

Addressing thoraco-abdominal morphology with artificial landing zones

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Disclosures

- Terumo Aortic
- Gore
- Medtronic

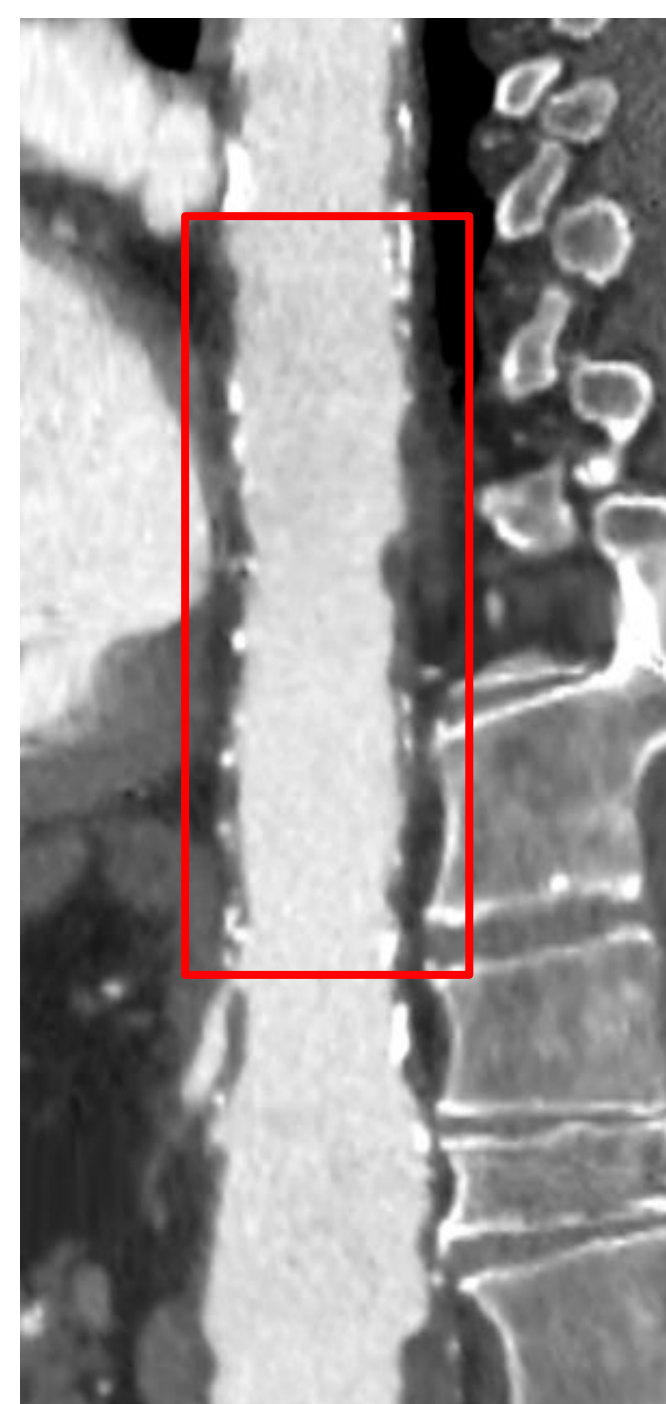
Juxta-Renal Aortic Aneurysm

- 4fen CMD the most used endovascular strategy
- Required healthy supraceliac landing zone for durable seal
 - Length 20-30 mm
 - Diameter < 32 mm
 - No thrombus
 - No diffuse calcification
 - No severe angulation

SUPRACELIAC PROX LANDING ZONE

Irregular
Thrombus +++

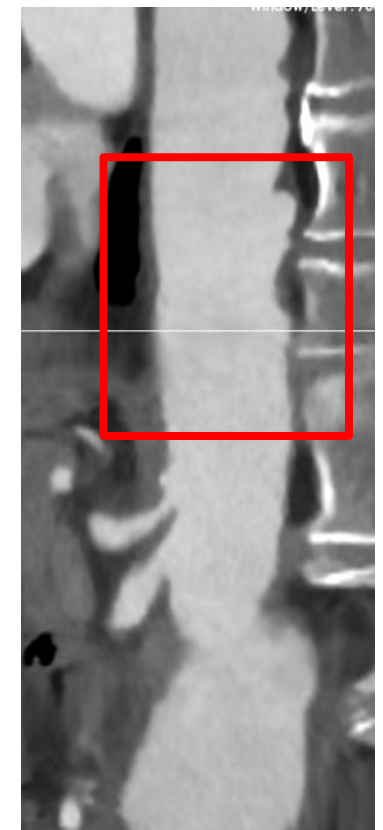
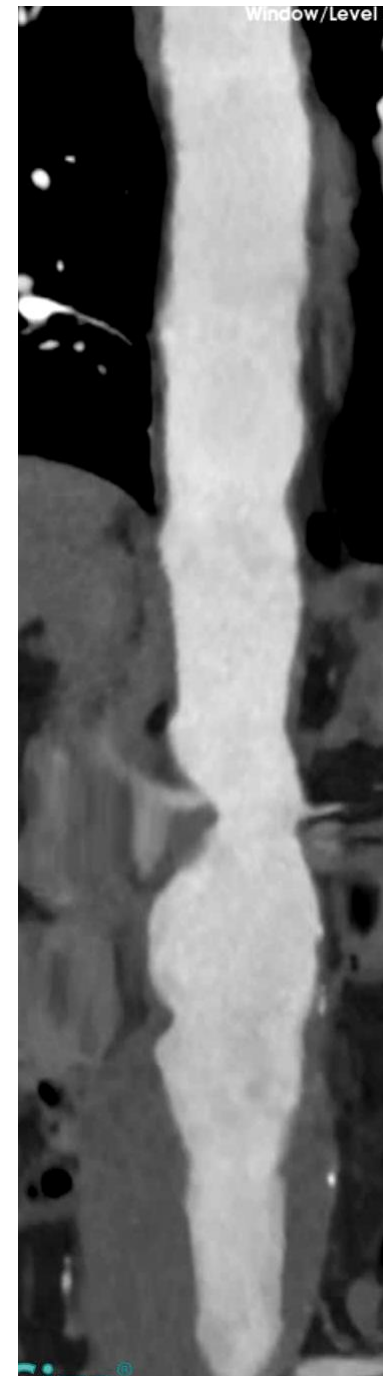
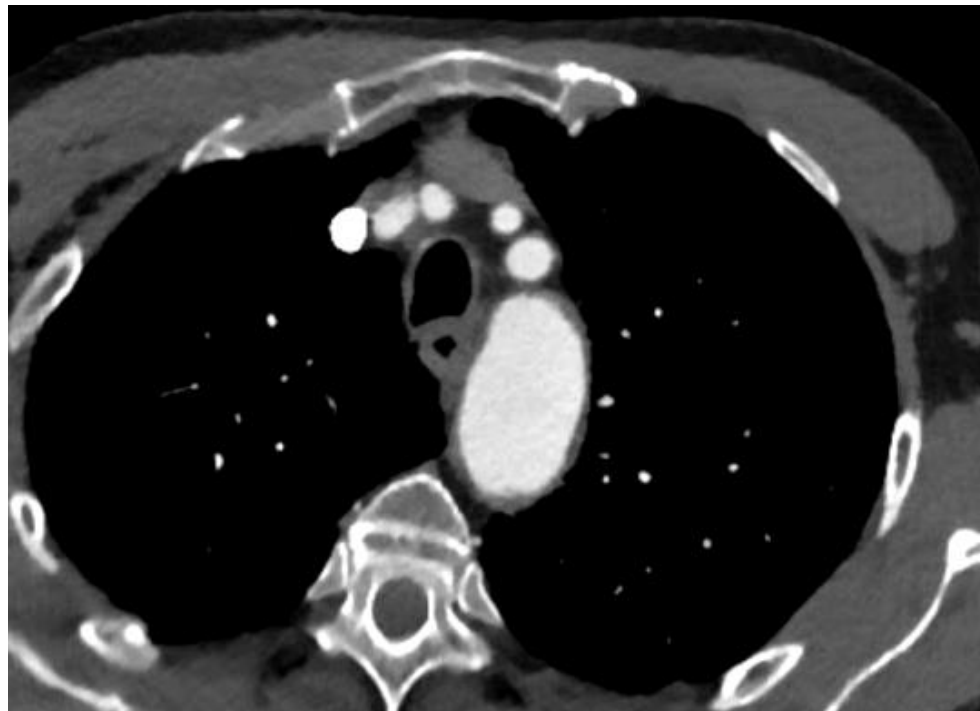
Efficient and durable sealing zone ?
How far should we go proximally ?



