# Transarterial Embolization for Type II Endoleak after Endovascular Abdominal Aortic Repair

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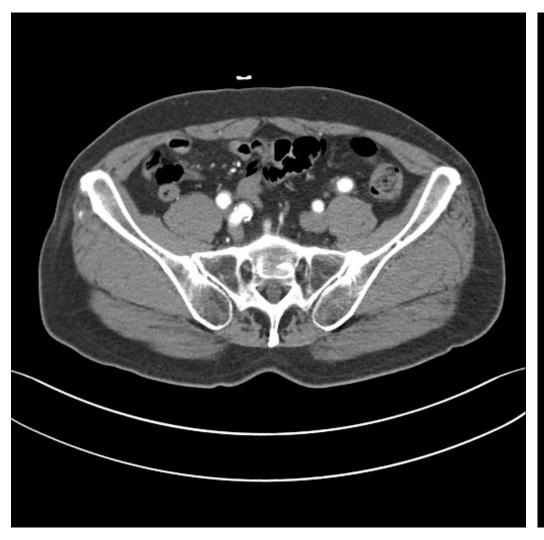
Jong Goo Seo, Soon Yong Suh, Kyounghoon Lee, Seung Hwan Han, Taehoon Ahn,

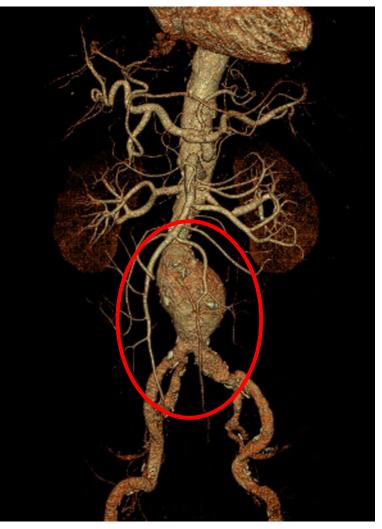
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### Case

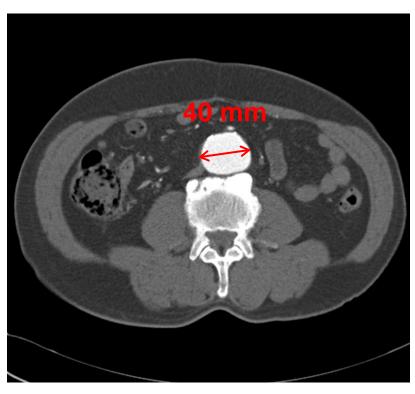
- 65 year-old male
- No complaints
- Known infrarenal abdominal aortic aneurysm (AAA) since 3 years ago
- Medical history
  - DM, HTN
  - Angina pectoris
- Follow-up CT angiography
  - Increased size of AAA

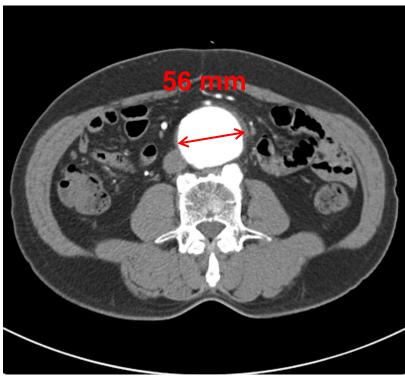
### **CT** Angiography





### **CT** Angiography





CTA one year ago

**CTA** at the presentation

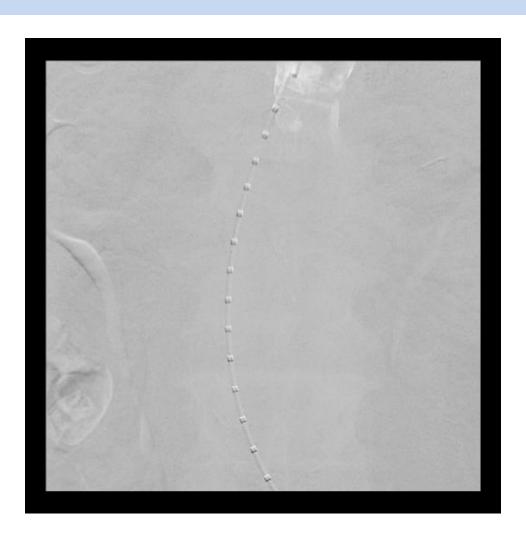
### Should We Repair AAA in this patient?

