

European Journal of Vascular & Endovascular Surgery

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J. Golledge, D.R. Morris, J. Pinchbeck, S. Rowbotham, J. Jenkins, M. Bourke, B. Bourke, P.E. Norman, R. Jones and J.V. Moxon
- This study (n = 1080) reports that, after a mean follow-up of 2.5 years, patients with diabetes who are prescribed metformin, but not patients with diabetes who are not prescribed metformin, have a lower incidence of AAA events (repair or AAA related mortality) compared with those without diabetes. A RCT is needed to test whether metformin reduces AAA related clinical events in patients with small AAAs.
- 102 **Mid-Term Results of Fenestrated/Branched Stent Grafting to Treat Post-dissection Thoraco-abdominal Aneurysms**
K. Oikonomou, P. Kasprzak, A. Katsargyris, P. Marques De Marino, K. Pfister and E.L.G. Verhoeven
- This study (n = 71) reports that F/B TEVAR for post-dissection TAAA is feasible, with a peri-operative mortality and morbidity of 5.6% and 19.6%, respectively. At a mean follow-up of 25.3 months, mean aneurysm sac regression is 9.2 ± 8.8 mm but reintervention rate is high.
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L.S. Londero, A. Høgh, K. Houliand and J.S. Lindholt

While more revascularisation for PAD is performed yearly during the study period, about one in 10 patients ends up with a major amputation of the lower limb. The risk of amputation is highly associated with the severity of PAD with ulcers/gangrene being the strongest predictors.

VENOUS DISEASE

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M.K.H. Tan, R. Luo, S. Onida, S. Maccatrozzo and A.H. Davies

According to this review, four amongst 14 eligible clinical practice guidelines (CPGs) are of adequate quality for clinical use. As elements of methodological quality appear to be lacking, a more structured approach is advised to bolster rigour in the development of future CPGs.

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J.F. Schaeffers, K.P. Donas, G. Panuccio, B. Kasprzak, B. Heine, G.B. Torsello, N. Osada and M.V. Usai

This study (n = 26) reports a high 30-day mortality (6/16 = 37.5%) after explantation of an infected aortic endograft and in situ reconstruction with a rifampicin soaked graft, possibly related to the need for suprarenal aortic clamping.

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Y. Kulu, P. Fathi, M. Golriz, E. Khajeh, M. Sabagh, O. Ghamarnejad, M. Mieth, A. Ulrich, T. Hackert, B.P. Müller-Stich, O. Strobel, C. Michalski, C. Morath, M. Zeier, M.W. Büchler and A. Mehrabi

In this study, donor age > 60 years, recipient cardiovascular disease, and surgeon's experience are independent predictors of vascular and haemorrhagic complications (38/1462 = 2.6%) after kidney transplantation (KTx). Twenty-six previous KTx are needed to decrease predicted probability of these post-operative complications below 2.6%.

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Editor's Choice: This paper has been selected by the Editor to be made freely available online.