

EndoLimb Rosario 2023

Aneurisma poplíteo

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Aneurisma popliteo

0,1% de la población (40-60% AAA) 50%
bilateral

Indicación de tratamiento:

>2 cm

Trombosis mural

Sintomatología

30% AP presentan trombosis aguda con
embolia distal con 20% de amputación

Aneurisma popliteo

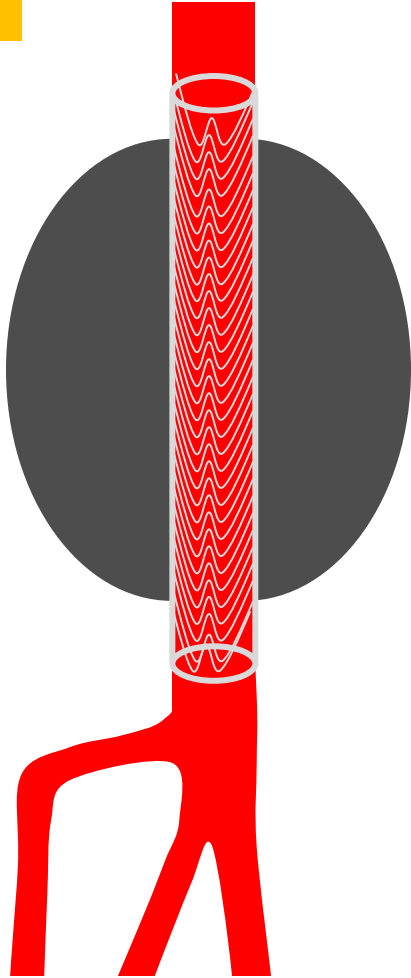
Tratamiento endovascular

- Vasos de Runoff (2 o 3)
- Adecuada zona de aterrizaje
 - Tortuosidad
- Sin contraindicaciones para tratamiento antiplaquetario

Stent en AP=Viabahn

Stent autoexpandible cubierto de nitinol

✓



Viabahn

- Extenso follow up
- Baja Tasa de fractura
- Elevada permeabilidad

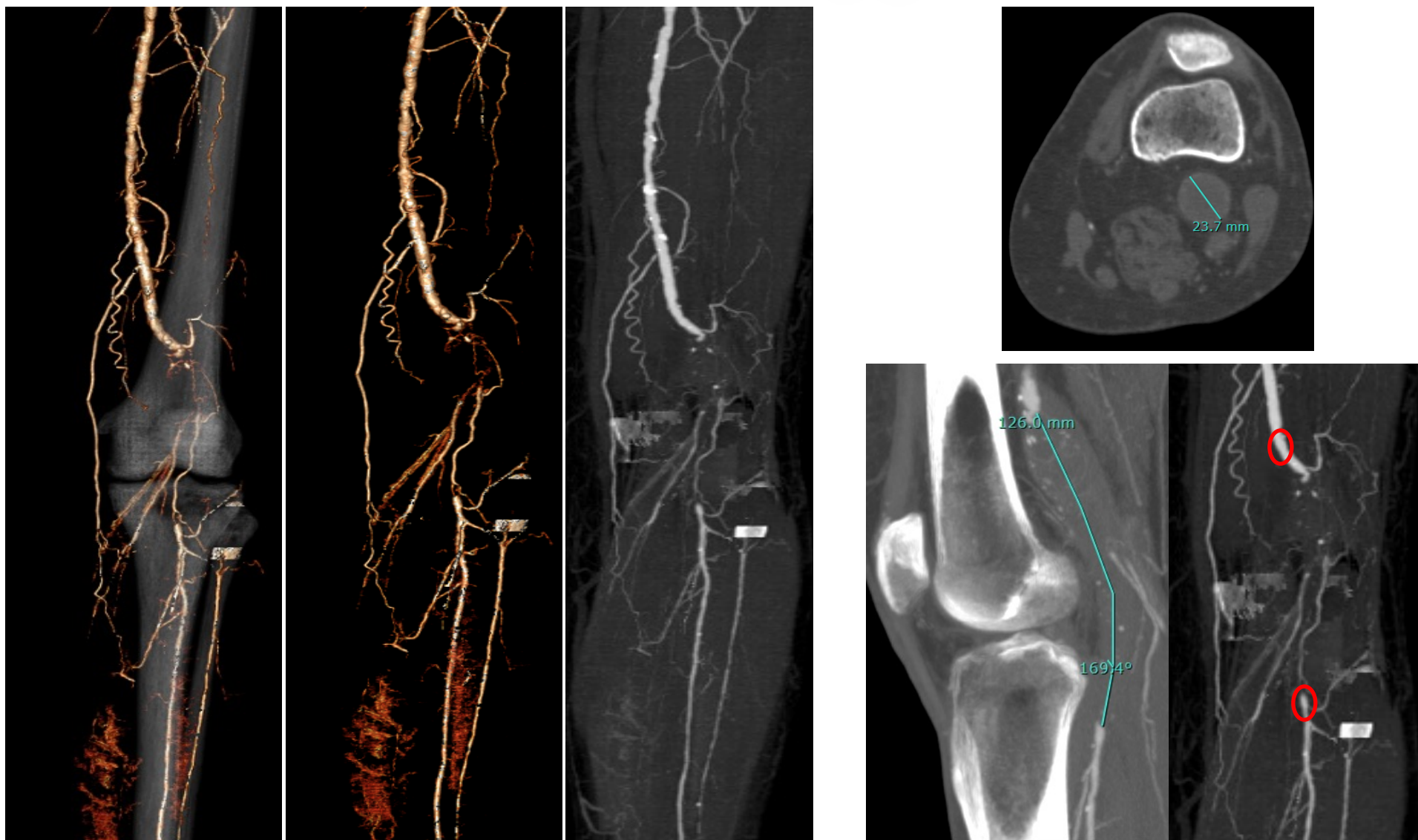
Aneurisma poplíteo

-Metodología de estudio y planificación

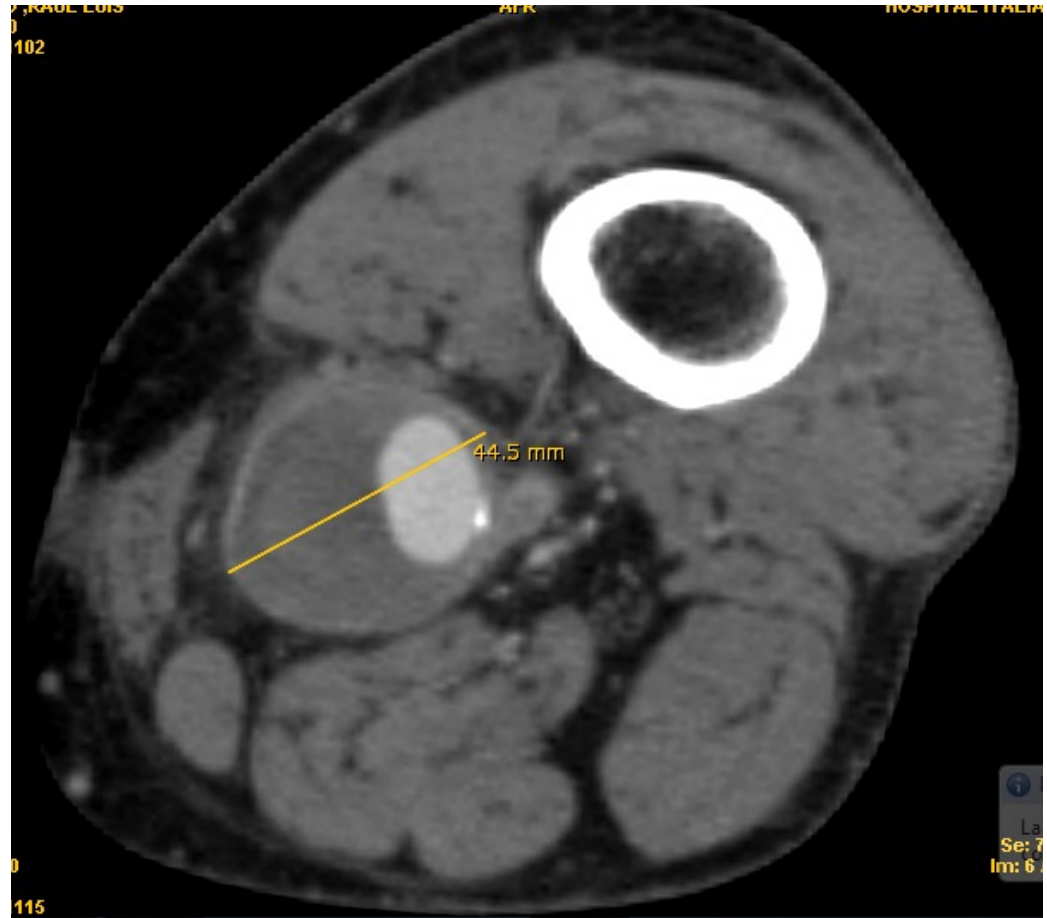
-Tips & Tricks del tratamiento del AP:

- AP estándar
- AP Complejo
- AP trombosado

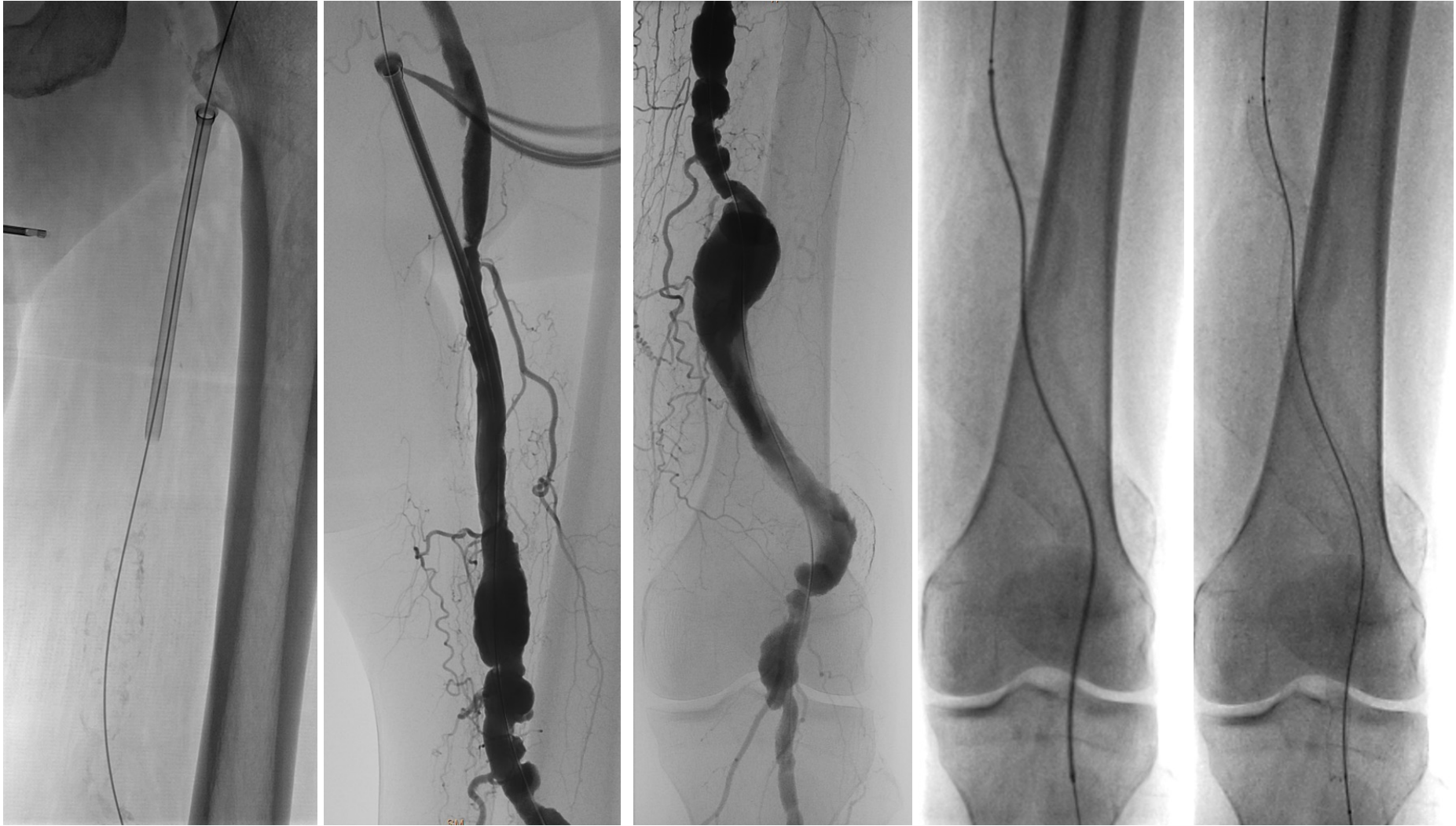
Metodología de estudio y planificación



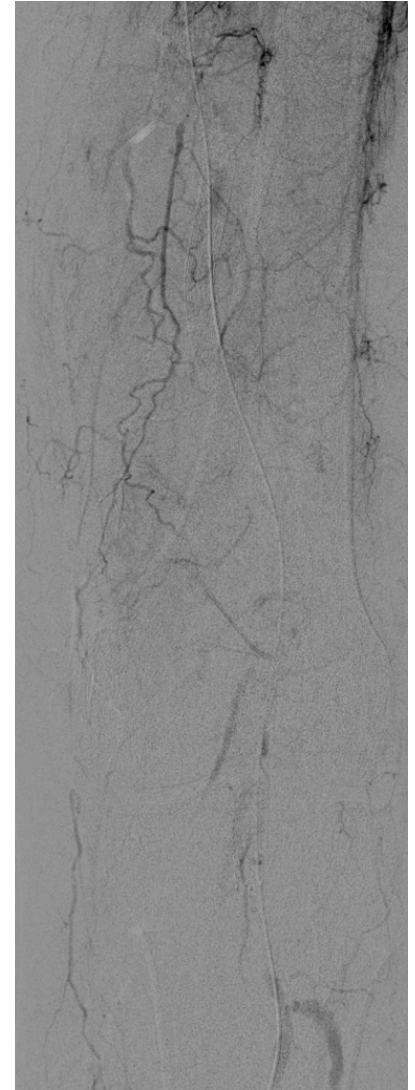
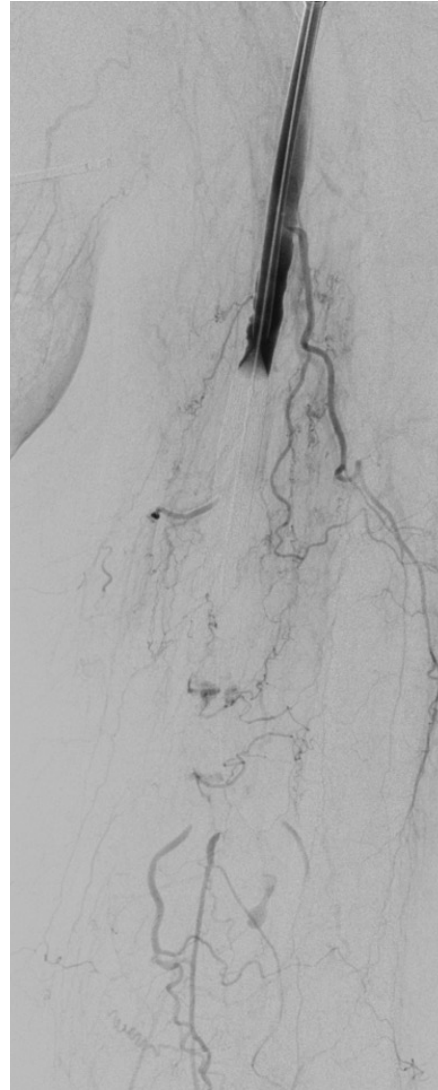
