



Nagoya City University Academic Repository

学位の種類	博士 (医学)
報告番号	甲第1568号
学位記番号	第1123号
氏名	市橋 拓
授与年月日	平成 29年 3月 24日
学位論文の題名	Safety and utility of total percutaneous endovascular aortic repair with a single Perclose ProGlide closure device (単個のパークローズプログライド止血デバイスを用いた完全経皮的腹部大動脈瘤ステントグラフト内挿術の安全性と有効性) J Vasc Surg 2016;63:585-8
論文審査担当者	主査： 三島 晃 副査： 早野 順一郎, 大手 信之

Endovascular aortic aneurysm repair (EVAR) is widely used and has become the preferred technique, with low mortality and morbidity. Percutaneous EVAR (PEVAR) with suture-mediated closure devices, such as Perclose Prostar XL (Abbot Vascular, Santa Clara, Calif) and multiple Perclose ProGlides (Abbot Vascular) has recently been introduced as an alternative procedure to further minimize invasiveness compared with EVAR with surgical cutdown (SEVAR). This study evaluated the safety and efficacy PEVAR with a single Perclose ProGlide device compared with SEVAR. The study included 50 abdominal aortic aneurysm patients who were treated with PEVAR with a single Perclose, ProGlide device and 96 patients treated with SEVAR. Technical success was defined as successful arterial closure of the common femoral artery without the need for adjunctive surgical or endovascular procedures. The rates of complications, including bleeding requiring transfusion, infection, pseudoaneurysm, paresthesia, and lymphocele, as well as the operating room time and hospital duration were compared between the PEVAR and SEVAR groups. Technical success was obtained in all patients in the PEVAR group. One patient in the SEVAR group needed surgical repair due to access site bleeding. Complication rates were similar between the groups (4% in the PEVAR vs 8% in the SEVAR; $P = .495$). The PEVAR group had significantly shorter operating room times (153 ± 47 minutes vs 211 ± 88 minutes, $P < .001$) and hospital lengths of stay (6.7 ± 6.8 days vs 9.3 ± 4.5 days, $P < .001$). Compared with SEVAR, PEVAR with a single ProGlide device is a safe procedure with a shorter operating room time and hospital stay, without increasing access site complications.