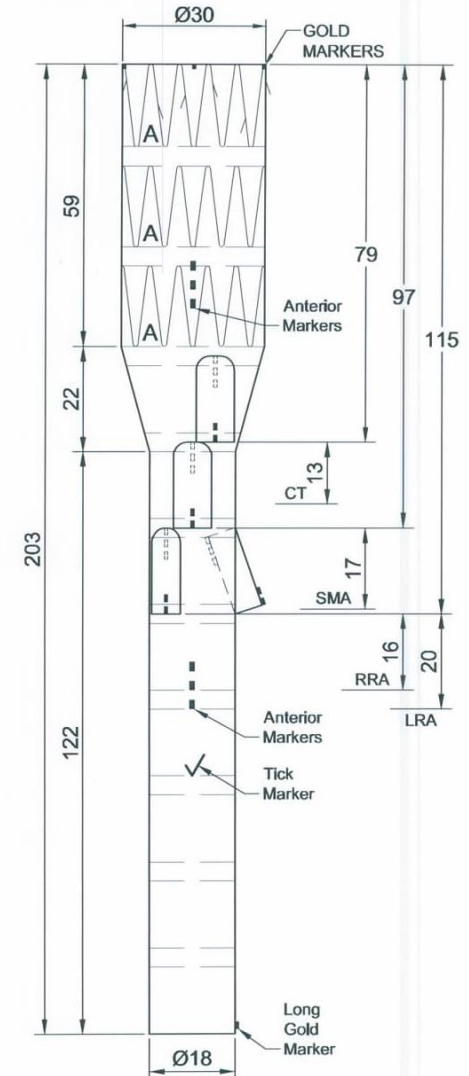
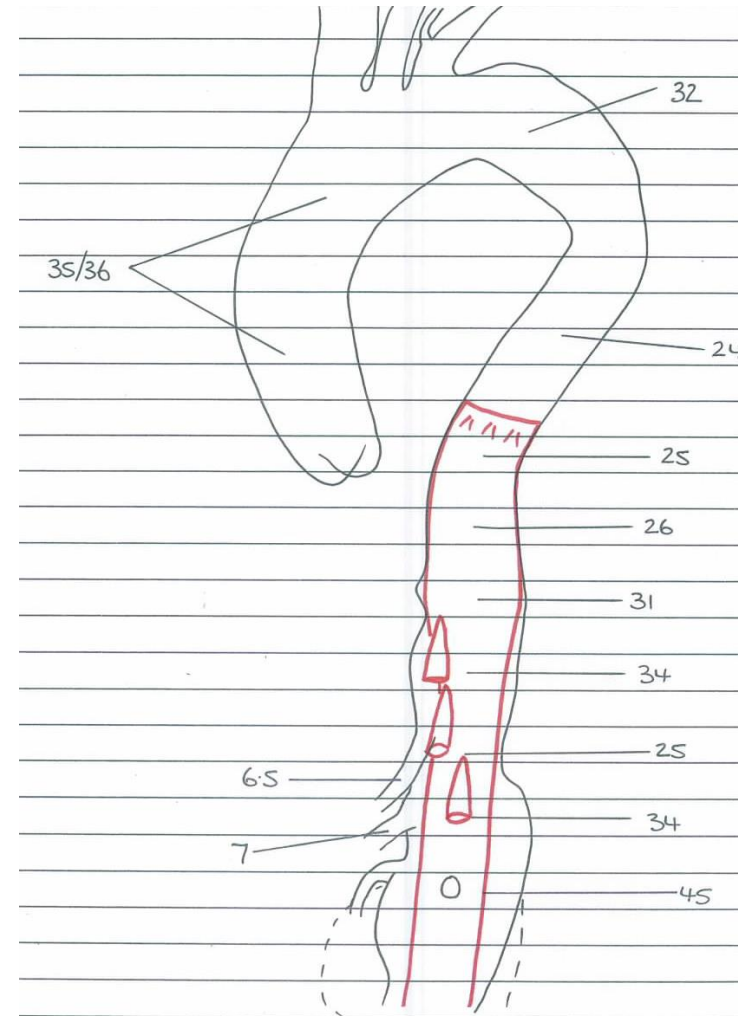
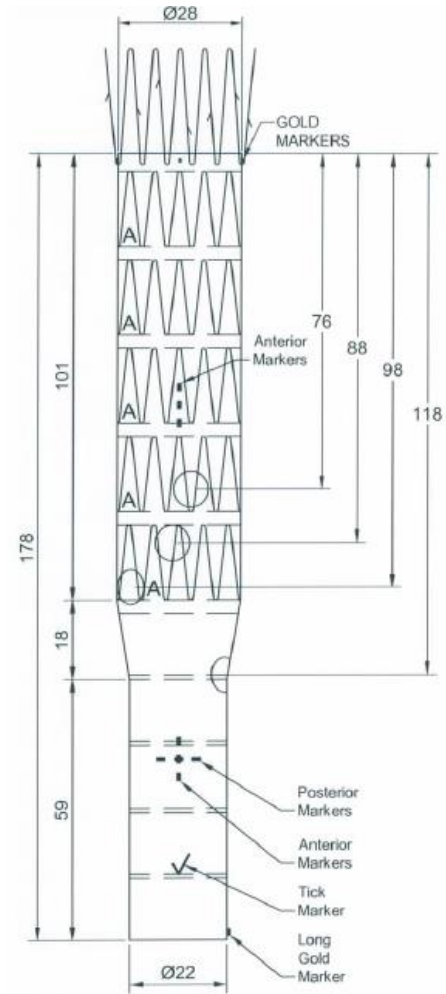
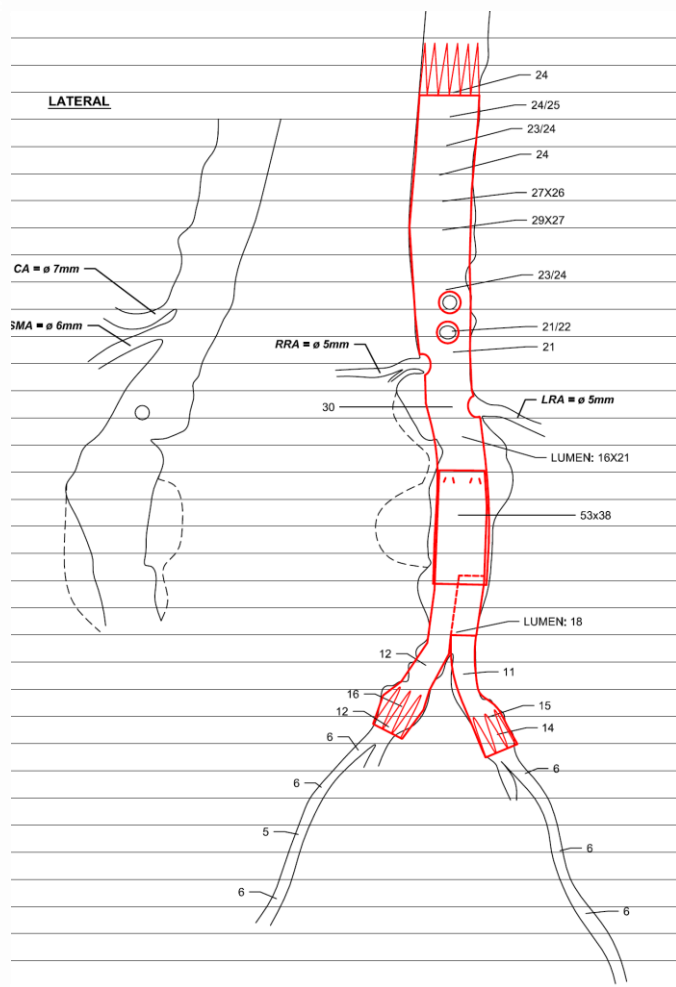
SUPRACELIAC PROX LANDING ZONE

