

CV-Docteur Alexandros Mallios

Docteur Alexandros Mallios

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Chirurgien Vasculaire

Titres Universitaires

- 2001: Diplôme du Docteur en Médecine – Faculté de Médecine Thessaloniki, Grèce Université de Aristote
- 2013 : Certification de la spécialisation en Chirurgie Vasculaire. Valable pour la Grèce et toute la Communauté Européen

Services Civils

- **Nov 2001 – Fev 2003** : Médecin Généraliste – Service Obligatoire pour tous les Médecins en Grèce pour servir pour les régions éloigné de la Grèce
- **Avr 2003 – Jan 2006** : Interne – Chirurgie Générale, Service du Pr Gerasimides, Hôpital Hippokration,

Université d Aristote

- **Jan 2006 – Jul 2007** : Médecin Généraliste – «Disability Analysis», Londrès R.U., ATOS Healthcare pour le Gouvernement Anglais.
- **Jul 2007 – Jul 2008** : Service Militaire National
- **Aou 2008 – Oct 2008** : Londre, R.U. Hôpital de Saint Mary's, Service de Chirurgie Vasculaire, Centre spécialisé sur le traitement chirurgicale des anévrismes complex de l aorte. « Honorary Clinical Fellow »
- **Nov 2008 – Oct 2009** :Interne – Hopital Saint Joseph, Paris 14eme, Service de Chirurgie Vasculaire – Dr Claude Laurian
- **Nov 2009 – Oct 2010** : Interne – Institut Mutualiste Montsouris, Paris 14eme, Service de Chirurgie Vasculaire. Service du Dr Combes
- **Oct 2010** : “International Travelling Fellow”, Cleveland Clinic – Roy Greenberg as the Winner of the Edward Dietrich Vascula Society Grant
- **Nov 2010 – Avr 2011** : Interne – Hopital Henri Mondor, Creteil Chirurgie Vasculaire, service du Pr Becquemin.
- **Mai 2011 – Oct 2011** : Interne – Institut Mutualiste Montsouris, Paris 14eme, Chirurgie Vasculaire, Service du Dr Combes
- **Oct 2011** : Observer – Skane University Hospital, Suede, Vascular Surger, Service of Dr Martin Malina
- **Nov 2011 – Avr 2012** : Interne – Institut Mutualiste Montsouris, Paris 14eme, Chirurgie Cardiaque, service du Pr Laborde
- **Mai 2012 – Oct 2012** : Interne – Institut Mutualiste Montsouris, Paris 14eme, Chirurgie Cardiaque, service du Dr Gossot
- **Dec 2012 – Nov 2014** : Clinicat, Service de Chirurgie Vasculaire, service du
- Professeur Blebea, Hôpital Saint John Medical Centre,
- Université de Oklahoma, Faculte de Medicine, Tulsa, USA
- **Jan 2015** – CDI Chirurgien Vasculaire, Institut Mutualiste Montsouris – Service du Dr Combes

Certifications

- ECFMG: 0-816-428-7
- USMLE STEP 1: 246
- USMLE STEP 2: 253
- USMLE STEP 3: 222

Membre de sociétés

- *Society for Clinical Vascular Surgery* – Candidate Member – 2013 – present
- *Society for Vascular Surgery* – Candidate Member – 2014
- *SVS Young Surgeons Advisory Committee* – 2014
- *Vascular and Endovascular Surgery Society (former PVSS)* – 2014 – Candidate Member
- *European Society for Vascular Surgery* – 2009 – present

Missions humanitaires

- **2013** – Bridge of Life Medical Missions, AVF surgical mission – Jamaica
- **2015** – Bridge of Life Medical Missions, AVF pediatric surgical mission – Guatemala

Articles et communications

Academic Awards

2010 – Best Poster Presentation, European Society for Vascular Surgery

Annual Conference – Amsterdam, Netherlands

2010 – International Travelling Fellow Grant, Edward B Diethrich Vascular Surgical Society, Scottsdale – AZ (sponsored observership at the Cleveland Clinic)

2013 – OU Tulsa Research Forum – Second Best Presentation

2013 – OU Tulsa Clinical Vignette Symposium – Best Presentation

2014 – Top Gun competition in technical skills. SCVS conference San Diego CA
Finalist (3rd/4th place)
2014 – Clinical Vignette Symposium, University of Oklahoma, Tulsa. Best Poster
Presentation

International Conference Director:

[2nd European Endovascular and Interventional Cardiology Conference](#)

Endovascular Session
Athens Greece
August 2015

Editorial Board Member

Annals of Vascular Medicine and Research

Journal Reviewer

Hemodialysis International
OncoTargets and Therapy
Medical Devices: Evidence and Research
Open Journal of Cardiovascular Surgery
Clinical Medicine Insights: Case Reports
Annals of Vascular Surgery
Journal of Clinical Imaging Science

