

A vibrant sunset over the Paris skyline, featuring the Eiffel Tower on the left and the city's iconic buildings silhouetted against a pink and orange sky.

THE 24TH INTERNATIONAL EXPERTS SYMPOSIUM
CRITICAL ISSUES
IN AORTIC ENDOGRAFTING

DECEMBER 17 & 18 2021



My Coolest Case: The complication I couldn't have ever predicted

F. Gómez Palomés

Hospital Universitari Dr Peset.

Vascular and Endovascular Surgery Department
VALENCIA . SPAIN



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CRITICAL ISSUES

IN AORTIC ENDOGRAFTING

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PULLMAN CENTRE PARIS BERCY - PARIS FRANCE

DISCLOSURES

- Cook Medial-AI proctoring services

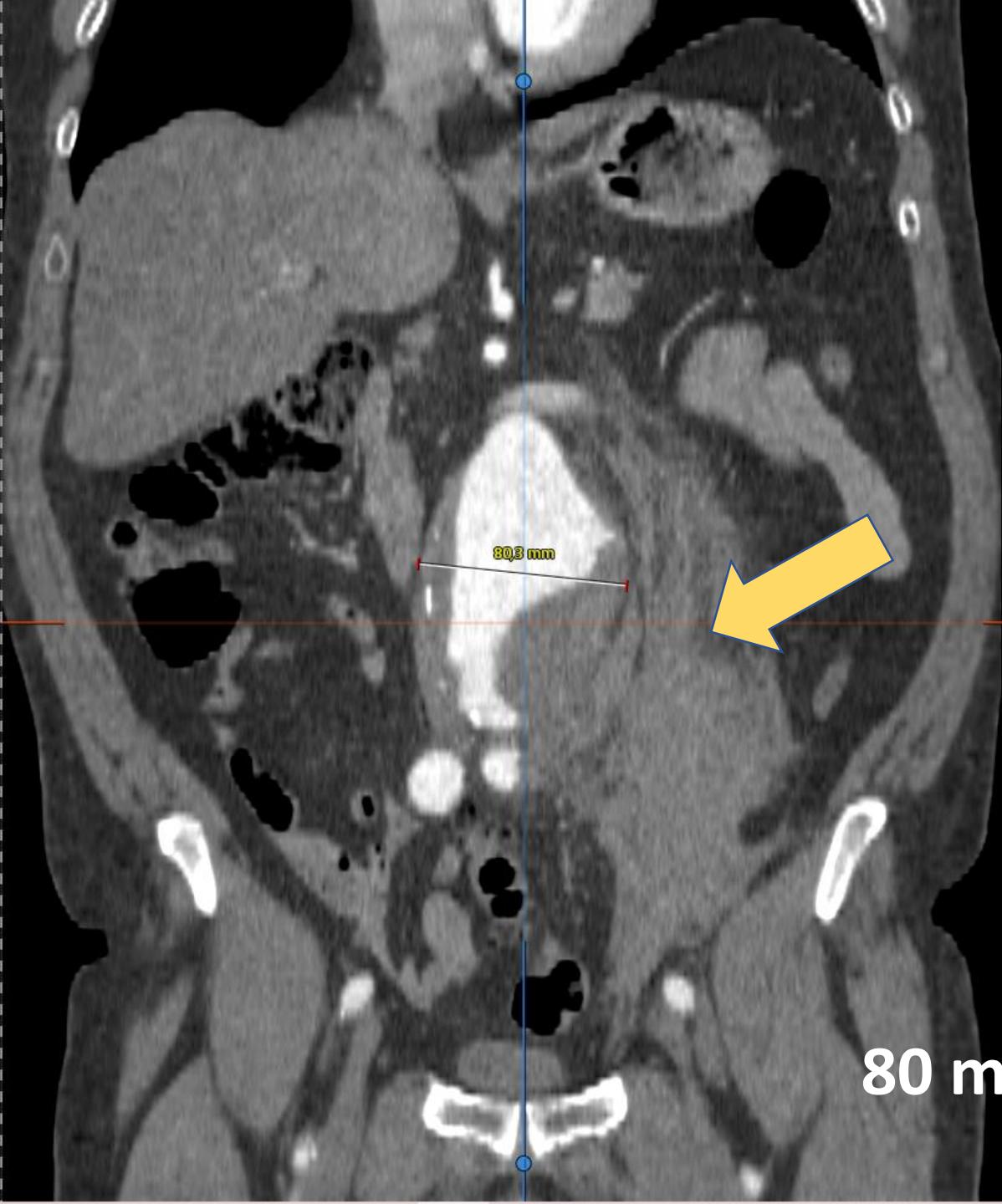


November 2014

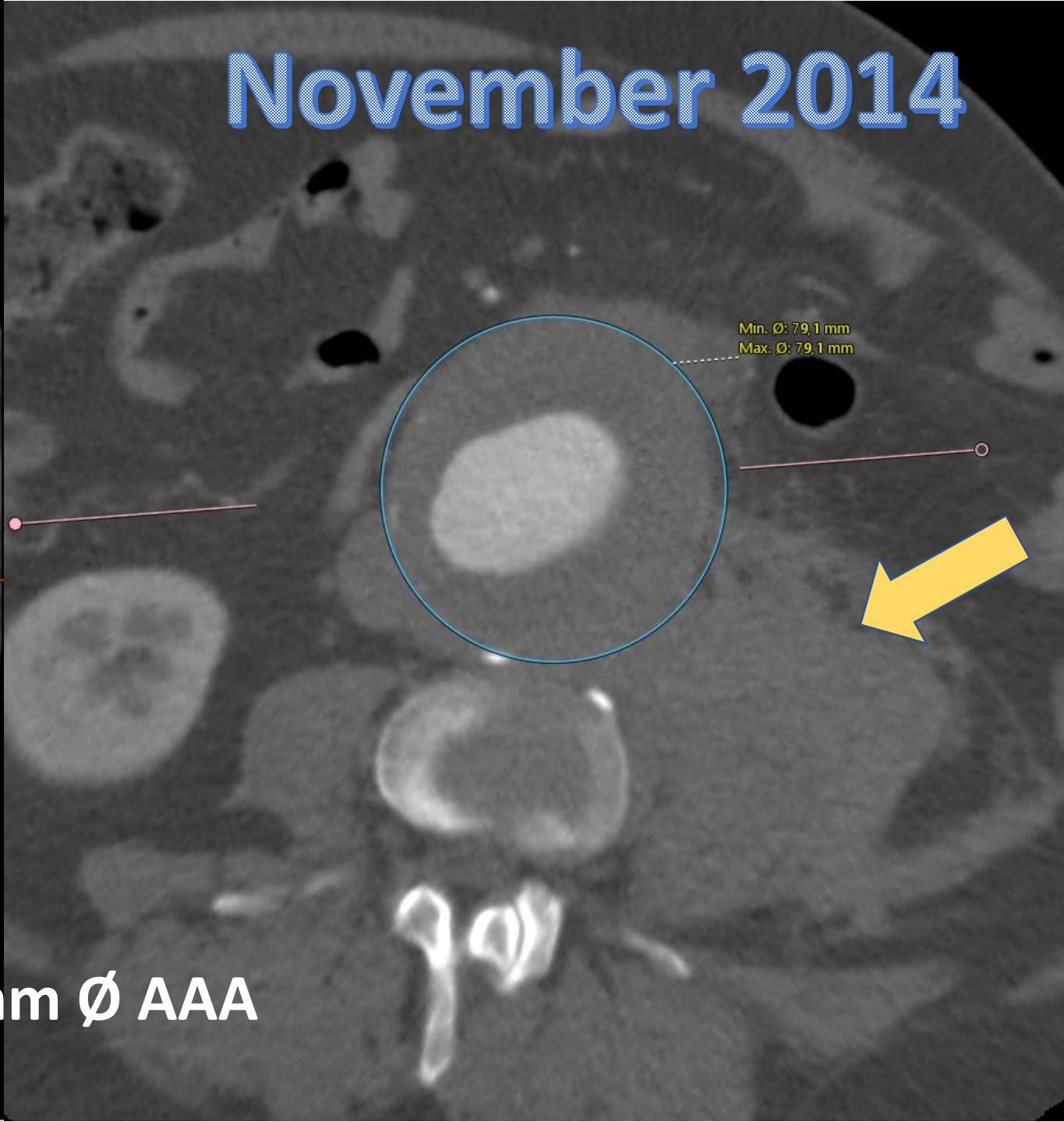
- 65 YO male
- Smoker
- Hypercholesterolemia on statins
- Chronic obstructive lung Disease
 - FEV1/FVC=60%

