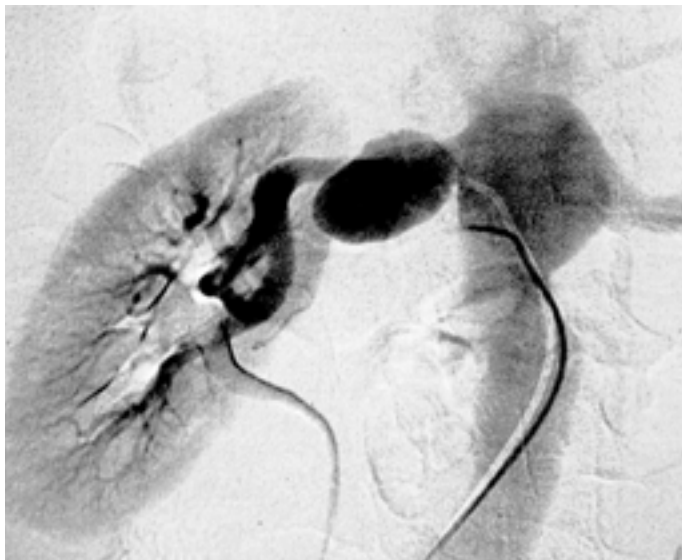




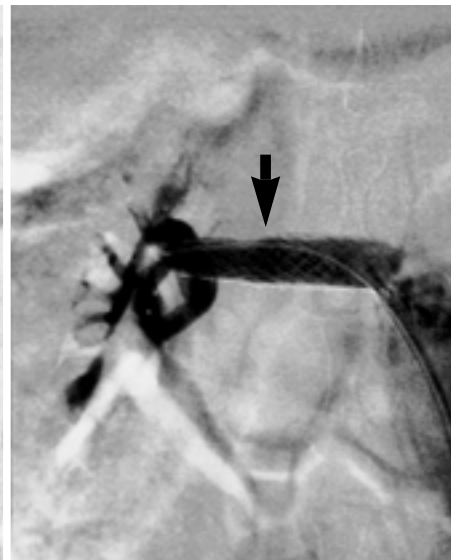
:  
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 . 7:1 22 72 ( , 47 )  
 (n=4), (n=2), (n=1)가  
 1 (n=2), (n=2), (n=1), ( n=3),  
 . 2  
 . 4 36 ( 14.7 )  
 : leakage가 , 3  
 , 5  
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 , , 가 (5 - 9).  
 , (1, 2).  
 morbidity가 , 가 mortality  
 , 가  
 , (3, 4)  
 .  
 1991 1996 1999  
 Parodi , 22 72 ( 47 )  
 , 3 , 2 ,  
 2 , 1 2

1  
 2  
 3  
 2001 6 12 2001 11 2  
 213

4 , 2 , 1 , , , ,  
가1 . -  
10 ,  
가 7 가 ,  
가 1 , 2 (Table 1).  
2 ( ,  
12 16 F sheath  
12 mm  
10 - 15% 16 mm 11 mm  
가  
1 Cephazolin (1 g) 가 Jostent  
(JOMED International AB, Helsinberg, Sweden)  
5,000 IU 1 - 2 acetyl -  
salicylic acid(325 mg per day), Ticlopidine (500 mg, bid) 1 , 2 , 1 ,  
1 , -  
7F 8F sheath 4 - 12 mm



A



B



C

**Fig. 1. A.** Right renal artery aneurysm in 47-year-old man with Behcet's disease on digital subtraction angiography.

**B.** Angiogram following deployment of balloon expandable stent reveals complete exclusion of right renal artery aneurysm (arrow).

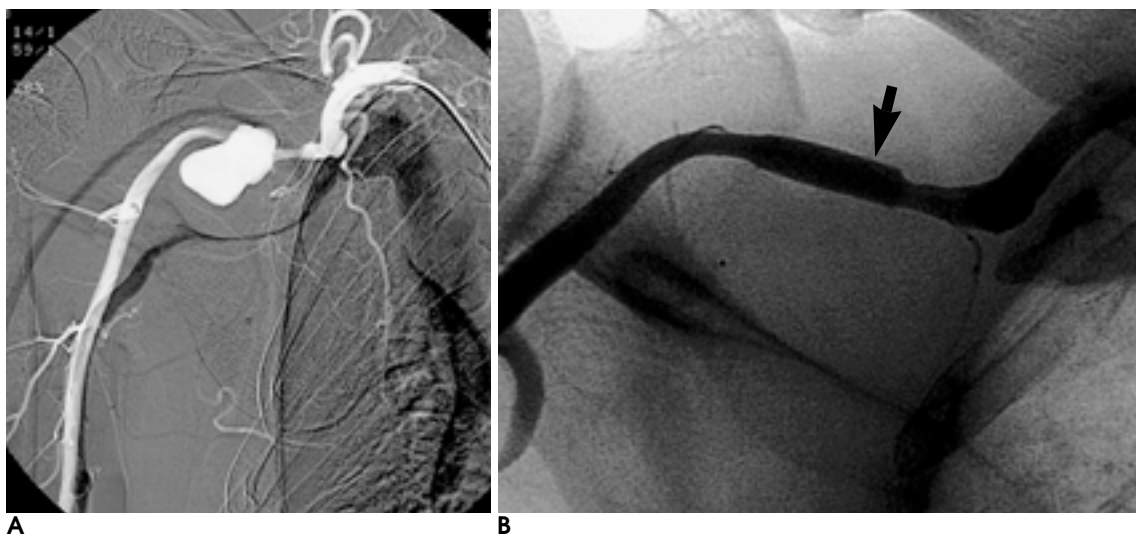
**C.** CT scan of same patient 6weeks after showing patency of stent-graft and complete thrombosis of the aneurysm (arrow).