### Yes

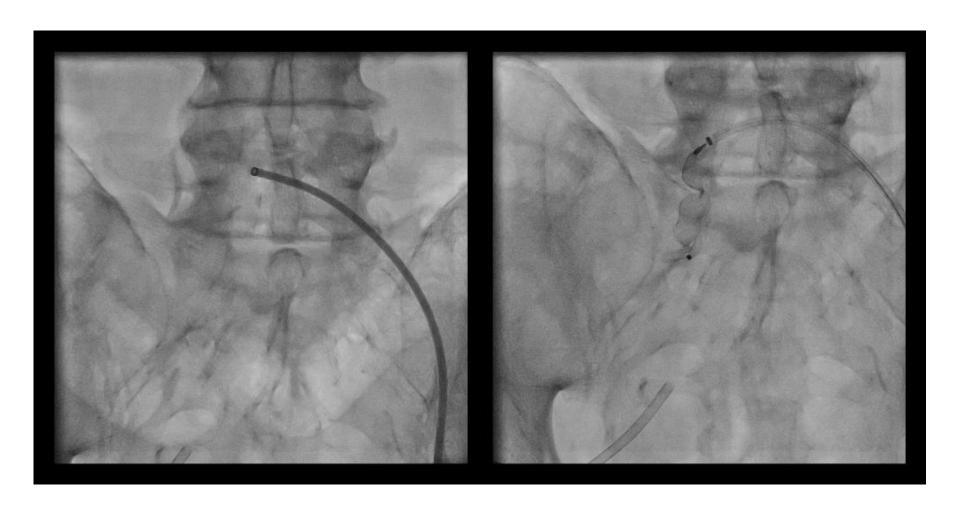
- Rapid enlargement of aneurysm
- Large aneurysm (5.6 cm in diameter)