Large D>35mm
Thrombus

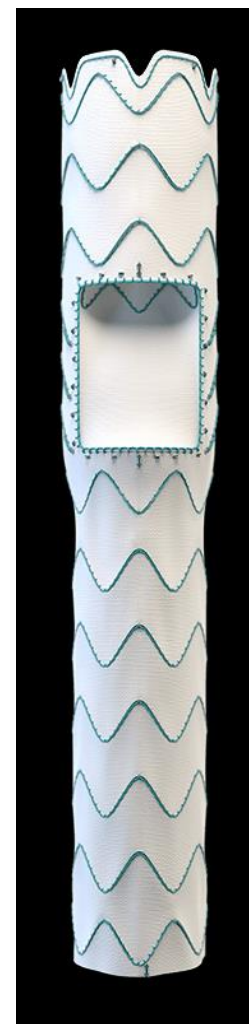
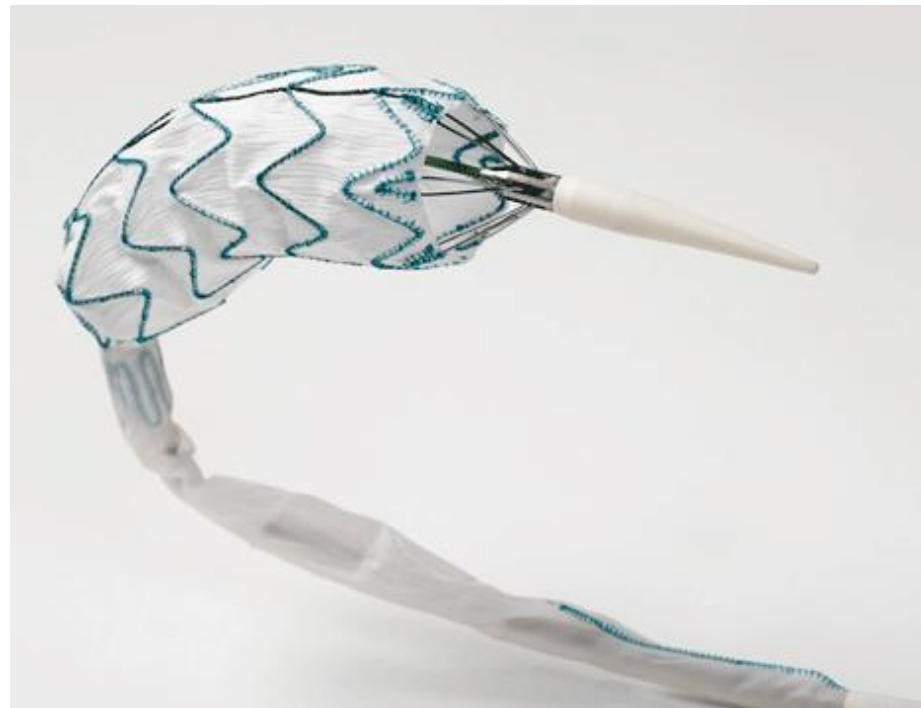
Efficient and durable sealing zone ?
How far should we go proximally ?



