



My challenging arch CASEs

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Disclosure



Speaker name:

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I have the following potential conflicts of interest to report:

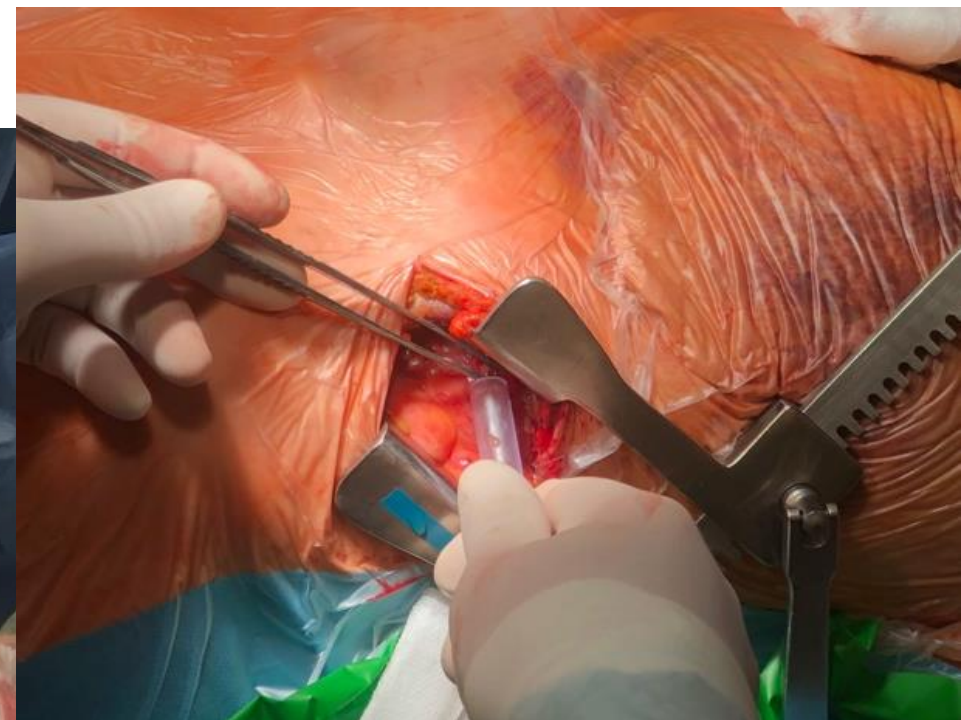
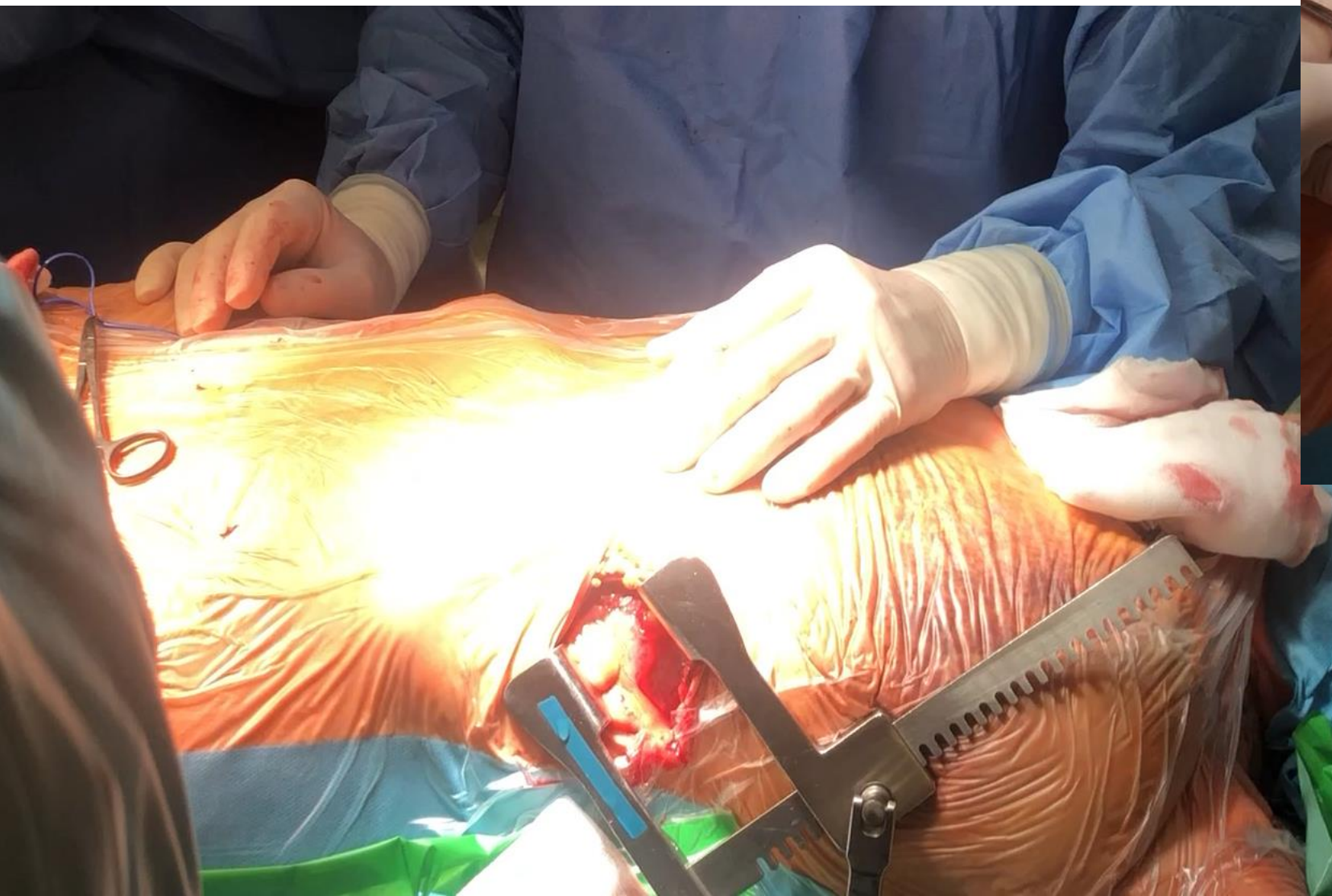
- ☒ **Consulting (COOK, JOTEC/Cryolife, Brail)**
- ☐ Employment in industry
- ☐ Stockholder of a healthcare company
- ☐ Owner of a healthcare company
- ☒ **Other(s): Travel grants (COOK, JOTEC/Cryolife)**
- ☐ I do not have any potential conflict of interest