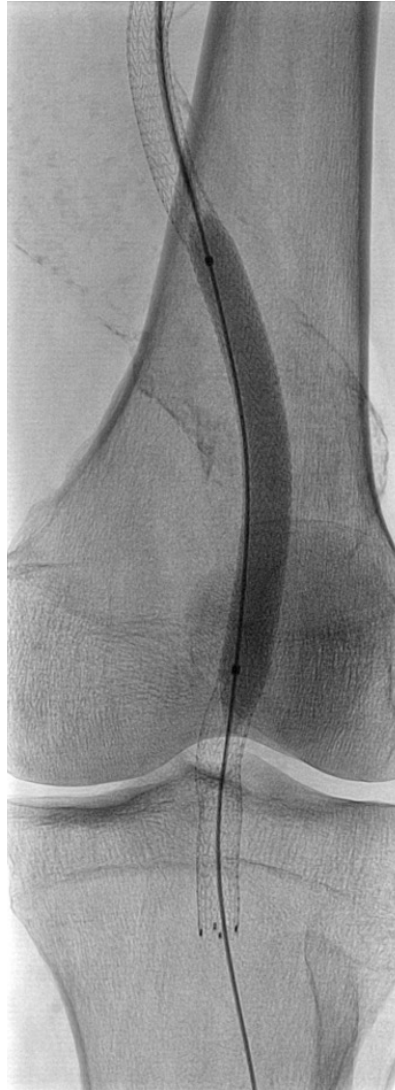
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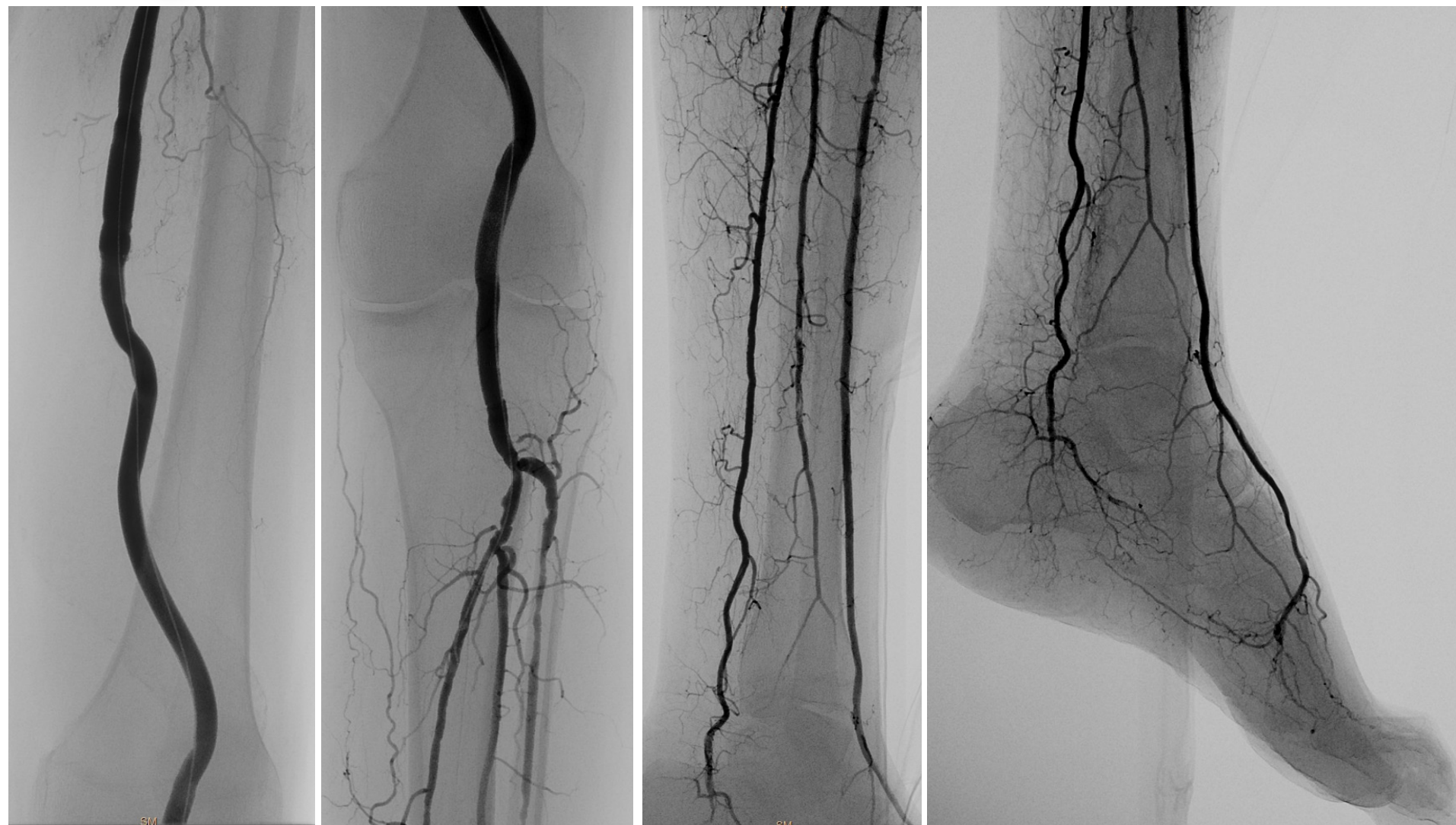
-Tips & Tricks del tratamiento del AP estándar