COOK Custom Made Devices



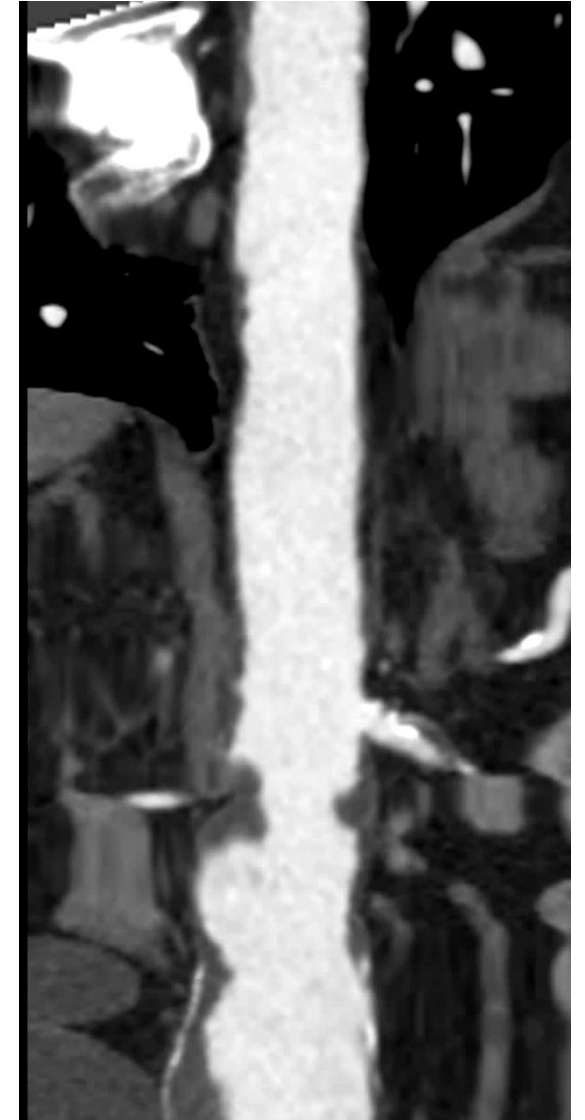
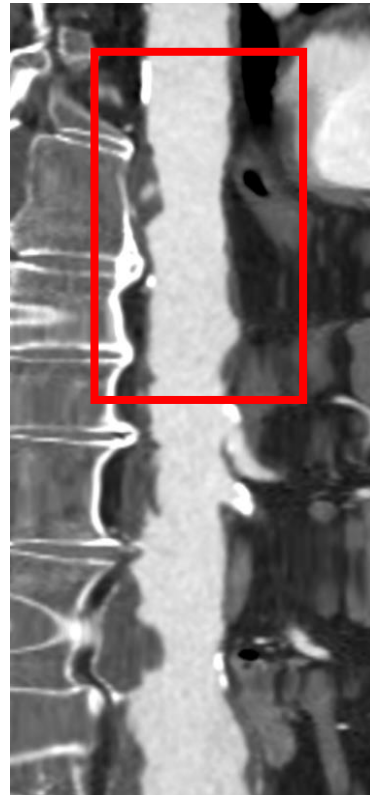
TERUMO AORTIC Custom Made Devices



How to create a proximal landing zone for the Fenestrated Anaconda?

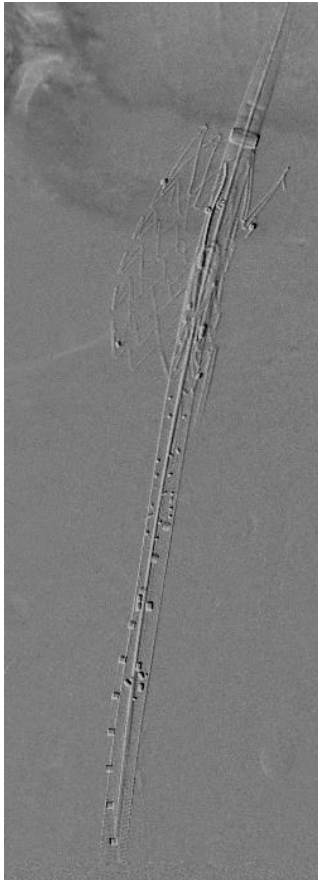
SUPRACELIAC PROX LANDING ZONE

Irregular
Thrombus +++
Diameter < 32 mm



How to create a proximal landing zone for the Fenestrated Anaconda?