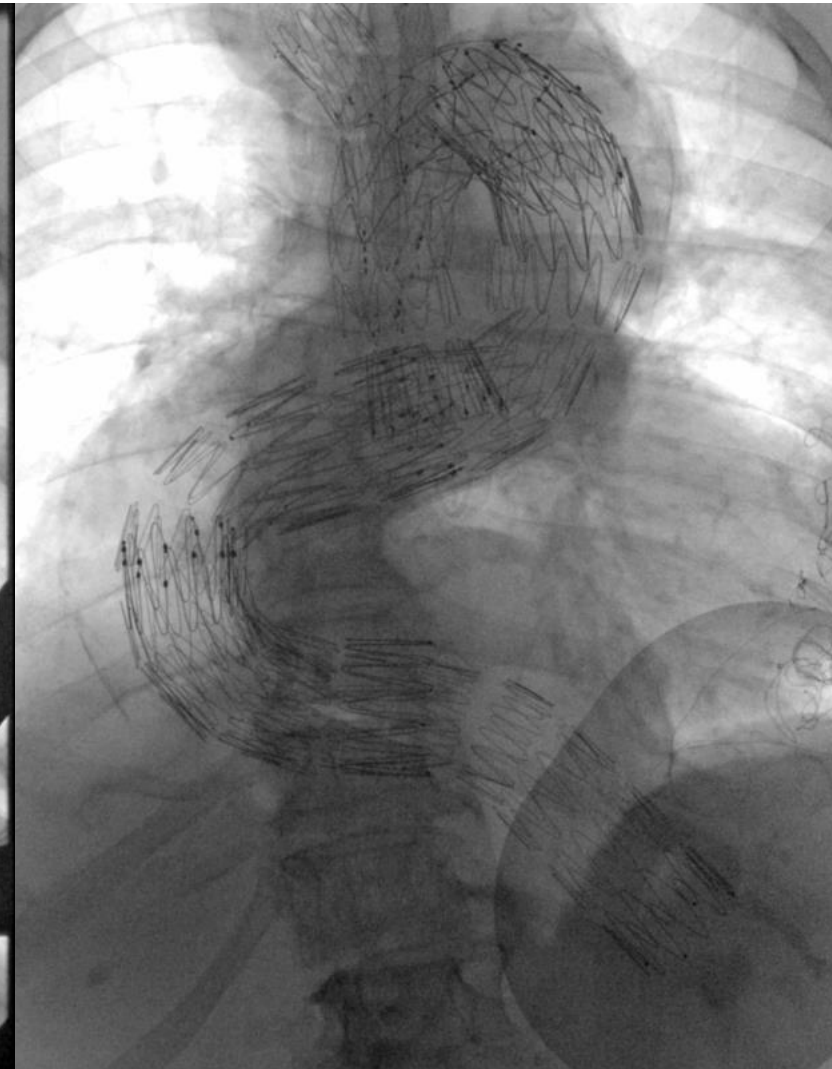
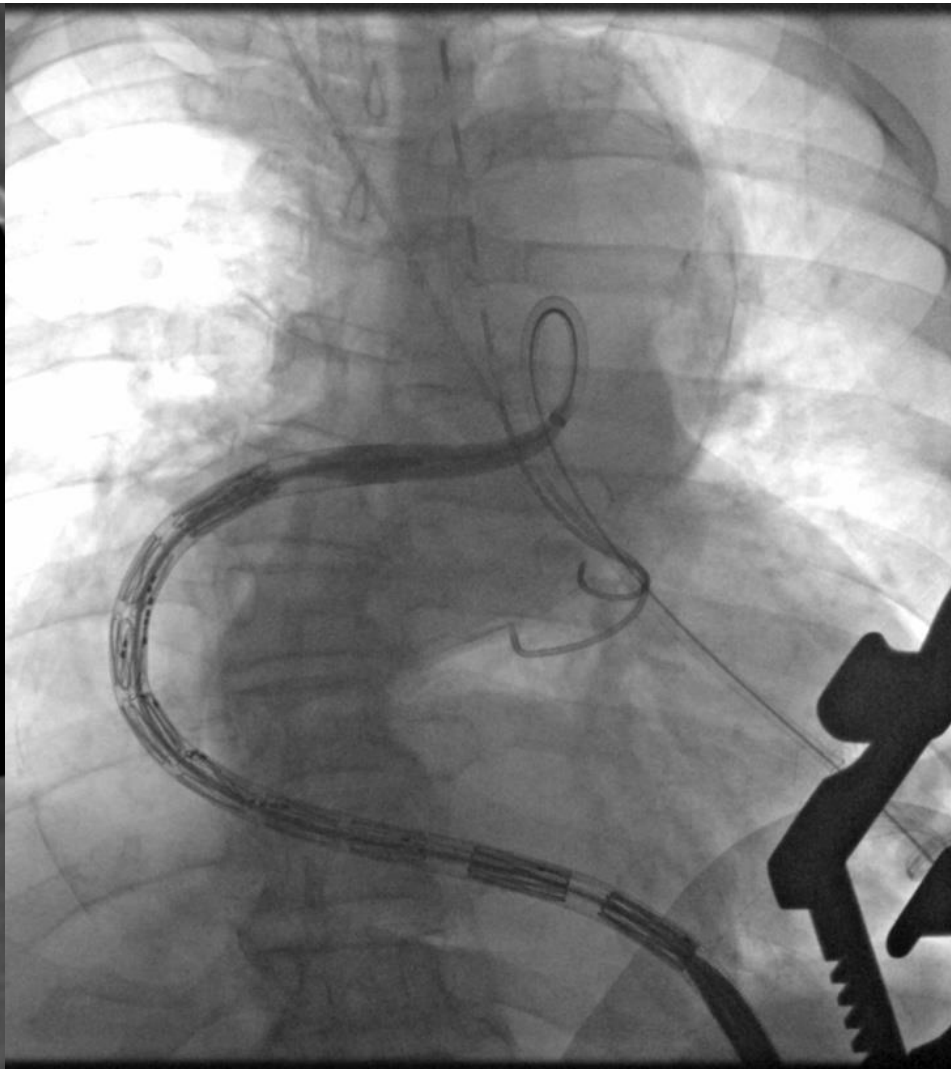


