

European Journal of Vascular & Endovascular Surgery

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This study (n = 257) reports an incidence of cerebral hyperperfusion (CH) of 9.7% intra-operatively, 17.5% 2 h post-operatively, and 13.2% 24 h post-operatively. Transcranial doppler performed 24 h post-operatively is most accurate to identify patients who are not at risk of CH syndrome.

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- 328 **Editor's Choice – The Impact of Endovascular Aneurysm Repair on Long Term Renal Function Based on Hard Renal Outcomes**
E.R. Charles, D. Lui, J. Delf, R.D. Sayers, M.J. Bown, D. Sidloff and A. Saratzis
- This study (275 elective EVAR patients) reports a mean eGFR decrease from 67 mL/min/1.73 cm² pre-operatively to 52 mL/min/1.73 cm² at a median follow up of 9 years. Need for renal replacement and eGFR loss >20% are associated with increased risk of death.
- 334 **Planning and Endograft Related Variables Predisposing to Late Distal Type I Endoleaks**
C. Mascoli, G. Faggioli, E. Gallitto, M. Longhi, M. Abualhin, R. Pini, C.B. Massoni, A. Freyrie, A. Stella and M. Gargiulo
- In this study, the incidence of late distal type I endoleaks (ELIB) is 2.3% (14/616). Oversizing of the iliac leg diameter <10% and distal sealing >1 cm above the hypogastric artery origin are associated with ELIB.
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D. Branzan, S. Steiner, M. Haensig, D. Scheinert and A. Schmidt

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350 **Cutdown Technique is Superior to Fascial Closure for Femoral Artery Access after Elective Endovascular Aortic Repair**

K. Fredholm, J.P. Eiberg, L. Lönn, K.C. Vogt, H.H. Sillesen and K.K. Bredahl

This study, analysing 439 groins in 225 EVAR patients, reports that surgical exposure and direct suture (cutdown) is superior to fascial closure for femoral artery access after elective EVAR. Wound complications are infrequent for both methods.

357 **Outcomes of Sub-threshold Abdominal Aortic Aneurysms Undergoing Surveillance in Patients Aged 85 Years or Over**

A. Elbast, A.T.O. Nickinson, C. Delaney, P.W. Stather, M. Burrows, M. Delbridge and W. Al-Jundi

This study, which includes 101 patients with a median follow up of 56 months, suggests that it might be safe to discontinue surveillance in patients aged 85 years with an AAA <40 mm. In patients with a larger aneurysm or those approaching threshold, early assessment of fitness for surgery may prevent unnecessary surveillance.

PERIPHERAL ARTERIAL DISEASE

362 **Editor's Choice – The Prognostic Value of the Wifl Classification in Patients with Chronic Limb Threatening Ischaemia: A Systematic Review and Meta-Analysis**

N.S. van Reijen, K. Ponchant, D.T. Ubbink and M.J.W. Koelemay

This meta-analysis, encompassing 12 (mostly retrospective) studies and 2669 patients, confirms that the likelihood of an amputation after one year in CLTI patients increases with higher Wifl scores. Prospective studies are needed.

Invited commentary

372 **Wifl: Highlighting Hotspots of Limb Loss?**

N. Chinai and G.K. Ambler

373 **CYP2C19 Polymorphism is Associated With Amputation Rates in Patients Taking Clopidogrel After Endovascular Intervention for Critical Limb Ischaemia**

J. Lee, N. Cheng, H. Tai, J. Jimmy Juang, C. Wu, L. Lin, J. Hwang, J. Lin, F. Chiang and C. Tsai

Genetic profiles significantly influence amputation free survival and all cause mortality in CLTI patients (n = 278) taking clopidogrel after endovascular procedures.

