

CORRESPONDENCE

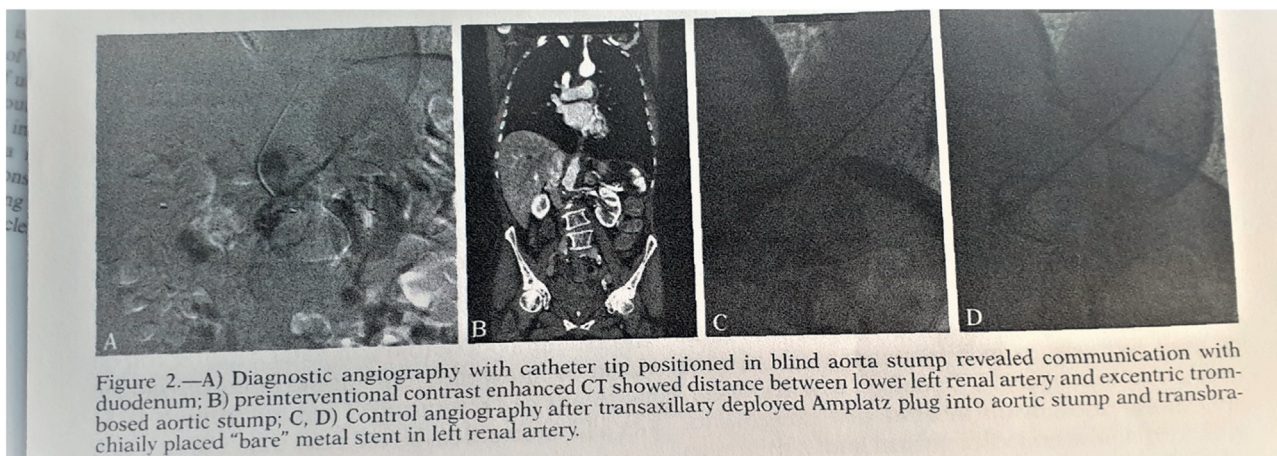
Regarding the Case Report from Elise Beijer, et al. Published in Volume 55, 2022; Vascular Forum. "Endovascular Treatment of Aortic Stump Rupture after Extra-anatomic Aortoduodenal Fistula Repair is not a Definitive Treatment: A Case Report and Literature Review"

Dear Editor and Author, I read carefully your report and congratulations on the nice description and highly skilled treatment. As we all know, vascular graft infections are

bleeding episode almost two years after the treatment. The early follow up CT showed a well deployed Amplatz and open left chimney stent.

The devastating aortoenteric fistula complications require an individual approach, and endovascular options have a remarkable role in the treatment of those patients either as a temporary or permanent solution.

S Duvnjak, P E Andersen, K E Larsen, O Roeder. Endovascular repair of postoperative vascular graft related



devastating complications accompanied by high mortality and morbidity rates. The endovascular solution is used either as a bridging or definitive treatment. In the real world, the bridging option becomes a definite solution due to difficulties with open surgery and a high mortality rate. There is limited literature available and as you noted usually case reports.

I draw your attention to the published paper in 2014 by my colleagues and me, "S Duvnjak, P E Andersen, K E Larsen, O Roeder. Endovascular repair of post-operative vascular graft related complications after aorto-iliac surgery. *Int Angiol* 2014 Aug; 33 (4):386–91".

In this paper, we had a case with aortoduodenal fistula and blind aortic stump bleeding complications treated with Amplatz plug and left renal chimney stent due to the position of the left renal artery and risk of occlusion if the Amplatz plug was used without renal protection. The patient had undergone a few abdominal operations previously and endovascular treatment was desirable and became the definitive solution, lasting almost two years without a new bleeding complication. The patient died due to a new

complications after aorto-iliac surgery. *Int Angiol* 2014 Aug; 33 (4):386–391.

Stevo Duvnjak*
Department of Vascular Surgery, Rigshospitalet, 2100
Copenhagen, Denmark

*Corresponding author. Department of Vascular Surgery, Rigshospitalet, Copenhagen, Denmark.
Email-address: duvnjak.stevo@gmail.com

© 2022 The Author(s). Published by Elsevier Ltd on behalf of European Society for Vascular Surgery. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

<https://doi.org/10.1016/j.ejvsf.2022.10.004>
DOI of original article: <https://doi.org/10.1016/j.ejvsf.2022.10.003>