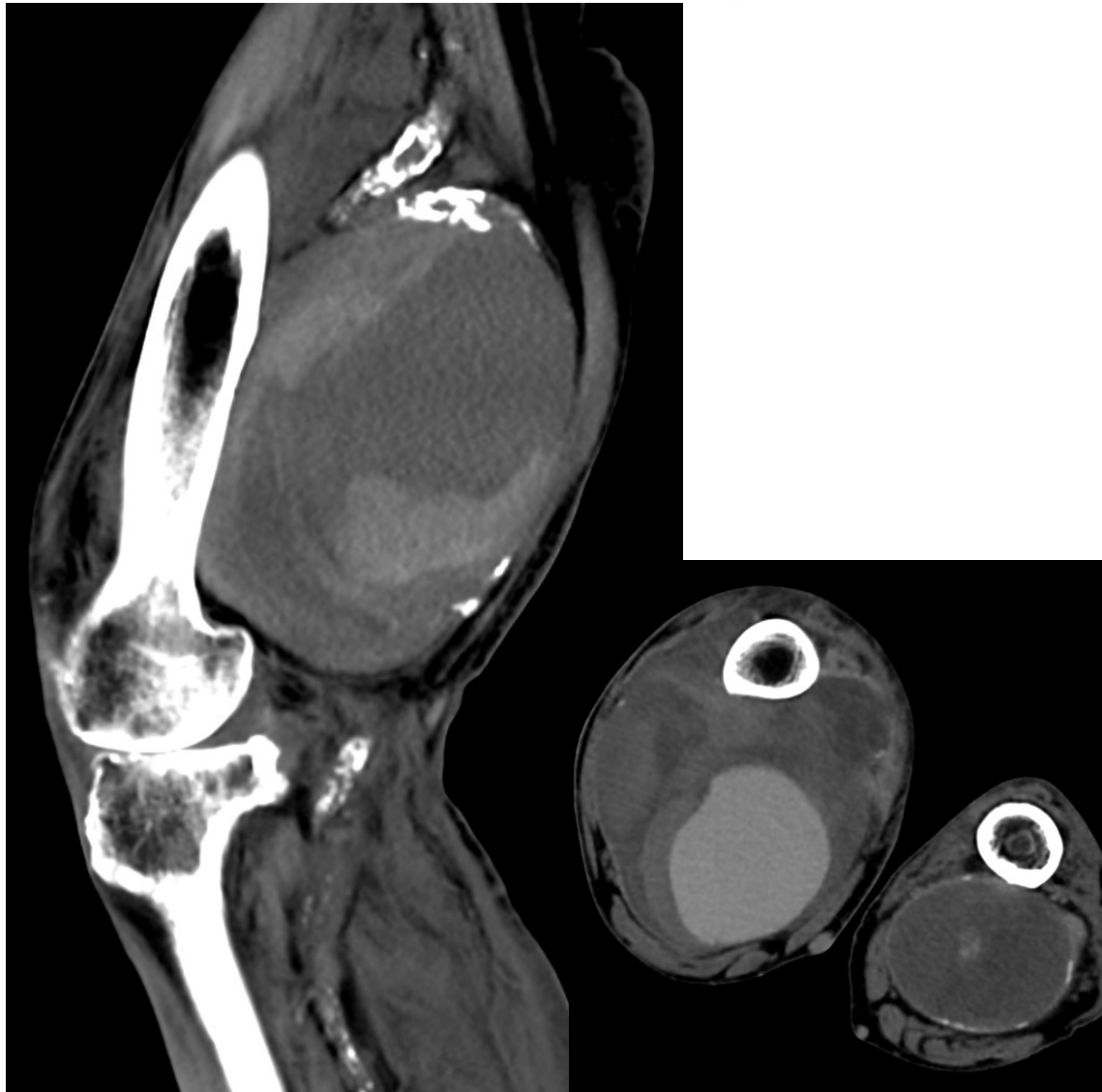
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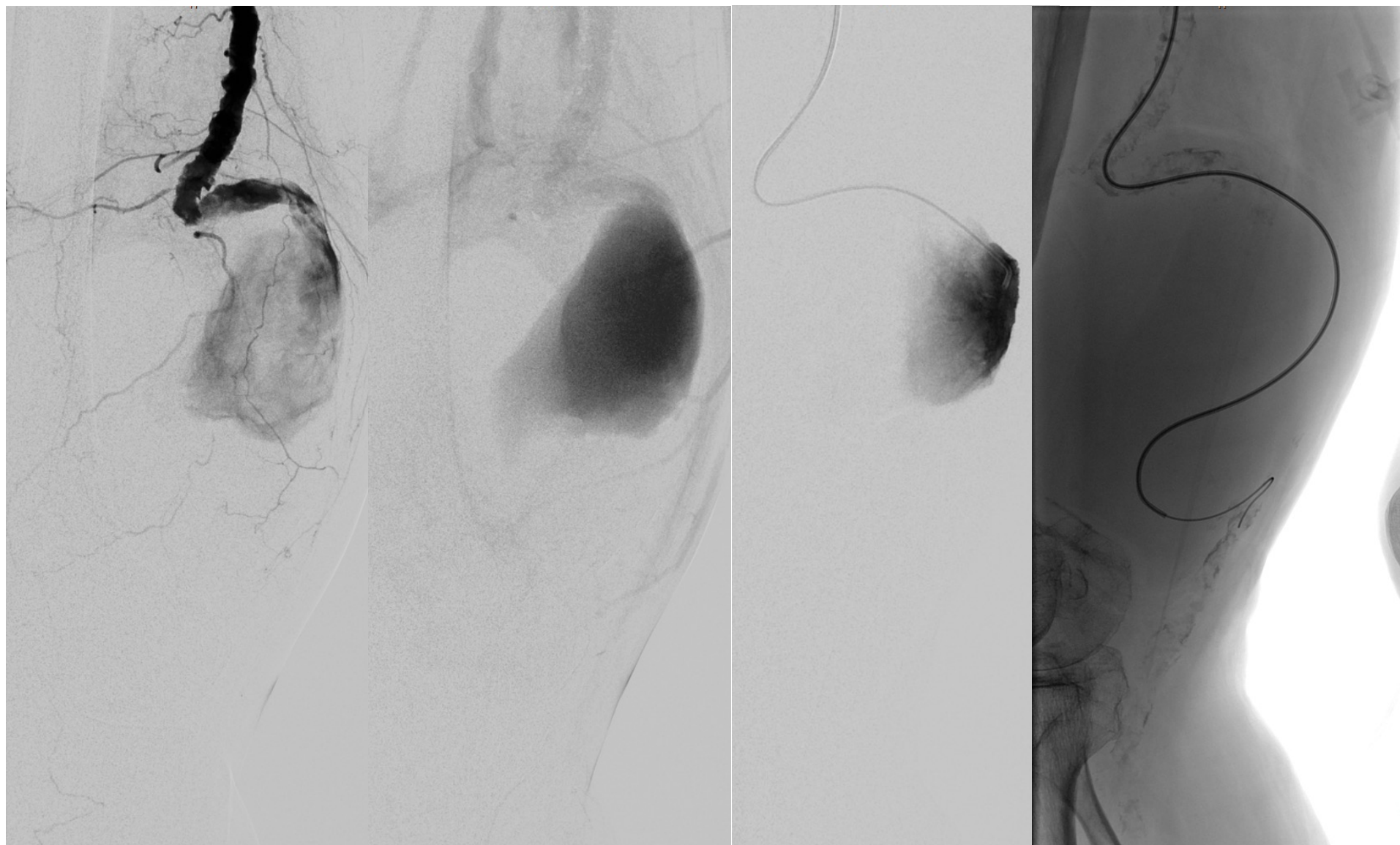
-Tips & Tricks del tratamiento del AP estándar



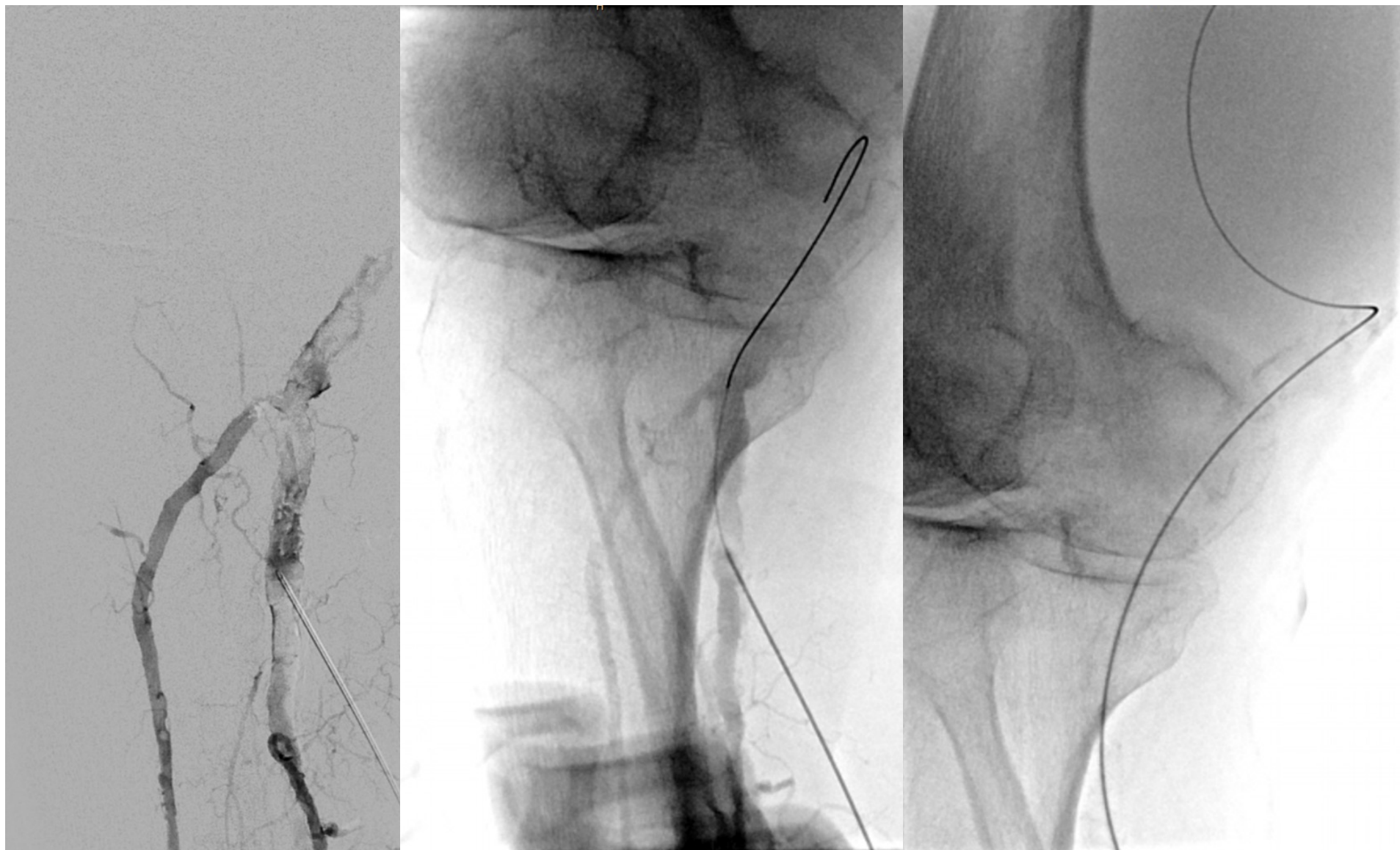
-Tips & Tricks del tratamiento del AP complejo



