Endovascular Aneurysm Repair
Magnetic Resonance Monitoring of Histological Organization Processes in the Excluded Aneurysm

Michael Bernhard Pitton, MD; Ralf Patrick Schmenger, MD; Achim Neufang, MD; Moritz Anton Konerding, MD; Christoph Düber, MD; Manfred Thelen, MD

Background—The purpose of the present study was to systematically analyze the histopathologic organization processes in excluded aneurysms after endovascular stenting and to develop a noninvasive monitoring method for these processes using MRI.

Methods and Results—In 36 mongrel dogs, autologous aortic aneurysms were created. Endovascular treatment was performed using covered stents. Follow-up was after 1 week, 6 weeks, and 6 months. MRI was performed with $T_2$-weighted turbo-spin-echo sequences and $T_1$-weighted spin-echo sequences and was repeated after contrast bolus with gadolinium. Histopathologic findings were correlated to signal intensities (SIs) of MRI images. SIs of distinct areas were analyzed and related to the SI of the reference tissue (SI ratio). The histological organization process was gradated in the following 4 classes: class 0, detritus without organization; classes I and II, connective tissue proliferation with increasing fiber synthesis; and class III, dense fibrous connective tissue. The SI ratios of $T_2$-weighted images were significantly reduced from 4.76 in detritus (0) to 1.70 in dense fibrous connective tissue (III) as a function of histopathologic classes. SI ratios of $T_1$-weighted images were reduced from 1.84 (0) to 1.12 (III). Contrast bolus with gadolinium-DTPA showed no change of SI ratio in detritus (0.99) but an increase from 1.12 (I) to 1.70 (III) as organization increased.

Conclusions—The histological organization of excluded aneurysms can be monitored by MRI. Progressive organization is indicated by decreasing SIs in $T_2$- and an increasing signal increase in $T_1$-weighted images after gadolinium bolus. (Circulation. 2002;105:1995-1999.)

Key Words: aneurysm ■ grafting ■ stents ■ magnetic resonance imaging ■ aorta

The era of endovascular aneurysm treatment was started in 1990 by Parodi et al. The technique has since evolved as an alternative to open surgery. Medium-term results have been encouraging in cases fit for this treatment, and complication rates have been moderate by comparison with standard surgery. Effective endovascular treatment results in a significant pressure reduction and a shrinkage of the excluded aneurysm. It is proposed that aneurysm exclusion and aneurysm shrinkage are accompanied by histological connective tissue organization. The present study systematically analyzes the histological transformation of the excluded aneurysmal sacs in an animal experiment. In particular, it classifies distinct histological organization levels in the aneurysms and correlates histological findings with MRI to develop a noninvasive follow-up method.

Methods

According to institutional guidelines, all invasive procedures were performed in general anesthesia using morphine (2 mg/kg) and atropine (0.5 mg/kg IM) for premedication (30 minutes before) and general anesthesia induced by pentobarbital (30 mg/kg IV) maintained by the gaseous anesthetic isoflurane (0.8% to 1.8%) and muscle relaxation by alcuronium (0.1 mg/kg). According to national law on the care and use of laboratory animals, the local committee for medical ethics and the district government approved the protocol.

In 36 mongrel dogs (age 11 to 13 months, 26 to 33 kg; Winkelmann, Borchen, Germany), autologous aortic aneurysms were created surgically using an oversized patch of the sheath of the rectus abdominis muscle. After exposure of the infrarenal aorta, the oversized patch (55 mm long and 30 mm wide) was sutured using Prolene 5-0, resulting in an aneurysmal vessel segment. After 12
weeks (median), endovascular treatment was performed by trans-
femoral cut down using covered Nitinol stents (Passager, Boston
Scientific Corp). The maximum size of the aneurysms was measured
by spiral CT PQ 5000 (Picker International) before stent grafting and
during follow-up. Postinterventional survival and radiological
follow-up were 1 week, 6 weeks, and 6 months for 12 animals each.
Three hours before euthanization, MRI was performed (Magnetom
Vision, Siemens; 1.5 Tesla) to characterize tissue organization in the
excluded aneurysm. Transverse images were obtained to scan the
whole aneurysmal sac using T2-weighted turbo-spin-echo sequences
(TR 784 ms, TE 12 ms, 4-mm slice) before and after injection of contrast medium (0.2 mL/kg
gadolinium-DTPA, Magnevist, Schering). Images were transferred
to a workstation for additional analysis.

