

European Journal of Vascular & Endovascular Surgery

Volume 57 • Issue 6 • 2019
CONTENTS

EDITORIAL

755 **The ATTRACT Trial Becomes More Attractive**

N. Bækgaard and S. Black

757 **Remote Ischaemic Preconditioning in Vascular Surgery: Is it Worth the Effort?**

A. Lejay, B. Geny, P. Kolh and N. Chakfe

CAROTID DISEASE

759 **Five Year Outcomes in Men Screened for Carotid Artery Stenosis at 65 Years of Age: A Population Based Cohort Study**

D. Högberg, M. Björck, K. Mani, S. Svensjö and A. Wanhainen

This study, which includes 3,057 men participating in carotid screening at age 65 and re-screened at age 70, reports a good prognosis for those with plaque or moderate stenosis, while a high risk of neurological events exists in those with severe stenosis.

Invited commentary

767 **“Screen Test”**

A.R. Naylor

768 **Neutrophil Gelatinase Associated Lipocalin (NGAL) for Identification of Unstable Plaques in Patients with Asymptomatic Carotid Stenosis**

W. Eilenberg, S. Stojkovic, A. Kaider, A. Piechota-Polanczyk, J. Nanobachvili, C.M. Domenig, J. Wojta, I. Huk, S. Demyanets and C. Neumayer

This series (n = 83) reports significantly increased circulating neutrophil gelatinase associated lipocalin (NGAL) and matrix metalloproteinase-9/NGAL complex in asymptomatic patients with vulnerable carotid atherosclerotic plaques, as determined by ultrasound and histological analysis, independent of gender.

Invited commentary

778 **A Step Closer to Finding Mr. Right**

M. Vega de Ceniga

AORTIC DISEASE

779 **Editor's Choice – Endovascular Repair Versus Surgical Repair for Japanese Patients With Ruptured Thoracic and Abdominal Aortic Aneurysms: A Nationwide Study**

T. Yamaguchi, M. Nakai, Y. Sumita, K. Nishimura, J. Tazaki, R. Kyuragi, Y. Kinoshita, T. Miyamoto, Y. Sakata, T. Nozato and H. Ogino

This Japanese nationwide study (983 patients with ruptured DTAA and 2,320 with ruptured AAA) reports that in hospital outcomes of endovascular repair (ER) are better than those of open repair (OR) for ruptured DTAA and comparable to those of OR for ruptured AAA. ER involves shorter hospitalisations for ruptured DTAA and AAA.

Invited commentary

787 **Reducing the Mortality from Aortic Rupture: A Japanese Approach**

O. Lyons and K. Mani

CONTENTS—continued

- 788 **Outcome After Endovascular Repair of Ruptured Descending Thoracic Aortic Aneurysm: A National Multicentre Study**
S. Hammo, T. Larzon, R. Hultgren, A. Wanhainen, K. Mani, T. Resch, M. Falkenberg, C. Forssell, B. Sonesson, A. Pirouzram, H. Roos, T. Hellgren, S. Khan, J. Höjjer and C.-M. Wahlgren
- In this nationwide study (n = 140), 30 day mortality and major complication rate are 21% and 45%, respectively, after TEVAR for ruptured DTA aneurysm. Five year estimated survival is 32%, and age, previous stroke or aortic surgery, post-operative major bleeding, stroke, and renal failure are associated with long term mortality. An adequate proximal and distal seal is essential for technical success.
- Invited commentary**
- 795 **Considerations for the Endovascular Management of Thoracic Aortic Ruptures**
J.L. Eliason, D. Fabre and S. Haulon
- 796 **Reporting of Complications and Mortality in Relation to Risk Communication in Patients with an Abdominal Aortic Aneurysm: A Systematic Review**
S.M.L. de Mik, R. Indrakusuma, D.A. Legemate, R. Balm and D.T. Ubbink
- This systematic review, encompassing 47 studies, shows that the quality of reporting complications and mortality after AAA treatment varies significantly. Stating absolute risk differences and adhering to the SVS reporting standards and the CONSORT statement may improve the quality of reporting.
- Invited commentary**
- 808 **What Does the Patient Really Want to Know?**
A. Wanhainen
- 809 **A Novel Quality of Life Instrument for Patients with an Abdominal Aortic Aneurysm**
B.D. Suckow, A.S. Schanzer, A.W. Hoel, M. Wyers, L.K. Marone, R.K. Veeraswamy and B.W. Nolan
- This study reports the creation and validation of an AAA specific quality of life instrument, which should better inform the decision making process regarding aneurysm repair options and timing.
- PERIPHERAL ARTERIAL DISEASE**
- 816 **Editor's Choice – Recommendations for Registry Data Collection for Revascularisations of Acute Limb Ischaemia: A Delphi Consensus from the International Consortium of Vascular Registries**
C.-A. Behrendt, M. Björck, T. Schwaneberg, E.S. Debus, J. Cronenwett, B. Sigvant and for the Acute Limb Ischaemia Collaborators
- A core set of items, specific for acute limb ischaemia, is developed by a group of 37 international vascular surgery experts. It should be used to standardise data collection for comparability across registries and facilitate amalgamation of real world data.
- Invited commentary**
- 822 **Great Power Brings Great Responsibility: Some Thoughts About a Promising Approach to Standardised Data Assessment in Registry Studies**
A. Gombert and M.J. Jacobs
- 823 **Ten Year Experience of Using Cryopreserved Arterial Allografts for Distal Bypass in Critical Limb Ischaemia**
S. Masmajan, C. Deslarzes-Dubuis, S. Petitprez, A. Longchamp, C. Haller, F. Saucy, J.-M. Corpataux and S. Déglise
- This study (n = 42) reports a five year limb salvage rate of 82%, with a high revascularisation rate, after cryopreserved arterial allograft implantation for CLI. This material should be considered as a valuable alternative to prosthetic material when no venous material is available.
- 832 **The Impact of Diabetes and Time on the Atherosclerotic Plaque and Cardiovascular Outcome in Patients Undergoing Iliofemoral Endarterectomy**
I.D. van Koevorden, V.P.W. Scholtes, H.M. den Ruijter, S.C.E. Hazenberg, D.P.V. de Kleijn and G.J. de Borst
- This study (n = 691) reports a time dependent stabilisation of atherosclerotic plaque features in diabetic patients (n = 212) undergoing iliofemoral endarterectomy, while the percentage of severely calcified plaques remains high. The secondary event rate remains high in patients with diabetes while it decreases in patients without diabetes.

