# Endograft infection after endovascular aneurysm repair: A systematic review and meta-analysis

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#### **Endograft Infection Post EVAR**

- ☐ Rare but potentially lethal complication after EVAR
- Represents both diagnostic and therapeutic challenge
- ☐ The incidence difficult to estimate: most data derive from single-centre studies (0.2%-8%)
- Graft explantation gold-standard approach, non-operative management or "bridging" therapy for patients with a high surgical risk

## Overview

**Purpose:** To undertake a systematic literature review upon the management and outcomes of aortic endograft infection after endovascular aneurysm repair (EVAR)

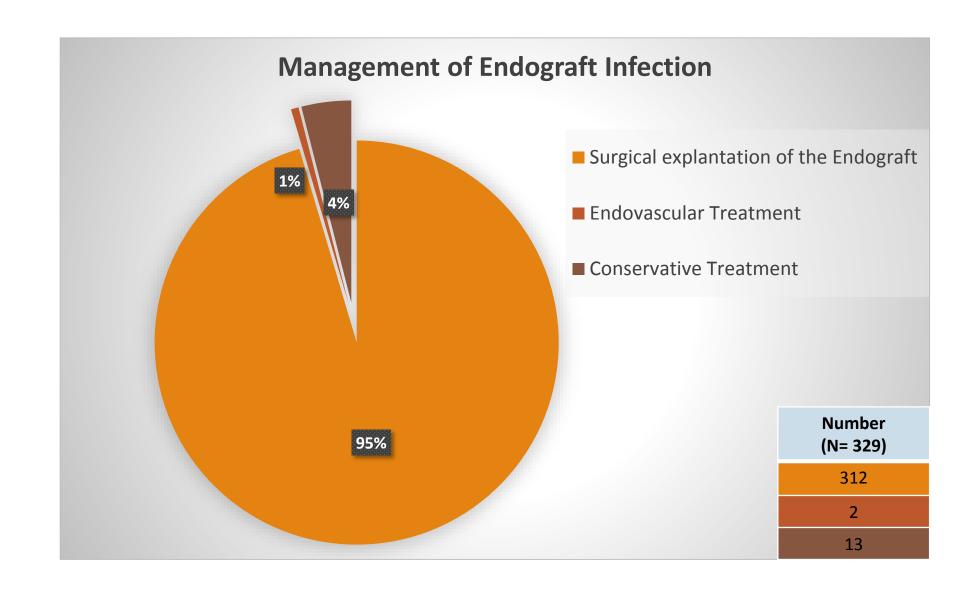
**Method:** Studies reporting cases of endograft infection after EVAR. Performed a meta-analysis on 30-day/in-hospital mortality and follow-up mortality using the random-effects model.

#### Results

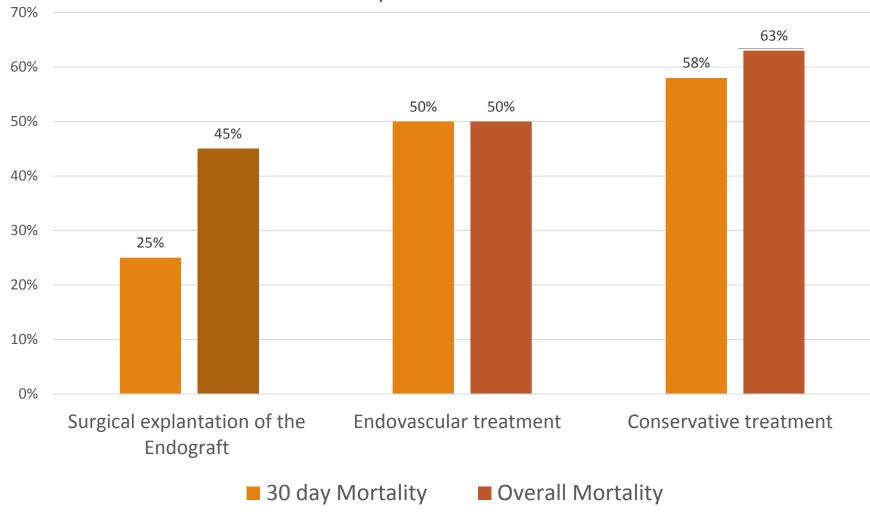
#### Sixteen articles reporting a total of 329 patients

- Incidence of endograft infection 0.6% (95% CI 0.4 to 0.8)
- ☐ The time from implantation to diagnosis ranged from 1-128 months (mean, 26 months)
- ☐ Less than half of the patients in our cohort (40%) had emergency surgery; the rest underwent an urgent or elective.

Presentation	%	Confidence Intervals (95%)
Pain, fever, and leukocytosis	70%	67 - 72
Weight loss/ fatigue or generalized weakness	30%	27 - 32
Infection/abscess	20%	18 - 22
Bleeding complication	10%	7 - 12
Asymptomatic	10%	7 - 12







## Conclusions

- ☐ Insufficient low quality evidence on the management and outcomes of stent graft infection after EVAR
- ☐ A high index of suspicion is required for the early detection and diagnosis of endograft infection
- □ Surgical treatment with complete explantation of the infected endograft seems to be the optimal management in selected patients

## Conclusions

- Supportive medical treatment without surgical intervention has a significant associated mortality
- □ Further research from national and international registries and prospective multi-centre studies is required to define the role and outcomes of specific surgical treatments and predictive factors of outcomes in the management stent graft infection after EVAR.