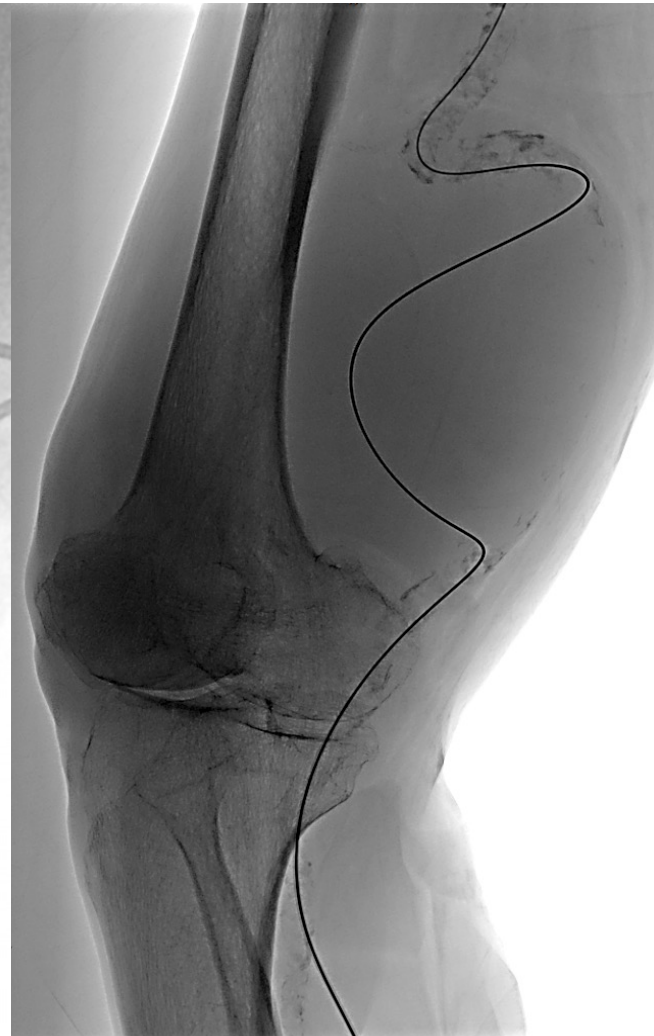
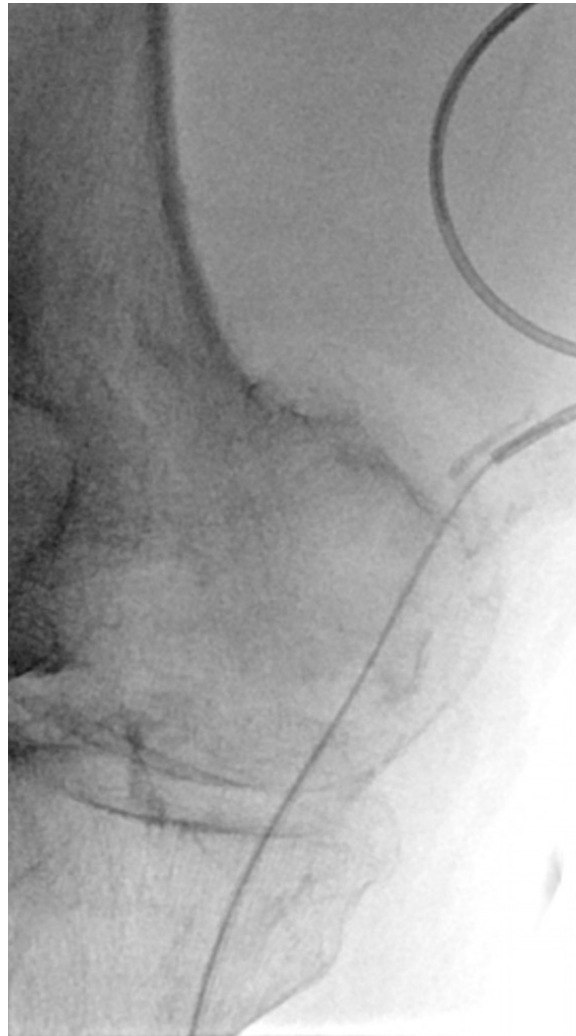
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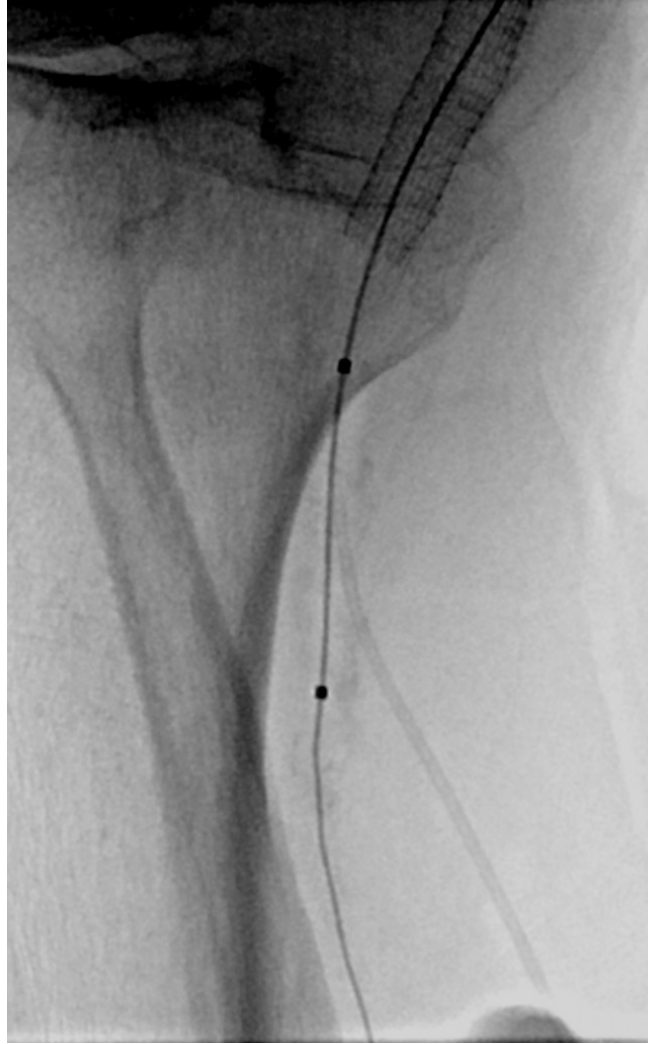
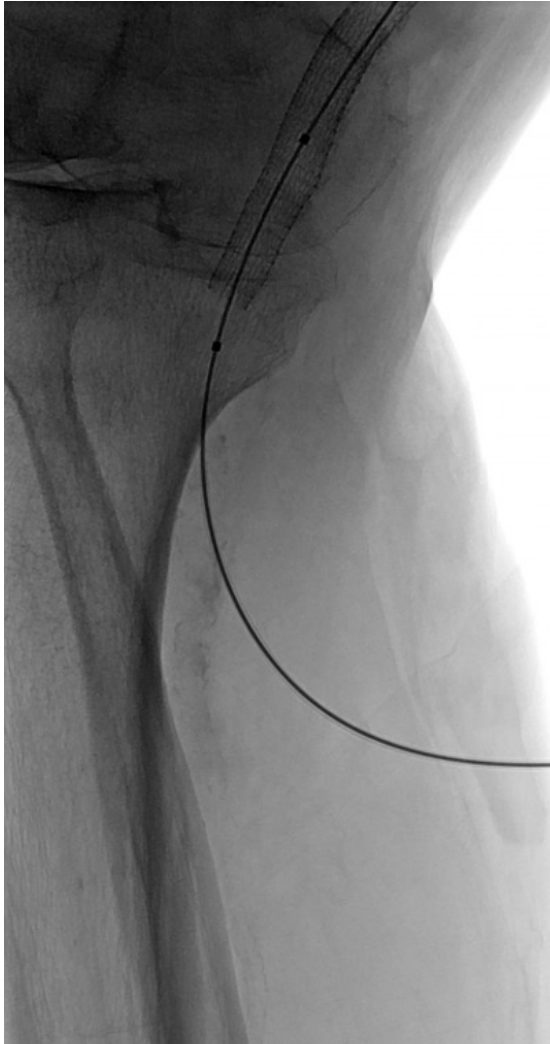