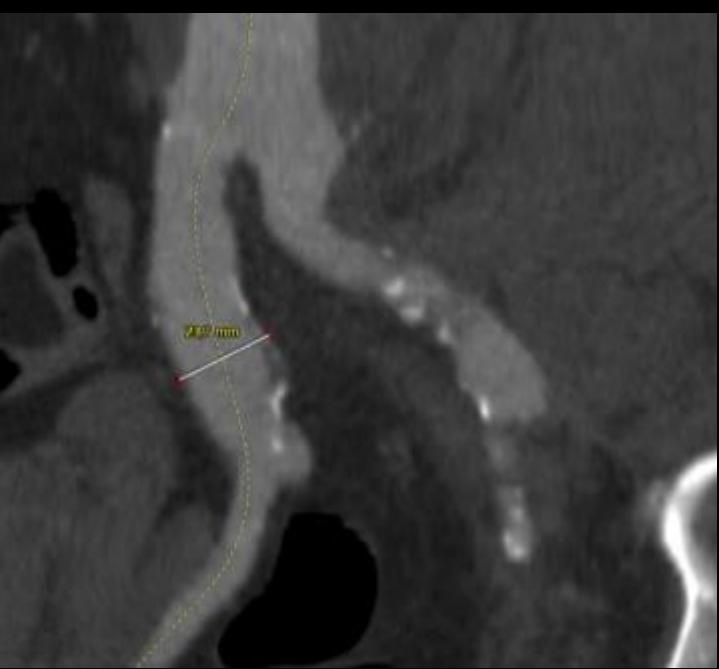
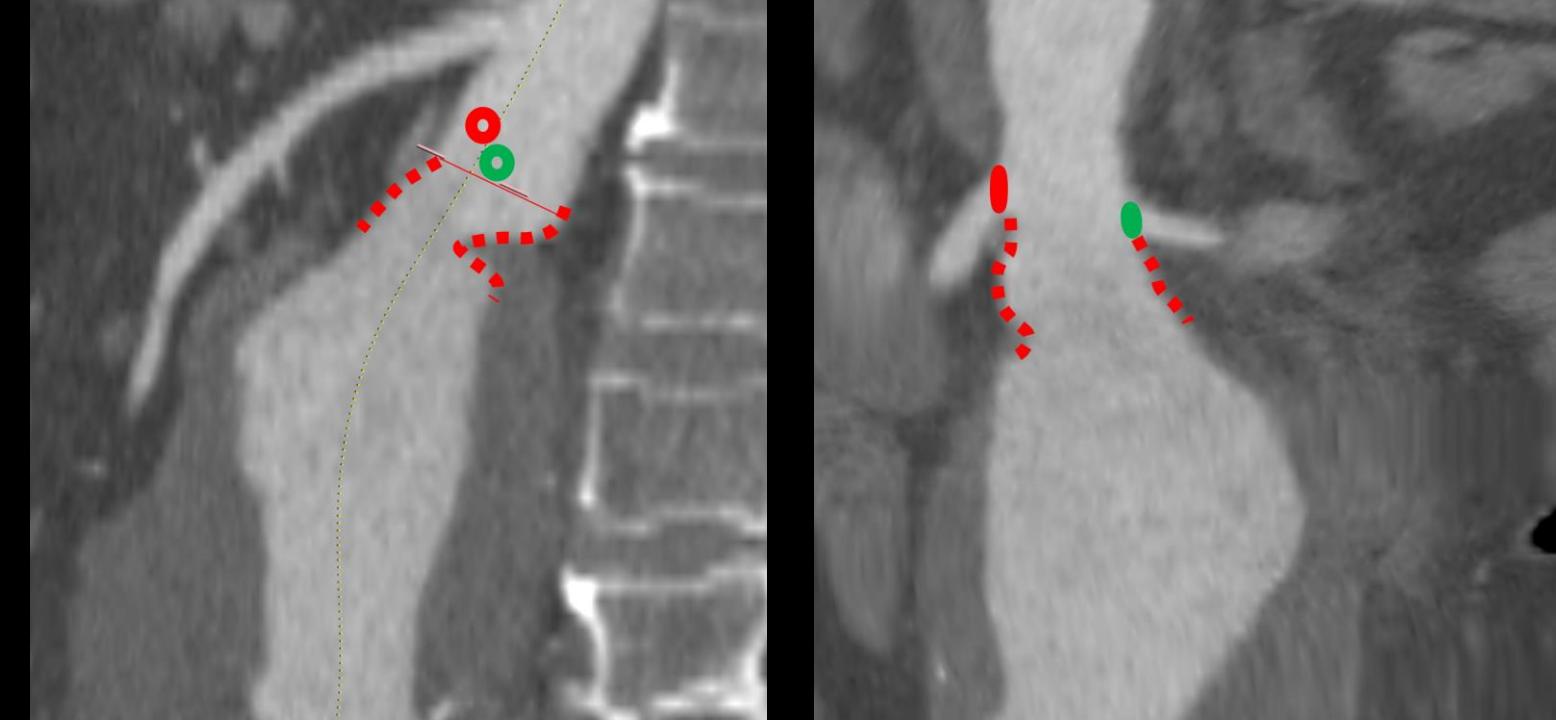
- Abdominal & Left lumbar pain
- Syncopal episode
- Pulsatile abdominal mass
- Haemodynamic stability
- Haemoglobin 11,5 mgr /dl
- Serum Creatinine 1,05 mgr/ dl

