

Meeting abstract

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Endovascular repair of abdominal aortic aneurysms in octogenarians

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Introduction

Endovascular aortic aneurysm repair has emerged as an appealing alternative particularly for patients considered at "high risk" for open surgery. The aim of this study was to investigate the results of endovascular treatment in patients aged >80 years compared with younger patients.

Methods

Between March 1998 and March 2008, 35 patients out of a group of 235 (14.9%) were treated for abdominal aortic aneurysm with endovascular endograft at our Institution; a retrospective analysis, about preoperative, operative and follow-up data were performed. Comparison was made with 200 patients aged <80 years.

Results

Octogenarians more frequently had impaired renal function ($P = .05$). We did not observe intraoperative mortality; the 30-day mortality rate was 8.5% (3/35) vs 1.5% (3/200) in the younger group ($P = .03$). The early complications were higher in aged patients 25.7% vs 13.5% ($P = .006$), as was the length of stay 7.7 ± 5.6 vs 5.7 ± 4 days ($P = .05$). The follow-up period was shorter in octogenarians (17 ± 15 vs 26 ± 24 months, $P = .004$). The endoleak incidence was higher in older patients: 48.5% vs 24.5% ($P = .003$), and also appeared earlier during the follow-up (6.3 ± 7 vs 9.5 ± 12 months $P = .03$). No significant difference was noted about the type of endoleak in the two groups. Mortality during the follow-up was 37.1% in the octogenarians group vs 16% in the younger group ($P = .003$). In

the elderly group, 2 patients (6.2%) died for device-related complication.

Conclusion

In the present experience, the mortality, morbidity and complication rates were higher in the elderly group. In addition, the endoleak rate and the appearance time were statistically different, higher and earlier in the octogenarians. We believe that accurate patient selection and evaluation of life expectancy, quality of life related with procedural risk should be mandated to offer a safer and more efficacious endovascular repair to elderly patients.