Hypothesis for the increased rate of thromboembolic and microembolic complications following abdominal aortic aneurysm repair in women

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## Disclosures



### Rationale & aim

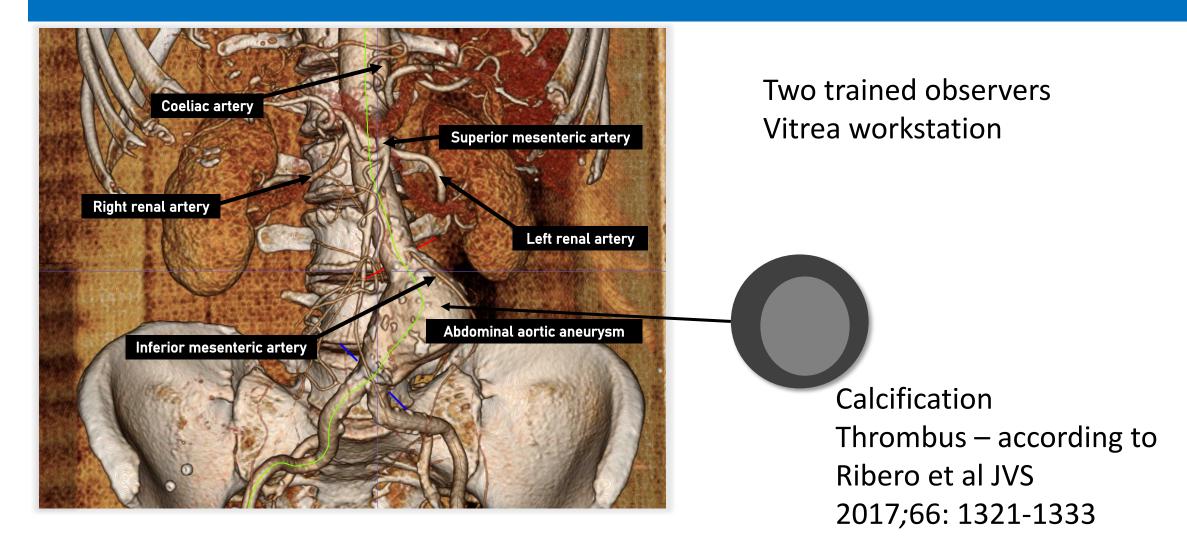


- Women have significantly higher rates of thromboembolic complications, including bowel ischaemia, renal dysfunction & myocardial infarction after AAA repair compared with men
- The aim was to identify whether the morphology of the visceral arteries & aortic thrombus is different in men and women