November 2014

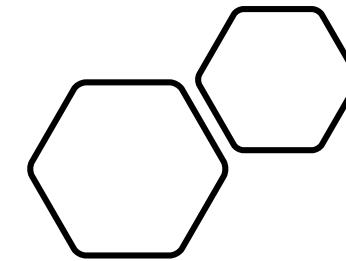


80 mm Ø AAA

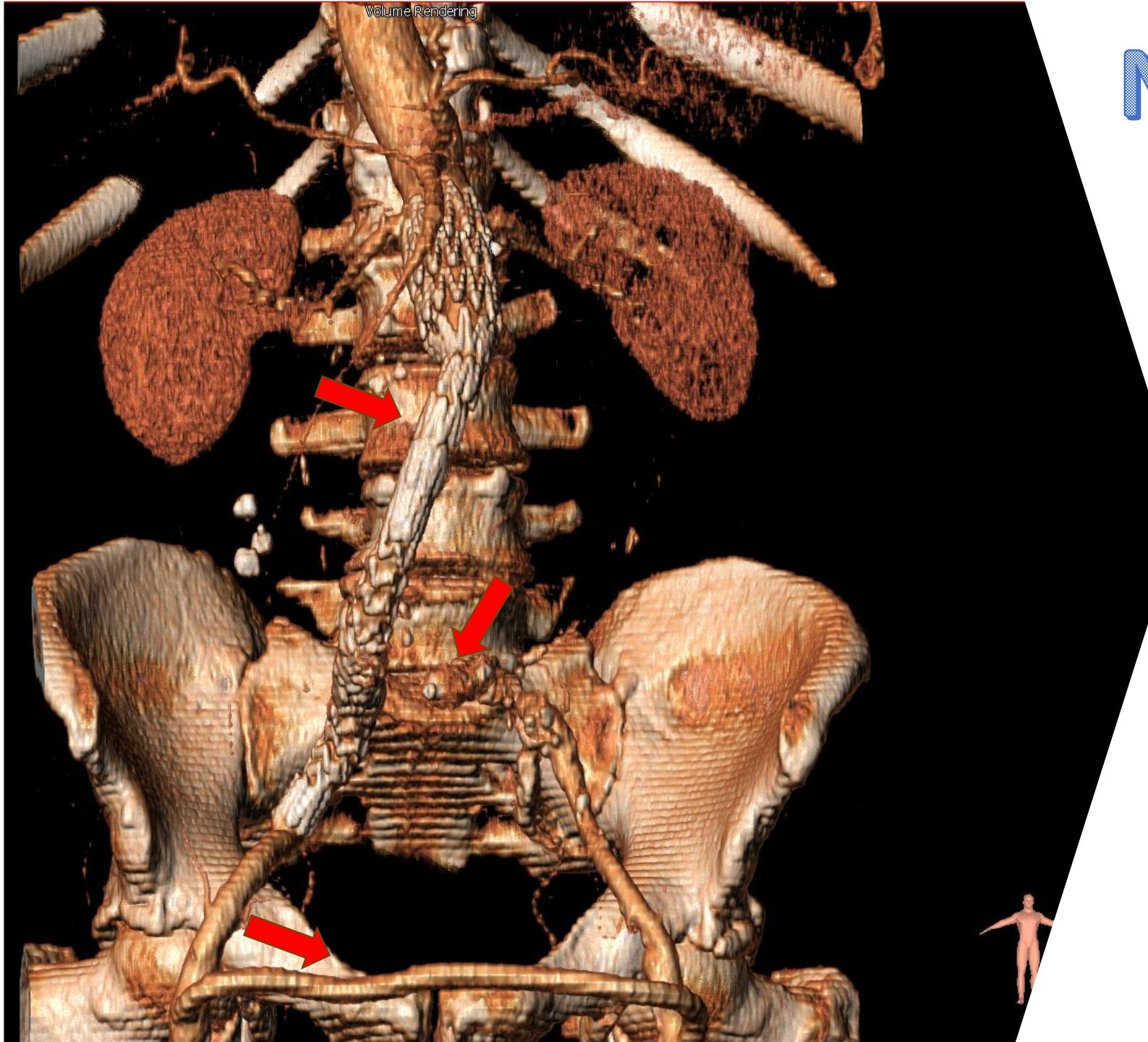




November 2014



- Successful clinical outcome
- Discharged on day 5 P.O.