Transapical access

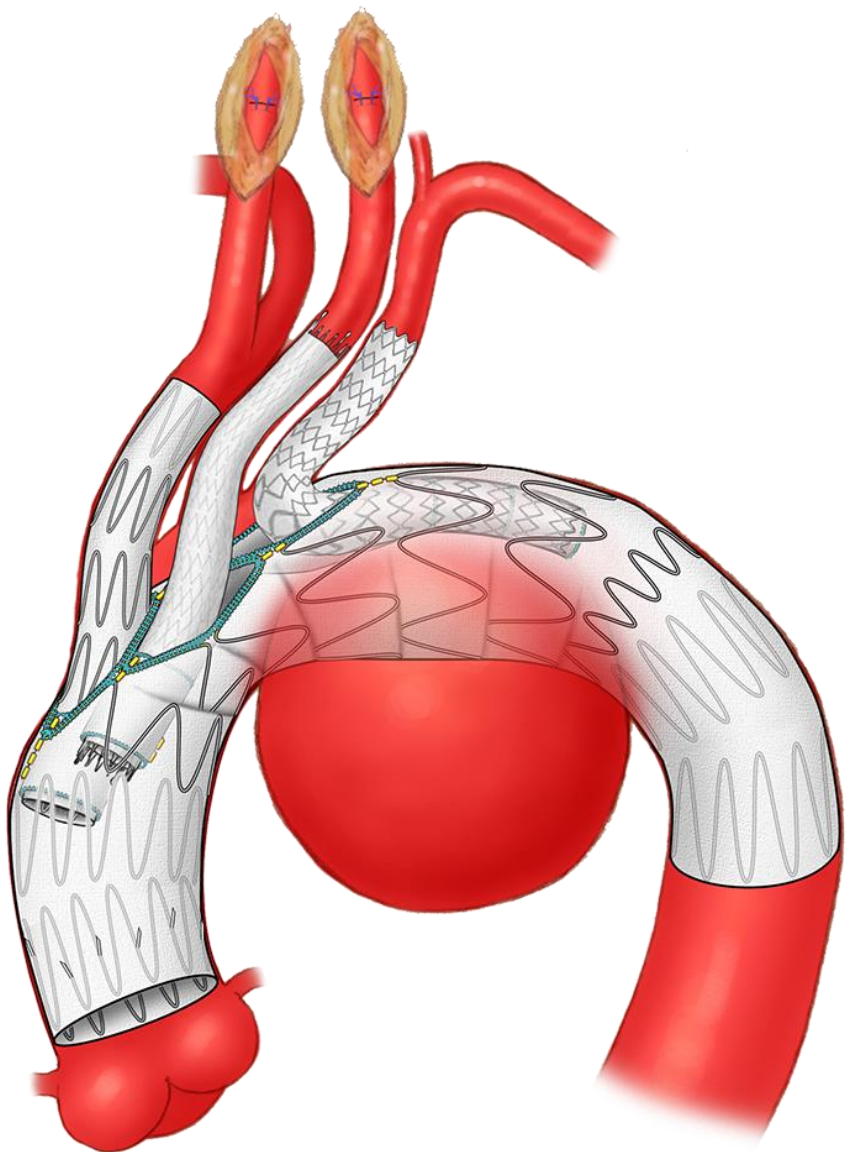
THE 24TH INTERNATIONAL EXPERTS SYMPOSIUM
CRITICAL ISSUES
IN AORTIC ENDOGRAFTING



Transapical access



Advantage of three branches arch device



Case – enigma?



- ✓ 49-years old patient
came to me due to arch dissection
- ✓ 2 years after ascending replacement
due to TAAD
- ✓ „prepared” in another center
to (?open? / ?endovascular?) arch
operation with „operation on the neck”
- ✓ after operation surgeons from another
center lost interest to the patient (???)
- ✓ transposition of LSA
done distally to LVA origin...



Case – enigma?



