ALTERNATIVE DEBRANCHING IN PATIENTS WITH TYPE I ENDOLEAK AND THORACOABDOMINAL AORTIC ANEURYSM AFTER OPEN AND ENDOVASCULAR AORTIC ANEURYSM REPAIR

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Disclosure

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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
Patients with recurrence/progression of thoracoabdominal aneurysms were

- Branched or fenestrated EVAR not possible
- Typical inflow sources not available

<table>
<thead>
<tr>
<th>Patients</th>
<th>Initial Diagnosis</th>
<th>Initial Treatment</th>
<th>Current Problem</th>
<th>Endovascular Repair not possible because of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT 1</td>
<td>AAA</td>
<td>EVAR</td>
<td>Progression to TAAA I Typ Ia Endoleak distal migration of EVAR</td>
<td>No space for chimneys or branched prosthesis</td>
</tr>
<tr>
<td>Male, 71a</td>
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</tr>
<tr>
<td>PATIENT 2</td>
<td>rTAAA Typ III</td>
<td>Open Typ IV repair</td>
<td>Progression to TAAA Typ I</td>
<td>Renal artery stenoses Difficult angle at the SMA</td>
</tr>
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<td>Male, 61a</td>
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<tr>
<td>PATIENT 3</td>
<td>TAAA I</td>
<td>Open repair</td>
<td>Aortic patch aneurysm rupture</td>
<td>Acute Presentation No time for endograft production Patient in poor general condition</td>
</tr>
<tr>
<td>Male, 75a</td>
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</tbody>
</table>
PREOPERATIVE CT
INFLOW USING THE ASCENDING AORTA
RESULTS & CONCLUSION

➢ Technical success (debranching + TEVAR) in all 3 patients

➢ Patient 1 & 2 alive 8 and respectively 1 year

➢ Patient 3 died three days after intervention due to MOF

➢ Treatment of complex aortic pathologies possible using alternative strategies