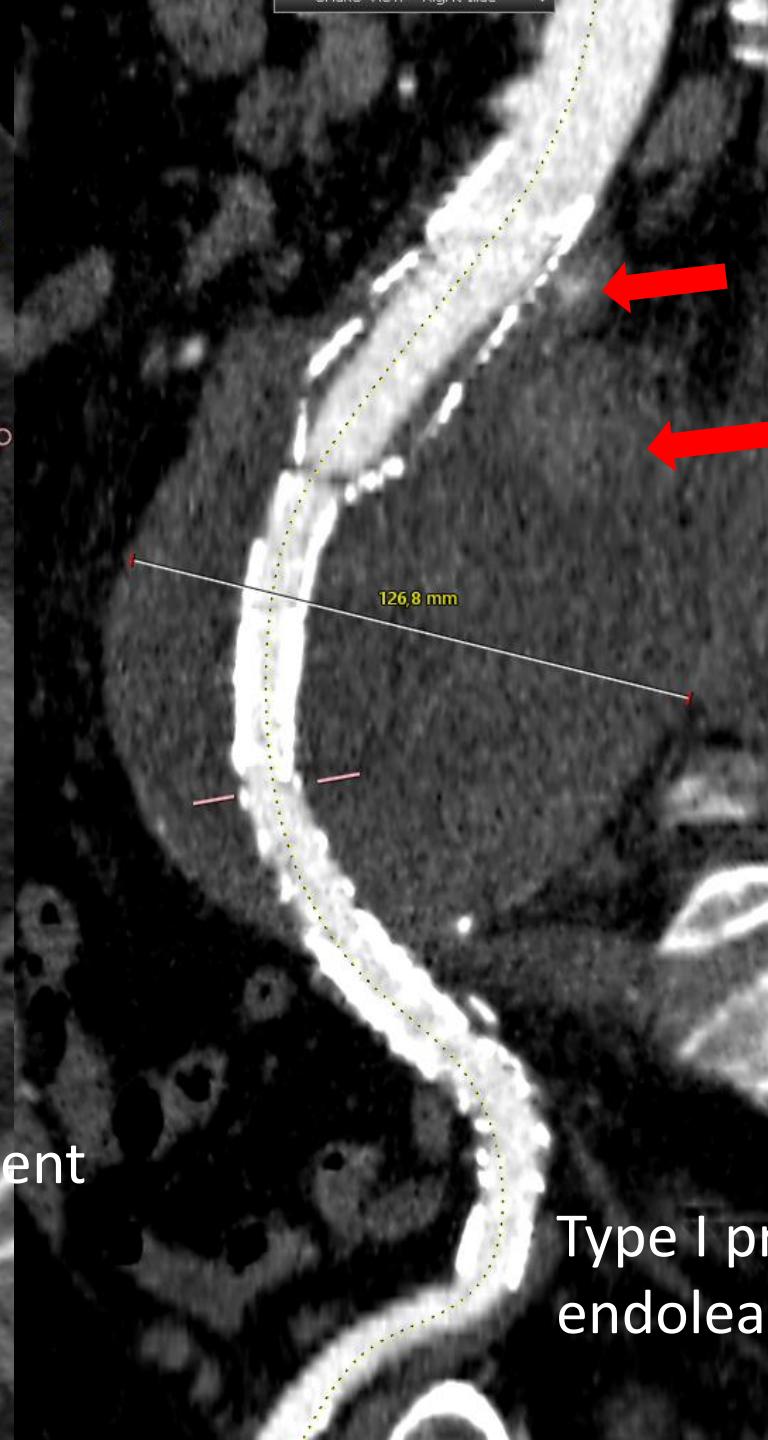