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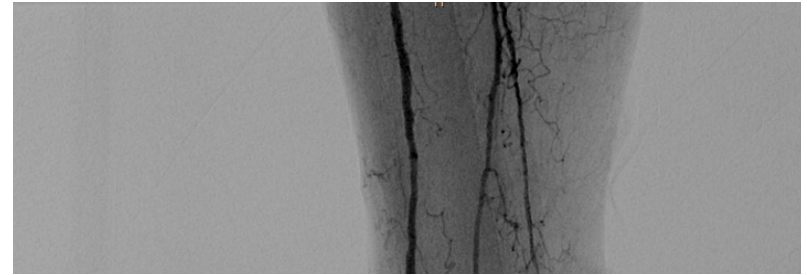
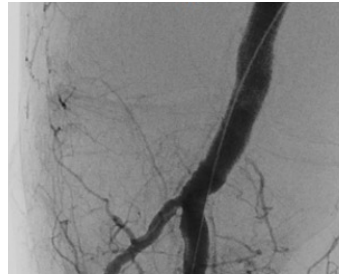
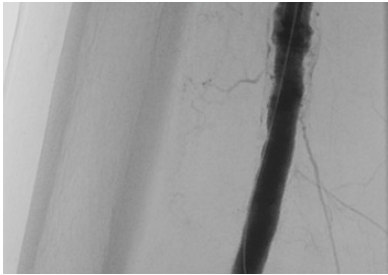




-Tips & Tricks del tratamiento del AP complejo



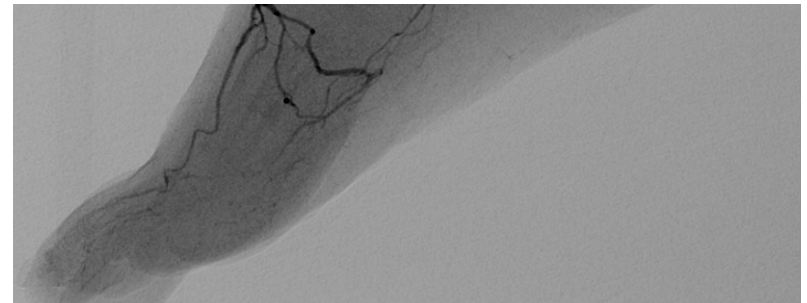
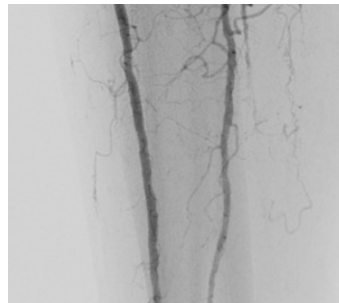
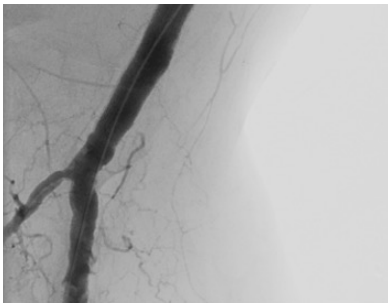
-Tips & Tricks del tratamiento del AP complejo



Anterograde and Retrograde Approach With Through-and-Through Wiring Technique to Treat a Ruptured and Extremely Tortuous Giant Popliteal Artery Aneurysm.

Valle Raleigh J, Chas J, Bluro I, **Rabellino M.**

Vasc Endovascular Surg. 2021 Aug;55(6):668–672. doi: 10.1177/1538574421993740. Epub 2021 Feb 11.



-Tips & Tricks del tratamiento del AP trombosado



-Tips & Tricks del tratamiento del AP trombosado

Video

-Tips & Tricks del tratamiento del AP trombosado

Video

AAP (n=14)	CLINICAL PRESENTATION	RUN OFF	TREATMENT	OCCLUSION	TREATMENT POST OCCLUSION	FU (MONTHS)
1	CLI	3	LYSIS+STENTGRAFT	NO		PATENT 38
2	ASYMPTOMATIC	3	STENTGRAFT	NO		PATENT 28
3	ASYMPTOMATIC	3	STENTGRAFT	NO		PATENT 10
4	ASYMPTOMATIC	3	STENTGRAFT	NO		PATENT 10
5	CLAUDICATION	3	STENTGRAFT	NO		PATENT 2
6	ASYMPTOMATIC	3	STENTGRAFT	NO		PATENT 32
7 *	ASYMPTOMATIC	3	STENTGRAFT	NO		PATENT 4
8 *	ASYMPTOMATIC	3	STENTGRAFT	NO		PATENT 4
9	BLUE TOE SYNDROME	2	STENTGRAFT	NO		PATENT 1
10 **	CLAUDICATION	3	STENTGRAFT	NO		PATENT † 48
11 **	CLi	1	STENTGRAFT	YES	AMPUTATION	OCLUSION 1
12	CLI	1	LYSIS+STENTGRAFT	YES	FIBRINOLYSIS UK	PATENT 13
13	CLI	2	LYSIS+STENTGRAFT	YES	FIBRINOLYSIS UK	PATENT 2
14	CLAUDICATION	3	STENTGRAFT	NO		PATENT 79 (Leack IV, By Pass)

Tratamiento endovascular de los aneurismas popliteos. Seguimiento a largo plazo

Martín Rabellino¹, Gabriela González¹, Eric Canales¹, Luis García-Nielsen²,
Maciel Nieto¹, Tobías Zander¹, Sebastián Baldi¹, Javier Aragón-Sánchez⁴,
Ignacio Zerolo⁵, Rafael Llorens⁵, Manuel Maynar¹

Resumen

Acceso:

Hasta 8 Fr Anterógrado o contralateral

> 8 Fr Anterógrado (Proglide es seguro)

Stent:

1 mm mayor al vaso

No solopar dentro de sacos grandes

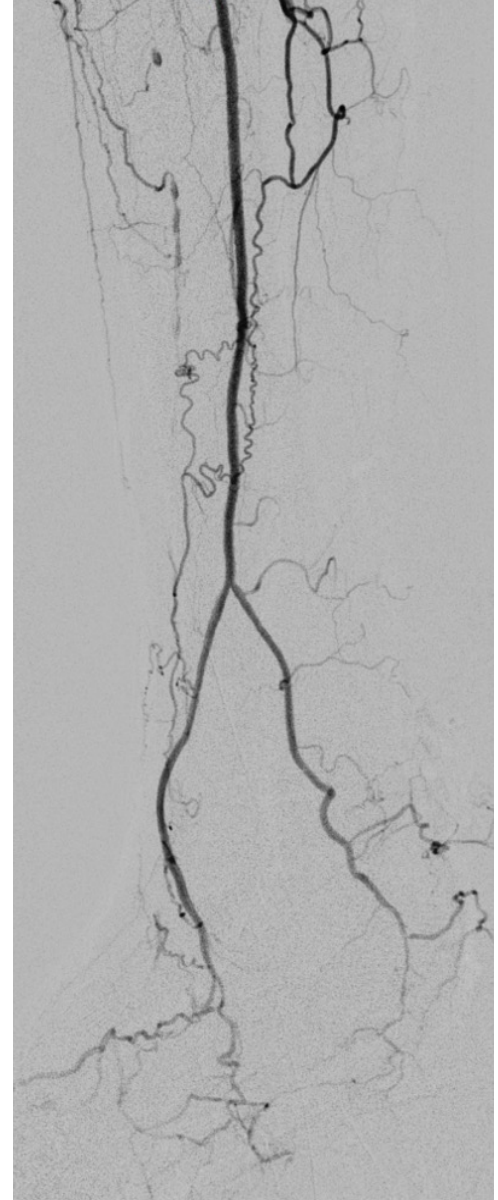
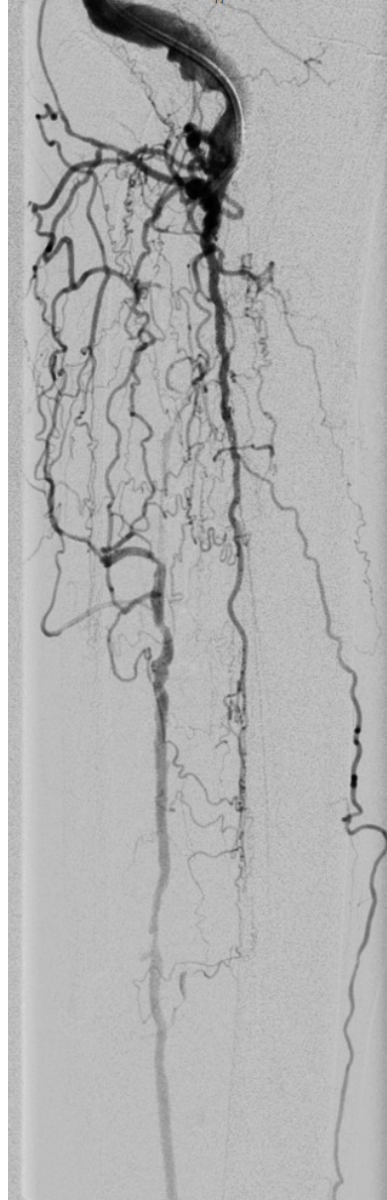
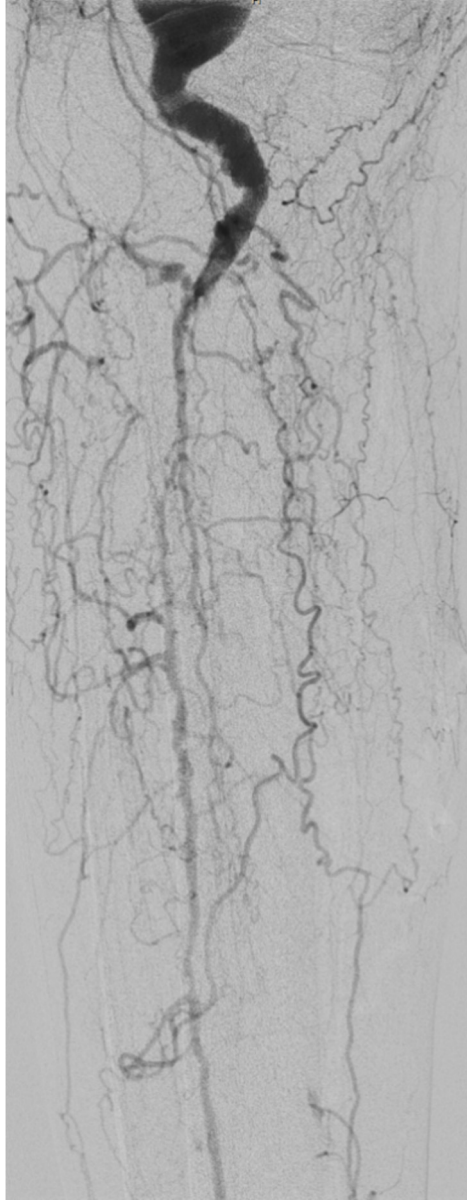
3 cm de solapamiento es lo ideal