CONTENTS—continued

VISCERAL ARTERIAL DISEASE

- 842 **Choice of First Emergency Room Affects the Fate of Patients With Acute Mesenteric Ischaemia: The Importance of Referral Patterns and Triage**

A.N. Lemma, M. Tolonen, P. Vikatmaa, P. Mentula, L. Vikatmaa, I. Kantonen, A. Leppäniemi and V. Sallinen

This study (n = 81) reports that delay to surgical operation, length of stay, and 90-day mortality are significantly higher if the patient with acute arterial mesenteric ischaemia (AMI) first encounters a non-surgical emergency room (ER), as compared to a surgical ER. Patient pathway is likely a potential target for improvement in the treatment of AMI.

Invited commentary

- 850 **Acute Mesenteric Ischaemia: The Importance of Knowing When, Where, and What To Do**
X. Berard and V. Brizzi

VENOUS DISEASE

- 851 **The Relationship Between Vein Diameters, Clinical Severity, and Quality of Life: A Systematic Review**

M.K.H. Tan, S.A. Sutanto, S. Onida and A.H. Davies

This systematic review, encompassing 11 studies and 2,732 limbs, suggests that truncal vein diameters correlate with clinical severity but are a poor predictor of health related quality of life.

Invited commentary

- 858 **Vein diameter and vein surgery**
S. Bellmunt-Montoya and J.M. Escribano

LYMPHATIC DISEASE

- 859 **Experimental Drainage Device to Reduce Lymphoedema in a Rat Model**

V. Triacca, M. Pisano, C. Lessert, B. Petit, K. Bouzourene, A. Nahimana, M.-C. Vozenin, N. Stergiopoulos, M.A. Swartz and L. Mazzolai

In this model (16 rats), lymphoedema volume is significantly reduced by restoring continuous drainage of excess fluid using a subcutaneously implanted device.

TRANSLATIONAL MEDICINE

- 868 **The Effect of Remote Ischaemic Preconditioning on Arterial Stiffness in Patients Undergoing Vascular Surgery: A Randomised Clinical Trial**

T. Kepler, K. Kuusik, U. Lepner, J. Starkopf, M. Zilmer, J. Eha, J. Lieberg, M. Vähi and J. Kals

This RCT (n = 90) reports that remote ischaemic preconditioning has no impact on arterial stiffness or on haemodynamic parameters, such as augmentation index, pulse wave velocity or elasticity indices.

VASCULAR GRAFT INFECTION

- 876 **Retrospective Study Comparing WBC scan and ¹⁸F-FDG PET/CT in Patients with Suspected Prosthetic Vascular Graft Infection**

M. Puges, X. Bérard, J.-B. Ruiz, F. Debordeaux, A. Desclaux, L. Stecken, S. Pereyre, A. Hocquelet, L. Bordenave, J.-B. Pinaquy and C. Cazanave

This study (n = 39), comparing two nuclear medicine imaging modalities, shows that white blood cell scan is more accurate than ¹⁸F-FDG positron emission tomography integrated with computed tomography (PET-CT) to diagnose prosthetic vascular graft infection.

Invited commentary

- 885 **Ruling in or Ruling out Suspected Vascular Graft Infection: Go Nuclear or Go Home?**
M. Ohana and N. Chakfé

CONTINUED MEDICAL EDUCATION (CME)

- 886 **Focused Search of the Literature**

F. Álvarez Marcos

- 889 **Multiple Choice Questions**

- 891 **Correspondence**

CONTENTS—continued

JVS AND JVSV ABSTRACTS

- 894 Selected Abstracts from the June Issues of the Journal of Vascular Surgery and the Journal of Vascular Surgery: Venous and Lymphatic Disorders

TRANSLATED ABSTRACTS

- e29 EJVES vol. 57, issue 6 (June 2019) - Spanish Translated Abstracts 
- 897 Forthcoming Events

COUP D'OEILS

- 766 **Saccular Aneurysm of the Brachiocephalic Vein**
J.R. van der Vorst and H.T.C. Veger
- 777 **Surgical Management of a Total Arteriovenous Fistula Aneurysm**
A. Malaj and B. Hodo
- 831 **Type 1a Endoleak Secondary to Graft Migration**
Y. Liu and Y. Yang
- 867 **A Roll for Guidewires in an Internal Iliac Artery Aneurysm**
M. Fanelli and T. Tecchio
- 875 **Iliocaval Fistula After Microdiscectomy**
F.M. Kerray and A.L. Tambyraja

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

 Additional material available online: <http://www.sciencedirect.com/science/journal/10785884/57>