

Are DESs Ever Associated With Aneurysmal Degeneration: Is It Related To The Drug (Paclitaxel Or Limus) Or To The Fluoropolymer Excipient To Which The Drug Is Attached

**Osaka Police Hospital Cardiovascular Division
Osamu Iida, MD, PhD, Osaka, Japan**

Are DESs Ever Associated With Aneurysmal Degeneration: Is It Related To The Drug (Paclitaxel Or Limus) Or To The Fluoropolymer Excipient To Which The Drug Is Attached

**Osaka Police Hospital Cardiovascular Division
Osamu Iida, MD, PhD, Osaka, Japan**

COI Disclosure

Speaker name : **Osamu Iida, MD**

I have the following potential conflicts of interest to report:

- Consulting: Boston Scientific, Canon, NIPRO, Terumo
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s) Honoraria: Medtronic, Boston Scientific, Gore, Terumo, NIPRO, Canon
- I do not have any potential conflict of interest

Aneurysmal degeneration after Fluoropolymer (FP)-Based Paclitaxel (PTX) DES implantation was firstly reported in the Münster registry

Münster All-Coroners Registry was Small (62 patients) single-center retrospective study to evaluate the performance of Fluoropolymer-Based Paclitaxel DES (Eluvia™) in long and complex femoropopliteal lesions.

No blood flow was identified outside the stent.

1-year result of Münster registry highlighted that duplex ultrasound detected aneurysmal degeneration (mean diameter 14 mm) in 5 patients (8%), and all cases with aneurysmal degeneration were **de novo chronic total occlusion (CTO)** without any previous treatment with PTX-eluting technologies.

Fluoropolymer-based everolimus-eluting stent demonstrated absent or minimal inflammation in both swine and human coronary artery

The absence or minimal inflammation around the fluoropolymer, as observed in the pathological findings, suggests the presence of fluoropolymer would be associated with a low risk of aneurysm degeneration.

Incidence of aneurysmal degeneration after stent implantation

IMPREGIAL trial	CAPSICUM registry	EMINENT trial
Eluvia DES: 33.7%	Eluvia DES: 16.8%	Eluvia DES: 26.1%
Zilver PTX: 21.4%	NO association with the 1-year risk of restenosis (OR:1.16, p=0.61)	Bare metal stent: 17.9%
The prevalence rates did NOT differ significantly (P = 0.15).		The prevalence rates did NOT differ significantly (P = 0.21).

The presence of the aneurysmal degeneration is not limited to post-implantation of FP-DES. Furthermore, there is no association between the aneurysmal degeneration and restenosis occurrence.

The halo sign and aneurysmal degeneration should be clearly distinguished from each other

The process of arterial repair varies among stents

3 month post BMS Tx 2-year post FP-DES Tx 1 year post Stentgraft Tx

My speculation: Even if a halo sign occurs after BMS (bare metal stent) placement, the protective effect of neointimal proliferation would prevent the aneurysmal degeneration. In FP-DES, arterial repair would be delayed and the stent strut may not be fully covered, which increases the risk of aneurysmal degeneration.

Aneurysmal degeneration is caused by medial injury and PTX?

1-Year Outcomes of Fluoropolymer-Based Drug-Eluting Stent in Femoropopliteal Practice
Predictors of Restenosis and Aneurysmal Degeneration

Impact of postprocedural minimum lumen area on clinical outcome after femoropopliteal drug-eluting stent implantation

My speculation: 1) subintimal stenting would provoke sustained inflammation of the vessel wall (medial) owing to the influence of paclitaxel, which could potentially lead to aneurysmal degeneration. 2) IVUS use may encourage interventionalists to select larger devices and the use of larger balloons or stents may concomitantly accomplish larger minimum stent area and increase the risk of medial injury, which may lead to aneurysmal degeneration.

Ida D, et al. JACC Cardiovasc Interv. 2022;15:650-658. Haraguchi T et al. Vasc Med. 2023;28:412-421.

Case : Chronic total occlusion of Popliteal artery

Case: 57yo, female, HTN (+), DM (-), dialysis (-), claudication (Rutherford 3), rt ABI 0.65

3 months FU DUS after DCB 3 months FU angiogram after DCB Post wire crossing IVUS Completion angiogram after stentgraft placement

Rt Popliteal arterial aneurysm was isolated by stentgraft implantation (Viabahn 6.0*50mm).

Take home message (My speculation: mechanism of aneurysmal degeneration occurrence)

Chronic Total Occlusion → Subintimal wire crossing → Medial injury associated with dilation by larger balloon under IVUS evaluation → Aneurysmal degeneration

PTX-DCB → Paclitaxel induce medial inflammation → Aneurysmal degeneration

Factors: IVUS Usage, Larger Balloon Usage