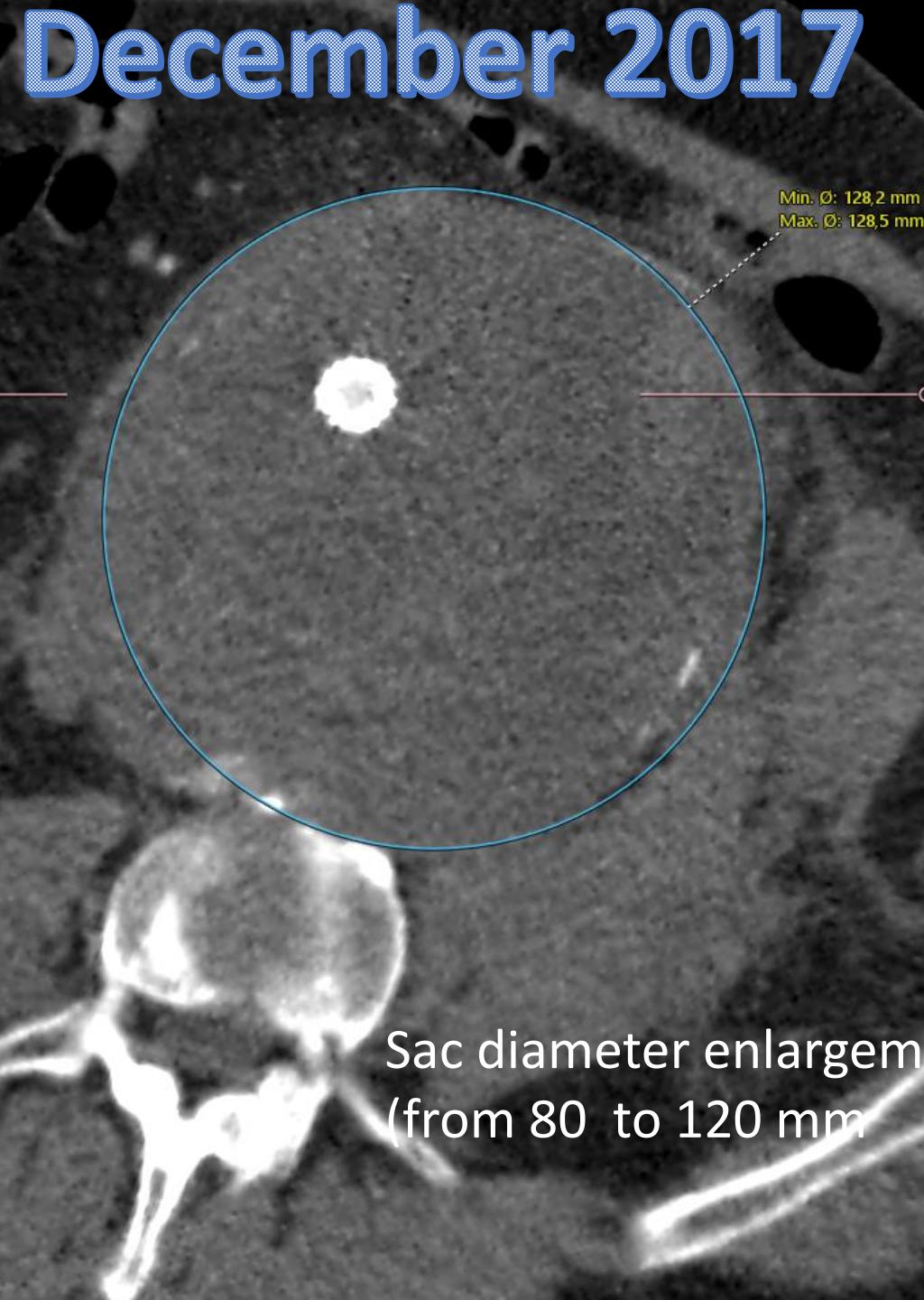


