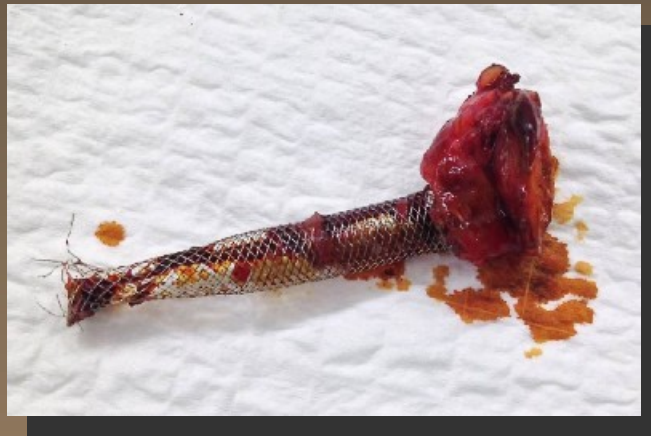


Les stents qui tuent...

(en 5 minutes...ou moins)



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Les faux anévrismes

- Pontage

Trou dans la paroi

Ponctions à répétition

Facteurs associés

 Débit sanguin important

 Sténose d'aval \Rightarrow HTN veineuse

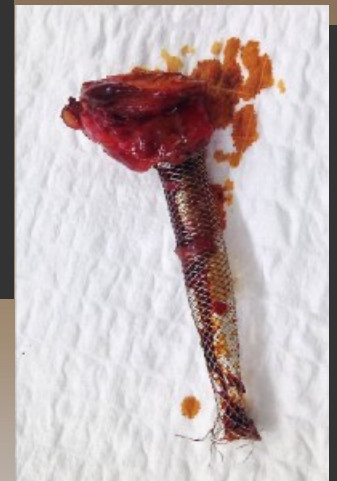
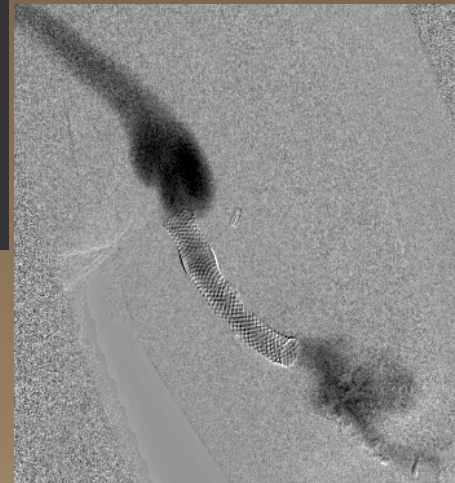


- Complications

Thrombose

Infection

Rupture

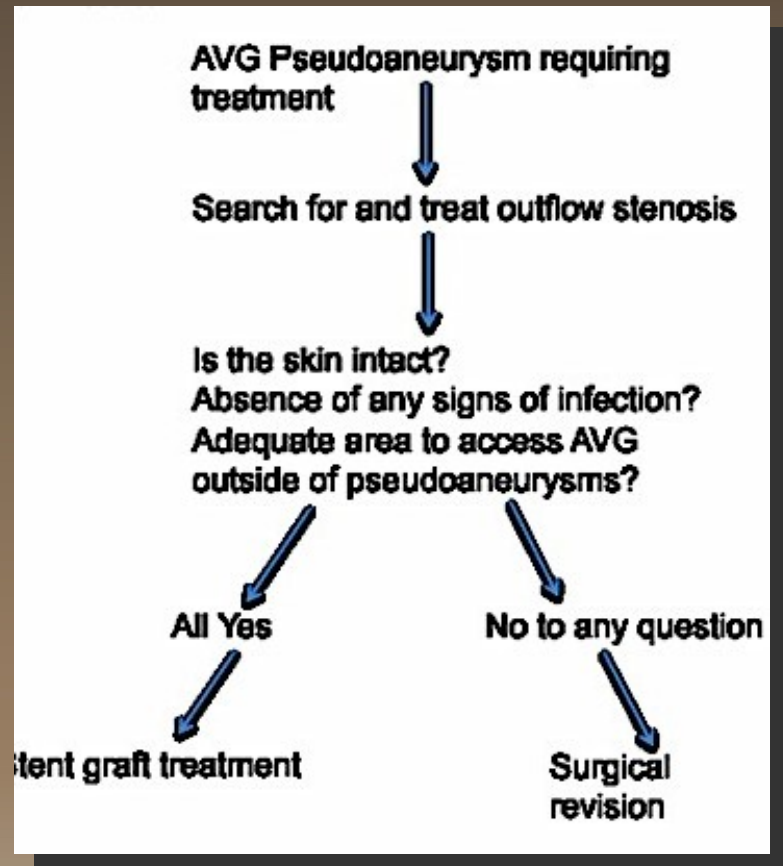


Consignes DOQI

- Indications de traitement
 - Perte de sites de cannulation
 - Compromis, érosion cutanée
 - Douleur (expansion rapide)
 - Infection
- Quel traitement?
 - Chirurgie
 - Option endovasculaire possible



Option chirurgicale



Option endovasculaire

- 70 pontages \geq 1 faux anévrisme
- 34/70 \rightarrow stent couvert
- 14/34 (41,2 %) \rightarrow pontages infectés
- 4/36 (11,1%) faux anévrismes restants non-traités \rightarrow exérèse pour infection (p=.006)
- Temps médian: implant – excision: 8,9 mois



Table 4. Stent Types Deployed within AV Grafts

Type	Infection
Fluency	10/49 (20.4)
Viabahn	5/22 (22.7)
Wallgraft	8/20 (40.0)
SMART	5/13 (38.5)

Note. — Values in parentheses are percentages. AV = arteriovenous.

Incidence d'infection des différents stents couverts (p = .143)

En dehors des urgences, faut-il tout traiter par
voie endovasculaire?



Location/Indication	Infection	P Value
Covered stent for pseudoaneurysm		<.001
No	15/144 (10.4)	
Yes	14/34 (41.2)	
Stent location: intra-AVG vs venous anastomosis, outflow vein		<.001
No	5/91 (5.5)	
Yes	24/87 (27.6)	
Intra-AVG covered stent for pseudoaneurysm vs any other reason		.029
No	10/53 (18.9)	
Yes	14/34 (41.2)	
All locations/indications	29/178 (16.3)	

Note.—Values in parentheses are percentages. AV = arteriovenous.

Graft Infection Based on Location and Indication for the 178 Unique Stent-Treated AV Graft Circuits on a Per-Graft Basis