Surgical or Endovascular Repair

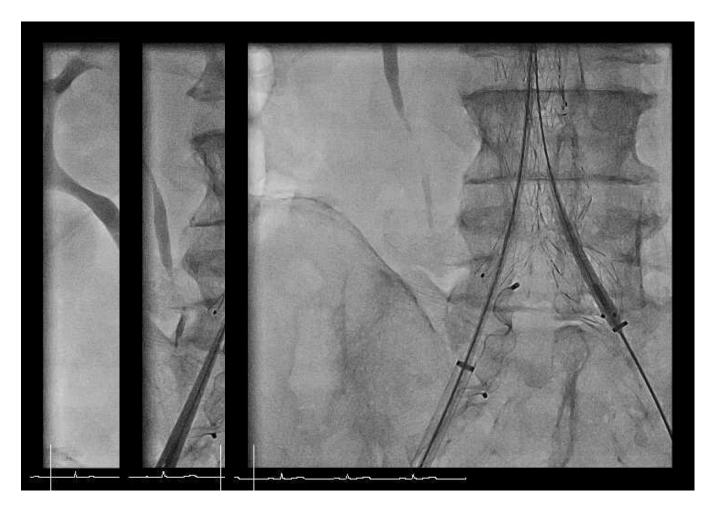
### **Aortography**



### Rt. Internal Iliac Artery Embolization



### **Endovascular Aortic Repair**



Main body: End Left limb: Endurant 16 x 124 mm

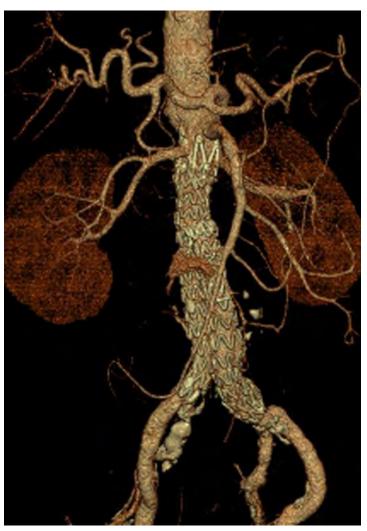
### **Endovascular Aortic Repair**



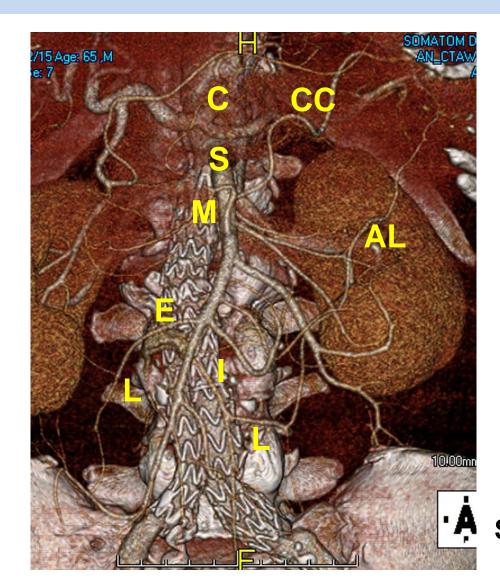
Main body: Endurant 28 x 145 mm Left limb : Endurant 16 x 124 mm

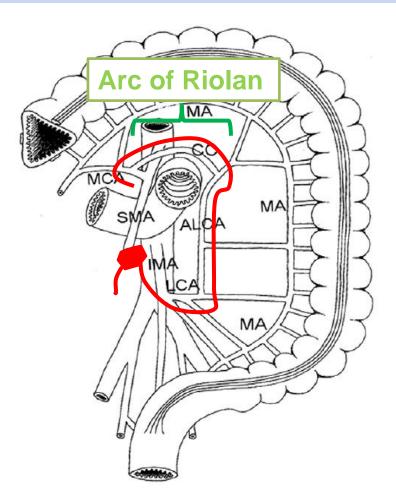
### Follow-up CTA (after 1 week of repair)





