

LETTER TO THE EDITOR

A Good Reason Why EndoAnchors Should Not Be Misconstrued as Easy to Use

The study by Grandhomme et al.¹ provides an excellent insight into textile structure damage related to EndoAnchor use. Two patients with complete aortic wall and endograft explantation were analysed.

A clear emphasis on EndoAnchor misuse should be made from the report, which strongly suggests that this device should not be freely used by unexperienced users.

Although neck anatomy morphology was not given for any case (despite neck angulation in the first one) some description could be provided related to EndoAnchor allocation within the endograft at the proximal landing/seal zone and mechanisms of failure as shown in reported figures.

The rationale for EndoAnchor use for type IA endoleaks should mostly be advocated for the intra-operative ones, in those cases where appropriate deployment and measurements are checked and the rationale of the endoleak is supposed to be inadequate aortic wall and endograft apposition. From these insights, EndoAnchors alone should not be considered as treatment for those with late endoleaks. They should be combined with an aortic cuff if at least four mm neck length (not unusual as some aortic neck dilatation and migration is expected for the endoleak to present).

About the three mechanisms of failure, the interaction between the endograft and ligatures seems hard to avoid during a deployment; however, the ones related to the fabric holes (especially in these early explants) and stents are likely to relate to inaccurate deployments.

A very nice way to explain EndoAnchor failure is to analyse aortic wall penetration, as demonstrated by van Noort et al.,² where adequate, borderline, and absence of penetration were defined, demonstrating that nearly 50% of deployments were inadequate for type Ia endoleaks cases.

Moreover, one other study demonstrated that the only predictor of inadequate use was the operator's experience (although this was not related to a clinical effect).³ Good mid term outcomes could be achieved in demanding anatomies as demonstrated by Chaudhuri et al.⁴ This is not surprising, as such outcomes are usually reported from high

volume (and thus highly experienced) centres on complex EVAR.

As much as we definitely see the need for this kind of analysis for material failure or fatigue, there is definitely an important message derived from this paper: they should not be used freely nor considered as an easy approach.

CONFLICT OF INTEREST

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<https://doi.org/10.1016/j.ejvsf.2020.10.003>