Abdominal Aortic Aneurysm follow-up after endovascular repair in a canine model with noninvasive vascular elastography

Elie Salloum^{1,3}; Antony Bertrand-Grenier^{1,3}; Sophie Lerouge^{3,4}; Claude Kauffman^{1,3}; Hélène Héon³; Eric Therasse^{1,2,3}; Marie Hélène Roy Cardinal³, PhD; Guy Cloutier^{1,3}; Gilles Soulez^{1,2,3} ¹ Université de Montréal; ² Centre Hospitalier de l'Université de Montréal (CHUM); ³ Centre de recherche de l'Université de Montréal (CRCHUM); ⁴ École de technologie supérieure

Purpose

To assess the ability of non-invasive vascular elastography (NIVE) to characterize endoleaks and thrombus organization in a canine model of abdominal aortic aneurysm (AAA) after endovascular aneurysm repair (EVAR) with stent-graft (SGs).

Methods

Endoleak creation in a canine model

Table 1. Endoleak and thrombus organization				
	N=	Organized Thrombus	Fresh Thrombus	
Type I (n)	4	4	1	
Type II (n)	14	14	5	

Follow up

Table 2. Elastography and DUS were performed at each follow up. Angiography was performed before implantation and before sacrifice whereas CT scan was performed before sacrifice followed by pathology

Creation of AAA with jugular venous patch.

 After 8 weeks of recovery and healing period, a SG (10 mm of diameter) was implanted.

Segmentation





	Elastography	DUS	СТ	Pathology	Angiography
Τ _o	+	+	-	-	+
1 Week	+	+	-	-	-
1 Month	+	+	-	-	-
3 Months	+	+	-	-	-
6 Months	+	+	+	+	+

In quasi-static elastography, radiofrequency echo signals acquired before and after a small (about 1%) of applied deformation are correlated to estimate tissue displacements. Local tissue displacement vector estimates between small segments of the pre- and post-deformation signals are estimated and the corresponding strain distribution imaged.

→ Endoleak
→ Organized thrombus
→ Fresh Thrombus

3 ROI:





The segmentation was performed by the same technician and verified by the same radiologist

	•	•				
Table 4. NIVE stra	ain parameters	s in segmente	d regions			
	Endoloak	Organized	Fresh	P Value *		
	(Mean ± SD) (%)	Thrombus (Mean ± SD) (%)	Thrombus (Mean ± SD) (%)	E Vs. OT	E Vs. FT	OT Vs. FT
MaxAxStrain	0,78 ± 0.22	0,10 ± 0,04	0,23 ± 0,02	< 0.001	< 0.001	< 0.001
MinAxStrain	-0,44 ± 0,30	-0,17 ± 0,06	-0,17 ± 0,05	0.004	0.023	0.818
MaxCumAxStr ain	0,85 ± 0,56	0,16 ± 0,10	0,20 ± 0,08	<0.001	0.002	0.316
MaxStrainRate	5,61 ± 3,75	1,16 ± 0,60	1,66 ± 0,69	<0.001	0.006	0.11
MinStrainRate	-6,00 ± 3,71	-1,10 ± 0,53	-1,76 ± 0,81	<0.001	0.006	0.033

Results

- Strain measurements were significantly different between endoleak and thrombus for all strain parameters
- Strain measurements (Max Ax strain and Min A strain) were significantly different between fresh and organized thrombus
- No correlation found between sac pressure and strain values for the different ROIs
- The leak size and type of endoleak had no impact on strain measurements

Conclusion

Different values of NIVE parameters were displayed in endoleak and thrombus with different grade of thrombus organization incide the ensuring and Even though NIVE could not