To prepare and fix the aneurysm, a left lateral thoracotomy was
performed in deep anesthesia and the descending aorta was exposed.
After an arteriotomy distal to the left subclavian artery, the descend-
ing aorta was cannulated using a 34-Charriere orotracheal tubus. For
anticoagulation, 10 000 IU heparin was injected, and cardiac arrest
was induced by intravenous KCl infusion. For hemostasis, the cuff
was blocked in the aorta. Perfusion fixation was performed using
4.5% formalin (Rotihistofix). The mean perfusion pressure was
approximately 100 cm H2O, measured in the right femoral artery. The right atrium
was blocked in the aorta. Perfusion fixation was performed using
4.5% formalin (Rotihistofix). The mean perfusion pressure was
about 15 L of formalin was perfused. The infrarenal aorta (including
the aneurysm) was then dissected completely from the retroperito-
enum. For additional fixation, the specimens were immersed in
formalin for at least 8 weeks. For macropathologic evaluation, the
specimens were incised lengthwise, and both halves of the stented
aneurysms were documented photographically. The metallic stent
struts were removed, and both halves were put together and embed-
ded in paraffin. The aneurysmal sac was sectioned in the transverse
direction (3.5 μm) in planes corresponding to the MR slices.

Histological sections and their corresponding MR slices were
identified by measuring the distances from the proximal and the
distal ends of the stent grafts and the aneurysms, both in the
photographs of the specimens and the corresponding MR images.
Because of tissue shrinkage during the fixation process, an MRI of
the fixed specimen was performed and was correlated with the
histological slices. Anatomic landmarks, such as the course of the
ureter and peri-aneurysmatic vessels, were used for identification.
Once the corresponding slices had been identified, the histological
sections were analyzed using a magnifying glass and a microscope to
define regions of interest (ROIs) with similar histological appear-
cance. All slices were mapped in this way. Different histological
classes given in Table 1 were defined for additional evaluation.
These ROIs were transferred to the corresponding MR slices, and
signal intensities (SIs) of all 3 MR sequences were measured in these
areas. SIs were referred to an internal standard. The patch tissue of
the rectus sheath, which consisted of dense fibrous connective tissue,
served as reference. All SIs were thus related to the signals of the
patch (SI ratio). The SI ratios of T1- and T2-weighted images were
compared with the histological classes for statistical analysis.

Statistical Analysis
For statistical analysis, the nonparametric Wilcoxon test for inde-
dependent samples was selected. It was performed using SAS version
6.12. Differences were considered significant if \( P<0.05 \).

Results
Before stent grafting, CT scans of experimental aneurysms
revealed aneurysms with sagittal diameters of 28.8 mm (23.5/
33.0) (median±quartile). The proximal aortic diameter was
9.0 mm (8.3/10.0). Aneurysm diameters were not significantly
different during follow-up, although a trend to diameter reduc-
tion was identified at 6 months (1 week, 29.5 [28.0/34.0] versus
28.5 mm [26.5/34.0]; 6 weeks, 26.0 [24.0/36.0] versus 25.0 mm
[23.5/36.0]; 6 months, 24.3 [20.0/28.0] versus 28.0 mm [20.0/
32.0]; \( P<0.05 \)). The macropathologic evaluation of the speci-
mens provides a fair impression of histological organization.
Deep-red material indicates cell detritus and unorganized throm-

<table>
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<tr>
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<td><strong>Histological Definition</strong></td>
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<td>Class 0          Exclusively cell detritus (+ + +)</td>
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| Class I          Only soft fibrous connective tissue (+ to + +)
                  with various quantities of detritus (+ to + + +), often with inflammatory
                  cells (+ to + + +) and capillary vessels (+) |
| Class II         Soft to dense fibrous connective tissue (+ +
                  to + + +), with capillary vessels (+ to + +) and various quantities of
                  inflammatory cells (+ to + +) |
| Class III        Dense fibrous connective tissue (+ + + to + + + +), always
                  with capillary vessels (+ + to + + +); rarely with
                  inflammatory cells (+) |
| Patch            Dense fibrous connective tissue (+ + + +), with various
                  quantities of capillary vessels (+ + + to + + +) and various
                  quantities of inflammatory cells (+ to + + +) |

Figure 1. Macropathology of excluded aneurysms. Note the
fresh red thrombus within the excluded aneurysm at 1 week of
follow-up (A). After 6 months, the aneurysm sac has changed its
macropathological appearance (B), with a light and dark brown
color representing different histological classes. There is a trans-
lucent neointima on the endoluminal surface of the stent graft.

