

Appendix 1: Reported cases of endoleaks after administration of thrombolytic agents

Case reports have associated the use of thrombolytics (alteplase or urokinase) for lower-extremity limb ischemia, with rapid development of endotension and endoleaks in 3 patients.^{1,2} Another case report demonstrated aneurysmal sac expansion after a single dose of alteplase for stroke in a patient with a remotely installed stent graft previously complicated by a type II endoleak.³ Two of these patients required endovascular and/or surgical repair procedures.

Reported cases of endoleaks after administration of thrombolytic agents					
Patient age and gender	Underlying aortic disease	Previous endoleak	Time since EVAR	Indication and type of lytic	Outcome
69 yr, M ¹	AAA 6.4 cm	No	17 mo	tPA for EVAR thrombosis	Acute leak with spontaneous stabilization
65 yr, M ²	AAA	No	2 yr	Urokinase for EVAR thrombosis	Acute type III leak with rupture requiring surgical repair
76 yr, F ²	AAA 5.0 cm	No	8 yr	Urokinase for leg ischemia	Acute rupture with successful endovascular repair
82 yr, F ³	AAA 6.0 cm	Type II	4 yr	tPA for acute stroke	Acute type II leak with spontaneous stabilization
81 yr, M (our case) ⁴	AAA 5.7 cm	No	10 mo	tPA for acute stroke	Acute type III leak with rupture requiring endovascular repair, eventual death

Note: AAA = abdominal aortic aneurysm, EVAR = endovascular aortic repair, F = female, M = male, tPA = tissue plasminogen activator.

References

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