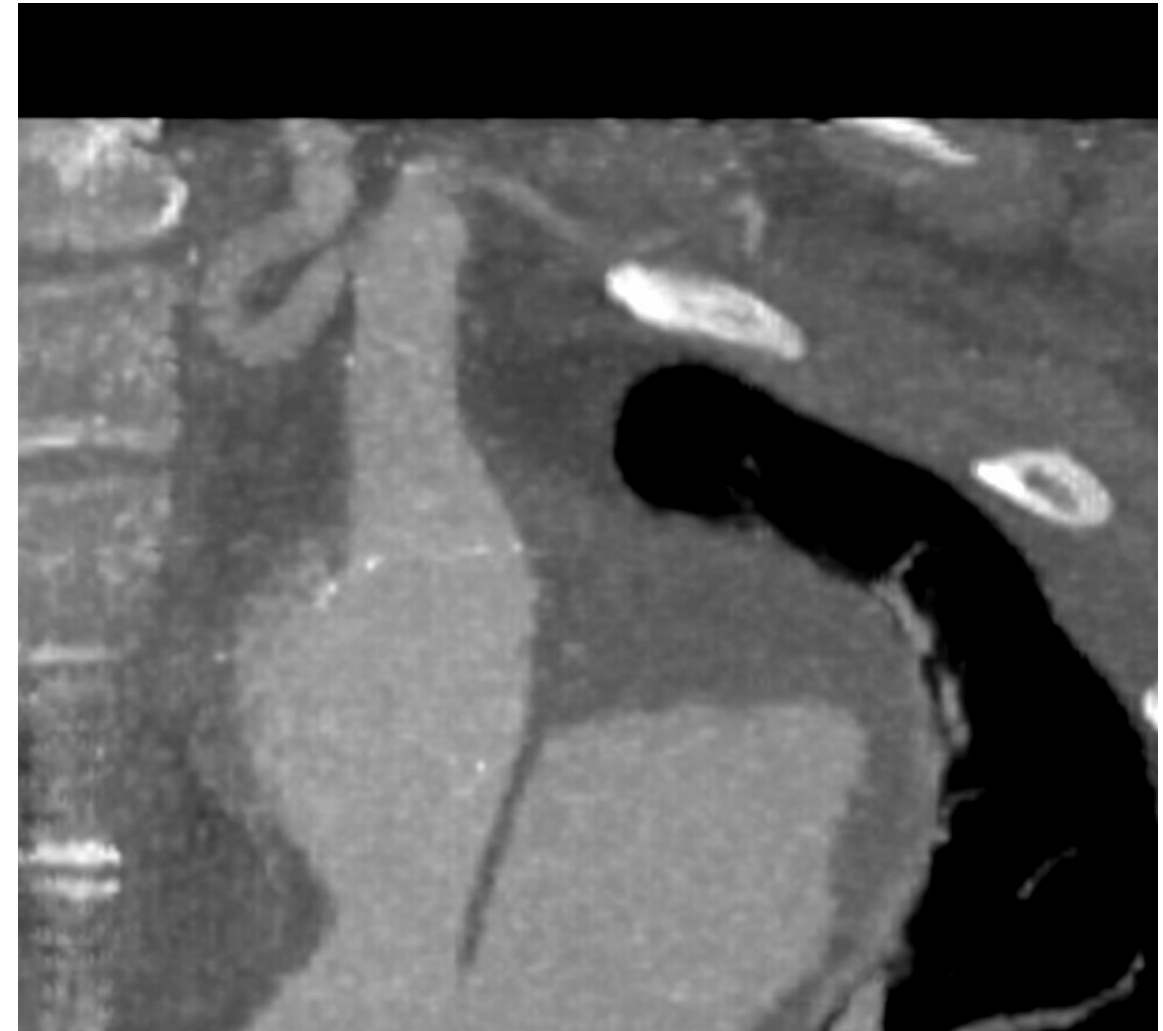
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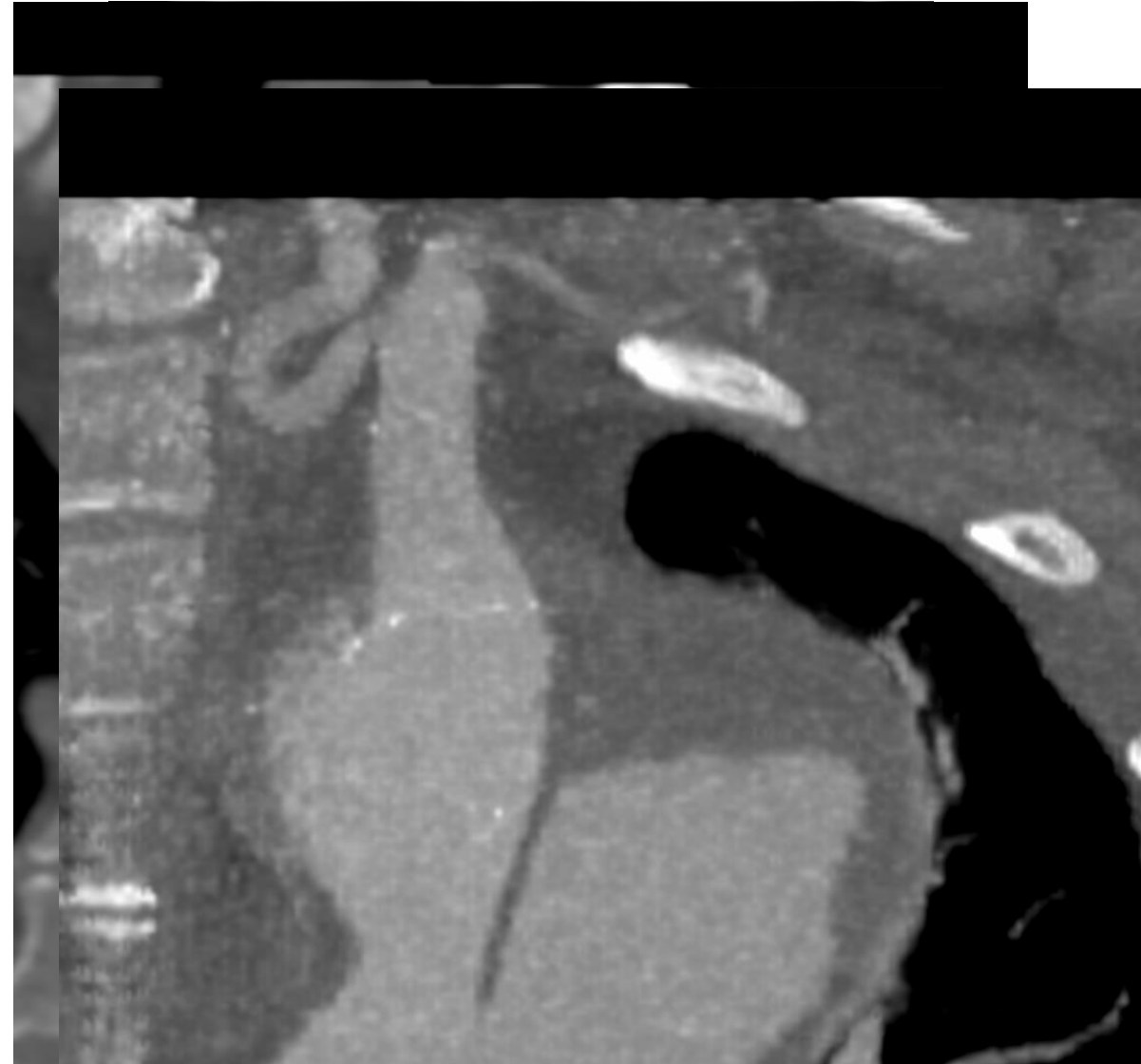