Journal Publications

1. **Mallios A**, Taubman K, Claiborne P, Blebea J.
Subclavian Vein Stent Fracture and Venous Motion
Ann Vasc Surg. 2015 Jun 26. pii: S0890-5096(15)00492-6. doi:
10.1016/j.avsg.2015.04.064. [Epub ahead of print]
PMID: 26122410
2. Papazoglou KO, **Mallios A**, Buster B, Antoniadis PN, Karkos

CD, Stamos D, Dervisis K, Messiner R, Blebea J. Endovascular repair of ruptured abdominal aortic aneurysms with the ENDURANT stent graft: a combined experience from three centers. J Cardiovasc Surg (Torino). 2015 May 21. [Epub ahead of print]

PMID: 25996842

3. **Mallios A**, Boura B, Combes M, J Blebea. Abdominal aortic coarctation in a middle aged adult. J Vasc Surg. 2015 Jan;61(1):240. doi: 10.1016/j.jvs.2013.09.015.

Front Cover Image of the Journal in January 2015 Issue

4. **Mallios A**, Costanzo A, Boura B, Combes M, Alomran F, de Blic R, Jennings WC. Long-Term Preservation of Native Arteriovenous Dialysis Fistulas.

Ann Vasc Surg. 2014 Apr;28(3):749-55. doi: 10.1016/j.avsg.2013.03.023. Epub 2013

Dec 19. PMID: 24360937 [PubMed – in process]

5. Alomran F, de Blic R, **Mallios A**, Costanzo A, Boura B, Combes M.

De Novo Periaortic Fibrosis after Endovascular Aortic Repair.

Ann Vasc Surg. 2014 Feb;28(2):493.e1-3. doi: 10.1016/j.avsg.2013.06.019.

Epub 2013 Nov 23. PMID: 24275428 [PubMed – in process]

6. **Mallios A**, Taubman K, Claiborne P, Blebea J

Subclavian Vein Stent Fracture Caused by Venous Motion

Journal of Vascular Surgery Vol. 58, Issue 5, Pages 1440-1441 (abstract)

7. Alomran F, Boura B, **Mallios A**, De Blic R, Costanzo A, Combes M.

Reconstruction of the Greater Saphenous Vein to Create a Viable Arterio-Venous Fistula Conduit. Journal of Vascular Surgery Vol. 57, Issue 5, Supplement, Page 32S (abstract)

8. Alomran F, Boura B, **Mallios A**, De Blic R, Costanzo A, Combes M.

Tagliatelle technique for arteriovenous fistula creation using a great saphenous vein semi-panel g

9. **Mallios A**, Cross J, Cochennec F, Majewski M, Kobeiter H, Desgranges P.

From the « bell-bottom » to a migrated « running stent » and then a successful conversion to hypogastric branched endograft.. Ann Vasc Surg. 2013 Jul;27(5):671.e7-10. doi: 10.1016/j.avsg.2012.06.023. PMID: 23809932

10. **Mallios A**, B. Boura, F. Alomran, M. Combes.

A new technique for reconstruction of the aortic bifurcation with saphenous vein panel graft. J Vasc Surg. 2014 Feb;59(2):511-5. doi: 10.1016/j.jvs.2013.02.245. Epub 2013 May 1. PMID: 23642922

11. **Mallios A**, B. Boura, M. Combes. Precision in Distal Graft Deployment as an Additional Indication for Anterograde TEVAR through the Axillary Artery. Eur J Vasc Endovasc Surg – Extra – 2013May;25(5) e35-37

12. **Mallios A**, B Boura, K Zannis, N Borenstein, M Combes. A New Experimental Animal Protocol for the Direct Viewing of Endovascular Interventions Involving the Ascending Aorta and Aortic Arch. Eur J Vasc Endovasc Surg – Extra – 2013Feb;25(2) e11-13

13. Mlynski, J Domont, **Mallios A**, S Bonvalot, S Fukui. Epithelioid Hemangioendothelioma of the Femoral Vein in a 22 Year Old Female A Eur J Vasc Endovasc Surg – Extra 2013Jan;25(1) e1-2

14. W Yankovic, **Mallios A**, F Rafati, A Costanzo, B Boura, M Combes. Carotid-brachial bypass and simultaneous radio-cephalic fistula for a patient on hemodialysis. Ann Vasc Surg. 2012 Oct;26(7):1012.e5-8. doi: 10.1016/j.avsg.2012.04.009. PMID: 22944576

15. Papazoglou K, **Mallios A**(Corresponding Author), F Rafati, N

Zambas, Ch Karkos. Endovascular Treatment of Ruptured Abdominal Aortic Aneurysms with the Endurant Device. *Ann Vasc Surg*. 2013 Feb;27(2):162-7. doi: 10.1016/j.avsg.2012.04.013. Epub 2012 Sep 12. PMID: 22981014

16. **Mallios A**, W Yankovic, B Boura, M Combes. Three new techniques for the creation of a Steerable Sheath, 4F Snare and bidirectional sheath inversion using existing endovascular materials. *J Vasc Surg*. 2012 Sep;56(3):853-60.e1-3. doi: 10.1016/j.jvs.2012.03.271. Epub 2012 Jul 7. PMID: 22770850

