Results: The average AAA grow rate is 0.2-0.3 cm/year for an AAA diameter between 3 and 5 cm. Smalls aneurysms are symptomless, clinical signs can install to a large diameter, caused by compression, erosion, trombembolia and the more significant- ruptured AAA. The death rate in an acute rupture varies between 62-94%, depending on the individual risk factors and the situs of rupture. The death rate in scheduled endovascular treatment is under 2%, whereas in open version can arise to 6-7%. The long follow-up shows similar results for the both methods.

Conclusions: The screening of risk group reduces the mortality by AAA. The ultrasound monitoring is recommended for a diameter between 3.0 and 5.0 cm, and an interventional treatment is indicated for the aneurysms greater than 50 mm. The application of endovascular technology has no benefit in long-term monitoring.

Keywords: EVAR, abdominal aortic aneurysm, endoleak

23. MARFAN SYNDROME COMPLICATED WITH THORACIC AORTA DISSECTION – A FAMILY CASE PRESENTATION

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Introduction: Marfan syndrome (MFS) is the most common inherited disorder of connective tissue affecting multiple organs: skeletal, ocular, and cardiovascular systems. The most life-threatening and life-shortening complication is aortic dissection. Without surgery, life expectancy of MFS patients is reduced to approximately 32 years.

Purpose and Objectives: The purpose of this presentation is to reveal the necessity of the early operative treatment in patients diagnosed with Marfan syndrome and the importance of screening tests in this group.

Materials and methods: The report is based on the analyses of the medical history of three patients, first degree relatives, diagnosed with Marfan syndrome who were admitted and operated in the department of cardiovascular surgery for the aortic dissection. The diagnosis was based on the echographic, angiographic and computer tomography data.

Results: All three patients were discharge in a good physical condition with the proper cardiac function and anticoagulantion drugs. The follow up of the patients didn't reveal any further complications.

Conclusion: The screening of patients with Marfan syndrome for the aortic aneurysm is a useful and necessary instrument in the prevention of acute aortic dissection. The choice of the surgical procedure is based on the identification of type of the dissection, its extension and the preference of the surgeon.

Keywords: Marfan syndrome, aortic dissection

24. VASCULAR ACCESS FOR HEMODIALYSIS IN DIFFICULT CONDITION – CASE PRESENTATION

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Introduction: Hemodialysis in the end-stage chronic kidney disease requires a permanent access to the patient's circulatory system, and the suitable amount of blood flow is important for the efficiency of dialysis. These conditions are better satisfied by the arterio-venous native fistulae, synthetic shunt between artery and vein or a direct central venous cannulation. Central vein thrombosis and stenosis is one of the complications that make classical hemodialysis access unusable.

Purpose and Objectives: Presentation of an alternative solution for vascular system access, which will avoid stenotic /obstructed segments of the superior and inferior caval system.