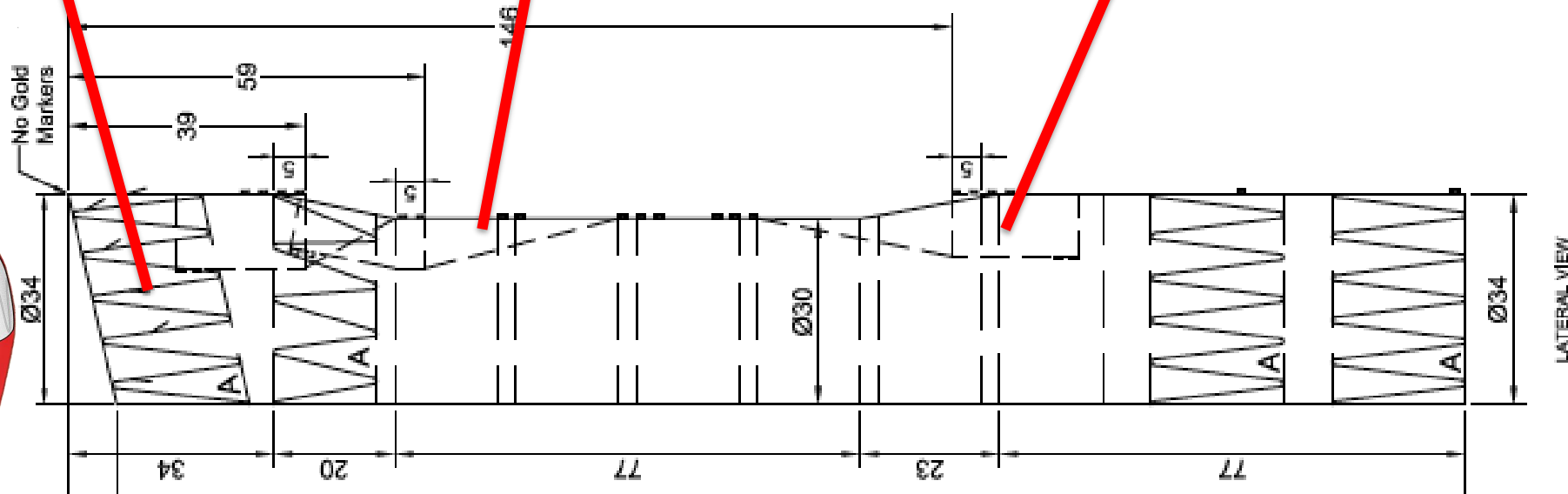
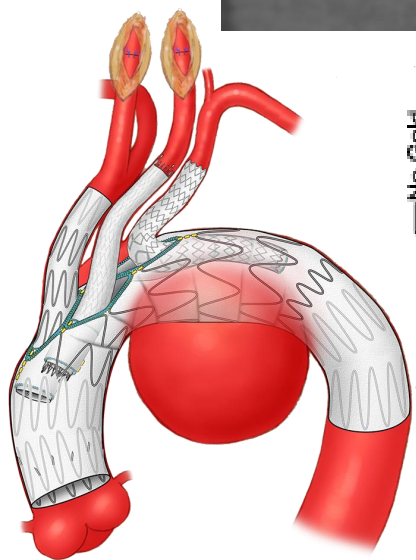
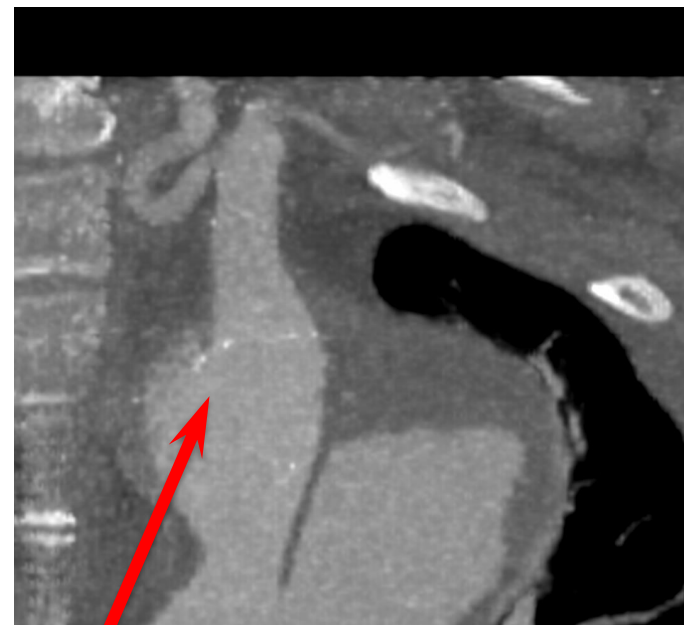
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Arch device - problems

- ✓ kinking of ascending aorta
- ✓ kinking of LCCA / distal LSA anastomosis
- ✓ patent proximal LSA stump with LVA and LMA origins
- ✓ obesity







