Type 2 Endoleaks With AAA Sac Enlargement Can Be Dangerous And Should Be Treated: What Is The Best Treatment Method

JP Becquemin, HPPE Champigny
S Haulon, D Fabre
Aortic Centre, Marie Lannelongue,
Université Paris Sud, France

Disclosures

- Research support, Consulting, IP
  - Cook Med, GE Healthcare, Bentley
**Type II Endoleak**

- Incidence 10-50% (1y)
- Growing aneurysm with type II
- Growth >5 mm
- Indication for treatment

Gelfand, Ann Vasc Surg, 2006

**Is a Type 2 endoleak a type 2 endoleak?**

Coils in 2013

New endoleak with sac growth in 2017

**Not Always: Type 3 endoleak**

Cuff

**Type II Endoleak (IMA)**

**Type II Endoleak (Lumbar)**

**Transarterial Embolization**

- Alternatives
- Transcaval embolization
- Transsealing embolization
- Workflow with CBCT
Case (#1) Installation & CBCT

Under GA

200° spin
40°/sec
150 images

Wide-bore C-arm of Discovery IGS 730

CBCT/CTA Registration

Needle Trajectory Planning

Fusion-guided Puncture & Progression

Intermediate assessment
Case #2

Take Home Messages
- Safe & efficient
- Faster than transarterial for lumbar embolization
- Dedicated Workflow:
  - Needle ASSIST with Discovery IGS 730
  - Intermediate assessments with Stereo 3D instead of additional CBCT

Alternatives
- Laparoscopic clipping
- Sacotomy and surgical suture of the feeding arteries: efficient but with morbidity

In Summary
Type 2 endoleak
- Risk of rupture is low but not nihil
- Type 2 endoleak must be treated as a Type 3 endoleak
The long-term fate of type II endoleak has not been elucidated, and currently there is still inadequate information to support a uniform approach to this problem.

Dream Trial update

Surprisingly today Pr Verhagen is little concerned with leaks

Do not believe Pr Hence Verhagen and vote for the motion!