17. Fukui S, Alberti V, **Mallios A**, Soury P, Gigou F. Early and mid-term results of total laparoscopic bypass for aortoiliac occlusive lesions *J Cardiovasc Surg (Torino)*. 2012 Apr;53(2):235-9. PMID: 22456647

18. **Mallios A**, B. Boura, W. Yankovic, A. Costanzo, M. Combes. Replacement of Infected Prosthetic Femoral Graft with Longitudinally Tailored Vein Patches. *Eur J Vasc Endovasc Surg Extra* 2012;23:e40-41

19. Yankovic W, Febrer G, Couture T, **Mallios A**, Koskas F. Hybrid Repair of a Hepatic Artery Aneurysm. *Ann Vasc Surg*. 2012 May;26(4):575.e1-3. doi: 10.1016/j.avsg.2011.08.024. PMID: 22520395

20. **Mallios A**, C. Laurian, R Houballah, F.Gigou, V. Marteau. Curative Treatment of Pelvic Arteriovenous Malformations: An alternative strategy, intraoperative transvenous embolisation. *Eur J Vasc Endovasc Surg*. 2011 Apr;41(4):548-53. doi: 10.1016/j.ejvs.2010.11.018. Epub 2011 Jan 28. PMID: 21277234

21. Houballah R, **Mallios A**, Poussier B, Soury P, Fukui S, Gigou F, Laurian C. A new Therapeutic approach to congenital pelvic arteriovenous malformations. *Ann Vasc Surg*. 2010 Nov;24(8):1102-9. doi: 10.1016/j.avsg.2010.02.053. PMID: 21035702

22. **Mallios A**, Boura B, Combes M, Blebea J. Abdominal aortic coarctation in a middle aged adult. J Vascular Surgery (In press)
23. **Mallios A**, Taubman K, Claiborne P, Blebea J. Subclavian Vein Stent Fracture and Venous Motion. Ann Vascular Surgery (submitted).
24. **Mallios A**, Laurian C Perforating Ulcer of the Aortic arch. Houbballah R, Gigou F Sang Thrombose Vaisseaux 2009;21; 1:47-9 Carotid Paraganglioma and Pheochromocytoma. Sang Thrombose Vaisseaux, February 2010
25. **Mallios A**, Houbballah R, Laurian C. Ligature of the inferior Vena Cava. Sang Thrombose Vaisseaux, Mars 2010
26. **Mallios A**, Laurian C. Multiple localisation of arterial fibrodysplasia, Sang Thrombose Vaisseaux 2010;22
27. **Mallios A**, C Laurian, Chronic Aortic Dissection Evolution. Sang Thrombose Vaisseaux 2011;23:92-5
28. **Mallios A**, Laurian C Arterial Trauma in Child. Sang Thrombose Vaisseaux 2011;23:436-8
29. **Mallios A**, Laurian C Cancer of the left kidney and inferior vena cava thrombosis. STV 2011;23:439-41

Abstracts

1. **Mallios A**, W. Yancovic, C Dray, M. Combes. Renal function deterioration with concomitant renal artery stenosis post EVAR. A case report and short review of the literature. International Angiology 2011; 30: Supp I: 5
2. **Mallios A**, W Yancovic, A Costanzo, S Balanger, B Boura, M Combes. Successful endovascular treatment of a hilar renal aneurysm: a case report. International Angiology 2011; 30: Supp I: 5-6
3. C Laurian, **Mallios A**, F Gigou, V Marteau. Ilioportal venous

by-pass. A surgical treatment of inferior vena cava agenesis. International Angiology 2011; 30: Supp I: 6-7

4. **Mallios A**, Taubman K, Claiborne P, Blebea J. Subclavian Vein Stent Fracture Caused by Venous Motion. Published Nov 2013

Journal of Vascular Surgery, Vol. 58, Issue 5, p1440–1441

5. Alomran F, Boura B, **Mallios A**, Costanzo A, Combes M.

Reconstruction of the Greater Saphenous Vein to Create a Viable Arterio-Venous Fistula Conduit. Published May 2013.

Journal of Vascular Surgery, Vol. 57, Issue 5, p325

6. **Mallios A**, Blebea J, Messiner R, Taubman K, Blebea J.

Laser Atherectomy: Long-Term Clinical Results for the Treatment of Peripheral Arterial Disease. Published Sep 2014

Journal of Vascular Surgery, Vol. 60, Issue 3, p827

7. **Mallios A**, Blebea J, Jennings W.

