JCS Journal of Chest Surgery
https://doi.org/10.5090/jcs.23.057
pISSN: 2765-1606 eISSN: 2765-1614
J Chest Surg. 2023;56(4):272-273

Commentary

Commentary: Apples to Oranges: An Individualized Approach to Aortoiliac Occlusion Disease Requires Careful Comparison

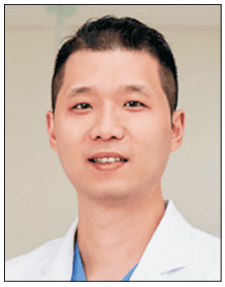
Tae-Hoon Kim, M.D., Suk-Won Song, M.D., Ph.D.

Department of Cardiovascular Surgery, Gangnam Severance Hospital, Yonsei University College of Medicine, Seoul, Korea

ARTICLE INFO
Received May 4, 2023
Accepted May 4, 2023

Corresponding author
Suk-Won Song
Tel 82-2-2019-3384
Fax 82-2-3461-8282
E-mail sevraphd@yuhs.ac
ORCID
https://orcid.org/0000-0002-9850-9707

See Article page 264.



Tae-Hoon Kim, M.D.

Suk-Won Song, M.D., Ph.D.

Aortoiliac obstructive disease (AIOD) has been treated with aorto-femoral or aorto-iliac bypass grafts, with satisfactory 5- and 10-year primary patency rates of 85%–90% and 75%–85%, respectively [1,2]. Although endovascular treatment has been widely established as the first-line treatment for localized AIOD, its effectiveness for Transatlantic Inter-Society Consensus II C and D lesions, which are extensive and complex forms of AIOD, remains a matter of debate [3]. Endovascular treatment is likely to be superior in terms of recovery compared to aorto-biiliac or aorto-bifemoral bypass after laparotomy and compared to axillofemoral bypass; however, both long-term and short-term outcomes are important, and furthermore, it is essential to compare outcomes in equivalent patient populations.

Antonello et al. [4] reported that in similar low-risk patients, endovascular treatment had equivalent results in terms of long-term patency, short-term outcomes, and length of hospitalization, with a significant benefit. However, Lee et al. [5], in their article published in the current issue of *Journal of Chest Surgery*, did not compare results between 2 equivalent groups and instead reported results in 2 different groups. Endovascular treatment was performed in elderly patients; moreover, the preoperative femoropopliteal status between the 2 groups was not clearly comparable.

As it advances, endovascular treatment will become more important and the field will expand; however, careful comparisons will be important for studies to help select an individualized approach. We expect the authors to publish results for equivalent groups in the future.

Article information

ORCID

Tae-Hoon Kim: https://orcid.org/0000-0003-3987-0057
Suk-Won Song: https://orcid.org/0000-0002-9850-9707

Author contributions

All the work was done by Tae-Hoon Kim and Suk-Won Song.

Conflict of interest

No potential conflict of interest relevant to this article was reported.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

References

1. Chiu KW, Davies RS, Nightingale PG, Bradbury AW, Adam DJ. Review of direct anatomical open surgical management of atherosclerotic aorto-iliac occlusive disease. Eur J Vasc Endovasc Surg 2010;39:460-71. https://doi.org/10.1016/j.ejvs.2009.12.014
2. Szilagyi DE, Elliott JP Jr, Smith RF, Reddy DJ, McPharlin M. A thirty-year survey of the reconstructive surgical treatment of aortoiliac occlusive disease. J Vasc Surg 1986;3:421-36. https://doi.org/10.1067/mva.1986.avs0030421
3. Norgren L, Hiatt WR, Dormandy JA, et al. Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II). J Vasc Surg 2007;45 Suppl S:S5-67. https://doi.org/10.1016/j.jvs.2006.12.037
4. Antonello M, Squizzato F, Bassini S, Porcellato L, Grego F, Piazza M. Open repair versus endovascular treatment of complex aortoiliac lesions in low risk patients. J Vasc Surg 2019;70:1155-65. https://doi.org/10.1016/j.jvs.2018.12.030
5. Lee CW, Huh U, Bae M, Han C, Kwon H, Kim GM. Comparison between kissing stents and direct surgical bypass for aortoiliac occlusive disease. J Chest Surg 2023 Apr 25 [Epub]. https://doi.org/10.5090/jcs.23.012