

# European Journal of Vascular & Endovascular Surgery

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## EDITORIAL

- 473 **Treatment of Thoracic and Thoraco-abdominal Aortic Pathology in the Endovascular Era**  
*K. Mani, P. Kolh and S. Lepidi*
- 475 **Distal Landing in TEVAR: Challenges in Reaching “The Dead Centre”**  
*B. Rylski*

## CAROTID DISEASE

- 477 **A Systematic Review and Meta-Analysis of the Presentation and Surgical Management of Patients With Carotid Body Tumours**  
*V. Robertson, F. Poli, B. Hobson, A. Saratzis and A. Ross Naylor*

This meta-analysis, encompassing 104 studies and 4743 carotid body tumours, shows that procedural risks, including stroke and cranial nerve injury, associated with tumour excision are considerable, particularly with Shamblin III tumours. Pre-operative embolisation has no impact on the incidence of neck haematomas nor on drainage losses.

### Invited commentary

- 487 **Carotid Body Tumours: Benign but Challenging**  
*J.D. Kakisis and G. Geroulakos*

## AORTIC DISEASE

- 488 **Editor’s Choice – Hospital Incidence, Treatment, and In Hospital Mortality Following Open and Endovascular Surgery for Thoraco-abdominal Aortic Aneurysms in Germany from 2005 to 2014: Secondary Data Analysis of the Nationwide German DRG Microdata**  
*S. Geisbüsch, A. Kuehn, M. Salvermoser, B. Reutersberg, M. Trenner and H.-H. Eckstein*

In this series (n = 2607 including 406 ruptured TAAA), fenestrated / branched EVAR and high hospital volume are significantly associated with decreased in hospital mortality. Rupture, increasing age, and comorbidities are significantly associated with higher mortality.

- 499 **Increasing Incidence of Thoracic Aortic Aneurysm Repair in Germany in the Endovascular Era: Secondary Data Analysis of the Nationwide German DRG Microdata**  
*S. Geisbüsch, A. Kuehn, M. Salvermoser, B. Reutersberg, M. Trenner and H.-H. Eckstein*

Among 48,098 patients with a diagnosis of DTA aneurysm, 4969 receive surgical treatment (4057 TEVAR; 912 open repair). Rupture, increasing age, and higher comorbidity score are significantly associated with higher mortality while endovascular treatment is associated with lower mortality. Hospital volume is not associated with in hospital mortality.

- 510 **The Relationship Between Aortic Aneurysm Surgery Volume and Peri-Operative Mortality in Australia**  
*M. Sawang, S.C.V. Paravastu, Z. Liu, S.D. Thomas, C.B. Beiles, B.P. Mwiipatayi, H.J.M. Verhagen, E.L.G. Verhoeven and R.L. Varcoe*

This study, which includes 2181 open surgical repair and 7547 EVAR elective cases over a seven year period, shows an inverse correlation between both surgeon volume of open aneurysm repair, hospital volume of thoracic endovascular aneurysm repair, and in hospital mortality.

### Invited commentary

- 520 **Is In Hospital Mortality Following EVAR Still a Valid Outcome Measure?**  
*J.R. Boyle*

## CONTENTS—continued

521 **Multicentre Post-EVAR Surveillance Evaluation Study (EVAR-SCREEN)**

*M.J. Grima, A. Karthikesalingam, P.J. Holt and for the EVAR-SCREEN Collaborators*

This study (378 patients with five years of follow up) reports that about one third of patients are non-compliant with surveillance after EVAR, with considerable variations between centres. Age and distance from hospital are independent predictors of non-compliance. The survival benefit for EVAR after three years seems to be related to compliance with surveillance.

### PERIPHERAL ARTERIAL DISEASE

527 **Editor's Choice – Diabetic Limb Salvage With Endovascular Revascularisation and Free Tissue Transfer: Long-Term Follow up**

*C.-H. Chang, C.-C. Huang, H. Hsu, C.-M. Lin and S.-M. Huang*

In this series (n = 55; mean follow up = 39 ± 17 months), one and five year amputation free survival rates are 94% and 68%, while limb salvage rates are 93% and 91% respectively, after endovascular revascularisation and free tissue transfer for lower limb salvage.

