

Controversies & Updates In Vascular Surgery



Cyclists with iliac endofibrosis: How to help them to win the Tour de France?

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No disclosure

When should it be considered?



- High level endurance athletes

- Thigh claudication
- Supra-maximal efforts

Arterial Endofibrosis

Arterial Endofibrosis: what is it?

- Non-atheromatous stenotic arterial disease
- External iliac artery (90%)





 Subendothelial, collagenous, paucicellular fibrosis



8 P ENDOFIBROSE GATIN

Pathophysiology 1

Anatomical Factors

- psoas muscle artery (64%)

- high aortic bifurcation (9%)

- hypertrophic psoas muscle





Pathophysiology 2



Mechanical factors

- cyclist position
- hip hyperflexion
- excessive iliac length
- external iliac artery kinking
- pedaling movement





Pathophysiology 3



Hemodynamic Factors

- endurance sports
- high aortic flow
- shear stress, jet lesion





Surgical treatment

Conservative procedure (75%)

 endofibrosectomy
 arterial shortening
 Closing venous angioplasty

Iliac revascularization (25%)
 Calibrated saphenous graft



Surgical Treatment

- Conservative procedure (75%)
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These surgical procedures are not recommended



Endovascular Treatment PTA +/- stenting

Prosthetic Bypass



Lyonnaise experience

574 operated athletes (1991-2012)

 Conservative surgery: 430 athletes (42W, 388M)
 Venous bypass: 141 athletes (21W, 120M)
 PTA without stent: 3 athletes (3M)

Bilateral lesions: 40 (7%)

Long term results

• Mean follow-up = 9.7 ± 3.2 years

- Sporting recovery = 3.7 ± 1 months
- Long-term athletic performance
 - improved:500 (87%)- no change:46 (8%)
 - worse or stop sport: 28 (5%) - reoperation: 16 (2.7%)

Conclusion

- Specific management
- Specific indications / multidisciplinary team

Early and secure athletic recovery
Long-term advantages:

good resistance to repeated stretching
good resistance to high-flow conditions
good patency