

Physician - Aortic (Abdominal) Pathologies and Surgery/Endovascular Interventions

[MEP-37]

Thoracofemoral Bypass and Long-Term Success in Juxtarenal Aortic Occlusion

Ayhan Güneş, Sabit Sarıkaya

Department of Cardiovascular Surgery, Koşuyolu High Specialization Education and Research Hospital, İstanbul, Türkiye

Türk Gogus Kalp Dama 2024;32(Suppl 2):MEP-37

Doi: 10.5606/tgkdc.dergisi.2024.mep-37

E-mail: dr.ayhangunes@hotmail.com

Received: September 13, 2024 - Accepted: September 29, 2024

Objective: This study aimed to share 16 years of experience and long-term outcomes in patients who underwent thoracofemoral bypass as the initial treatment.

Methods: Thirty-two patients (28 males, 4 females; mean age: 62; range, 56 to 67.5 years) who underwent thoracofemoral bypass for severe aortoiliac occlusive disease between 2005 and 2022 were retrospectively analyzed. The occlusion and calcified plaques of the abdominal aorta at the renal level were common characteristics of all patients. The patients were divided into two groups: the severe claudication group (Rutherford III) and the chronic limb-threatening ischemia group (Rutherford IV and V).

Results: The mean follow-up duration was 79 ± 32 months. The 30-day mortality rate was 3.2% (n=1). Major complications were observed in 9.6% (n=3) of patients (respiratory in 6.4%, retroperitoneal hematoma in 3.2%). Minor complications occurred in 41.9% of patients, including pleural effusion in 9.6% (n=3), acute kidney injury in 9.6% (n=3), gastrointestinal bleeding in 3.2% (n=1), paralytic ileus in 6.4% (n=2), and superficial skin infection in 12.9% (n=4). The rate of postoperative superficial skin infection was higher in the chronic limb-threatening ischemia group compared to the claudication group (n=4 [40%] vs. n=0, p=0.007). The five-year Kaplan-Meier analysis estimated that the primary patency for the entire study was $96 \pm 7\%$ (95% confidence interval [CI] 88.6-100), and the secondary patency was $96.3 \pm 6\%$ (95% CI 89.4-100). The five-year Kaplan-Meier analysis estimated that survival rate after thoracofemoral bypass was $93.4 \pm 3\%$ (95% CI 91-100).

Conclusion: This study shows that thoracofemoral bypass, although complex, is a safe and effective initial treatment for juxtarenal total aortic occlusion, with low mortality and morbidity rates and excellent long-term outcomes in selected patients.

Keywords: Long-term, occlusion, thoracofemoral bypass.