November 2017

Patient's age 68

- Abdominal/lumbar pain similar to the episode of ruptured AAA.
- Sweating
- Haemodynamic stability
- Hemoglobin 12,8mg
- Serum creatinine 1,8 mg/dl

December 2017





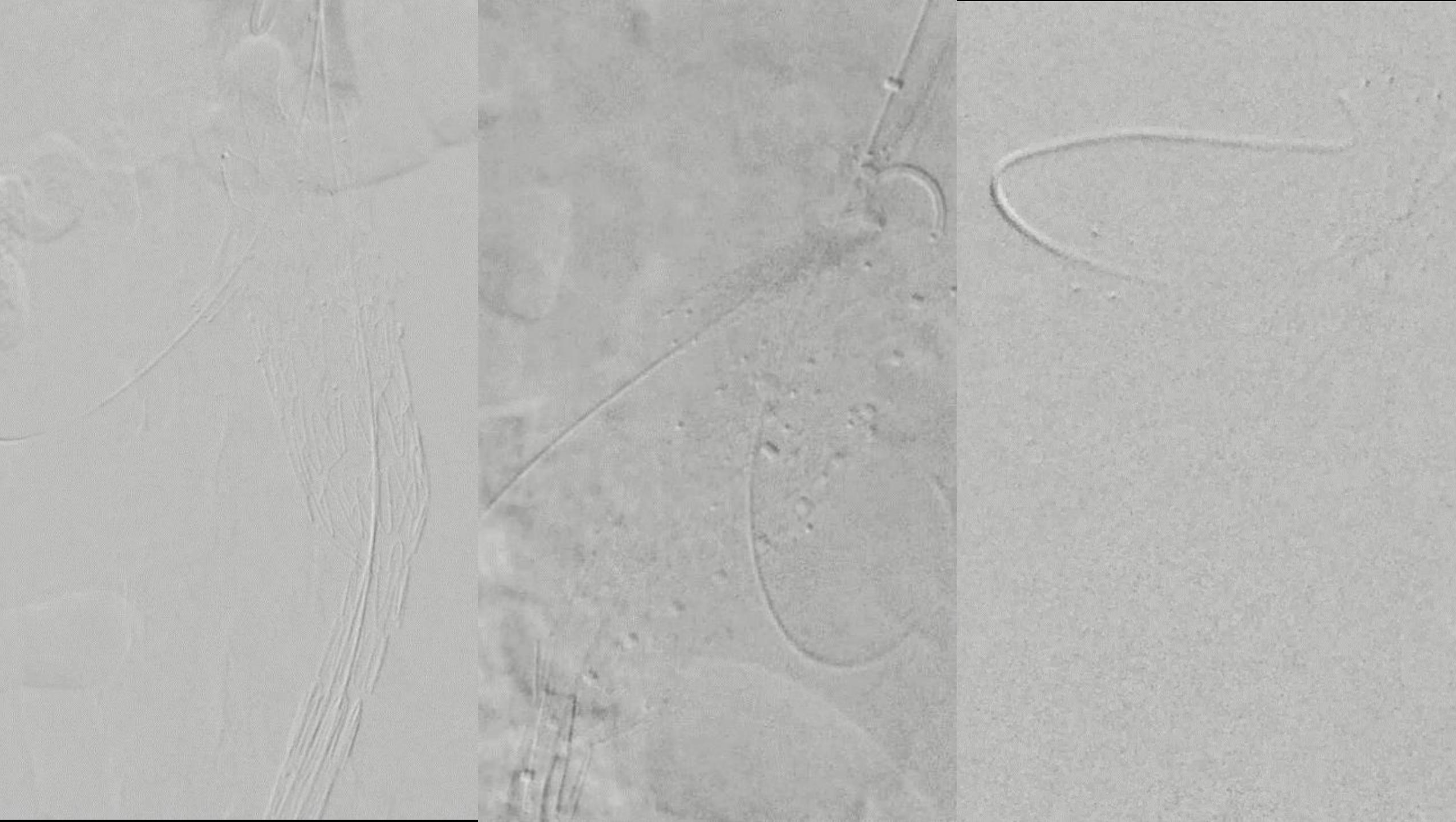
- Treatment at the referring center
 - Proximal Aortic extender, with Occlusion of the left renal Artery
 - Persistent Type I endoleak & without clinical improvement.
 - Worsening of renal function