Intraoperative angio

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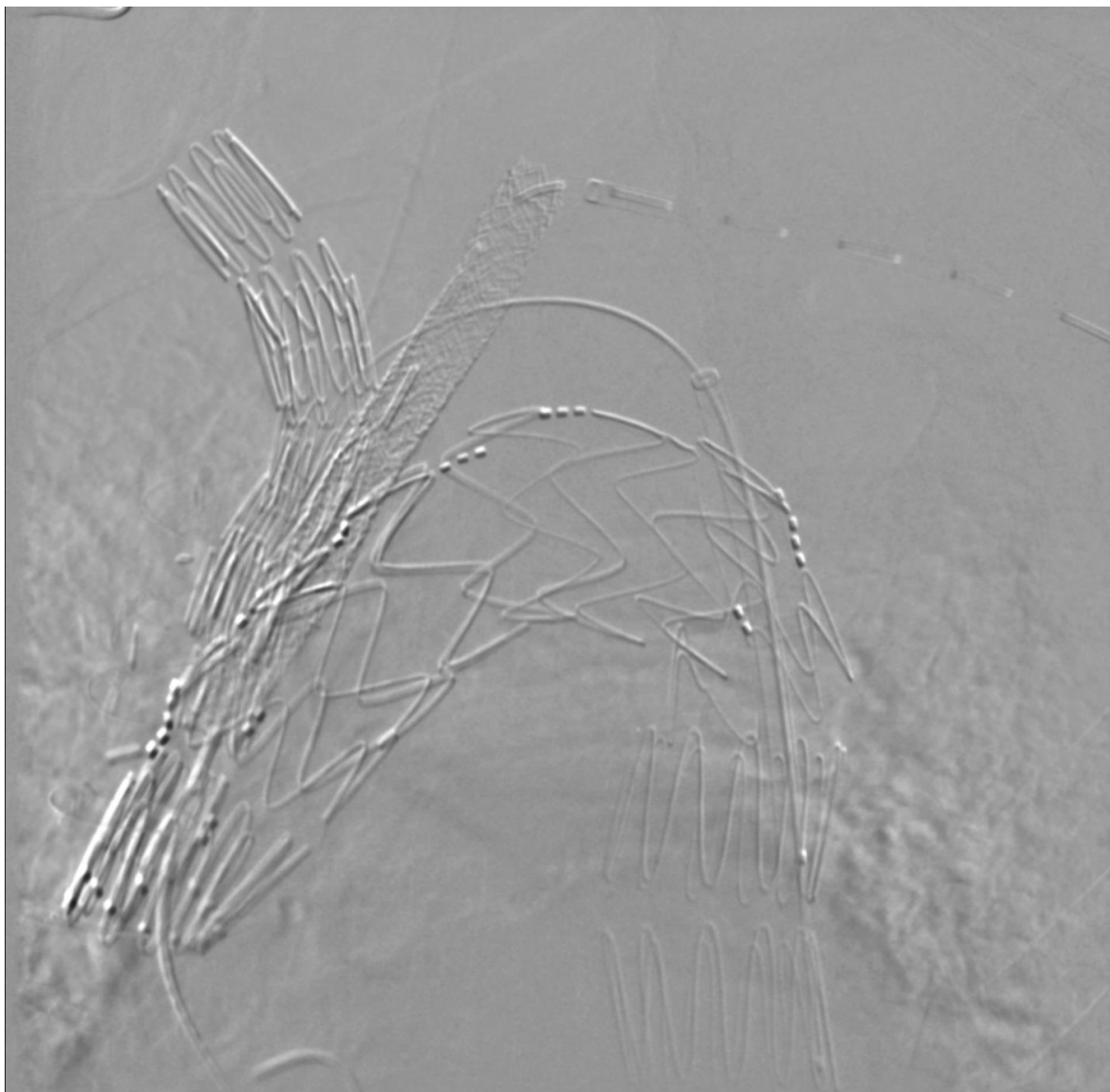