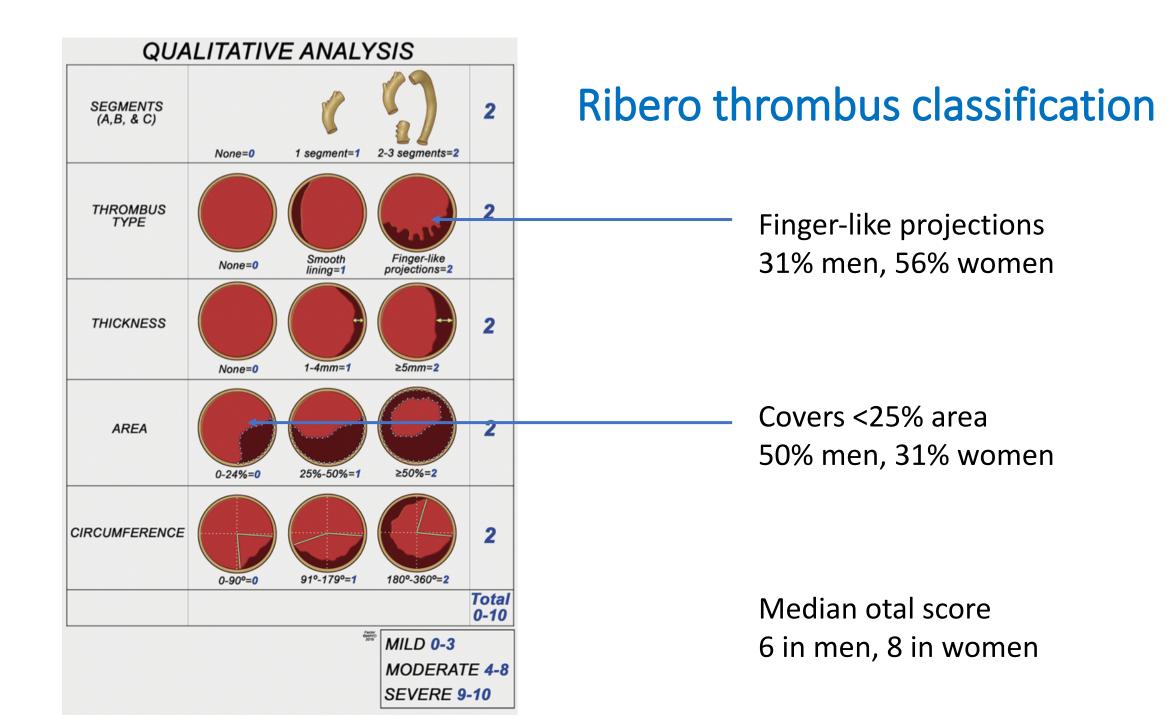
### Retrospective case-control study

- All infrarenal AAA repairs at St Mary's Hospital 2014-2020 with CT scans available
- 48 women with adequate CT scans, mean age 75.8 years, 32 EVAR, 16 open repairs
- Matched to 96 men, mean age 77.3 years, 64 EVAR, 32 open (also matched for, smoking, comorbidities & AAA diameter from pool of 308 men)

# Analysis of CT scans: for diameter, disease & tortuosity of visceral arteries, aortic wall & thrombus characteristics of the aneurysm



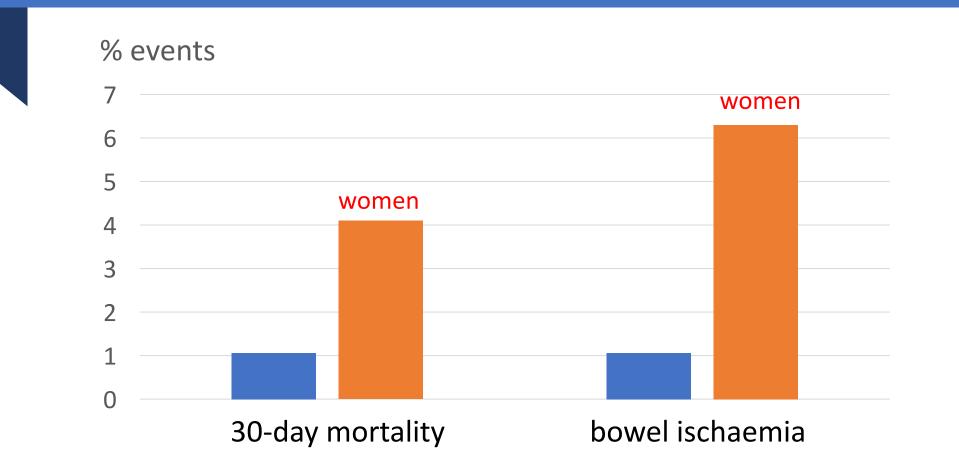
Visceral artery diameters &	men	women	P value	
tortuosity	N=96	N=48		
Coeliac artery				
median diameter at 20 mm (mm)	7.87	6.45	<0.001	
tortuosity	1.04	1.06		
Superior mesenteric artery				
median diameter at 20 mm (mm)	7.64	6.44	<0.001	
tortuosity	1.01	1.06	0.045	
Left renal artery				
median diameter at 20 mm (mm)	5.51	4.75	<0.001	
tortuosity	1.04	1.09	0.018	
Inferior mesenteric artery				
median diameter at 20 mm (mm)	3.31	2.83	0.014	
tortuosity	Occluded in	Occluded in 19 women versus 24 men		



#### Visceral arteries in women vs men are

- 15-20% smaller in diameter & slightly more tortuous
  - SMA is more often occluded
  - Thrombus burden is higher (area & finger-like projections)
  - Not different for calcification or atherosclerosis

## Bowel ischaemia & 30-day mortality



Hypothesis from this pilot study  "the nature of the aortic wall thrombus together with narrower, more tortuous arteries of organ supply cause an increased rate of thromboembolic and microembolic complications following AAA repair in women"

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