Deep-red material indicates cell detritus and unorganized throm-

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mens provides a fair impression of histological organization.
Deep-red material indicates cell detritus and unorganized throm-
bus, whereas light-brown material typically indicates advanced tissue organization (Figure 1).

A total of 187 specimens from 36 canines were analyzed and compared with the corresponding SIs. Low-power magnifications of the slices were in good agreement with the corresponding areas of MR slices with their different SIs (Figure 2). The patch reference tissue showed constant signal characteristics during follow-up with moderate SI in T1-weighted images (SI 245) and low SI in T2-weighted images (SI 117) (Tables 2 and 3). At 1 week of follow-up, the aneurysms consisted mostly of red blood cell detritus with no evidence of histological organization. The corresponding ROIs in MR slices showed high SIs in T2-weighted images (SI 604) and high SI ratios (4.76) relative to the internal reference tissue (Tables 2 and 3). The SI ratios of T1-weighted images were only moderately increased. There was no significant signal increase after contrast medium (Tables 2 and 3). As histological organization increased, SI decreased successively. At 6 weeks of follow-up, the aneurysmal sac again contained nonorganized detritus in more than four fifths (median) of the cross-sectional surface. Small parts of the aneurysms showed signs of beginning tissue organization (class 1). The examination identified loose or reticular collagenous fibers, which were distributed heterogeneously in all

| TABLE 2. Signal Intensities of Distinct Histological Classes in T1- and T2-Weighted Sequences (Tt, Tj) and T1-Weighted Sequences After Contrast Bolus (T1, Km; T1, Km/T1) |
|-----------------|-----------------|-----------------|-----------------|-----------------|
|                | T2              | T1              | T1 Km           | T1 Km/T1        |
|                 | Median (Q1, Q3) | Median (Q1, Q3) | Median (Q1, Q3) | Median (Q1, Q3) |
| Class 0        | 604 (452, 685)  | 441 (367, 505)  | 436 (364, 526)  | 0.99 (0.93, 1.04) |
| Class I        | 445* (371, 538) | 397 (333, 469)  | 460 (359, 547)  | 1.12* (1.04, 1.20) |
| Class II       | 239† (186, 368) | 324‡ (281, 366) | 476 (404, 554)  | 1.40† (1.19, 1.91) |
| Class III      | 161 (132, 201)  | 257‡ (232, 311) | 440 (325, 544)  | 1.70‡ (1.37, 2.06) |
| Patch          | 117 (92, 139)   | 245 (217, 268)  | 409 (353, 456)  | 1.68 (1.53, 1.90) |

Q1 and Q3 indicate first and third quartile.  
*P<0.001; †P<0.01; ‡P<0.05.  
Significance compared with next lower class.

Figure 2. Different classes of histological organization at 6 months of follow-up. Histological specimens with the different organization classes (E) were indexed with A through D according to the following definition: class I (B, yellow dotted line); class II (C), with capillary vessel (red dotted line) and fibrous connective tissue (white dotted-line); class III (D, orange dotted line); and class 0 (A, blue dotted line), detritus. Note the tight connective tissue of the patch (F). Corresponding T2-weighted MR image indicates the different signal classes (F).
areas of the aneurysm. However, at 6 months of follow-up, microscopic analysis detected a mixture of all histological classes, indicating progressing tissue organization. About two thirds of the aneurysm volume consisted of connective tissue (about one third detritus [median], one third organization class I, less than one third class II, and only a few percent of dense fibrous connective tissue [class III]). However, in some individual cases, histological organization was more advanced (predominantly class II and III). In one case where the aneurysm was small, the detritus was completely phagocytosed, and the aneurysmal sac consisted of a mixture of different histological classes. The heterogenous organization resulted in a corresponding mixture of signal classes in the MR slices. As collagenous fiber content increased and red blood cell detritus decreased, the SI in T1-weighted images was significantly reduced in class 1 (*P < 0.001), class 2 (*P < 0.01), and class 3 (*P < 0.05) compared with the next lower organization class. A similar signal reduction occurred in T1-weighted images (Tables 2 and 3), but selectivity and discrimination between the classes were significantly better in T2-weighted sequences.