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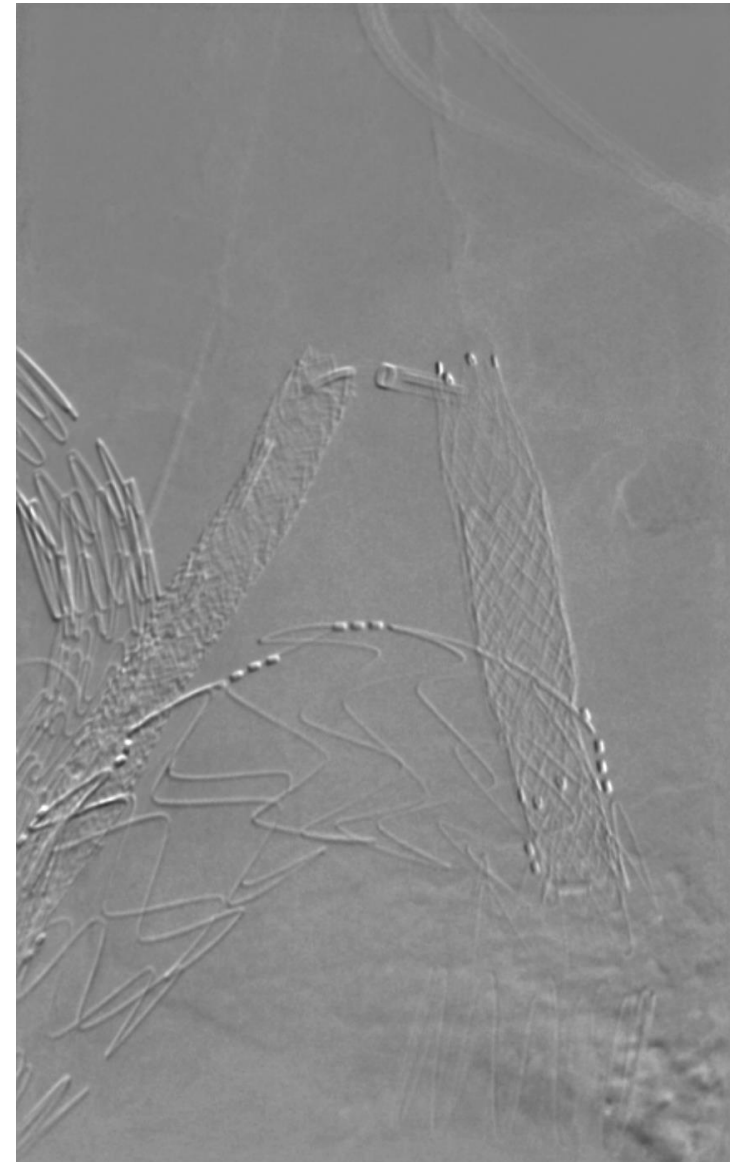
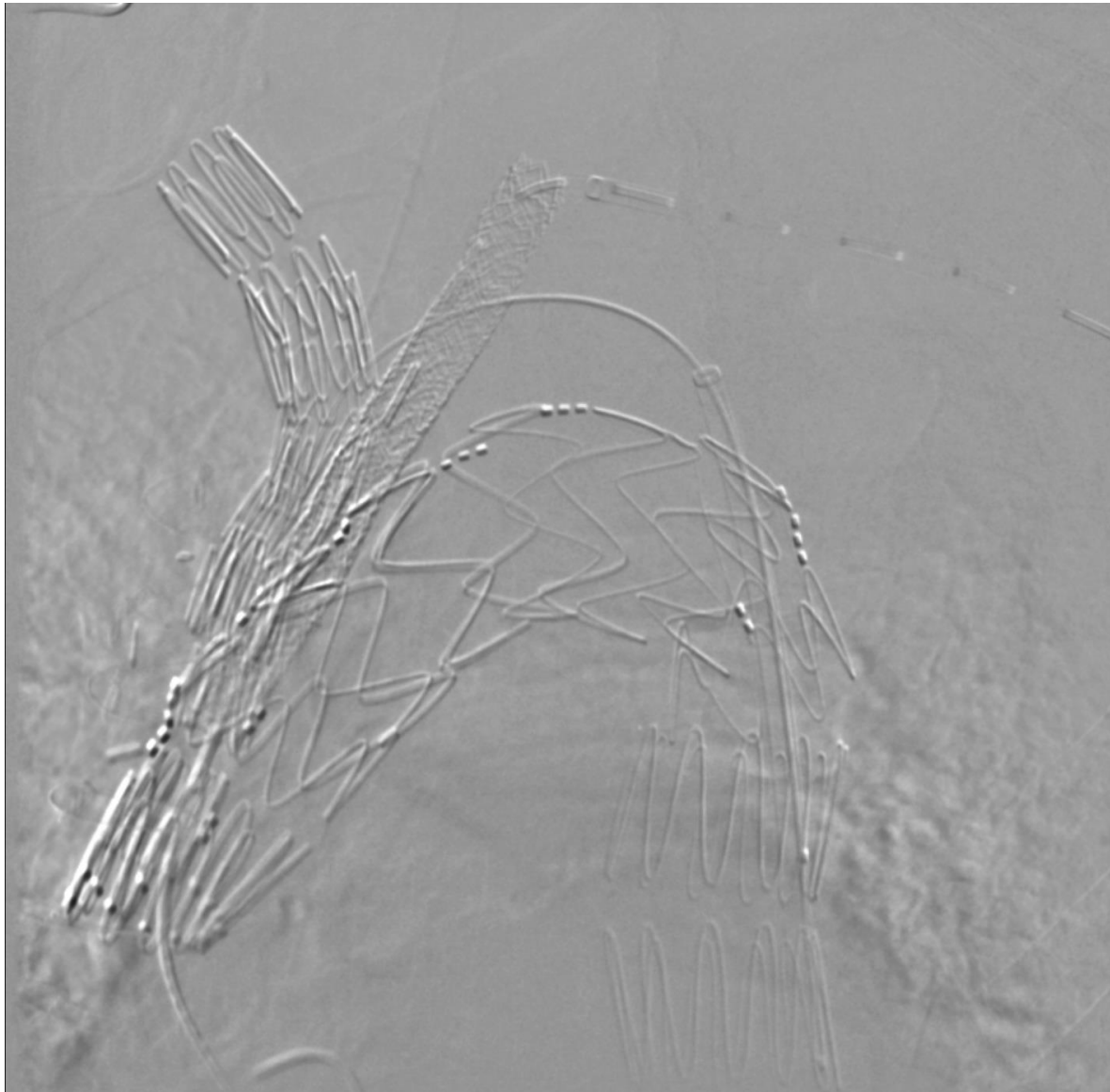