### Follow-up CTA





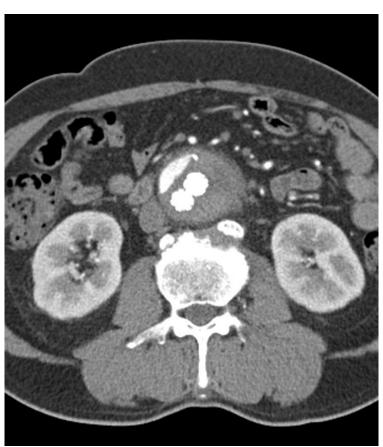
Scheme of colic arterial circulation

Lange JF, et al. Am J Surg 2007;193:742

### Follow-up CTA (After 5 weeks of repair)



After 5 weeks of repair

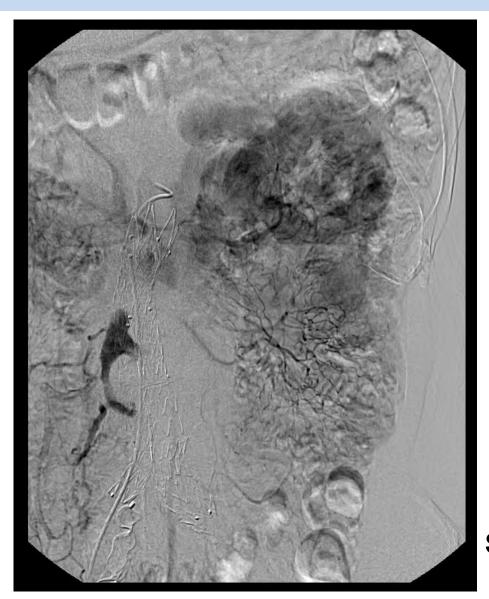


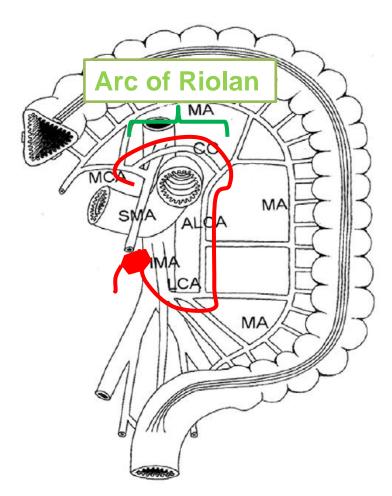
After 1 week of repair

## How Should We Treat Type II Endoleak After EVAR in This Patient?

- ✓ Obervation
- √ Embolization
  - Tranarterial or Translumbar

### **SMA** angiography

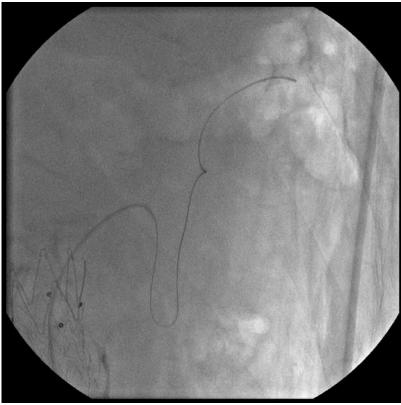




Scheme of colic arterial circulation

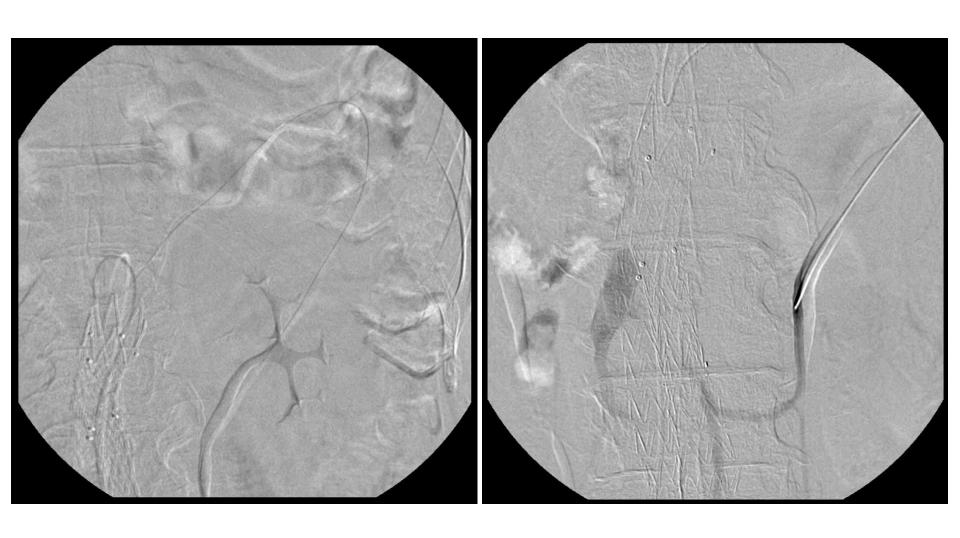
Lange JF, et al. Am J Surg 2007;193:742

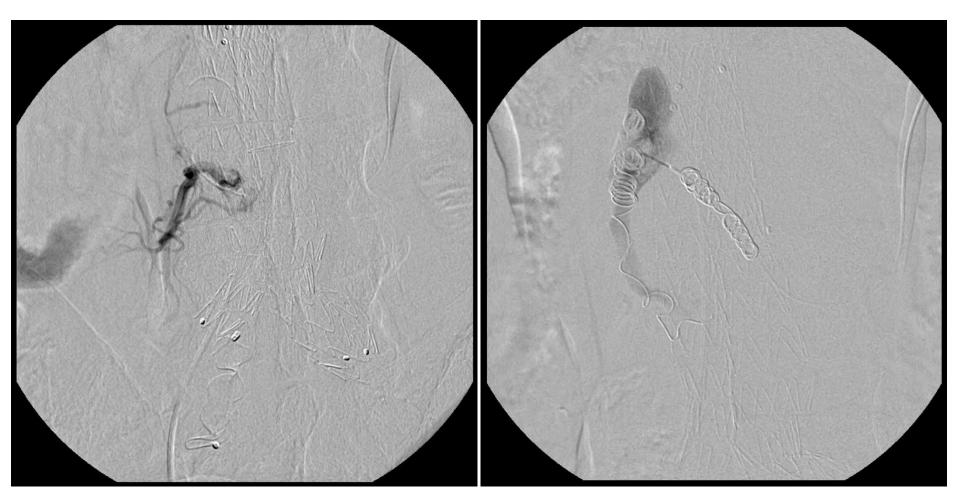




Transend Guide Wire (Boston Scientific)
Progreat microcatheter (Terumo)

