


It is indeed possible that the underlying disease accounts for the high mid-term event rate. The question remains: did the patients pay the price for their severe underlying disease or is the price paid for harmful treatment hunting for ‘technical success’?

Looking at the results of different treatment options for this type of patients, the picture gets clearer. At least three other strategies dealing with this patient cohort are available: (i) coverage of the LSA without revascularization, (ii) surgical revascularization of the LSA and (iii) complete open surgical repair.

(i) Overstenting the LSA with or without its interventional occlusion is a purely endovascular approach and comparable results to the present study can be achieved (but without the Achilles heel of a chimney stent in the LSA). The coverage is associated with good functional long-term status of the left arm [5], but might result in a significant stroke rate [6, 7].

(ii) Selective revascularization of the LSA in order to facilitate TEVAR is the preferred strategy in most centres including ours since data on neurological complications from overstenting the LSA became available [6, 7]. A surgical revascularization of the LSA by the use of a carotid–subclavian bypass or direct transposition can be achieved with a low rate of minor local complications [8] and can effectively avoid severe complications like endoleaks and stroke.

(iii) A pure open surgical repair seems to be the least likely solution in times of minimal-invasiveness. However, open repairs in very demanding aneurysm extensions can be achieved with a low short-term complication rate and convincing long-term durability [9].

With the technology and data given, I doubt we can suggest using the chimney technique for the LSA in TEVAR due to the worrisome complication rate and the existing alternatives. New technical approaches are needed to improve patient outcome and we should strongly focus on better outcome rather than achievable technical fascinations when dealing with it.

REFERENCES