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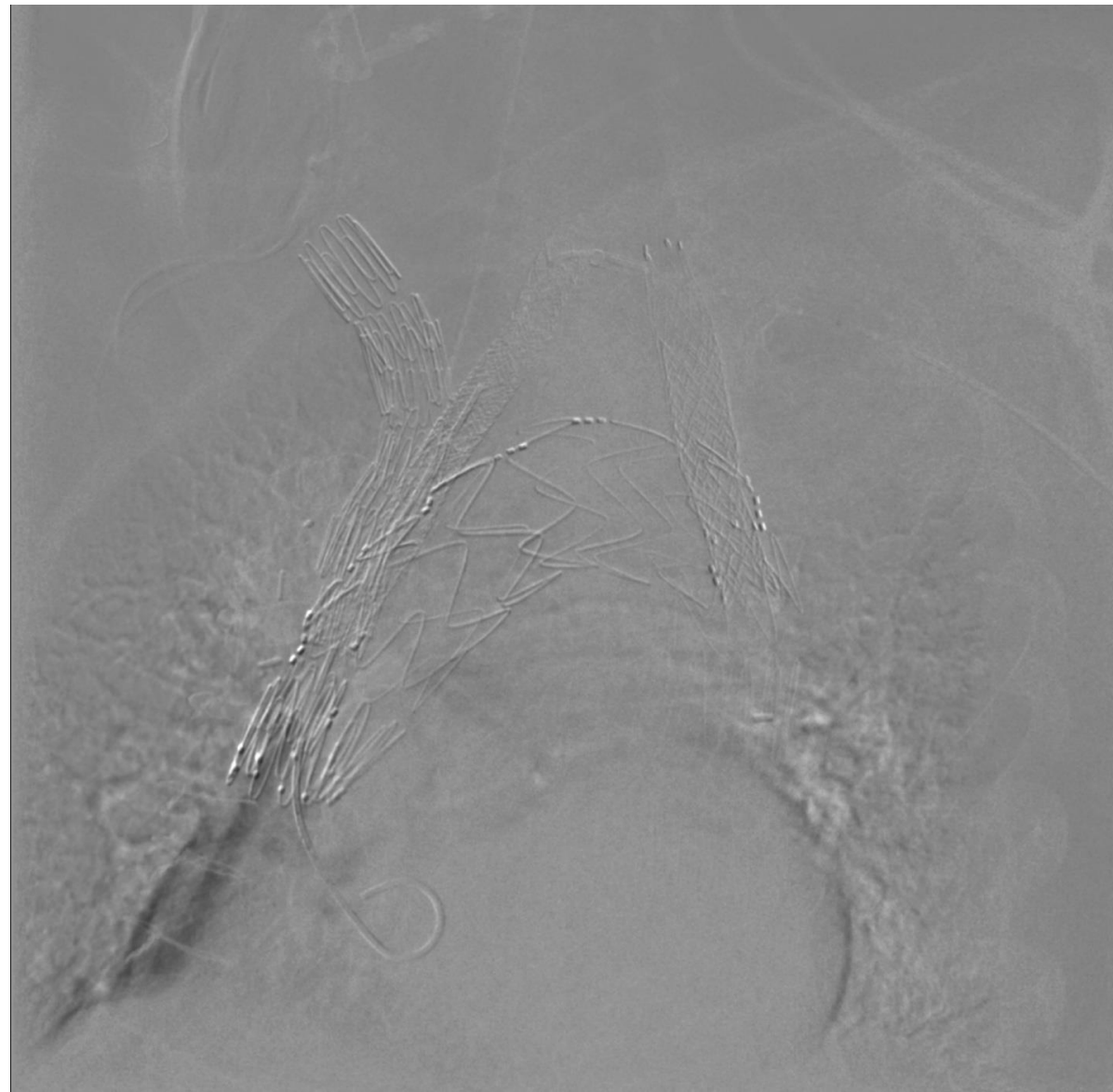
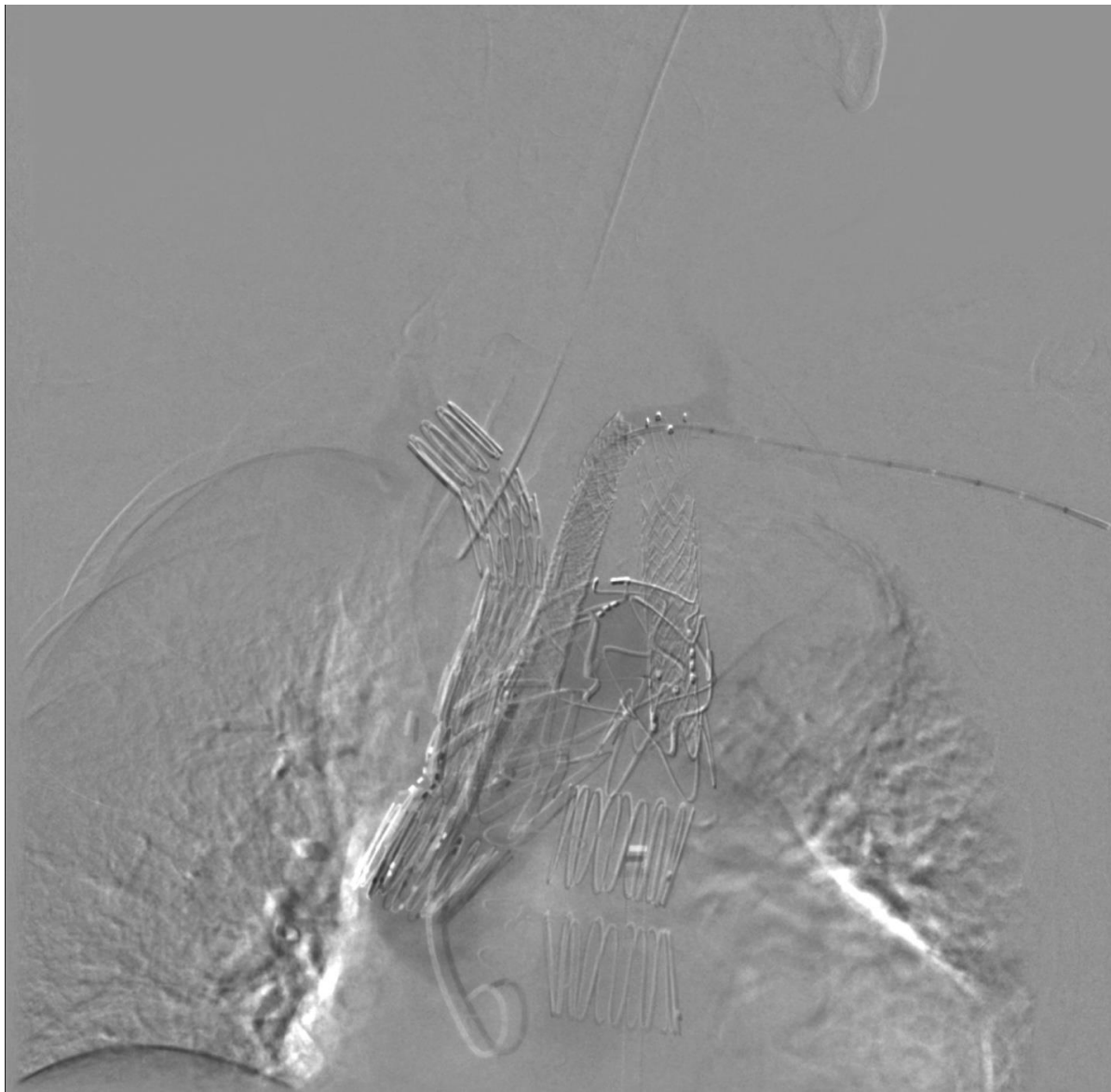


Intraoperative angio

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CRITICAL ISSUES

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Postoperative CT



- ✓ discharged in 6-th postoperative day
in good general condition
- ✓ 3-rd branch worked perfectly
in this unusual situation



Thank you
for your
attention!



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