

## LETTERS TO THE EDITOR

### Regarding “Endovascular treatment of contained rupture of a superior mesenteric artery aneurysm resulting from neurofibromatosis type I”

We recently reported a case of a patient with two saccular aneurysms in the superior mesenteric artery (SMA), resulting from neurofibromatosis type I. The patient presented with a contained rupture of a SMA aneurysm and was treated with a covered stent.<sup>1,2</sup>

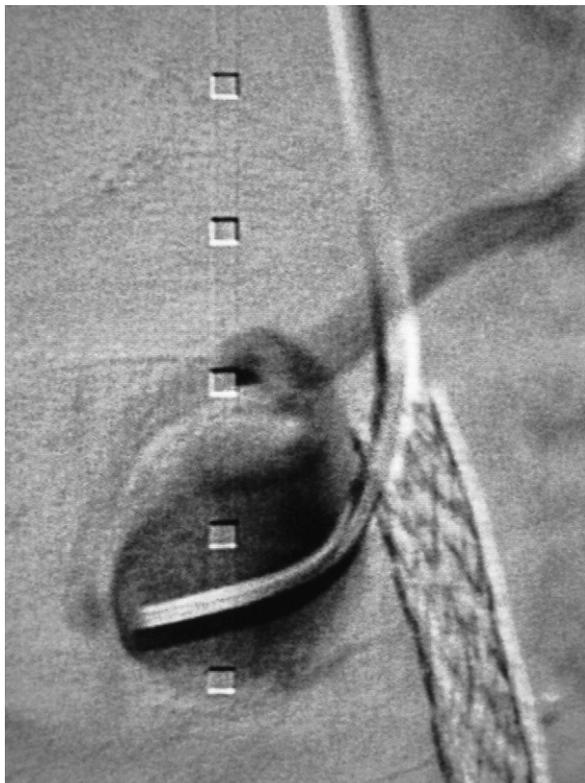
In a routine duplex scan, we saw a late leak in the proximal SMA aneurysm. We did a selective arteriography, and the proximal aneurysm in the SMA was not sealed (Fig 1). We decided to embolize the aneurysm with microcoils,<sup>3,4</sup> and the result was satisfactory (Fig 2).

The angiography after the embolization shows that the proximal aneurysm is excluded from the systemic circulation, and the covered stent is patent (Fig 2). The distal SMA aneurysm was excluded by the covered-stent (in the first operation). The patient went home on the second postoperative day.

Now, both aneurysms are excluded from the systemic circulation.

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**Fig 1.** Angiography of the proximal SMA aneurysm showing the leak.



**Fig 2.** Selective angiography of the SMA after the embolization: the aneurysm is excluded from the systemic circulation, and the covered stent is patent.

### REFERENCES

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### Regarding “Perioperative outcomes and amputation-free survival after lower extremity bypass surgery in California hospitals”

A population-based study by Feinglass et al<sup>1</sup> found that hospital volume was associated with 30-day mortality after lower limb bypass graft surgery. Although a recent meta-analysis<sup>2</sup> is likely to strengthen the results of the study by Feinglass et al,<sup>1</sup> the meta-analysis combined crude (unadjusted for risk) odds ratios (ORs) for death. We performed a meta-analysis of the relationship between hospital volume and perioperative mortality for lower limb arterial surgery, combining not crude but risk-adjusted ORs.