Idealmente no mas de 1 mm entre stent y stent*

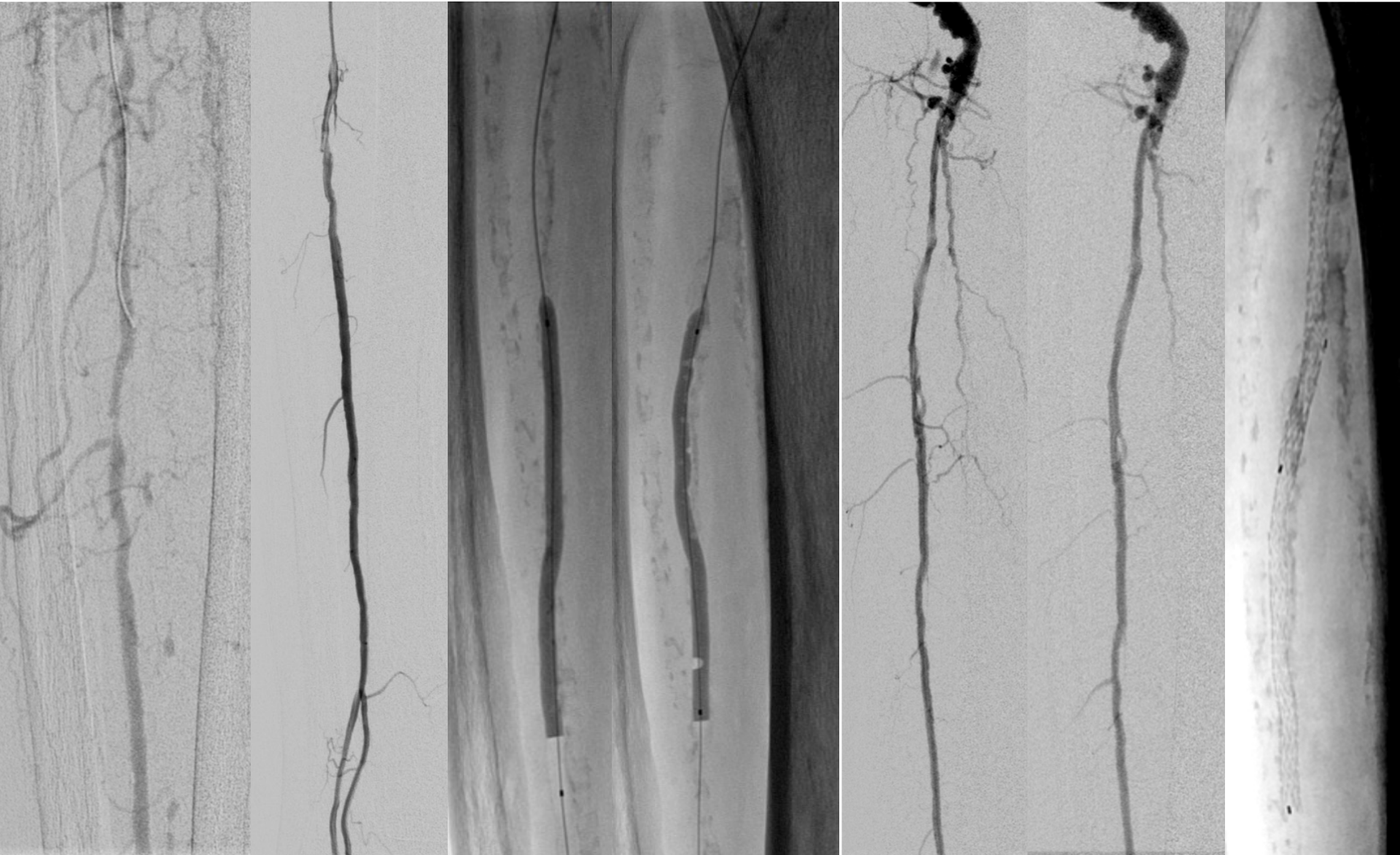
Dilatar incluso con un balón 1 mm mayor al stent