In contrast, an increasing SI after contrast bolus administration was found in areas with a higher degree of tissue organization. Detritus (class 0) showed no contrast effect. As organization progressed, an increasing angiogenesis in the excluded aneurysms was observed. Increasing amounts of capillaries and arterioles penetrated the organizing tissue, indicating the progressive organization. Apparently, this new vessel formation was responsible for the significant signal increase in the ROIs of MR images after gadolinium-DTPA, predominantly distinguishing the lower classes 0 and I from classes II and III. The maximum signal increase was recorded in class III with a median of 1.70. Decreasing SIs in T2-weighted images and an increasing effect of contrast bolus therefore indicated the progressive organization of connective tissue within the excluded aneurysm.

### Discussion

Endovascular treatment of aortic aneurysms is becoming a widespread alternative to open surgery. However, several methodological problems and questions remain to be solved. One of these questions is whether and under which conditions the excluded aneurysm develops histological organization and how this process can be monitored in patients. The present study investigates the histopathologic organization processes of excluded experimental aneurysms at defined follow-up intervals. It focused on the correlation of histopathologic findings and MR findings to develop a noninvasive monitoring method for clinical patients.

The aneurysm model used consisted of autologous material to prevent any kind of foreign-body reaction or influence on the histological organization. According to some authors, connective tissue organization is suggested by aneurysm shrinkage, which is one of the objectives of endovascular treatment. In our study, the patch material from the sheath of the rectus abdominis muscle consisted of dense fibrous connective tissue. It was therefore fit to serve as an internal reference for the SIs in MR images. It is well known that there is not an appropriate animal model that reproduces the characteristics of humans, because tissue reaction varies in different species. Moreover, the perfusion disturbances in the wall of arteriosclerotic vessels of a human aneurysm are not represented in the aneurysm model. However, the way of tissue organization (from detritus via soft fibrous connective tissue to dense fibrous connective tissue) and the corresponding SIs in MRI can be expected to be similar.

The data from this study clearly demonstrate that the organization of tissue in aneurysms takes at least several months, and it may be put forward that these histological transformations are decisive for stable treatment results and aneurysm shrinkage. One week after stent grafting, the aneurysms consisted mostly of detritus without evidence of fibroblast invasion and collagenous fiber synthesis. At 6 weeks of follow-up, a small amount of collagenous fiber synthesis (class I and II) had occurred, but most parts of the aneurysmal sac still consisted of detritus. At 6 months, the aneurysms were characterized by a mixture of different histological classes, indicating progressive histological organization. Even at this time, a substantial part of the aneurysm (about one third) still consisted of detritus. The present data do not describe the complete histological aneurysm transformation process, which would apparently take much more time. This observation is consistent with the fact that no significant shrinkage of the aneurysms was found even at 6 months of follow-up. The present study confirms the experimental data of Eton et al. and others who also described such long organization processes, even if the different organization levels were not as clearly defined. Moreover, the present data are consistent with the experience in clinical patients where aneurysm shrinkage takes many months. On the other hand, the present study contradicts several reports that describe histological organization within a few months without demonstrating and quantifying microscopic findings.
The differentiation of the tissue organization was predominantly based on collagenous fiber content and interlacing. This definition was used, because increasing stability of the connective tissue presupposes increasing quantities of collagenous fibers. The advancing organization was accompanied by progressive neoangiogenesis, which begins in an early stage (class I) and is a condition of a higher degree of tissue organization. It controls signal increase after contrast medium in T1-weighted MR images and is therefore included in the classification. The content of round and polygonal inflammatory cells was of secondary interest for the purposes of the classification. These distinct histological classes resulted in MR image signal classes, which are predominantly a function of the fiber content.

In a clinical study, Engellau et al.44 discovered that increasing organization of thrombus in excluded aneurysms resulted in decreasing SIs in T2-weighted images. In the present study, the SIs of T2-weighted sequences were the best tool to stage (class I) and is a condition of a higher degree of tissue organization. The contrast bolus induced signal increase in class III (T1-weighted) is likely to decline after longer follow-up periods, at this time, shrinkage of the aneurysm could not be expected to occur. The contrast bolus induced signal increase in class III (T1-weighted) is likely to decline after longer follow-up periods, because vascularity will be reduced when histological organization is complete. However, this prediction is an assumption based on the behavior of scar tissue.

References

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