Medtronic Aortic Extension



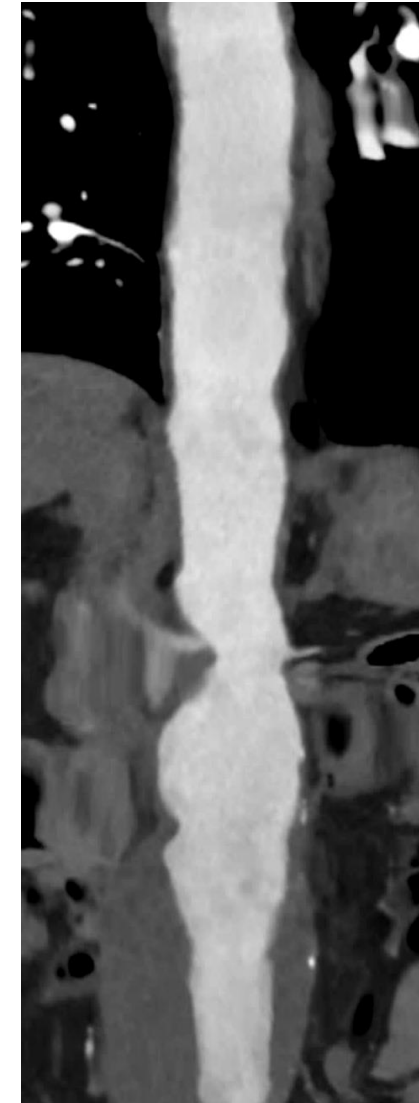
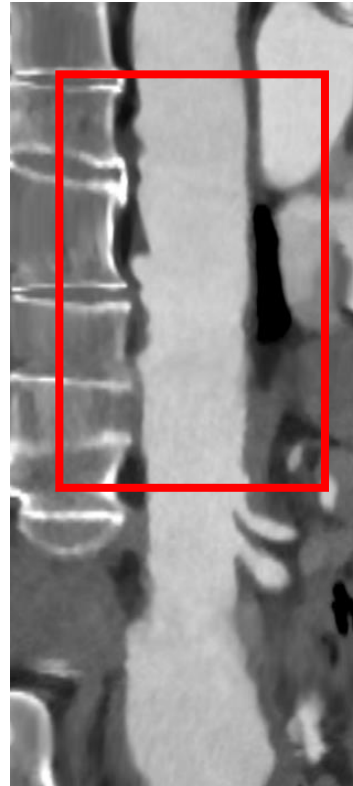
How to create a proximal landing zone for the Fenestrated Anaconda?

SUPRACELIAC PROX LANDING ZONE

Irregular

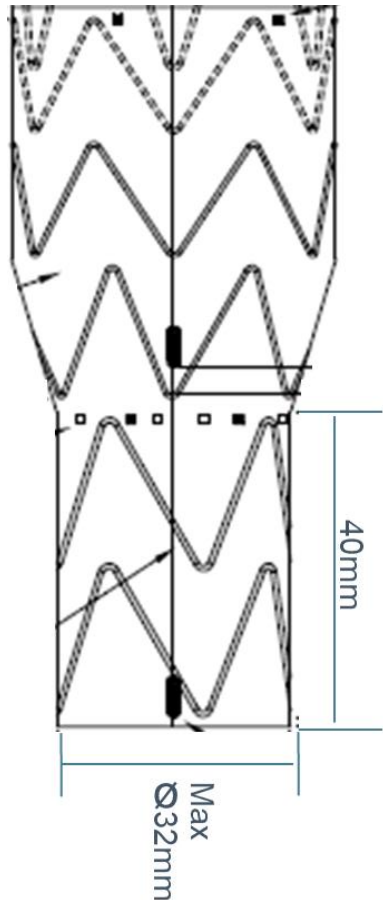
Thrombus +++

Diameter > 32 mm



How to create a proximal landing zone for the Fenestrated Anaconda?

CMD Tapered Relay



Thoraco-Abdominal Aortic Aneurysm

- 4 Branch or 2Br/2Fen CMD the most used endovascular strategy
- Staged procedures to avoid paraplegia
- Patency of the renal branch ?
- Endoleak at the fenestration ?



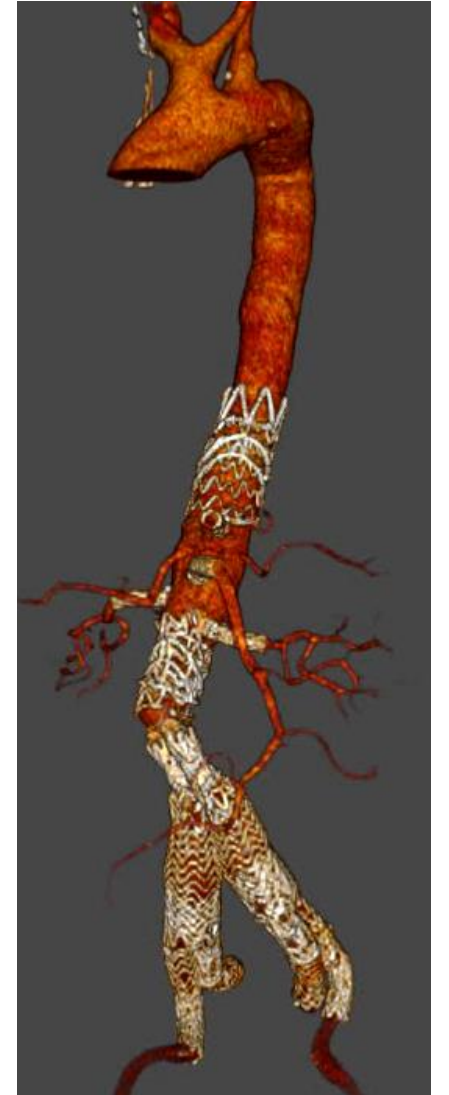
How to address TAA with Fenestrated Anaconda?



