Modern Treatment Aspects of Aortoiliac Occlusive Disease and Leriché Syndrome - a Jump into Endovascular Era

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Introduction:
Looking back in history of vascular surgery aortobifemoral bypass remains a first line treatment for Leriché Syndrome since the early 1950s. Despite the TASC II recommendation for open repair of type C and D lesions even more vascular specialists choose the “endovascular first” approach even in complex aortoiliac occlusive cases.
Aims and Methods:
The aim of the study is to describe the endovascular treatment options for patients with aortoiliac type D (TASC II) lesion and to compare the long term results with the “golden standard” open repair.
For 5-years period 161 patients with type D lesions were treated endovascular (Group A) compared to 73 open repairs (Group B). Patency and complications were followed up and evaluated for both methods.
Results:
69 of the endovascular cases and 65 of the open repairs were with Leriché Syndrome, the rest of the patients being with uni- or bilateral iliac occlusion. Technical success was achieved in all patients, while preoperative mortality rate remained 0.0% in both groups. In 4 endovascular cases (2.5%) major intraoperative complications occurred, one of them was switched to open surgery. Early postoperative mortality is 1.9% for endovascular vs. 6.8% for open surgery. Primary patency at 12th month is 98.8% for group A (n=159) and 98.6% for group B (n=72).
Conclusion:
Short- and long-term patency for both methods is similar and remains significantly high. Stent-grafts show better long-term results compared to bare-metal stents due to higher patency rate, no intimal hyperplasia and in-stent restenoses but recanalization with bare-metal stents is appropriate option, due to lower price, and doesn’t preclude the possibility of re-stenting, secondary CERAB or open surgical reconstruction. Endovascular recanalization is better method due to lower mortality rate, shorter hospital stay, higher patient satisfaction and better quality of life.

Key Words:
Leriché Syndrome, Aortoiliac Occlusive Disease, CERAB, Endovascular surgery, Bare-Metal Stenting