

5th European Conference on

Clinical and Medical Case Reports

September 07-08, 2017 Paris, France

Embolization for visceral artery aneurysms

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De Bakey and Cooley did the first successful operation for a visceral artery aneurysm (VAA) in 1953. They are relatively rare and the risk of rupture is associated with high mortality. The majority of patients are asymptomatic prior to rupture and the main indication of elective treatment is size, now a days endovascular procedures as embolization or covered stents have increased the treatment options available to comorbid patients not suitable for open repair. VAAs are seen more often these days with the more widespread use of computed tomography. Coil embolization techniques are often used to “trap” the aneurysm between coils placed proximally and distally within the normal part of the parent artery. This technique is well suited for aneurysms in larger arteries but requires adequate collateral circulation to the end organ. VAA can often be excluded from the circulation in this way by coil embolization of first the distal and then the proximal segment of the parent artery. Modern endovascular techniques with promising short- and long-term results could broaden indications to treat asymptomatic VAA. The promising results of endovascular treatment in elective settings could lead to broader indications, thus reducing life-threatening rupture. The advances with embolization techniques in the last decades are quite evident, and the field of endovascular surgery and minimally invasive techniques has accompanied this development, aiming at overcoming its limitations.

Biography

Paulo Eduardo Ocke Reis is Specialist in Vascular Surgery and Endovascular Surgery. He is Adjunct Professor of vascular surgery and Professor, graduate course in cardiovascular sciences. He is the Coordinator of the Vascular Surgery Service, University Hospital Antonio Pedro, and Federal University Fluminense, Brazil/Rio de Janeiro/Niterói. He is the Editor-in-Chief of *Journal of Vascular and Endovascular Surgery*. He is the Associate Editor of EJVES Short Reports Editorial Board.

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