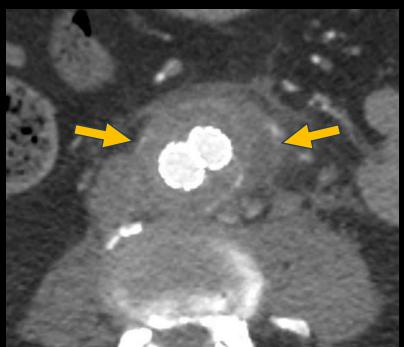
complications for the emergency radiologist





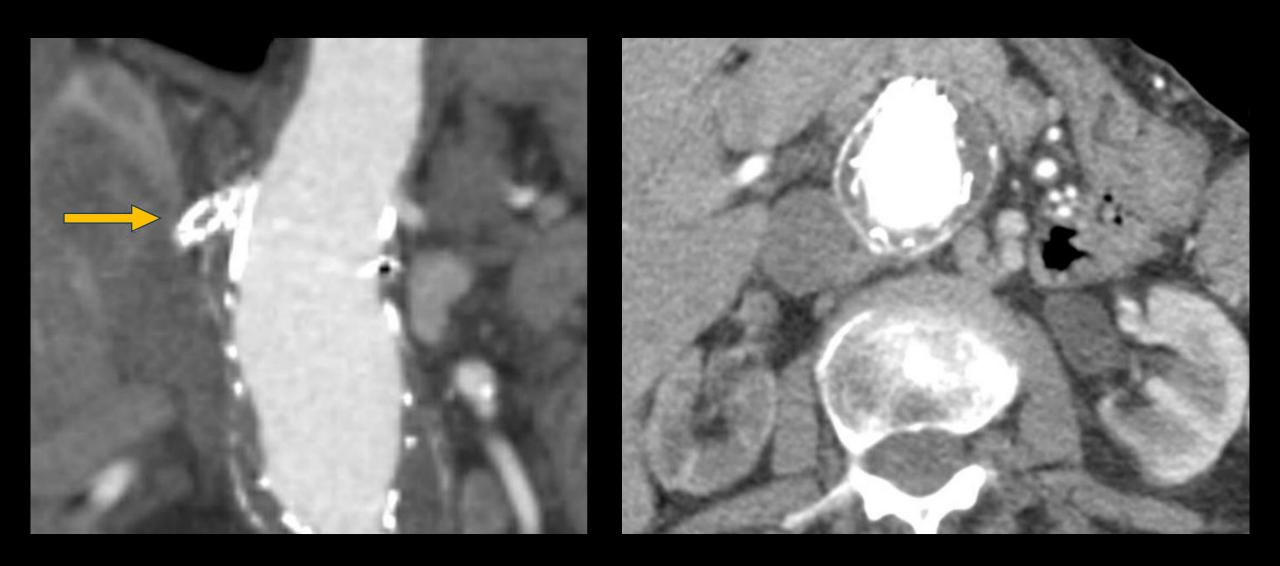








Infection



Side-branch occlusion

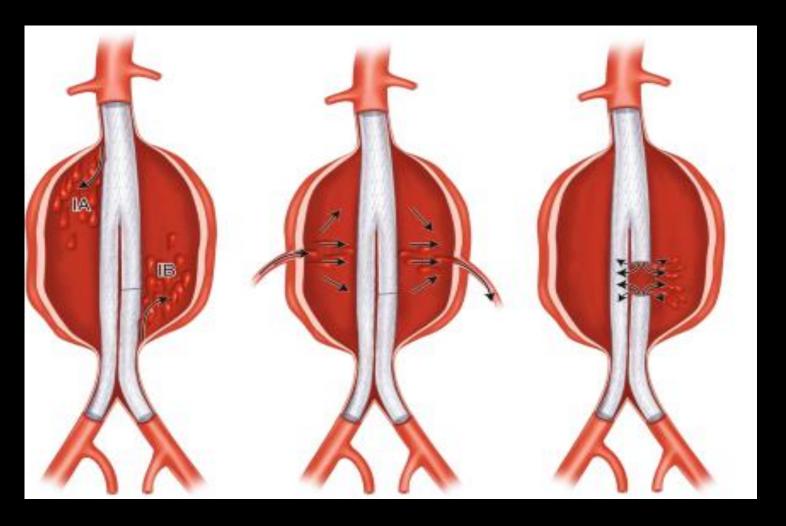




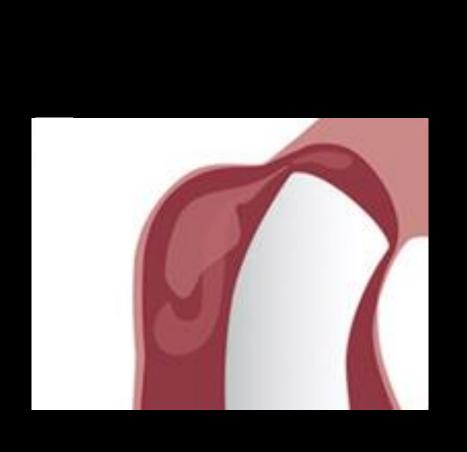


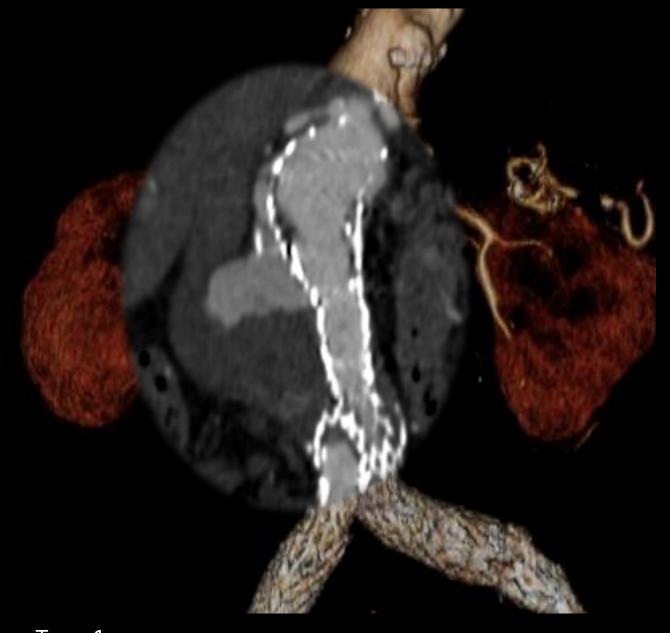
Vascular injury at access site

EVAR: Endoleak

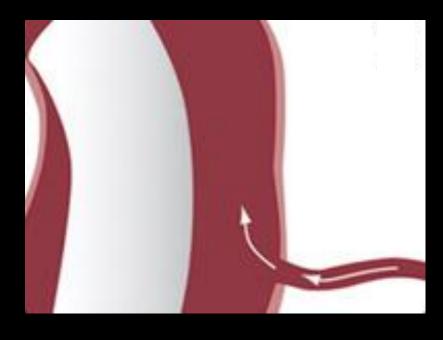


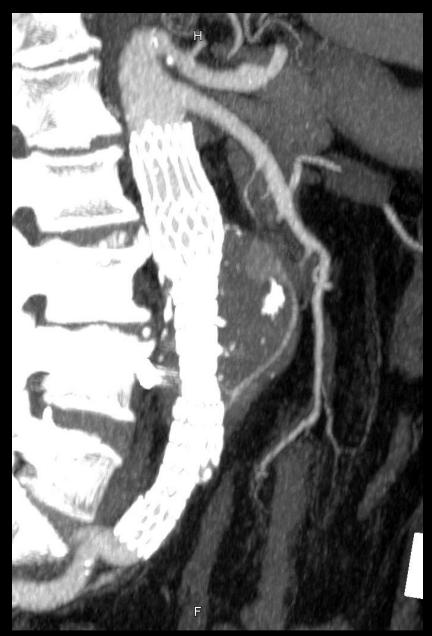
