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The Fate of Open Surgery in the EVAR Era

To Editor,

Katsagyris et al¹ reported, in a recent and interesting article, their retrospective clinical experience on the current indications of open repair (OAR) of infrarenal abdominal aortic aneurysms (AAA). Particularly, they identify as indications for OAR instead of EVAR: challenging anatomy, unstable patients with ruptured aneurysm, concomitant iliac arteries occlusive disease, previous EVAR with complications, young age patient, patient's preferences and infected/mycotic aneurysms. These authors confirm the now common reversal trend in the choice of the most used treatment compared to 20 years ago when EVAR was reserved for unfit for surgery patients. Indeed, the number of EVAR has increased significantly due to less invasivity with an improvement in perioperative morbidity, mortality and recovery and for this reason, in most developed countries, elective treatment of AAA is represented by EVAR.² However, the early survival benefit of these procedures decreases over time, with risk of AAA sac rupture and secondary intervention than OAR in the long term. The EVAR trial 1 reported that endovascular repair of AAA had a significantly higher total mortality after 8 years of follow-up and that the increased aneurysm-related mortality was secondary to aneurysm sac rupture. The incidence of life-threatening re-interventions was also significantly higher in the EVAR group. At the moment, there is no evidence in the recent literature to support EVAR as the first-line therapy in patients younger than 60 or even 70 years old.³⁻⁵ Moreover, both the guidelines on the diagnosis and treatment of aortic diseases published by the European Society of Cardiology and the guidelines on the management of AAA published by the European Society for Vascular Surgery recommend that OAR should be considered as the preferred treatment modality in patients with long life expectancy.^{6,7}



Our experience confirms that high hospital and surgical volumes may guarantee very low perioperative mortality after OAR of AAA.⁸⁻¹¹ Due to this, the OAR should not be forgotten in the EVAR era.

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