#### Invited commentary

537 **Together We are Stronger**

*A. Lejay and N. Chakfé*

538 **PLX-PAD Cell Treatment of Critical Limb Ischaemia: Rationale and Design of the PACE Trial**

*L. Norgren, N. Weiss, S. Nikol, R.J. Hinchliffe, J.C. Lantis, M.R. Patel, H. Reinecke, R. Ofir, Y. Rosen, D. Peres and Z. Aberman*

The PACE phase III RCT will evaluate allogeneic placental derived PLX-PAD cell treatment in CLI patients, with an unfavourable risk benefit for revascularisation. The primary efficacy endpoint is time to major amputation or death (amputation free survival) in follow up of at least 12 months and up to 36 months.

#### Invited commentary

546 **PLX-PAD Treatment of Critical Limb Ischaemia: A Clinically Effective Cell Therapy at Long Last?**

*B. Modarai and A.S. Patel*

547 **Quality of Life and not Health Status Improves After Major Amputation in the Elderly Critical Limb Ischemia Patient**

*C.M.L. Peters, J. de Vries, P. Lodder, S.L. Steunenbergh, E.J. Veen, H.G.W. de Groot, G.H. Ho and L. van der Laan*

This study (200 patients aged ≥ 70 years, of whom 46 had an amputation within one year) reports a clear difference between patients' functioning (health status) and patients' appraisal of functioning (quality of life - QoL). Distinctive and subjective QoL questionnaires, such as the World Health Organization Quality of Life - BREF, provide an important outcome measurement that should be used for future research.

554 **The Influence of Socio-economic Deprivation on Mobility, Participation, and Quality of Life Following Major Lower Extremity Amputation in the West of Scotland**

*F. Davie-Smith, L. Paul, W. Stuart, B. Kennon, R. Young and S. Wyke*

This study (67 questionnaires completed at six months and 50 at 12 months) reports that there is a high proportion of people from socially deprived areas who undergo a lower extremity amputation due to vascular disease. It also emphasizes the detrimental association between social deprivation and quality of life after amputation.

#### Invited commentary

561 **Lower Extremity Amputation: Analysis by Postcode**

*B.J. Manning*

### VISCERAL ARTERIAL DISEASE

562 **Surgical Renovascular Reconstruction for Renal Artery Stenosis and Aneurysm: Long-Term Durability and Survival**

*J. Steuer, D. Bergqvist and M. Björck*

This study (n = 40, including 31 patients with renal artery stenosis) reports a post-operative mortality and an incidence of post-operative dialysis of 2.5% each. The need for antihypertensive treatment decreases from three or more drugs to two drugs at one month. Overall 5 year survival is 88%.

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### Invited commentary

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*A. Duprey and J.-B. Ricco*

### VENOUS DISEASE

- 570 **Comparison of Four Haemodynamic Tests that Quantify Superficial Venous Insufficiency**  
*C.R. Lattimer, P.B. Rudolphi, A. Recke, G. Geroulakos, E. Kalodiki and B.K. Kahle*

This study (21 legs from 16 subjects) demonstrates that superficial drainage insufficiency can be quantified using the venous arterial flow index, recirculation index, venous filling index, and postural diameter change. Additional research is needed to understand the correlations among these four haemodynamic parameters.

### BASIC SCIENCE AND TRANSLATIONAL MEDICINE

- 578 **An Experimental Study of Paclitaxel Embolisation During Drug Coated Balloon Angioplasty**  
*A. Boitet, S. Grassin-Delyle, L. Louedec, S. Dupont, E. Lamy, M. Coggia, J.-B. Michel and R. Coscas*

This experimental study, conducted in rabbits, reports evidence of embolized paclitaxel crystals in small arterioles of all muscle tissue samples without any difference between DEBs, although differences exist in distal embolization profiles between the five assessed DCBs.

### Invited commentary

- 587 **Are All DCBs Created Equal?**  
*A. Chaudhuri*

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- 588 **The SPIDER Graft: A New Hybrid Device for Thoraco-abdominal Aortic Repair**  
*E.S. Debus, T. Kölbel and S. Wipper*

### MISCELLANEOUS

- 589 **Impact on Quality of Life of Men with Screening-Detected Abdominal Aortic Aneurysms Attending Regular Follow ups: A Narrative Literature Review**  
*A. Ericsson, C. Kumlien, S. Ching, E. Carlson and A. Molassiotis*

This review (11 studies) emphasizes the importance to identify men with an AAA who develop conditions influencing their health and quality of life. Understanding how screening affects individuals is fundamental to planning and funding any screening programme.

### Invited commentary

- 597 **Does quality of life really matter in a screening programme?**  
*J.J. Earnshaw*

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*J. Jayet and A. El Mehdi*

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

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