Endoleak type II: my management

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- [ ] Consulting
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [x] I do not have any potential conflict of interest
Type II Endoleak

• 40% (II alone + II plus other types)
• 75% spontaneous resolved

<table>
<thead>
<tr>
<th>TYPE I</th>
<th>Description</th>
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<tbody>
<tr>
<td>Ia</td>
<td>Leak at graft attachment site</td>
</tr>
<tr>
<td>Ib</td>
<td>Proximal</td>
</tr>
<tr>
<td>IIa</td>
<td>Distal</td>
</tr>
<tr>
<td>IIb</td>
<td>Aneurysm sac filling from branch vessels</td>
</tr>
<tr>
<td>IIIa</td>
<td>Single vessel with &quot;to-and-fro&quot; flow into aneurysm sac</td>
</tr>
<tr>
<td>IIIb</td>
<td>2 vessels or more</td>
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<table>
<thead>
<tr>
<th>TYPE III</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>IIIa</td>
<td>Leak through defect in graft</td>
</tr>
<tr>
<td>IIIb</td>
<td>Junctional separation of modular graft components</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>TYPE IV</th>
<th>Description</th>
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<tbody>
<tr>
<td>IVA</td>
<td>Fracture or tears and/or holes in endograft</td>
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</table>

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<tr>
<th>TYPE V</th>
<th>Description</th>
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<tbody>
<tr>
<td>V</td>
<td>Continued growth of aneurysm sac without demonstrable leak. Also called endotension.</td>
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</tbody>
</table>
Treatment Strategies

• Transarterial
• Translumbar
• Perigraft
• Open surgery

89%
• Viscosity of glue VS Radiopaque
• Coil enhancing slow flow
• Loss microcatheter access after embolization
Onyx

- Fill both nidus and inflow/outflow VV
- Radiopaque
- Decreased risk of nontargeted embolization
Transarterial approach

- IMA
- Lumbar arteries
- Stable access and proper equipment
Percutaneous approach

Access the aneurysm sac at the level the endoleak
• Fluoroscopy with anatomical landmarks
• Needle guide software
  • Xperguide (Philips)
  • DynaCT (Siemens)
Perigraft approach
High risk for type II endoleak

- Patent IMA >2.5 mm
- LA >1.9mm
- 2 or more LA extending from the aneurysm sac
- >30mm aortic flow lumen
• Preventing development of type II endoleak
• Decreased sac size
• Decreased reintervention rates
Perigraft sac coil embolization
Surgical approach

- Transarterial
- Translumbar
- Perigraft
- Transcaval

Surgical approach
Conclusion

• Various approach techniques
• Proper equipment
• CT-angio suite: ideal room to perform percutaneous approach
• Onyx : more expensive but more reliable and reduce re-intervention rate
THANK YOU
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