

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Vascular Diseases Quiz – Case 51

A 58-year-old patient was endoscopically diagnosed with colon cancer after he had infrequent diarrhea for over a year. Abdominal computed tomography (CT) classified this tumor possibly as T3N0M0. The histopathology report described the tumor as an adenocarcinoma of low differentiation. The patient was advised to undergo colectomy as soon as possible, but an infrarenal abdominal aneurysm (AAA) was also diagnosed at the same study. The AAA had a diameter of 5.8 cm.

Which pathology should be treated first?

Should the patient undergo an open or an endovascular repair of the AAA?

Comment

The dilemma of what pathology to treat first when a patient faces two possibly lethal problems, such as the AAA and the colon cancer, is not new and it has been described since the time the physicians had the tools and knowledge to treat both.

During the era when open aneurysm repair was the only choice, the answer to what pathology should be treated first would be harder to answer as a patient undergoing an open AAA repair would take months to recover and then undergo a second oncologic operation. During the recovery period, the malignancy would often spread and become metastatic. Therefore, surgeons would often perform both operations at the same time, something that worsened the expected outcomes for the patient.

At present, this dilemma is slightly easier to answer: "Treat what is most threatening or symptomatic first". Often the most threatening pathology is the AAA and therefore it should be treated first. The method to be used to repair an AAA when a malignancy coexists is

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the endovascular repair (EVAR). EVAR reduces the patient's recovery time and it allows for prompt treatment of the malignancy.

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Answers: (a) AAA; (b) EVAR (endovascular)