Elevation procedures for staged brachial and basilic vein transpositions

Journal of Vascular Surgery, Vol. 61, Issue 6, p1855–1865

Published in issue: June 2015

Book Chapters

1. T. Gerasimidis, D. Karamanos, K. Konstantinidis, **Mallios A**. Chapter: Endovascular treatment of Carotid Stenosis, Textbook: Vascular Surgery Series: European Manual of Medicine Liapis C.D, Balzer K, Benedetti-Valentini F, Fernandes e Fernandes J. (Eds.) 2007, Springer

2. C Laurian, **Mallios A**, F Gigou V Marteau. Clinical Cases of Vascular Malformations “Are there Surgical Indications for the treatment of Arteriovenous Malformations?” Controversies and updates in Vascular Surgery 2010;69: 417-420, Minerva Medica

3. C Laurian, F Gigou, **Mallios A**, B George, V Marteau, Chirurgie de l artere vertebrale, EMC, techniques chirurgicales, Chir Vasc, second volume: 43-130 C Franceschi

4. C Laurian, F Gigou, **Mallios A**, F. Toni, A Bisdorff

Traitement chirurgical des malformations vasculaires des membres, EMC, techniques chirurgicales, Chir Vasc, second volume: 43-260

5. W Jennings, A Mallios, J Blebea. Upper Extremity Permanent Hemodialysis Access Placement. Surgical Atlas Masters Vascular Surgery, In Press

Scientific Oral Presentations

Mallios A

ICON 2011 – International Society of Endovascular Specialists
Scottsdale – AZ, USA

February 2011

“Advanced endovascular treatment of complex aneurysms, experience as an observer at the Cleveland Clinic.”

Mallios A, W. Yancovic, C Dray, M. Combes

Mayo Clinic International Vascular Symposium

Paris, FRANCE

September 2011

“Renal function deterioration with concomitant renal artery stenosis post EVAR. A case report and short review of the literature.”

Mallios A, W Yancovic, A Costanzo, S Balanger, B Boura, M Combes

Mayo Clinic International Vascular Symposium

Paris, FRANCE

September 2011

“Successful endovascular treatment of a hilar renal aneurysm: a case report”

C Laurian, **Mallios A**, F Gigou, V Marteau

Mayo Clinic International Vascular Symposium

Paris, FRANCE

September 2011

“Ilioportal venous by-pass. A surgical treatment of inferior

vena cava agenesis”

Mallios A

25th Annual Meeting, European Society of Vascular Surgery
Athens, GREECE

September 2011

“From the Bell Bottom to the running stent. Successful endovascular conversion to branched hypogastric endograft”

Mallios A

ICON 2012 – International Society of Endovascular Specialists
Scottsdale – AZ, USA

February 2012

“Type B Aortic Dissection with visceral and lower limb ischemia.”

Mallios A

Charring Cross Int Symposium 2012 – EVST session
Imperial College, London -UK

April 2012

“A partially thrombosed type B Dissection is a more important threat for the patient. “

F. Alomran, B. Boura, A. Mallios, R. de Blic, A. Costanzo, M. Combes

Vascular Annual Meeting 2013 – Society of Vascular Surgery
San Francisco CA

May 2013

“Reconstruction of the Greater Saphenous Vein to Create a Viable Autogenous Fistula Conduit”

Mallios A, Taubman K, Claiborne P, Blebea J

Midwestern Vascular Surgery Society Annual Meeting
Chicago IL – USA

September 2013

“Subclavian Vein Stent Fracture Caused By Venous Motion”

Mallios A, Papazoglou K, Antoniadis P, Karkos C, Messiner R, Blebea J

42nd Annual Symposium – Society for Clinical Vascular Surgery
San Diego – CA
March 2014

“Endovascular Repair of Ruptured Abdominal Aortic Aneurysm
with the Endurant Stent Graft”

Mallios A.

Grand Rounds – Department of Surgery, Tulsa, School of
Medicine

Tulsa – OK

April 2014

“Endovascular Treatment of Aortic Aneurysms-From Aortic Valve
to Iliac Bifurcation”

Mallios A.

1st European Interventional Cardiology Conference

Athens – Greece

August 2014

“Totally Endovascular Aortic Aneurysm Repair”

Mallios A, Blebea J, Messiner R, Taubman K, Ma H.

Joint Conference of Eastern and New England Societies for
Vascular Surgery

Boston – MA

September 2014

“Laser Atherectomy – Long term clinical results for treatment
of peripheral arterial disease”

Mallios A, Blebea J, Jennings W.

SVS VAM,

Chicago IL

June 2015

“Elevation Procedures for Staged Brachial and Basilic Vein
Transpositions”

Scientific Poster Presentations

24th Annual Meeting – European Society of Vascular Surgery

Amsterdam – Netherlands

September 2010

“Curative Treatment of Pelvic Arteriovenous Malformation – An alternative strategy: Transvenous Intraoperative embolisation.”

Award – Best Poster Presentation

A Mallios, B. Boura, K Zannis, N Borenstein, M Combes.

Controversies and Updates in Vascular Surgery 2012

Paris – FRANCE

January 2012

“EVAR of Aortic Arch Aneurysms. Creating a Protocol for safe and reproducible in situ graft fenestration.”

K Papazoglou, A Mallios, D Papadimitriou, N Zampas, C Karkos.

Controversies and Updates in Vascular Surgery 2012

Paris – FRANCE

January 2012

“Endovascular Treatment of Ruptured Abdominal Aortic Aneurysms with the Endurant Device.”

