

Question 17

- A 72y diabetic man undergoes a physical for complaints of a lower abdominal cramping and tenderness of 2 week duration. Examination reveals a pulsatile mass in the lower abdomen. His past medical history is also significant for hypertension, CKD and CAD. Contrast CT reveals a 6cm infra-renal AAA. Regarding his management, which of the following is correctly describes his options and outcome?
 - A. EVAR will be associated with a significantly lower all-cause mortality compared with surgical repair
 - B. As there is no long-term data to support EVAR, its consideration given his age may not be appropriate
 - C. A contrast CT was unwarranted given his CKD and an US examination would have been appropriate for procedural planning and determination of treatment strategy
 - D. Though 30d mortality is lower with EVAR, the survival benefit is lost long-term, primarily due to excess cardiovascular deaths in the EVAR group
 - E. If the AAA would have been discovered a year earlier at 5.5cm in diameter, a strict 6m US or CT follow-up would have been appropriate

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30d mortality lower with EVAR (7-9%), however benefit lost long-term from aneurysm related and CV deaths

	Total survival rates	Aneurysm related survival
EVAR 1	54% EVAR 54% OR	93% EVAR 93% OR
DREAM	89.7% EVAR 89.6% OR	
EVAR 2	30% EVAR 26% No intervention	86% EVAR 64% No intervention