

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

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Disclosure

Speaker name:

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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

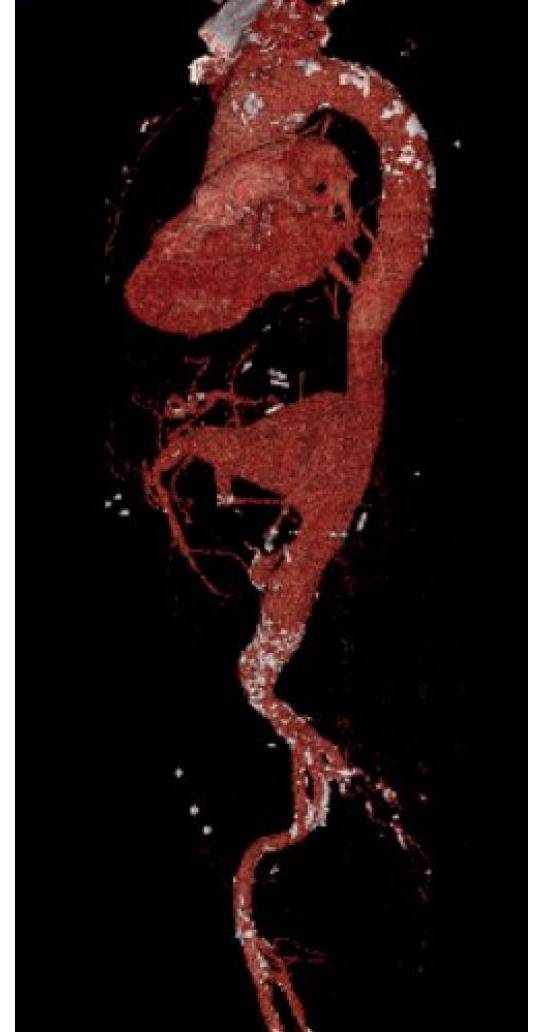
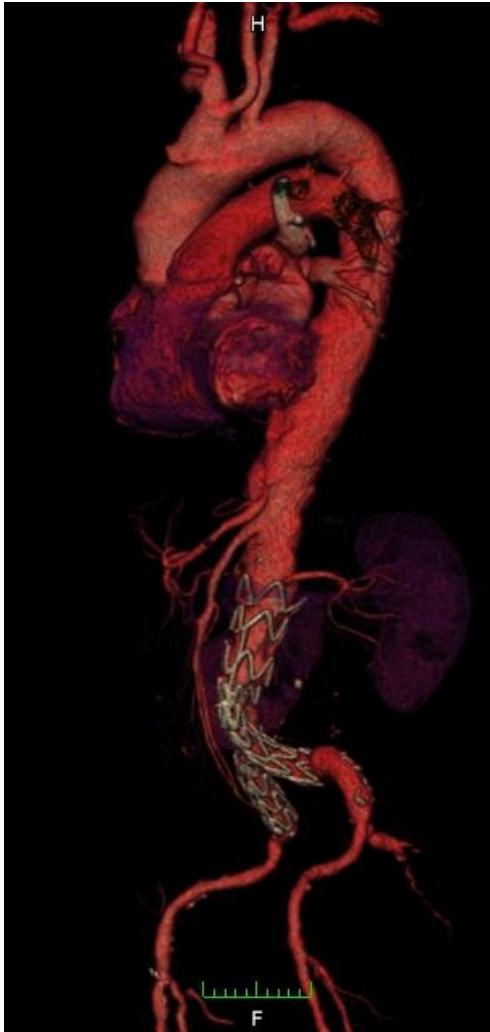
OBJECTIVE & PATIENTS