symmetry balloon (Boston Scientific, Natick, M.A.)  
 1 8 mm, 60 mm Passager graft 10 F sheath  
 2 가  
 8 mm  
 × 5 cm stainless (Cook, Bloomington, IN, U.S.A.)  
 5 4 - 36 ( 14.7 )  
 leakage 1 77.5%) 50% - 100%  
 3 - 6  
 (3 ) , doppler sonography(1 )  
 가 가 leakage가  
 (CR: complete resolution), leakage

**Table 1.** Characteristics of 10 Perihilar Saccular Aneurysms in 8 Patients

Patient no.	Sex/Age	Aneurysm		Location	Etiology	Initial Symptoms		Associated Symptoms
		Diameter(cm)	Length(cm)					
1	M/72	8.0	7.0	Rt.CIA	Atherosclerosis	Pain, mass		
2	M/71	6.4	4.5	Lt.CIA	Atherosclerosis	Pain, mass		Hydronephrosis
3	M/45	2.0	3.5	Lt.CIA	Behcet's disease	Pain, mass		
		2.0	5.0	Rt.RA		Pain		
4	M/22	2.5	3.0	Lt.RA	Uncertain	Pain		Hypertension
5	M/60	2.0	1.5	Lt.ATA	Trauma	Pain, edema		Neurologic symptoms
6	M/39	5.0	2.0	Rt.SCA	Behcet's disease	Pain, mass		Neurologic symptoms
7	F/36	3.5	5.0	Rt.SCA	Behcet's disease	Pain, mass		
8	M/32	3.0	3.2	Rt.ICA	Behcet's disease	Pain, mass		
		4.0	2.0	Rt.CCA		Pain, mass		

CIA = common iliac artery, RA = renal artery, ATA = anterior tibial artery, SCA = subclavian artery, ICA = internal carotid artery, CCA = common carotid artery. M = male, F = female, Rt = right, Lt = left



**Fig. 2. A.** Right subclavian artery aneurysm in 39-year-old man with Behcet's disease on angiography.  
**B.** Exclusion of aneurysm after placement of balloon expandable stent-graft (arrow).

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**Table 2.** Results of 10 Peripheral Saccular Aneurysms in 8 Patients who Received Stent-graft

Patient no	Arterial Approach	Stent-graft				Immediate Result	Follow-up			
		Type	Number	Diameter (mm)	Length (mm)		Patency	CT/CR	Reduction rate(%)	Period (month)
1	Rt.CFA	Tewoong	1	16 - 11	77	Success	Patent	CT	75	24
2	Lt.CFA	Tewoong	1	12	50	Success	Patent	CR	100	36
3	Lt.CFA	Jostent	1	12	38	Success	Patent	CT	50	4
		Jostent	3	6	28,17,38	Leakage	Patent	CR	100	4
4	Rt.CFA	Jostent	2	6	28,12	Leakage	Patent	CT	50	10
5	Lt.CFA	Jostent	1	4	20	Success	Patent	CT	50	14
6	Rt.Brachial	Jostent	1	7	28	Success	Patent	CR	100	13
7	Rt.Brachial	Passager	1	8	60	Success	Patent	CT	50	8
8	Rt.CFA	Jostent	1	6	38	Success	Obstruction	CR	100	7
		Jostent	1	6	38	Success	Obstruction	CR	100	7

CFA = common femoral artery, CT = complete thrombosis, CR = complete resolution, Reduction rate = post stent-graft diameter of saccular aneurysm/ initial diameter of saccular aneurysm

가 , 2 1 .  
leakage가 .  
8 , , ,  
2 가 .  
- 가 CT  
7 가 CT  
가 .  
Multi - detector CT  
(10, 11).  
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(12 - 14). 가  
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3 가 . 가 raphy  
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nitinol  
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가 (2). . stainless steel  
3  
8 cm 77 mm 16 mm 가  
11 mm 가  
가  
가  
가 77.5% 가 5  
가 4 - 36  
(16) 11  
가 3



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## Endoluminal Placement of Stent-Graft for the Treatment of Peripheral Saccular Aneurysm<sup>1</sup>

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**Purpose:** To determine the therapeutic effect of stent grafting in the treatment of saccular aneurysms of the peripheral artery.

**Materials and Methods:** Eight patients [M:F = 7:1 ; age:22 - 72(mean, 47) years] with ten saccular aneurysms of the peripheral artery who underwent stent grafting were included in this study. The etiologies of the aneurysms were Behcet's disease in four patients, atherosclerosis in two, trauma in one and 'uncertain' in one; they were located at the common iliac artery in three cases, the renal artery in two, the subclavian artery in two, the anterior tibial artery in one, and at both the proximal and distal anastomotic sites of the common carotid-internal carotid bypass graft. In two cases, stent grafting and coils were used to embolize collateral vessels. Post-procedural evaluations involved the use of computed tomography, Doppler sonography and magnetic resonance imaging. The mean follow-up period was 14.7(range, 4 - 36) months.

**Results:** The saccular aneurysms were successfully excluded in all cases. Post-procedural angiography revealed minor leakage in two cases, but at follow-up these showed complete exclusion. Follow-up evaluation also revealed complete resolution in five cases and complete thrombosis accompanied by size reduction in three. In patients with aneurysms of the proximal and distal ends of a common carotid-internal carotid bypass graft, total occlusion occurred in the stent graft.

**Conclusion:** Percutaneous stent-graft insertion is an effective and convenient method for the treatment of peripheral arterial aneurysms, and is an alternative to vascular surgery.

**Index words :** Aneurysm, peripheral  
Arteries, grafts and prostheses  
Interventional procedures  
Stents and prostheses

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