Type 1 Type 2 Type 3



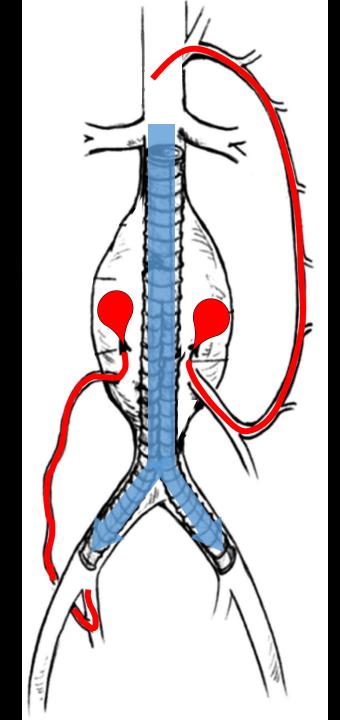


Type 1





Type 2



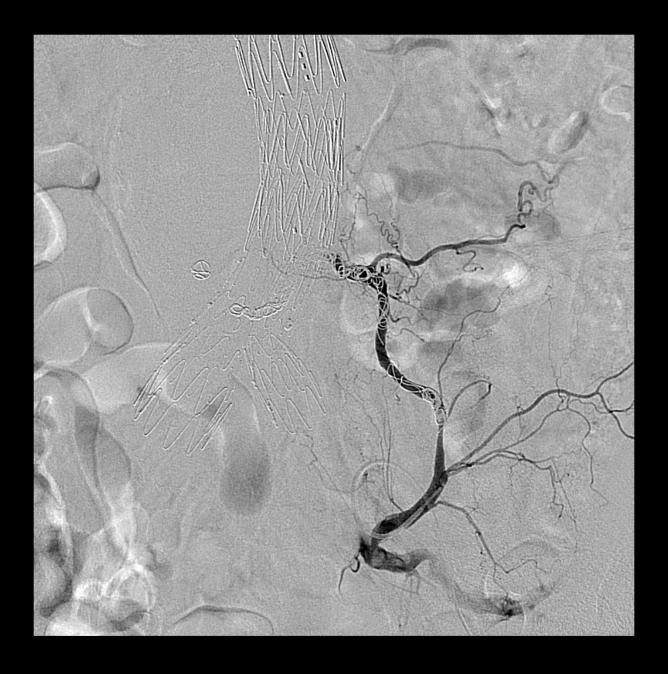




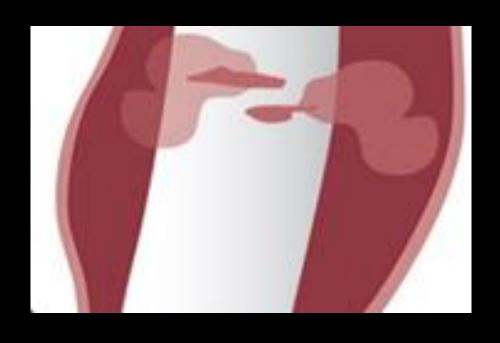


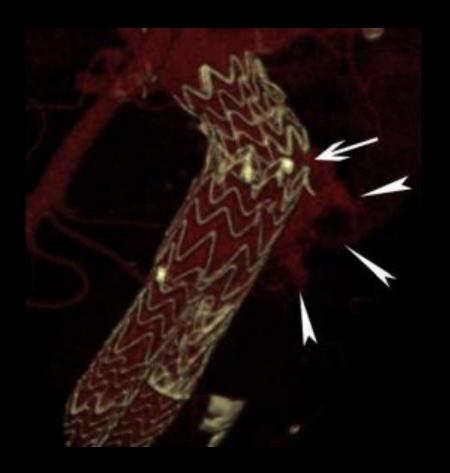
Type 2 treated





Type 2 treated

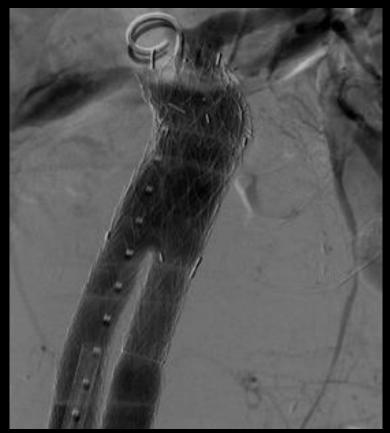




Type 3



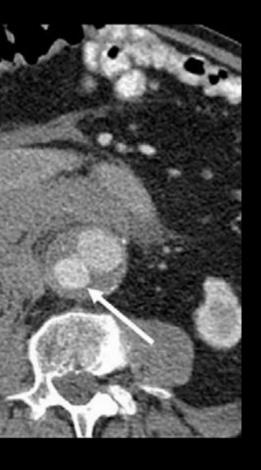


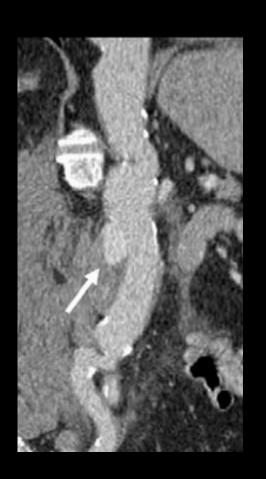


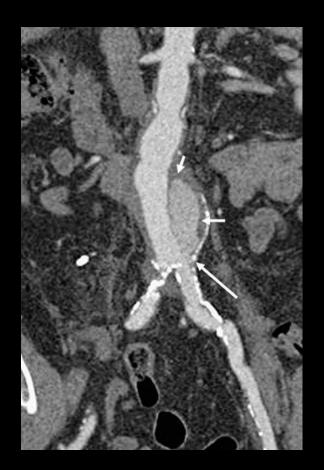
Type 3 treated

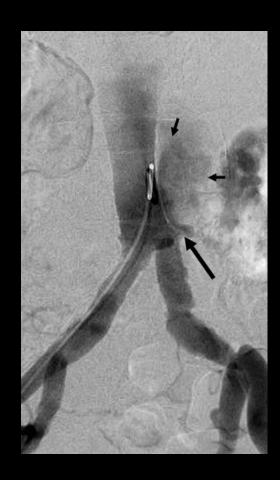


Type 3 open repair









Endoleak after Open Repair Proximal

Endoleak after Open Repair Distal

Imaging Strategies

Emergency scans for abdominal pain after AAA repair (Open or EVAR)

Unenhanced

Arterial phase

- Delayed venous phase (up to 300 seconds)





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Thanks!



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