MARY WASHINGTON HEALTHCARE IMAGING SERVICES

ENDOVASCULAR AORTOILIAC STENT GRAFT CRITERIA

> Aorta (above endograft)

Normal aorta - 2.4 cm or less with no evidence of atherosclerotic disease or thrombus.

Ectasia - aorta of 2.5-2.9 cm.

Aortic Aneurysm - >3.0cm or greater

Note presence & degree of thrombus or atherosclerotic disease (mild, moderate or severe).

➤ <u>Iliac arteries</u> (below endograft)

<u>Normal iliac artery</u> - \leq 1.4 cm or less with no evidence of atherosclerotic disease or thrombus.

Ectasia- iliac artery measuring 1.5 cm.

<u>Iliac aneurysm</u> - >2.0 cm or greater

Note location, presence of thrombus or atherosclerotic disease and flow reversal.

> Aneurysm sac

No substantial increase in aneurysm sac dimensions compared to previous exam No evidence of endovascular leak

No evidence of mechanical changes in the endograft, including migration, kinking, and fracture

> Endovascular leak.

- Type I: Attachment endoleak
 - a. Superior attachment
 - b. Inferior attachment(s)
- Type II: Branch leaks (originating from native vessels)
 - a. From the aorta & potentially may flow retrograde into the residual aneurysmal sac outside of endograft
 - b. IMA origin-anterior to graft in mid portion of AAA sac (usually found near umbilicus.
 - c. Lumbar origin-posterior to graft over potentially entire length of AAA sac. (most often found in the transverse approach)

Reference:

- 1. Endovascular Aortic Stent Graft; Gunderson Lutheran
- 2. Endovascular Aorto-iliac Stent Graft Evaluation; SVU
- 3. GE Medical Systems, US: Emerging Vascular Technologies, Program Supplement. <u>Color Duplex Ultrasound Protocol for Evaluation of Endovascular Stent Grafts for the Repair of Abdominal Aortic Aneurysm</u>.
- 4. Carter, Kathleen A., et al.: <u>Doppler Waveform Assessment of Endoleak Following Endovascular Repair of Abdominal Aortic Aneurysm: Predictors of Endoleak Thrombosis</u>, The Journal of Vascular Technology 24(2): 119-122, 2000.
- 5. Johnson, Bonnie L., et al., *Color Duplex Evaluation of Endoluminal Aortic Stent Grafts*, The Journal of Vascular Technology 22(2): 97-104, 1998.

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