W. Yankovic, A Mallios, B. Boura, A. Costanzo, M. Combes.

Controversies and Updates in Vascular Surgery 2012

Paris – FRANCE

January 2012

“Carotid-Brachial Bypass and simultaneous Radio-cephalic Fistula Creation for a Patient on Hemodialysis.”

A Mallios, A Costanzo, W Yankovic, B Boura, M Combes.

Controversies and Updates in Vascular Surgery 2012

Paris – FRANCE

January 2012

“Symptomatic Occlusion of Left Brachicephalic Vein due to stent fracture caused from extrinsic arterial compression.”

A Mallios, B Boura, K Zannis, N Borenstein.

ICON 2012 – International Society of Endovascular Specialists
Scottsdale – AZ, USA

February 2012

“TEVAR of aortic arch aneurysms. Creating a protocol for safe and reproducible in situ stent graft fenestration.”

A Mallios, B Boura, F Alomran, M Abou-Rjeili, A Costanzo, M Combes.

26th Annual Meeting – European Society Of Vascular Surgery
Bologna – ITALY

September 2012

“False aneurysm of the aorta caused by the suprarenal fixation barbs of a fourth generation stent graft.”

Mallios A, Jennings W, Blebea J, Taubman K, Messiner R

OU Tulsa Research Forum – 2013

Tulsa, OK – USA

March 2013

“Changing hemodialysis vascular access practice patterns in the United States”

Award: Second Best Presentation

Brown R, Budrevich D, **Mallios A**, Blebea J

OU Tulsa Clinical Vignette Symposium – 2013

Tulsa, OK – USA

April 2013

“Internal iliac artery flow preservation during endovascular aneurysm repair (EVAR) with deployment of iliac leg from the axillary artery.”

Award: Best Presentation

Budrevich D, Brown R, **Mallios A**, Taubman K

OU Tulsa Clinical Vignette Symposium – 2013

Tulsa, OK – USA

April 2013

“Presentation of acute limb ischemia from methylsergide induced lower extremity arterial vasospasm.”

Mallios A, Brown R, Blebea J

42nd Annual Symposium – Society for Clinical Vascular Surgery

San Diego – CA

March 2014

“Axillary Artery Deployment of EVAR Iliac Limb for Preservation of Internal Iliac Artery Blood Flow “

Mallios A, Blebea J, Messiner R, Taubman K, Ma, H.

Tulsa Research Forum – Univeristy of Oklahoma, 2014

Tulsa, OK-USA

March 2014

“Laser Atherectomy – Long term clinical results for the treatment of peripheral arterial disease”

Gkotsis G, Jennings WC, **Mallios A**, Taubman K.

Tulsa Research Forum – Univeristy of Oklahoma, 2014

Tulsa, OK-USA

March 2014

“Evaluation and treatment of high flow arteriovenous fistulas after successful renal transplant”

Award:2nd Place – Biomedical Research

Mallios A, Blebea J

OU Tulsa Clinical Vignette Symposium – 2014□Tulsa, OK-USA

April 2014

“Endo-anchoring for the treatment of a type 1 endoleak.”

Mallios A, Blebea J

OU Tulsa Clinical Vignette Symposium – 2014□Tulsa, OK-USA

April 2014

“Endovascular treatment of giant internal iliac artery aneurysm.”

Award: Best Poster Prize

Ng G, **Mallios A**, Brown RE, Taubman KE, Blebea J

OU Tulsa Clinical Vignette Symposium – 2014□Tulsa, OK-USA

April 2014

“Spontaneous Dissection of the Left Subclavian Artery with Occlusion of the Vertebral Artery and Cerebral Ischemia”

Claiborne P, **Mallios A**, Taubman K, Blebea J

OU Tulsa Clinical Vignette Symposium – 2014 □ Tulsa, OK-USA

April 2014

“Endovascular Repair of Pedicle Screw Penetration in the Descending Thoracic Aorta”

Arcos K, **Mallios A**, Taubman K, Blebea J

OU Tulsa Clinical Vignette Symposium – 2014 □ Tulsa, OK-USA

April 2014

“Extensive Iliocaval Venous Thrombosis Secondary to Dysplasia of the Inferior Vena Cava »

Abstracts indexed in pubmed

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Ann Vasc Surg, 2010 Nov;24(8):1102-9.

A new therapeutic approach to congenital pelvic arteriovenous malformations.

