CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE

CONTROVERSIES & UPDATES IN VASCULAR SURGERY

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MARRIOTT RIVE GAUCHE & CONFERENCE CENTER
PARIS, FRANCE

Quiz

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KELLY Patrick

From an endovascular repair perspective for repairs of complex aneurysms, which is true?: (one answer)

1. Short bridging stents allow for disruptions flow to become redeveloped
2. Short bridging stents compensate for misalignment better than long bridging stents
3. Bridging stent length has a greater impendence on flow than bridging stent diameter
4. Longer (5-7 cm) may allow disruption of flow to redevelop by the time flow reaches the native vessel improving near wall hemodynamics thus decreasing intimal hyperplasia

MELISSANO Germano

Spinal Cord Ischemia after TEVAR may be related to: (one answer)

1. Occlusion of intercostal arteries
2. Severe prolonged hypotension
3. Lack of collateral blood flow to the anterior spinal artery
4. Elevated pressure of cerebrospinal fluid
5. All of the above

KEIRSE Koen

Regarding the treatment of TASC A & B lesions in the SFA, The Majestic Drug Eluting Stent showed at 12 months a primary patency resp. TLR-rate of …: (one answer)

1. Primary patency of 75% resp. TLR-rate of 14%
2. Primary patency of at least 90% resp. TLR-rate of less than 10%
3. Primary patency of 94.4% resp. TLR-rate of 3.6%
4. Primary patency of 96.1% resp. TLR-rate of 3.8%

KEIRSE Koen

Success of The Majestic Drug Eluting Stent in the Majestic Trial is based upon... (one answer)

1. Small number of patients included in selected centers
2. Low incidence of Stent fractures (ie rate of 0%)
3. Majestic stent designed to optimize flexibility, radial strength, and fracture resistance. The dual layer coating design allows for a sustained drug release that coincides with the restenotic cascade
4. Better drug and coating compared to existing DES"

DAKE Michael

At five years in the Zilver PTX DES randomized clinical trial which of the following statements is not true?

1. The patency rate for DES is better than for standard of care (successful PTA patients and patients with unsuccessful PTA who received provisional bare metal stent placement
2. The patency rate difference at one year between DES and the standard of care group increased in separation by 35% between years one and five
3. The patency rate for provisional DES was greater than that for provisional bare metal stent placement at five year follow-up
4. The all-cause mortality rate for the DES group at five years was less than for the PTA group

BICKNELL Colin

Team training and rehearsal may significantly reduce error and harm to patients, but what are the biggest barriers to team based training in your institution?

1. Money
2. Facilities
3. Organisation of staff
4. Simulation equipment
5. Other

BICKNELL Colin

We currently perform team training exercises at our hospital

1. Never
2. Reacting to clinical incidents only
3. Yearly
4. Monthly
5. Weekly or more often

KAKKOS Stavros

In the Asymptomatic Carotid Stenosis and Risk of Stroke (ACSRS) study which of the following was not found to be a predictor of future stroke?

1. History of contralateral neurological symptoms
2. Discrete white areas of the carotid plaque on ultrasound
3. Increasing stenosis severity
4. Small juxtaluminal black (hypoechoic) areas on ultrasound
5. None of the above, which were all stroke predictors

HASSEN-KHODJA Réda 

With respect to Asymptomatic Carotid Stenosis ≥60% (NASCET criteria), based on available prospective randomized data, all the followings are true, except:

1. The absolute risk reduction of stroke obtained with CEA compared to medical therapy alone is about 5-6%
2. The relative risk reduction of stroke obtained with CEA compared to medical therapy alone is between 45 and 53%
3. The number needed to treat (NNT) to prevent one stroke is 190 patients
4. There are 53 strokes prevented for every 1000 CEA in asymptomatic patients

MOORE Wesley s.

The following conditions are high risk for transfemoral carotid stent/angioplasty and should preferentially be treated with carotid endarterectomy: (one answer)

1. Long lesions(>13mm)
2. Tandem lesions
3. Lesions distal to the carotid bulb
4. All of the above

LIAPIS Christos d.

Which one of the following statements is not correct?

1. The effect of CAS on neurocognitive functions in patients with extracranial carotid disease is clearly beneficial
2. Transcranial Doppler can be used to document microemboli during CAS
3. Diffusion-weighted magnetic resonance imaging (DW-MRI) has revealed that patients may develop new brain lesions during CAS
4. Cerebral infarcts after CAS may be subclinical or might be associated with subtle long-term neurologic changes and deterioration of cognition5. CAS may improve at least some cognitive domains

FRAEDRICH Gustav

Treatment option for recently symptomatic carotid stenosis patients (one answer):

1. CAS is safer
2. CEA is safer
3. Both are equal

LONG Anne

Popliteal aneurysm: (one answer)

1. Is defined as a localized dilatation of the popliteal artery greater than 3cm
2. Is bilateral in nearly half of the patients
3. Is more frequent in women
4. Is at high risk of rupture
5. Is associated with a major amputation rate of 35% in case of emergency repair

McWILLIAMS Richard 

Type 3b endoleak: (one answer)

1. Describes disconnection of the components of a modular stent graft
2. Occurs only with first generation stent grafts
3. Never occurs before 5 years of surveillance
4. Is best diagnosed with late phase CT
5. Is difficult to confidently diagnose

DALMAN Ronald

Comparing the effects of snorkel/chimney and fenestrated EVAR on renal arteries: (one answer)

1. Snorkel/chimney stents only increase end- stent renal artery angulation
2. Fenestrated stents only decrease end-stent renal artery angulation
3. Mean end-stent renal artery angulation is greater with snorkel/chimney stents
4. Mean end-stent renal artery angulation is greater with fenestrated stents

DAKE Michael

In terms of imaging features of type B aortic dissection, which of the following is a recognized risk for early progression of disease? (one answer)

1. Partial thrombosis of the aortic false lumen
2. A 10mm or less primary entry tear located proximal in the descending aorta
3. A false lumen diameter of < 20mm
4. An overall trans-aortic diameter of < 40 mm at the time of diagnosis