Para-renal AAA



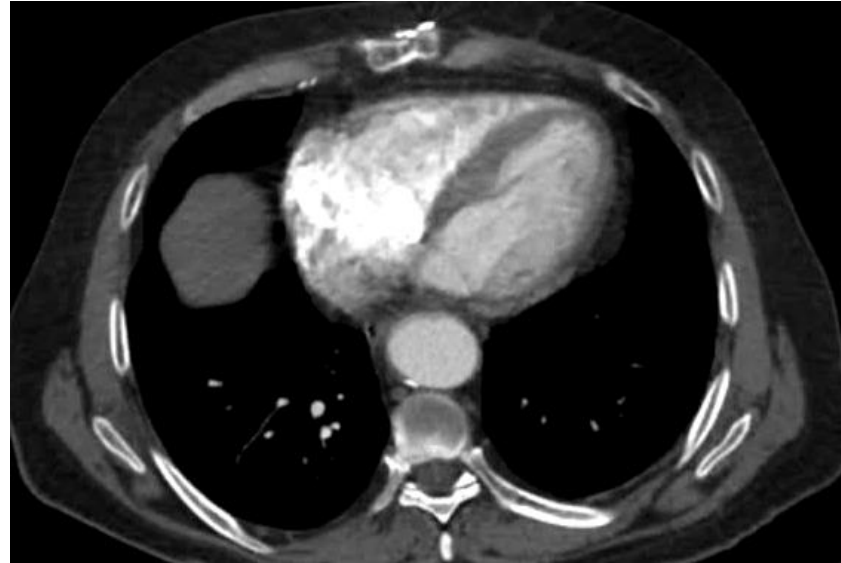
MEDTRONIC AORTIC EXTENSION
4 FEN ANACONDA CUFF
BIFURCATED ANACONDA
GORE IBE X2



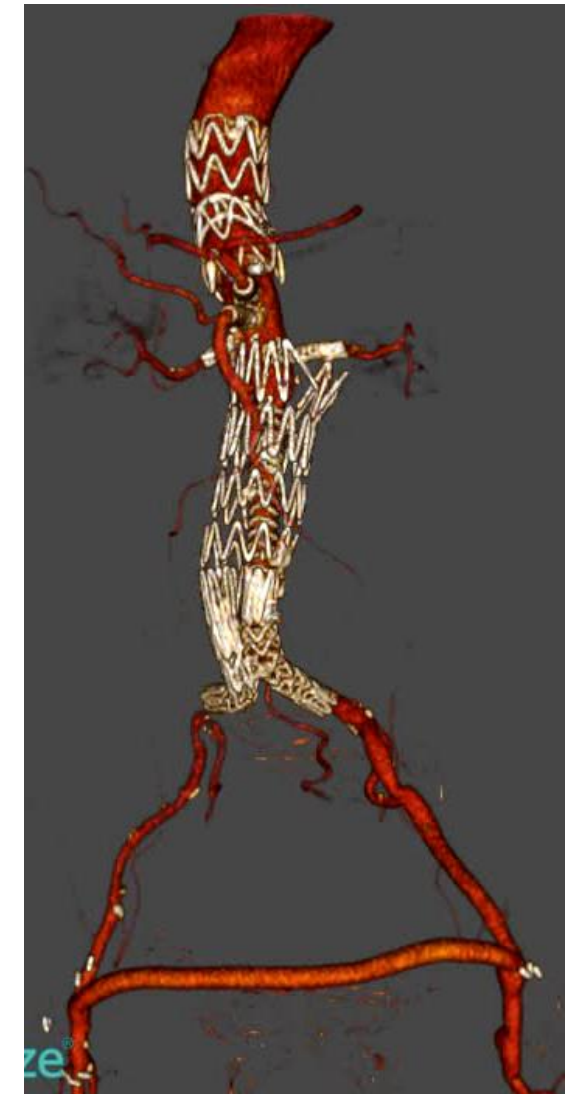
How to address TAA with Fenestrated Anaconda?



Para-renal AAA
Previous EVAR



CMD Tapered RELAY
4 FEN ANACONDA
Aortouniliac SG



How to address TAA with Fenestrated Anaconda?



Type IV TAAA

Solitary kidney



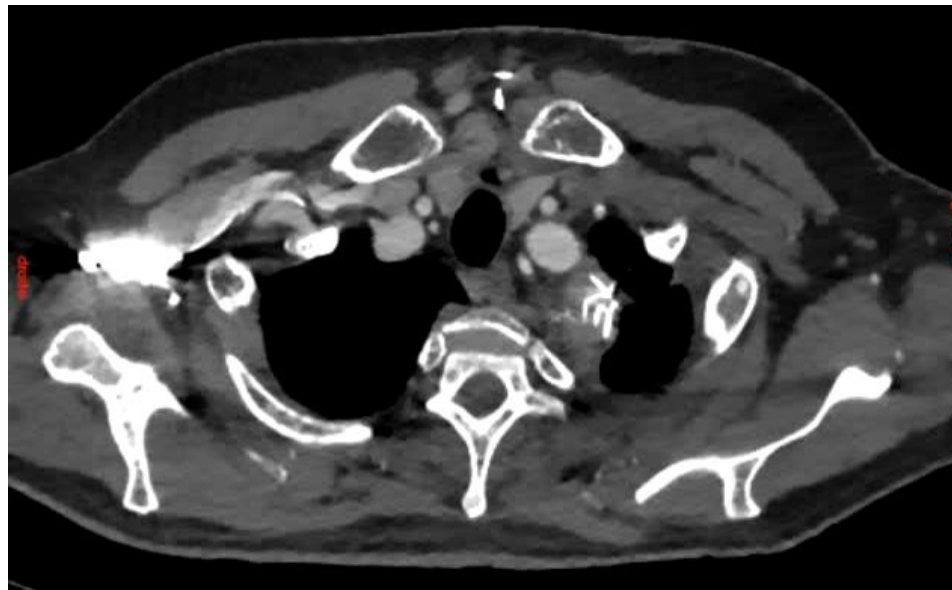
CMD Tapered RELAY
3 FEN ANACONDA
1 FEN LIMB



How to address TAA with Fenestrated Anaconda?