Houbbailah R, Mallios A, Poussier B, Soury P, Fukui S, Gigou F, Laurian C.
Service de Chirurgie Vasculaire, Hôpital Saint-Joseph, Paris, France. docrabi@gmail.com

Abstract
BACKGROUND: Internal iliac arteriovenous malformations (AVM) are difficult to treat. Arterial embolization is chosen in most cases but the angio-architecture of these arteriovenous shunts can provide an explanation for the several reported failures. We report the long-term results of peroperative intravenous embolization.
METHODS: Between the years 1980 and 2008, seven patients were treated for complex and symptomatic internal AVM. These patients underwent a surgery which involved massive embolization of the venous hypogastric compartment, followed by the ligation of the hypogastric vein at its origin.
RESULTS: There were no deaths reported in this group. The mean follow-up was 7 years (range: 10 months-12 years), with no cases of recurrences found. Computed tomographic scans of controls with reconstruction did not show any residual arteriovenous shunts.
CONCLUSION: Intravenous embolization of the internal iliac AVM is a therapeutic strategy which is well adapted to the special angio-architecture of the arteriovenous shunts. Clinical and anatomic results have confirmed the validity of this strategy.
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Eur J Vasc Endovasc Surg, 2011 Apr;41(4):548-53. Epub 2011 Jan 28.

Curative treatment of pelvic arteriovenous malformation--an alternative strategy: transvenous intra-operative embolisation.

Mallios A, Laurian C, Houbbailah R, Gigou F, Marteau V.
Department of Vascular Surgery, Saint-Joseph Hospital, Paris, France. alexandrosmallios@gmail.com

Abstract
OBJECTIVES: Pelvic arteriovenous malformations (AVMs) are difficult to treat. Arterial embolisation is the most common strategy but often has poor results. We report an alternative surgical approach of controlled intra-operative transvenous embolisation with long-term results in seven cases.
MATERIALS AND METHODS: Between 1980 and 2008, we treated seven patients (four men, three women, mean age 50 years). Indications were rectal bleeding (one case), urinary tract problems (four cases), oedema of lower limb (one case) and high-output cardiac failure (one case). Four of them had previous operations and three had previous attempts for embolisation. Embolisation of the malformation was performed through the internal iliac vein. This was done after clamping of all the feeding and draining vessels. The agent used was cyanoacrylate (one case), Ethibloc (one case) and bone wax (five cases).
RESULTS: Mortality was 0%. Complications occurred in two patients (28,5%), one pulmonary embolism and one regressive femoral paresis. Three patients were re-operated for various reasons. The mean follow-up period was 6 years (1-12 years). Symptoms resolved in all patients, while control by computed tomography (CT) angiogram revealed one residual shunt.
CONCLUSION: Complete surgical excision of pelvic AVMs is not always possible. Embolisation does not offer a permanent cure. Intra-operative transvenous embolisation of persisting complex AVMs appears to be an alternative approach with good immediate and long-term results. Ethylene glycol appears to be the most suitable agent.
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PMID: 21277234 [PubMed - indexed for MEDLINE]

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J Cardiovasc Surg (Torino), 2012 Apr;53(2):235-9.**Early and mid-term results of total laparoscopic bypass for aortoiliac occlusive lesions.**

Fukui S, Alberti V, Mallios A, Souvry P, Giquel F.

Department of Vascular Surgery, Clinique Alery-Labrousse, Paris, France. sumiko_fukui@yahoo.com

Abstract**AIM:** The aim of this study was to investigate the early and mid term results of total laparoscopic bypass for aortoiliac occlusive lesions.**METHODS:** From December 2001 to January 2007, we performed 32 laparoscopic bypasses for aortoiliac lesions. The mean age was 52.9 years. Clinical stages included: severe intermittent claudication (N=24) ischemic rest pain (N=5) and tissue loss or gangrene (N=3). According to the TASC classification, the lesions were type B in three cases, C in nine cases and D in 20 cases. Graft patency was controlled by means of duplex scan before discharge and during the follow-up. The patency rates were calculated using Kaplan-Meier analysis.**RESULTS:** In 27 out of 32 patients the total laparoscopic bypass was successful (84%). Conversion was necessary in five patients. The mean operative time was 338 minutes (range, 200-620 minutes), the mean aortic clamping time was 73 minutes (range, 35-144 minutes). Mortality was 0%. The postoperative course was uneventful in 19 patients (70%). The mean follow-up was 32.1 months. In this period we had two deaths, one from breast cancer after 12 months. The second patient has committed suicide after 48 months. Two graft occlusions occurred at 3 and 21 months. No other late complications were observed. The primary and secondary graft patency rate was estimated by Kaplan-Meier analysis at 92% and 96% on the first year and 87% and 93% at three years, respectively.**CONCLUSION:** Early and mid-term results of total laparoscopic bypass are good in selected patients and comparable to those of conventional surgery.

PMID: 22456647 [PubMed - indexed for MEDLINE]

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Ann Vasc Surg, 2012 May;26(4):575.e1-3.**Hybrid repair of a hepatic artery aneurysm.**

Yankovic W, Febrer G, Couture T, Mallios A, Koskas F.

Department of Vascular Surgery, University Hospital Pitié-Salpêtrière, Paris, France. wallabass@yahoo.com

Abstract

Visceral arterial aneurysm is a rare pathology. Currently, there are no sufficient data to support the superiority of surgical or endovascular treatment. The choice depends mainly on patient characteristics and the anatomy of the aneurysm. We present a case of a 12-cm fusiform aneurysm of the common hepatic artery. A combined approach including endovascular exclusion of the celiac trunk and surgical closure of the aneurysm was chosen. The postoperative course was uneventful. To our knowledge, this is the first case in the literature describing this combined approach.

