



Long-Term Outcomes From Two Decades of Endovascular Aortic Repair by Endograft Size

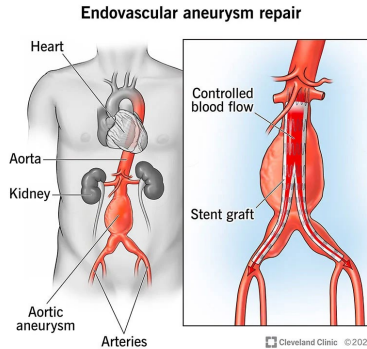
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INTRODUCTION

- Endovascular aortic repair (EVAR) approaches its third decade of use.
- We sought to evaluate our experience with EVAR over the past two decades at a single academic center.



METHODS

- Patients (2000-2022) undergoing EVAR were identified at the University of Missouri Hospital.
- Chi-square, T-tests, and Kaplan-Meier (KM) analysis were used to evaluate outcomes.
- We included overall outcomes by EVAR graft size.

For references scan QR code



RESULTS

Overall Outcomes	Large graft (>28)		Smaller graft (<28)		p-value
	n	%	n	%	
Stroke	4	2.74	5	1.59	0.474
MACE	9	6.16	10	3.18	0.135
Mortality	32	21.92	48	15.29	0.0807
Renal Failure	8	5.48	8	2.55	0.1102
Pulmonary Failure	6	4.11	12	3.82	0.8822
Leg Ischemia	4	2.74	10	3.18	1
Mesenteric Ischemia	0	0.00	4	1.27	0.3123
Wound Infection	4	2.74	1	0.32	1
Endo Leak					0.11
1	4	2.74	1	0.32	
1a	0	0.00	0	0.00	
1b	0	0.00	0	0.00	
2	6	4.11	18	5.73	
3	0	0.00	3	0.96	
4	0	0.00	0	0.00	
unspecified	1	0.68	2	0.64	
multiple	2	1.37	1	0.32	
Reinterventions					
Endo	8	5.48	14	4.46	0.633
Open	3	2.05	3	0.96	0.3873
Hybrid	0	0.00	0	0.00	-
Other Complications	12	8.22	15	4.78	0.1438

KM Curve – Mortality, by Endograft Size

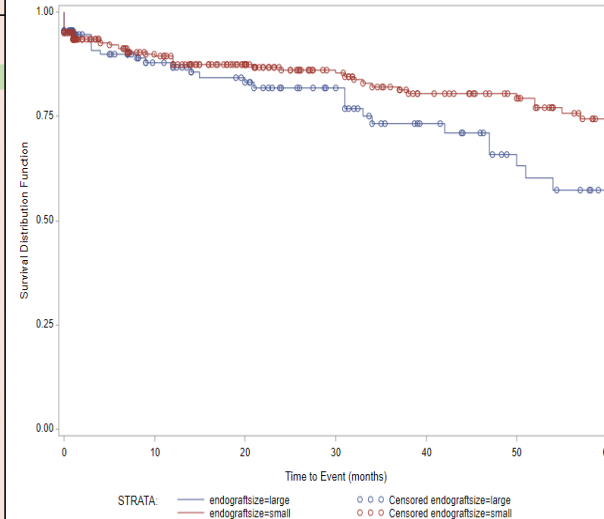


Figure 1. Kaplan-Meier curve demonstrating mortality for endograft size, $p = 0.02$

DISCUSSION & CONCLUSION

- Excellent overall outcomes are seen with low mortality and low reintervention rate as well as Endoleak.
- Patients with endografts with a diameter > 28 mm fared much worse than smaller sized endografts which suggests that hostile neck aneurysms may be more malignant than those with normal neck morphology.