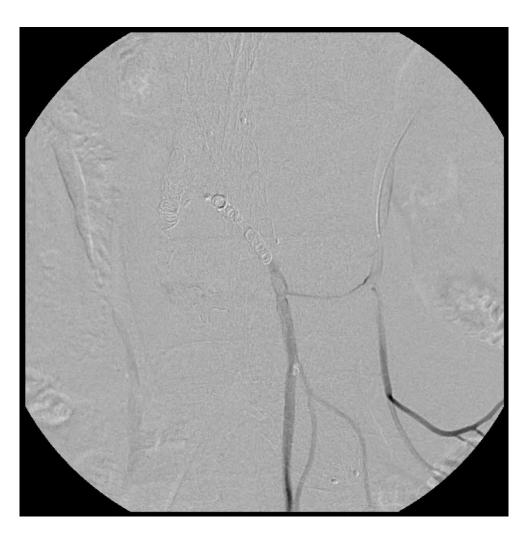
5-Fr Cobra angiographic catheter (Cook)





**Embolization using 5 coils** 

Additional Embolization using 33% glue (1 ml lipiodol + 0.5 ml histoacryl)



### Final SMA angiography

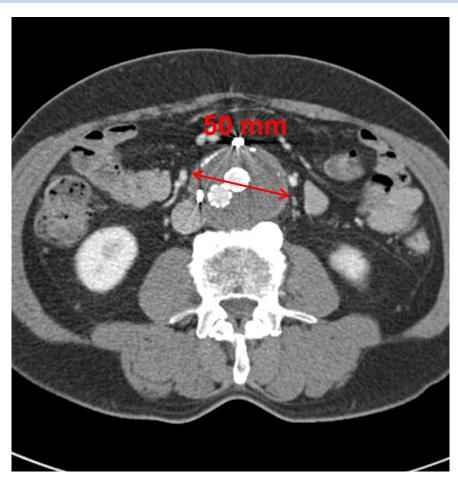


### Follow-up CTA (after 3 weeks of embolization)

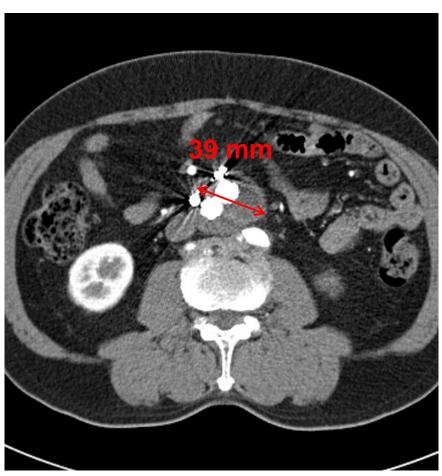




### Follow-up CTA



After 3 weeks of embolization



After 7 months of embolization

### Discussions (I)

 In this case, type II endoleak was occurred after EVAR, in which blood travels from IMA through SMA and arc of Riolan.

 Type II endoleak result in continued pressurization of the aneurysm sac and can be associated with aneurysm enlargement.

### Discussions (II)

 Translumbar embolization was effective in 80% of the patients for resolving the type II endoleak.

Gorlitzer M, et al. Interact Cardiovasc Thorac Surg 2008;7:781

 However, transarterial embolization had a high failure rate because of multiple communicating arteries.

Solis MM, et al. J Vasc Surg 2002;36:485

### Discussions (III)

 In this case, feeding artery of type II endoleak was the only IMA with CTA and direct arteriography and can be catheterized by using a microcatheter.

 Therefore, we experienced successful transarterial embolization of type II endoleak supplied from IMA through SMA and arc of Riolan.