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**ENDARTERECTOMIA CAROTIDIANA IN TRATAMENTUL STENOZELOR CAROTIDIENE CRITICE SIMPTOMATICE SI ASIMPTOMATICE****Baila S., Oprea Isabella, Mitcov Dana, Arsenescu Ileana, Stoica Adina, Totir Maria Magdalena, Croitoru M., Parnia A.***Emergency Institute Of Cardiovascular Diseases "Prof. Dr. C.C. Iliescu"  
Vascular Surgery Department, Bucharest, Romania***CAROTID ENDARTERECTOMY IN TREATMENT OF CRITICAL SYMPTOMATIC AND ASYMPTOMATIC CAROTIDIAN STENOSIS**

This presentation's objective is to identify efficacy of the surgical treatment of critical carotid stenosis using direct endarterectomy, in our experience. It's been over 50 years since the first CEA and 15 years since the publication of the Nord-American and European trials' results- which stated surgery as the elective procedure of treatment for the extracranial cerebrovascular occlusive disease. Material and Method: Our experience consists of 411 cases of carotid endarterectomies (1997- June 2011). There were 139 asymptomatic patients and 272 symptomatic patients, 173 with minor stroke, 99 with TIA. 380 carotid endarterectomies were performed, followed by venous patch angioplasty in 332 cases, Dacron patch angioplasty in 39 cases and PTFE patch in 8 cases. There were 31 cases of primary closure of the arteriotomy, and 5 patients with bilateral simultaneous carotid endarterectomy. Results: 2 patients suffered postoperative major stroke (one ischemic, one hemorrhagic) and 4 deaths (2- AMI and 2- major stroke). Mortality and combined mortality/perioperative stroke rate was of 1,21 % (only in symptomatic patients). Conclusions: In our experience, carotid endarterectomy remains the method of choice in critical carotid stenosis treatment.

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**ANEVRISMELE RUPTE DE AORTA ABDOMINALA INFRARENALA - TRATAMENT SI REZULTATE****Baila S., Oprea Isabella, Halpern R., Croitoru M., Totir Maria Magdalena, Parnia A., Bubenek S.***Emergency Institute Of Cardiovascular Diseases "Prof. Dr. C.C. Iliescu"  
Vascular Surgery Department, Bucharest, Romania***RUPTURED ABDOMINAL INFRARENAL AORTIC ANEURYSMS- SURGICAL TREATMENT AND OUTCOME**

Repair of ruptured abdominal aortic aneurysm carries a considerable rate of morbidity and mortality. Management of ruptured abdominal aortic aneurysms demands immediate diagnosis and a trained team to assess and deliver operative care, as well as logistic support in a dedicated center. Materials and method: Our experience consists of 63 cases of ruptured abdominal aortic aneurysm repair (2004- June 2011) - 57 males (90,5%) and 6 females (9,5%). There were 61 infrarenal abdominal aortic aneurysms (96,8%) and 2 thoracoabdominal aneurysms (3,2%). 35 patients were admitted in hemorrhagic shock (55,5%) and 38 were hemodynamically stable (45,5%). Results: We encountered 7 intraoperative deaths (11,1%), 19 postoperative deaths (30,1%) and 37 patients with long term survival (58,7%). Conclusions: Ruptured abdominal aortic aneurysm is a life-threatening condition that requires emergent surgery, followed by significant perioperative mortality and morbidity.

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**ACCES VASCULAR PENTRU HEMODIALIZĂ PROGRAMATĂ ÎN CAZUL COMPLICAȚIILOR ȘI EPUIZĂRII REZERVEI VASCULARE****Vasiliev A., Mișin I., Tănase A., Mastak D.***IMSP CNȘPMU*

Introducere: Asigurarea pacienților cu AV optimal în cazul complicațiilor fistulei arterio-venoase și epuizării rezervei vasculare (ERV) rămâne controversat. Scopul – evaluarea eficacității grefelor sintetice PTFE în calitate de AV la pacienții dializați. Material și metodă: În studiu au fost incluși 22

pacienți dializați cu epuizarea rezervelor vasculare și 4 pacienți cu complicații tardive ale AV. Vârsta medie -  $47.27 \pm 1.36$  ani. Raportul bărbați/femei - 6/12. Durata medie a tratamentului prin HD a constituit  $7.45 \pm 0.85$  ani (1-16 ani). Duplex ecografia a fost efectuată la toți pacienții pentru aprecierea stării sistemului vascular periferic. La 18 pacienți în urmă ERV a fost formată FAV sintetică, fiind efectuate 21 intervenții. La 4 pacienții cu dilatări anevrismale ale FAV cu scopul prezervării AV sau efectuat reconstrucții prin interpoziție cu segment PTFE. În formarea FAV sintetică a fost utilizată grefa sintetică - Gore-Tex® (stretch PTFE vascular graft, USA) cu diametrul intern de 6mm. Localizarea FAV la brăt - 15 cazuri și antebraț - 3 cazuri. Rezultate: Durata medie de funcționare a FAV sintetice a constituit:  $16.54 \pm 4.17$  (2-51) luni. Complicații ale FAV sintetic s-au dezvoltat în 11 cazuri. Structura complicațiilor: tromboza - 5 (45.4%), pseudoanevrism - 4 (36.3%), infecție - 1 (9.1%) sindrom de „furt” sanguin - 1 (9.1%). Trombectomia reușită a fost efectuată în 3 cazuri la 2,11,30 luni după implantarea grefei. Concluzii: Grefele sintetice reprezintă o oportunitate justificată în formarea sau prezervarea AV în cazul complicațiilor FAV și ERV și prezintă o alternativă instalării cateterelor venoase centrale.

## VASCULAR ACCESS FOR PROGRAM HEMODIALYSIS IF COMPLICATIONS EXHAUSTION AND VASCULAR RESERVS

Introduction: Vascular access (VA) presents a vulnerable point in hemodialysis (HD). Ensuring the patients with optimal VA for complications of arteriovenous fistulae (AVF) and exhausted vascular reserve (EVR) remains controversial. Study aim - To evaluate the efficacy of synthetic PTFE grafts as VA for dialysis patients. Materials and methods: In the study were included 22 patients with EVR and 4 patients with late complications of VA. The mean age was -  $47.27 \pm 1.36$  years. Male to female ratio was - 6 / 12. The mean duration of treatment with programmed HD was  $7.45 \pm 0.85$  years (1-16 years). Preoperative duplex ultrasound was performed in all the patients in order to assess the peripheral vascular system. In 18 patients with EVR synthetic AVF was created, being performed 21 interventions. In 4 cases with aneurysms expansion of AVF in order to preservation of existing VA reconstructive interventions were made by interposition of PTFE segment. In order to construct a AVF synthetic graft was used - Gore-Tex® (PTFE vascular graft stretch, USA) with internal diameter of 6mm. Location AVF was the arm in 15 cases and forearm in 3 cases. Results: The mean graft's functional period was:  $16.54 \pm 4.17$  (2-51) months. Complications of synthetic AFV developed in 11 cases. Structure of complications was: thrombosis - 5 (45.4%), pseudoanevrism - 4 (36.3%), infection - 1 (9.1%), "steal" syndrome - 1 (9.1%). Successful thrombectomy was performed in 3 cases at 2;11; and 30 months after graft implantation. Conclusions: A synthetic graft is justified opportunity for the formation or preservation of VA in case EVR of complicated AVF and presents an alternative to installation central venous catheters.

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