Type 2 TAAA

Previous Frozen Elephant trunk



RELAY
CT occlusion
3 FEN ANACONDA



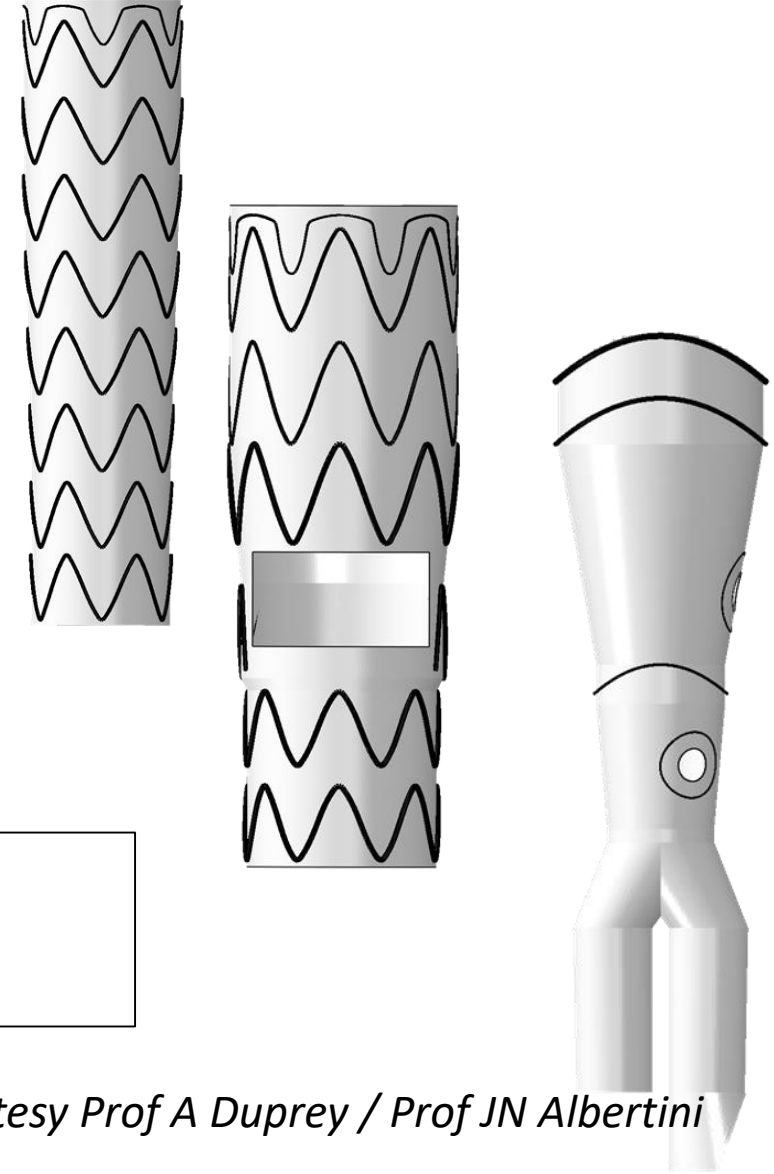
How to address TAA with Fenestrated Anaconda?



Type 3 TAAA

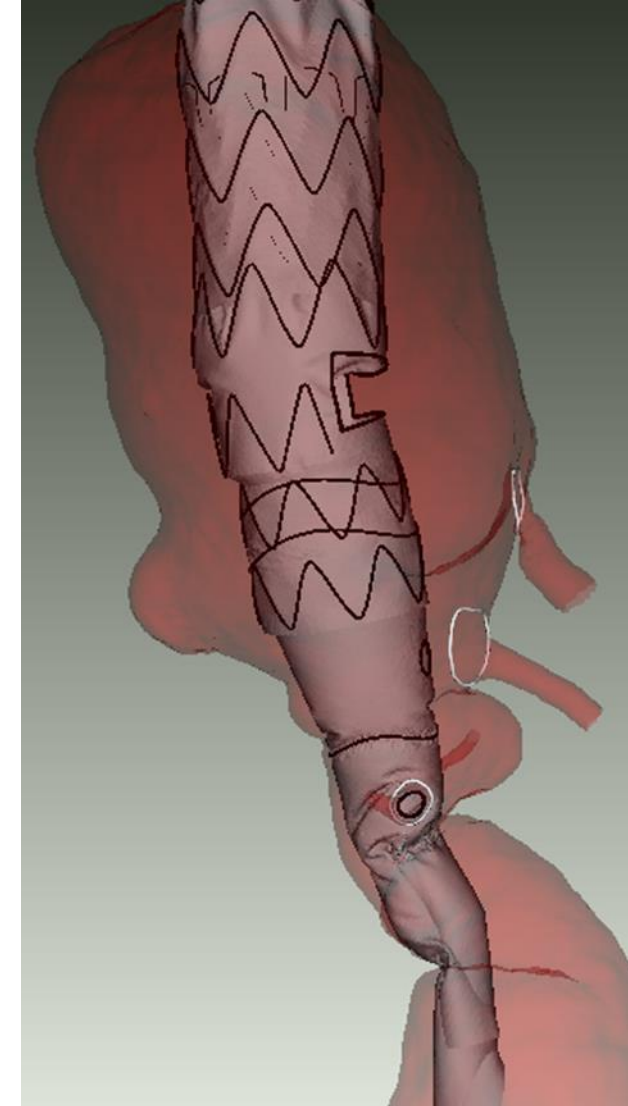
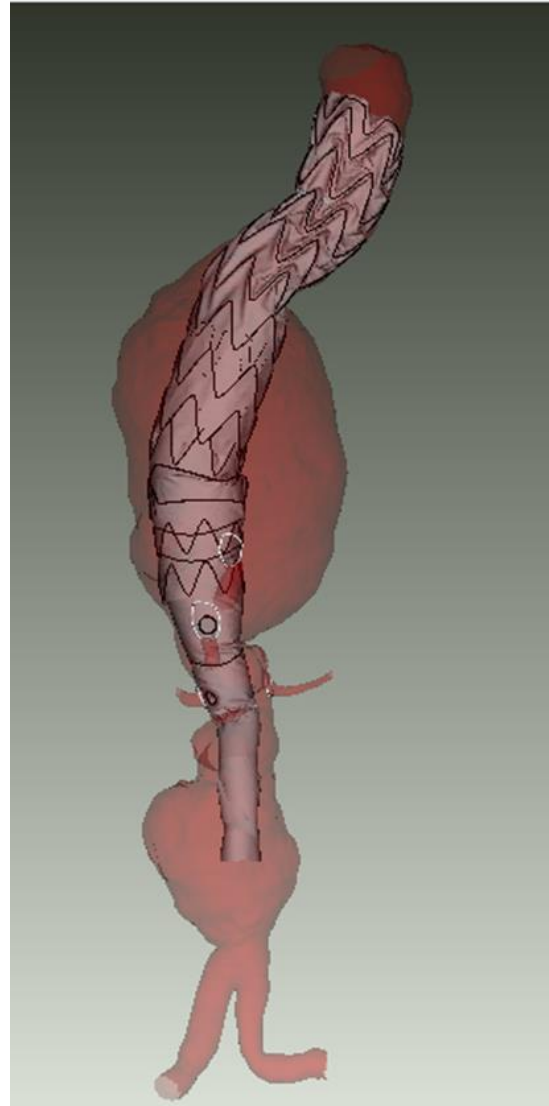
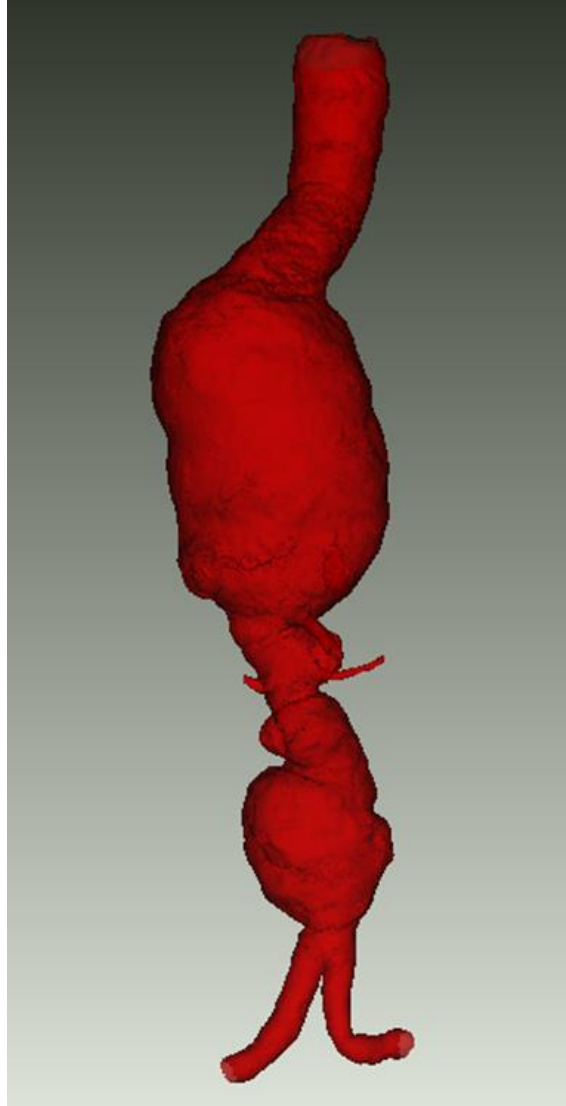


