

- 20 Meijer CA, Stijnen T, Wasser MN, Hamming JF, van Bockel JH, Lindeman JH, Pharmaceutical Aneurysm Stabilisation Trial Study Group. Doxycycline for stabilization of abdominal aortic aneurysms: a randomized trial. *Ann Intern Med* 2013;**159**:815–23.
- 21 Sillesen H, Eldrup N, Hultgren R, Lindeman J, Bredahl K, Thompson M, et al, AORTA Trial Investigators. Randomized clinical trial of mast cell inhibition in patients with a medium-sized abdominal aortic aneurysm. *Br J Surg* 2015;**102**:1295.
- 22 Bicknell CD, Kiru G, Falaschetti E, Powell JT, Poulter NR, AARDVARK Collaborators. An evaluation of the effect of an angiotensin-converting enzyme inhibitor on the growth rate of small abdominal aortic aneurysms: a randomized placebo-controlled trial (AARDVARK). *Eur Heart J* 2016;**37**:3213–21.
- 23 Kristensen KL, Pottegård A, Hallas J, Rasmussen LM, Lindholt JS. Metformin treatment does not affect the risk of ruptured abdominal aortic aneurysms. *J Vasc Surg* 2017;**66**:768–74.
- 24 Rena G, Lang CC. Repurposing metformin for cardiovascular disease. *Circulation* 2018;**137**:422–4.
- 25 Neumayer C. Metformin Therapy in Non-diabetic AAA Patients (MetAAA). Available at: <https://clinicaltrials.gov/ct2/show/NCT03507413>. Accessed June 16, 2018.

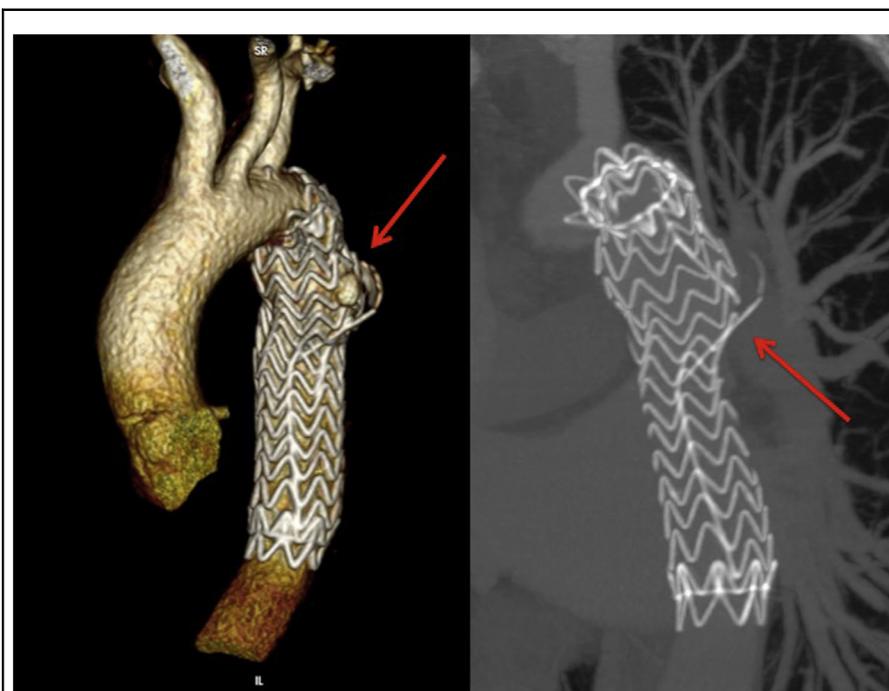
Eur J Vasc Endovasc Surg (2019) 57, 101

COUP D'OEIL

Type IIIB Endoleak 19 Years After Thoracic Endovascular Aneurysm Repair

Daniel G. Sala*, Valentin F. Valenzuela

Vall d'Hebron University Hospital, Barcelona, Spain



A 66 year old patient presented 19 years following a 26-26-125 TAG (W.L. Gore and Assoc, Flagstaff, AZ, USA) endograft owing to blunt thoracic trauma in 1999. During follow up, no problems were encountered until year 19, when a type IIIB endoleak appeared, caused by a fabric tear secondary to fracture of the longitudinal bar. Another 26-26-100 C-TAG device (W.L. Gore) was deployed inside the previous one, solving the endoleak. This case shows the importance of lifelong imaging and strict surveillance of patients with aortic trauma treated by thoracic endovascular aneurysm repair.

EDITOR'S COMMENT:

The journal is informed that the circumstances of the endoleak due to stent fracture had been reported to the manufacturer. Gore Medical responded mentioning that the TAG device underwent significant changes between 2001–2004 (keeping in mind the original deployment was circa 1999), including removal of the longitudinal bars that the authors feel were probably under additional mechanical stress when deployed along the typical thoracic aortic curves, and also the type of PTFE used. This is no doubt reflected in the modern versions including the new Conformable TAG thoracic endoprosthesis.

* Corresponding author. Vall d'Hebron University Hospital, Barcelona, Spain.

E-mail address: dani.gil.sala@gmail.com (Daniel G. Sala).

1078-5884/© 2018 European Society for Vascular Surgery. Published by Elsevier B.V. All rights reserved.

<https://doi.org/10.1016/j.ejvs.2018.07.039>