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PMID: 22520395 [PubMed - in process]

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J Vasc Surg, 2012 Jul 6. [Epub ahead of print]**Three new techniques for creation of a steerable sheath, a 4F snare, and bidirectional sheath inversion using existing endovascular materials.**

Mallios A, Yankovic W, Boura B, Combes M.

Department of Vascular Surgery, Institut Mutualité Montsouris, Paris, France.

Abstract

We present three novel techniques for creation of (1) a steerable sheath (2) a 4F snare device, and (3) dual anterograde and retrograde double-wire percutaneous transluminal angioplasty access technique using a single femoral puncture. These techniques were conceived and bench-tested in our institution, allowing the utilization of inexpensive equipment for complicated endovascular procedures. They offer (1) controlled navigation, no-touch vessel cannulation and cannulation of angulated vessels, contralateral limb of stent grafts, fenestrations, and branches; (2) a low-profile (4F external diameter) modifiable snare with the ability to expand to the size of an entire aneurysm and the ability to undo the snare in case of blockage with other endovascular material; and (3) in situ sheath inversion for concomitant anterograde and retrograde percutaneous angioplasty with a single femoral puncture.

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Ann Vasc Surg. 2012 Oct;26(7):1012.e5-8.

Carotid-brachial bypass and simultaneous radiocephalic fistula for a patient on hemodialysis.

Yankovic W, Mallios A, Rafati F, Costanzo A, Boura B, Combes M.

Department of Vascular Surgery, Institut Mutualiste Montsouris, Paris, France.

Abstract

Patients undergoing long-term hemodialysis often suffer from obliterative arterial disease, which may lead to hand ischemia and/or access failure. We present the case of a 54-year-old female patient with multiple failures in obtaining vascular access. Computed tomography angiogram revealed a long occlusion of the axillary artery. Vein mapping through duplex scanning demonstrated a suitable cephalic vein in the left forearm. A left carotid-brachial bypass was performed with simultaneous radiocephalic arteriovenous fistula formation. Immediate results were excellent, and the postoperative course was uneventful. To our knowledge, this is the first report of such a combined approach.

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Ann Vasc Surg. 2012 Sep 12; pii: S0890-5096(12)00278-6. doi: 10.1016/j.avsg.2012.04.013. [Epub ahead of print]

Endovascular Treatment of Ruptured Abdominal Aortic Aneurysms With the Endurant Device.

Papazoglou K, Mallios A, Rafati F, Zambas N, Karkos C.

Fifth Surgical Department, Hippokratia Hospital, Thessaloniki, Greece.

Abstract

BACKGROUND: Endovascular treatment of ruptured aortic aneurysms is performed in many centers around the world. New endovascular stent-grafts may prove to improve results. We report our experience with the Endurant device.

METHODS: From June 2010 to November 2010, we treated five male patients (mean age: 75.8 years) suffering from ruptured abdominal aortic aneurysm with the Endurant device. The mean aneurysm diameter was 90.2 mm; the mean neck length was 13 mm; the mean proximal neck diameter was 27 mm; and the mean proximal angulation was 64°.

RESULTS: Technical success rate was 100%. In one patient, a proximal leak was diagnosed intraoperatively, and a proximal extension was successfully deployed. No secondary procedures were necessary and no open conversions required during the first admission. One patient required a proximal extension at 3 months for a type I endoleak. The 30-day mortality was 20%, and no further deaths occurred during the follow-up (mean duration: 15 months).

CONCLUSION: New stent-grafts may ameliorate the prognosis of ruptured abdominal aortic aneurysms. Our experience with the Endurant device has shown promising results. To our knowledge, this is the first report of endovascular treatment of ruptured aortic aneurysms with this stent-graft.

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J Vasc Surg. 2013 May 1; pii: S0741-5214(13)00596-9. doi: 10.1016/j.jvs.2013.02.245. [Epub ahead of print]

A new technique for reconstruction of the aortic bifurcation with saphenous vein panel graft.

Mallios A, Boura B, Alomran F, Combes M.

Department of Vascular Surgery, Institut Mutualiste Montsouris. Electronic address: alexandros.mallios@gmail.com.

Abstract

A 60-year-old male patient presented with a false aneurysm of the common iliac artery and methicillin-resistant *Staphylococcus aureus* septicemia complicating previously placed kissing covered stents of the aortic bifurcation. We removed the prosthetic material and repaired the aortic bifurcation with a composite saphenous vein panel graft. To our knowledge, this technique is presented for the first time in the literature.

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Ann Vasc Surg. 2013 Jul 27(5):e71.e7-71.e10. doi: 10.1016/j.avsg.2012.06.023.**From the "bell-bottom" to a migrated "running stent" and then a successful conversion to hypogastric branched endograft.**

Mallios A, Cross J, Cochennec F, Maliewski M, Kobeliter H, Desgranges P.