RELAY
CMD RELAY 1 Branch for th CT
3 Fen Anaconda



Courtesy Prof A Duprey / Prof JN Albertini

Numerical Simulation



Assessment of fenestrated Anaconda stent graft design by numerical simulation: Results of a European prospective multicenter study

Miriam E. Kliever, MD,^a Marine Bordet, MD,^b Bertrand Chavent, MD,^c Michel M. P. J. Reijnen, MD,^{d,e} Nicolas Frisch, MD,^f Dominique Midy, MD,^g Patrick Feugier, MD,^h Antoine Millon, MD,^b Jan-Willem Lardenoije, MD,^d Afshin Assadian, PD, MD,^a Jürgen Falkensammer, PD, MD,^a Christian Muller, MD,^f Jean-Pierre Favre, MD,^c Sabrina Ben-Ahmed, PD, MD,^c and Jean-Noel Albertini, MD,^c Vienna, Austria; Lyon, Saint-Etienne and Pierre-Bénite, France; Arnhem, and Enschede, The Netherlands; and Metz, Bordeaux

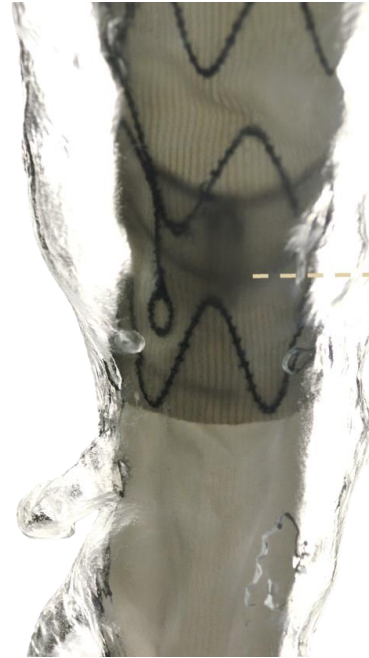
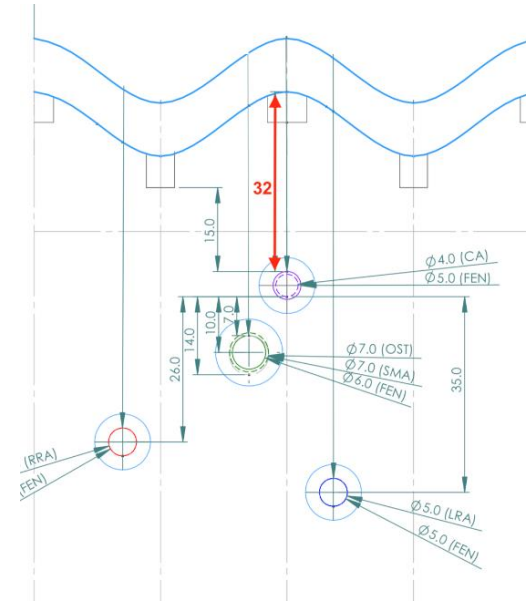
J Vasc Surg 2021

2 years postop CT



FENESTRATED ANACONDA IN TAAA

- Required artificial landing zone
 - Aortic Extension
 - CMD Tapered RELAY
 - Standard TEVAR
- Overlap > 30 mm
- Preclinical Results of Pull-out Testing have shown good stability



Assessment of Pull-out Forces in TEVAR and ANACONDA FEVAR Combination and Early Clinical Results: Creation of a Proximal Landing Zone for FEVAR in Patients with Extent I and Extent IV TAAAs

Jürgen Falkensammer,^{1,2} Fadi Taher,¹ Markus Plimon,¹ Miriam Kliewer,¹ Corinna Walter,¹ Elisabeth Pelanek,¹ and Afshin Assadian,¹ Vienna, Austria

Conclusions

- New solutions available for TAA
- Multiple Combinations
 - Custom Relay branch / Custom Relay
 - Custom fenestrated cuff / aortobiiliac Anaconda
- Numerical simulation is key to anticipate
- Long term results still needed