Patients with recurrence/progression of thoracoabdominal aneurysms were

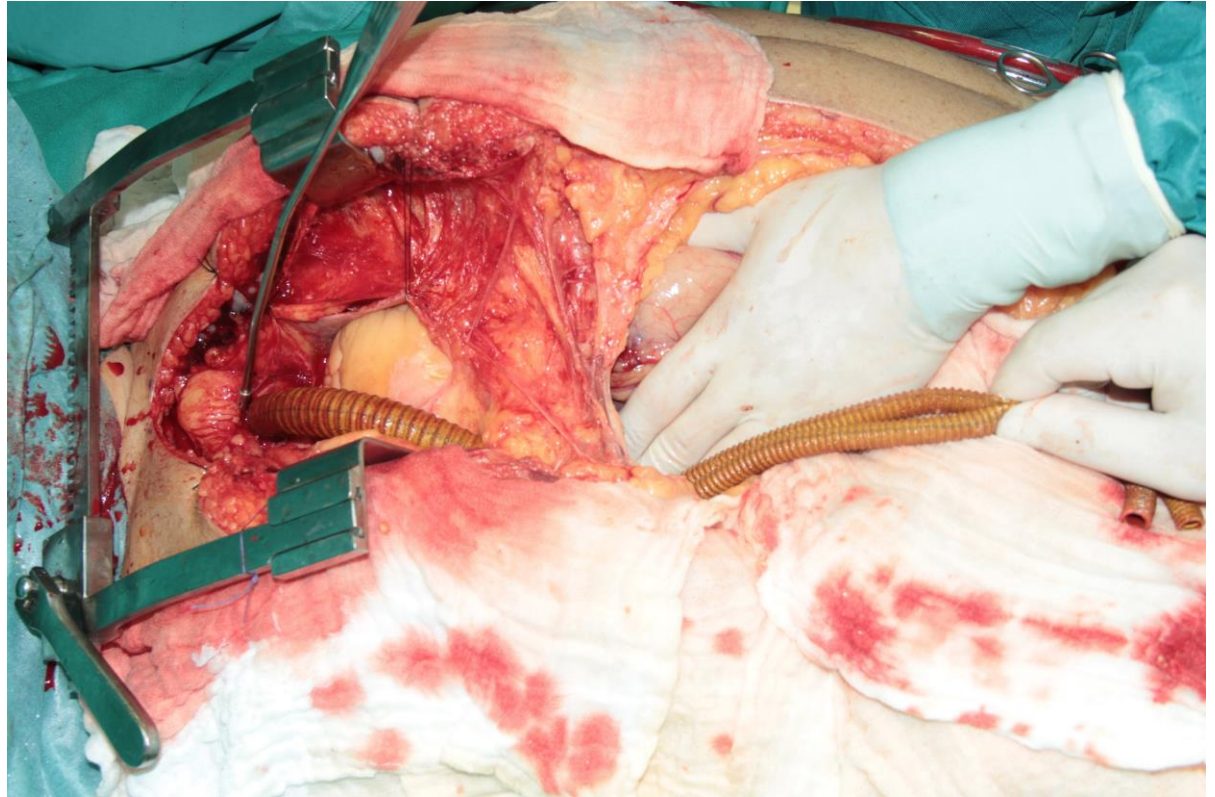
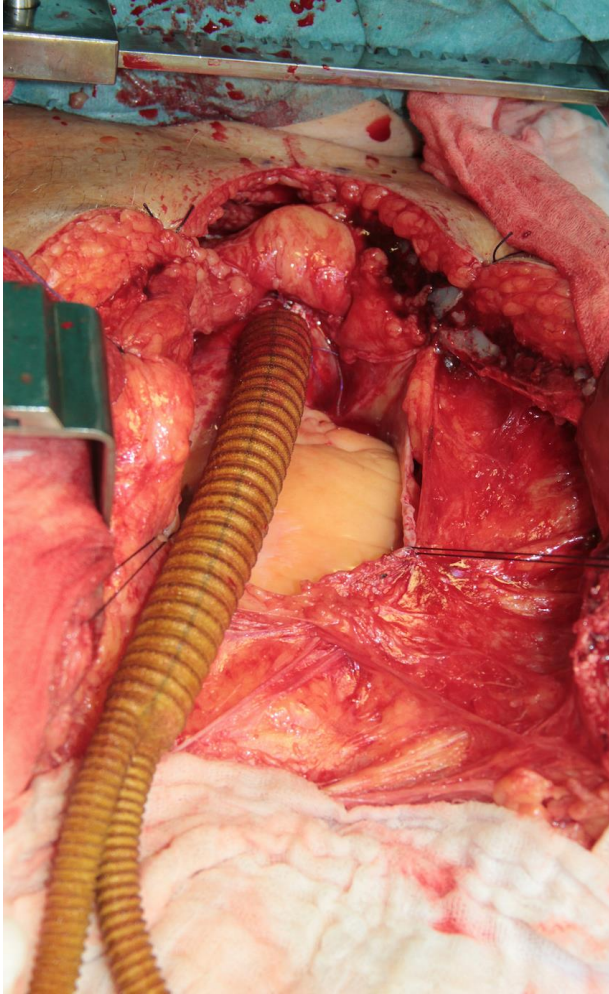
- ➔ Branched or fenestrated EVAR not possible
- ➔ Typical inflow sources not available

	Initial Diagnosis	Initial Treatment	Current Problem	Endovascular Repair not possible because of:
PATIENT 1 Male, 71a	AAA	EVAR	Progression to TAAA I Typ Ia Endoleak distal migration of EVAR	No space for chimneys or branched prosthesis
PATIENT 2 Male, 61a	rTAAA Typ III	Open Typ IV repair	Progression to TAAA Typ I	Renal artery stenoses Difficult angle at the SMA
PATIENT 3 Male, 75a	TAAA I	Open repair	Aortic patch aneurysm rupture	Acute Presentation No time for endograft production Patient in poor general condition

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