Department of Vascular Surgery, Henri Mondor Hospital, Paris, France. Electronic address: Alexandros-Mallios@ouhsc.edu.

Abstract

Preservation of one or both internal iliac arteries (IIA) during endovascular repair of an abdominal aortic aneurysm (AAA) reduces the risk of buttock claudication, sexual dysfunction, and pelvic ischemia. Various techniques have been reported for this purpose. We report a case involving the proximal migration of a bell-bottom limb of a previous endovascular aneurysm repair (EVAR), leading to a type I distal endoleak. On reconstruction, the stent graft resembled a person running and was subsequently named a "running stent"; this had no particular clinical relevance. The patient was successfully treated endovascularly using a branched iliac device. To our knowledge, this is the first reported case of the use of an iliac branched device to treat a type Ib endoleak.

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J Vasc Surg. 2013 Aug 20. pii: S0741-5214(13)01277-9. doi: 10.1016/j.jvs.2013.06.082. [Epub ahead of print]**Tagliatelle technique for arteriovenous fistula creation using a great saphenous vein semi-panel graft.**

Alomran F, Boura B, Mallios A, De Blic R, Costanzo A, Combes M.

Institute Mutualiste Montsouris, Paris, France. Electronic address: faris.alomran@gmail.com.

Abstract

Lower limb arteriovenous (AV) access creation can be attempted in patients where upper limb options are exhausted. Utilization of the great saphenous vein as a conduit for AV access has been limited due to its small diameter and resistance to dilatation. Lower limb AV fistulas today are mostly either prosthetic grafts with high rates of infection and thrombosis or transposition of the femoral vein that can lead to limb-threatening venous hypertension. In this report, we describe an optimized technique for reconstruction of the great saphenous vein to serve as a dialysis conduit. This semi-panel graft reconstruction effectively doubles the diameter of the conduit without disruption of the deep venous circulation and also mitigates the requirement for a venovenous anastomosis.

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Ann Vasc Surg. 2013 Nov 23. pii: S0890-5096(13)00430-5. doi: 10.1016/j.avsg.2013.06.019. [Epub ahead of print]**De Novo Periaortic Fibrosis after Endovascular Aortic Repair.**

Alomran F, de Blic R, Mallios A, Costanzo A, Boura B, Combes M.

Department of Vascular Surgery, Institute Mutualiste Montsouris, Paris, France. Electronic address: faris.alomran@gmail.com.

Abstract

We report a case of a 63-year-old man presenting with abdominal pain and hydronephrosis secondary to periaortic fibrosis (PAF) 8 months after an endovascular aortic repair (EVAR) using a woven polyester bifurcated graft. De novo delayed PAF after open repair is rare and even more infrequent after EVAR. All 3 previously reported cases occurred after woven polyester grafts and no reported cases after polytetrafluorethylene grafts. Management included steroidal anti-inflammatory treatment and bilateral double J tube placement. Satisfactory results were obtained.

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Ann Vasc Surg. 2013 Dec 19. pii: S0890-5096(13)00464-0. doi: 10.1016/j.avsg.2013.03.023. [Epub ahead of print]

Long-Term Preservation of Native Arteriovenous Dialysis Fistulas.

Mallios A¹, Costanzo A², Boura B², Combes M², Alomran F², de Blic R², Jennings WC².

Author information

Abstract

Preservation of native arteriovenous fistulas (AVFs) in the long term can be technically challenging. Various anatomic or functional problems can occur and multiple open and/or endovascular interventions may be required for extended preservation of native accesses. In this report, we review vascular access maintenance in a 72-year-old woman during a 5-year period. Multiple complications of her native radiocephalic AVF included recurrent occlusions, a central venous stent fracture and symptomatic venous outflow stenosis. We present this case to illustrate the various techniques and combination of approaches used in the long-term preservation of a native AVF.

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PMID: 24380937 [PubMed - as supplied by publisher]

Abstract

J Vasc Surg. 2015 Jan;61(1):240. doi: 10.1016/j.jvs.2013.09.015.

Abdominal aortic coarctation in a middle aged adult.

Mallios A¹, Boura B², Combes M², Blebeas J³.

Author information

PMID: 25534979 [PubMed - in process]





Importante moments of my career



Best Poster Presentation, Conference of the European Society of Vascular

Surgery, Amsterdam – September 2010



With Dr Roy Greenberg and Dr Martin Austermann during my visit at the Cleveland Clinic – October 2010



Winner of the International Traveling Fellow Grant – “Edward B Diethrich Vascular Surgical Society” – Arizona – USA, February 2011



With Drs Akil Baker, Mark Randal and William Jennings: Vascular Access Mission July 2013 – Bridge of life, DaVita Medical Missions – Jamaica. Creation of Native Dialysis Arterio-Venous Fistulas for end stage renal disease patients.

<http://www.bridgeoflifemm.org/our-missions/jamaica/>



Clinical Vignette Symposium, University of Oklahoma, Tulsa – 2014. Best Poster

Presentation