

One year on: Test your knowledge from the previous year

- 1. One of the following factors is not commonly known as possible risk factor for non-traumatic lower extremity amputations¹**
 - A. Smoking habits
 - B. Older age
 - C. Diabetes
 - D. Peripheral arterial disease
 - E. Younger age
- 2. What is the approximate prevalence of thoracic aortic aneurysms among women with abdominal aortic aneurysms?²**
 - A. 5%
 - B. 10%
 - C. 20%
 - D. 30%
 - E. 50%
- 3. In which of the following clinical scenarios would the use of hybrid techniques be most likely considered?³**
 - A. A combination of the aortic arch and descending aortic disease
 - B. Ascending aortic dissection
 - C. Ascending aortic aneurysm
 - D. Iliac artery disease
 - E. Descending aortic aneurysm
- 4. What is the pooled risk of cerebral hyperperfusion in patients undergoing carotid artery stenting in the meta-analysis by Huibers et al?⁴**
 - A. 1%–2%
 - B. 2%–3%
 - C. 3%–4%
 - D. 4%–5%
 - E. 5%–6%
- 5. Which of the following is not regarded as a common complication acute type B aortic dissection?⁵**
 - A. Malperfusion
 - B. Aortic rupture
 - C. Refractory hypertension
 - D. Rapid aortic expansion
 - E. Cardiac failure
- 6. Cardinal features of Nellix failure are⁶**
 - A. Visible proximal endoleak on duplex scan
 - B. Cranial Stent Migration
 - C. Stent separation alone
 - D. Caudal migration, stent separation and sac expansion
 - E. Type 2 endoleak
- 7. Which of the following steps is not essential when performing in-situ laser fenestrations?⁷**
 - A. PTA balloon dilatation
 - B. The use of a steerable sheath
 - C. Cutting balloon dilatation
 - D. Pre-stenting of the target artery
 - E. Aortic aneurysm planning and device sizing

8. According to the European Society of Vascular Surgery Guidelines for PAD⁸

- A. Antiplatelet therapy is indicated for each Fontaine stage of PAD.
- B. Open surgical therapy is indicated as first-line treatment in case of PAD Fontaine stage IIB.
- C. Interventional treatment with stents should be considered as first option of treatment for PAD Fontaine stage IIB.
- D. Supervised exercise training and best medical treatment should be considered as first treatment option for each patient suffering from PAD Fontaine stage IIB.
- E. PAD Fontaine stage III is not associated with an increased risk for cardiovascular mortality.

9. Which of the following statements is true regarding the radiation dose delivered during EVAR?⁹

- A. Magnification can be used to reduce radiation
- B. Planning the case on a workstation can help to reduce the time on pedal during the case
- C. Collimation is an independent factor that increases radiation exposure
- D. Radiation reduction can only be achieved in dedicated high volume centres
- E. Hybrid rooms are mandatory to reach low dose levels during endovascular procedures

10. Which one following factors does not specifically comprise part of the 21-point scoring (TOPS) checklist for critical appraisal of diabetic foot reporting standards?¹⁰

- A. Use of appropriate definitions of ulcer and peripheral artery disease severity or healing.
- B. Accommodating the multifactorial aetiology of diabetic foot ulceration (DFU) into reports.
- C. Accommodating the multidisciplinary management of DFU into reports.
- D. Defining a primary outcome measure at the outset of designing the study.
- E. Implementation the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) and Consolidated Standards of Reporting Trials (CONSORT) statements into the design of DFU studies.

11. Which of the following statements is true regarding post-procedural imaging following endovenous thermal ablation of truncal superficial venous reflux?¹¹

- A. Routine early post-procedural duplex imaging is strongly recommended for the detection of deep venous thrombotic events
- B. Post-procedural duplex scanning within one month is usually necessary to confirm successful ablation of the treated vein
- C. Contrast venography is recommended to evaluate for recurrent reflux in patients who have had ablation of the small saphenous vein
- D. Patients may be offered early imaging although the incidence of thrombotic complications is low
- E. Contrast venography is indicated to confirm successful ablation in patients who have active venous ulceration

12. Intraoperative renal artery (RA)-loss during endovascular repair of thoracoabdominal aneurysm by fenestrated and branched endograft could be predicted by:¹²

- A. Downward RA-orientation
- B. Small fenestration
- C. Horizontal RA-orientation
- D. Downward + Upward RA-orientation
- E. Upward RA-orientation and branches

References

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Answers from previous issue (August 2019): 1D, 2E, 3E, 4B, 5B, 6D, 7B, 8A, 9E, 10E, 11A