383 **The Effect of Supervised Exercise, Home Based Exercise and Endovascular Revascularisation on Physical Activity in Patients With Intermittent Claudication: A Network Meta-analysis**

M.M.L. van den Houten, D. Hageman, L.N.M. Gommans, J. Kleijnen, M.R.M. Scheltinga and J.A.W. Teijink

In this network meta-analysis, including eight RCTs and 656 patients, supervised exercise therapy improves daily physical activity levels in patients with IC over control. Home based exercise therapy and endovascular revascularisation may have similar effects, but low quality evidence and lack of statistical significance impede definitive conclusions.

VISCERAL ARTERIAL DISEASE

393 **Factors Associated with Failed Conservative Management in Symptomatic Isolated Mesenteric Artery Dissection**

Z. Jia, W. Chen, H. Su, H. Shi, Q. Xu, G. Ni, C. Qi and J. Gu

Conservative management of symptomatic isolated mesenteric artery dissection (IMAD) is successful in most patients (89/123 = 72%). Risk factors for failed conservative treatment are type II IMAD and ≥90% luminal stenosis.

Invited commentary

400 **More Light on Isolated Mesenteric Artery Dissection from the Countries of the Rising Sun**

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401 **A Randomised Controlled Trial Comparing Three Different Radiofrequency Technologies: Short-Term Results of the 3-RF Trial**

I.K. Nyamekye, N. Dattani, W. Hayes, D. Harding, S. Holloway and J. Newman

This study (n = 180) reports that endovenous radiofrequency is associated with greater failures at six months than Venefit and radiofrequency induced thermal therapy, while clinical outcomes do not differ significantly at 12 months.

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S.K. Somasundaram, A. Weerasekera, D. Worku, R.K. Balasubramanian, D. Lister, D. Valenti, H. Rashid and R.P. Singh Gambhir

Endovenous radiofrequency ablation of the truncal veins as a standalone procedure in an office based setting for the treatment of varicose veins results in the resolution of symptoms in >75% of patients without need for further interventions within one year follow up.

BASIC SCIENCE AND TRANSLATIONAL MEDICINE

- 415 **Dissection Level Within Aortic Wall Layers is Associated with Propagation of Type B Aortic Dissection: A Swine Model Study**

B. Guo, Z. Dong, S. Pirola, Y. Liu, C. Menichini, X.Y. Xu, D. Guo and W. Fu

This study (12 pigs) shows that deeper intimal tears, particularly when the primary tear occurs on the adventitial side of the media, result in greater dissection propagation.

VASCULAR (GRAFT) INFECTION

- 426 **Systematic Review of the Management of Mycotic Aortic Aneurysms**

K. Söreljus, J. Budtz-Lilly, K. Mani and A. Wanhainen

In this review, encompassing 28 studies and 963 mycotic aortic aneurysm patients, EVAR appears to be associated with superior short term survival without late disadvantages, compared to open surgical repair. Standardized reporting is needed to increase comparability of studies.

JUGAAR

- 436 **Popliteal Vein Aneurysm Treated by Aneurysmorrhaphy with External Prosthetic Support**

A. Whitley and P. Baláz

MISCELLANEOUS

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S. Raju, N. Eisenberg, J. Montbriand, R.J. Cusimano, C. Feindel, M. Ouzounian, E. Horlick, M. Osten, W. Tsang and G. Roche-Nagle

Vascular complications (68/237 = 28.7%), such as dissection, haematoma, and pseudoaneurysm, contribute to operative morbidity in TAVI patients. A multidisciplinary TAVI team, involving cardiologists, cardiac surgeons, and vascular surgeons, might have the potential to improve patient outcomes.

Invited commentary

- 445 **TAVI and the Vascular Surgeon**

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- 446 **Closed Incision Negative Pressure Wound Therapy in Vascular Surgery: A Systematic Review and Meta-Analysis**

I.J.Y. Wee, N. Syn and A.M.T.L. Choong

This meta-analysis, encompassing five RCTs and 662 patients, demonstrates that closed incision negative pressure wound therapy reduces the risk of Szilagyi Grades I and III infections and re-interventions, but does not decrease the risk of Grade II infections, length of hospital stay, and 30 day mortality. Additional RCTs are needed.

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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/10785884/58>