Ojo con el outflow, es directamente proporcional a los resultados

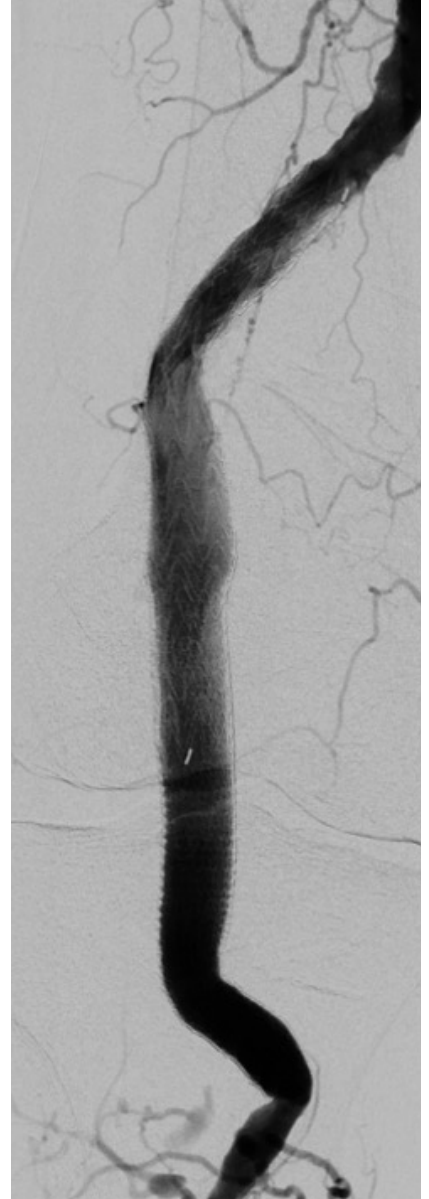
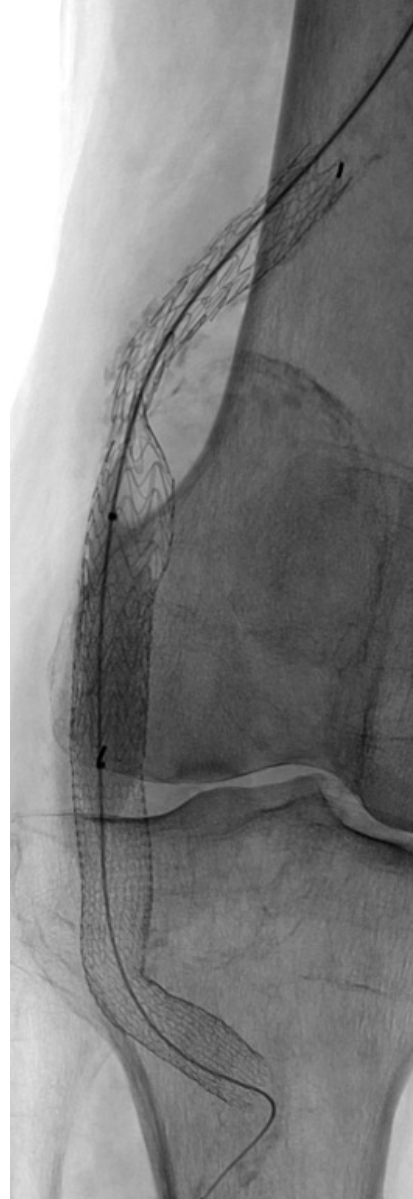
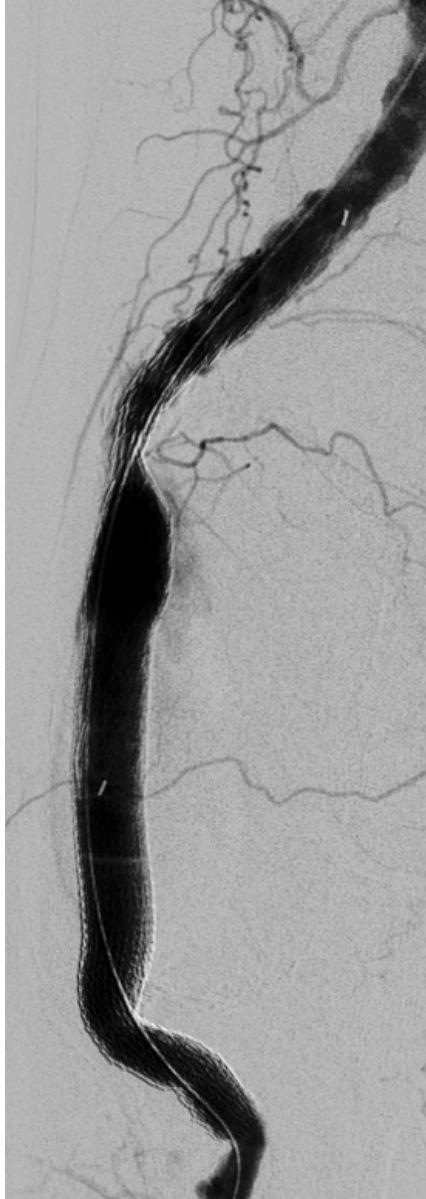
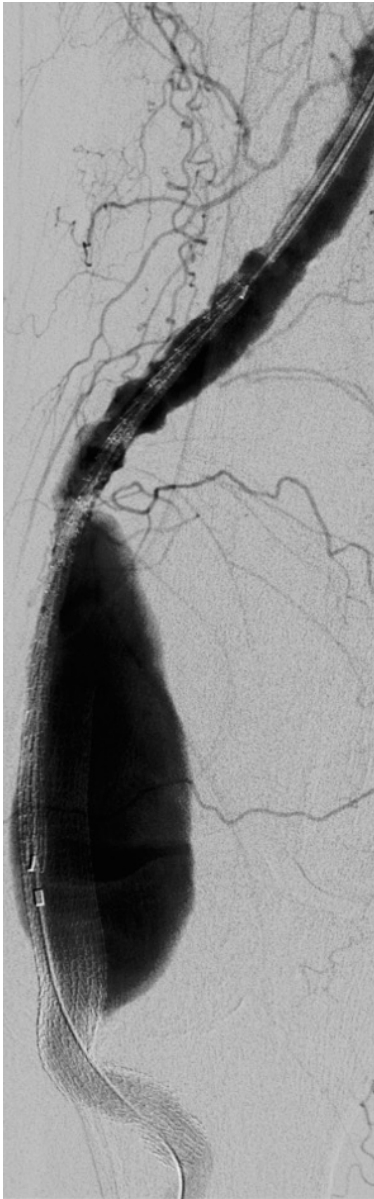
AP: mal outflow



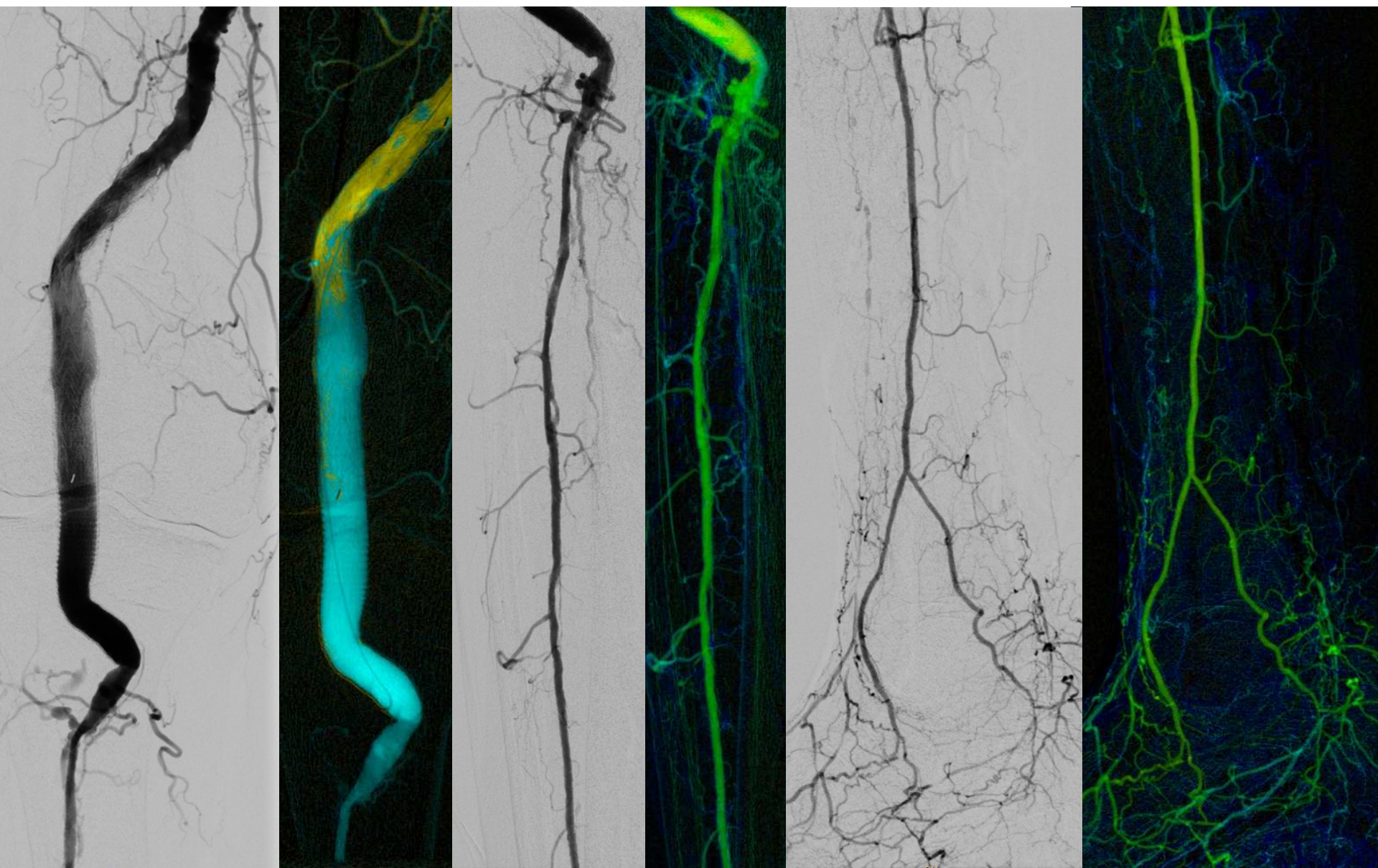
AP: mal outflow



AP: mal outflow



AP: mal outflow



Conclusión

El tratamiento endovascular es seguro y eficaz con una adecuada permeabilidad a la cirugía en el paciente adecuado.