Referred to our Hospital as an urgent case



- Treatment at our Hospital
 - Proximal Aortic extender: ZLBE 28 58
 - Parallel Stents
 - RRA: Begraft 58 05_2 + Zilver 6x60
 - SMA: Begraft 5707_2 + Zilver 8x60
 - CT: Zilver 9x40



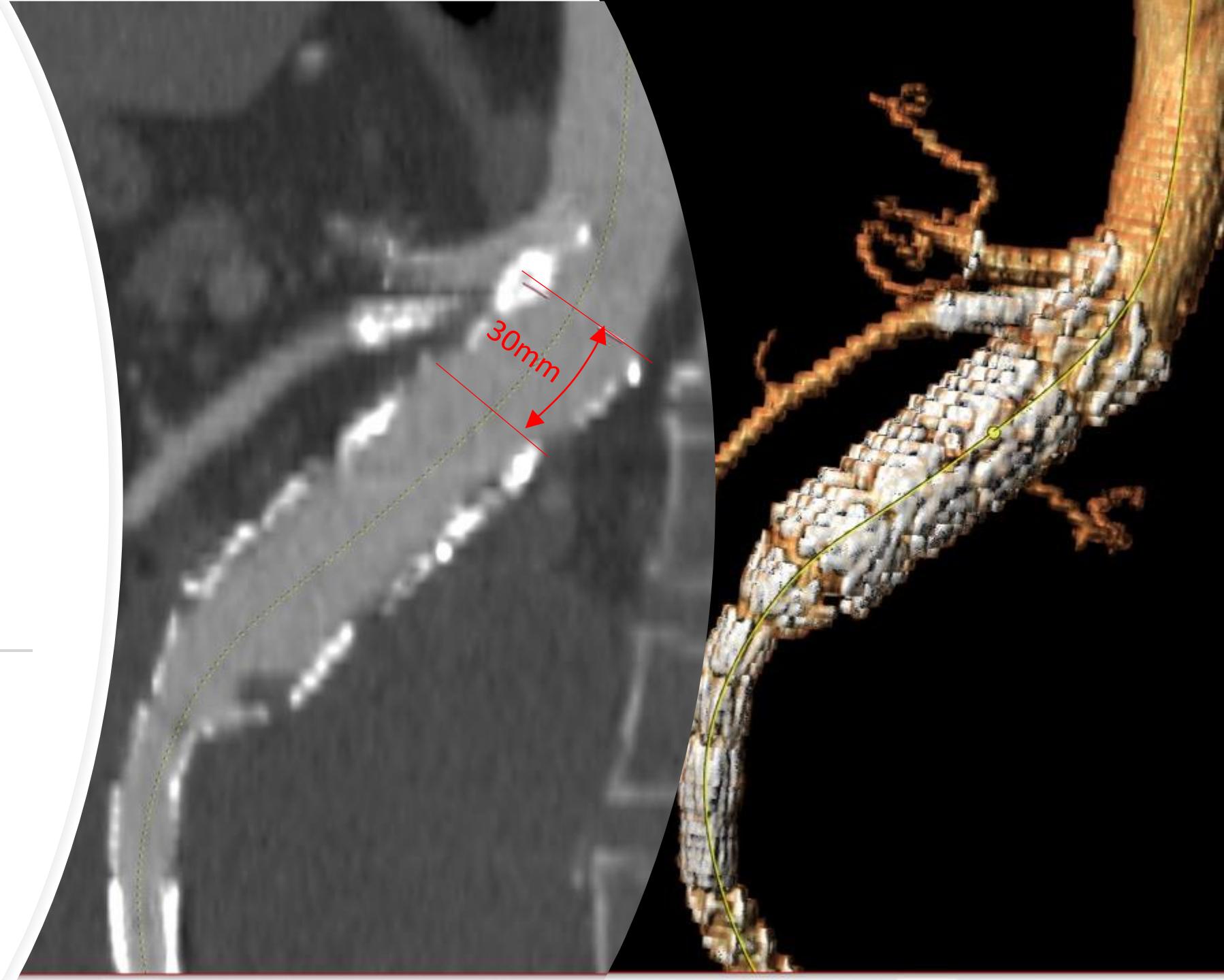




- Postop Follow up after November 2017:
 - CTA at 3rd,6th, 12 month and from then on, yearly
 - Clinical assessment as an outpatient visit: 1, 3, 6, 9, 12 months, then yearly
 - Physical exam
 - Duplex ultrasound
 - Simple abdomen X Ray

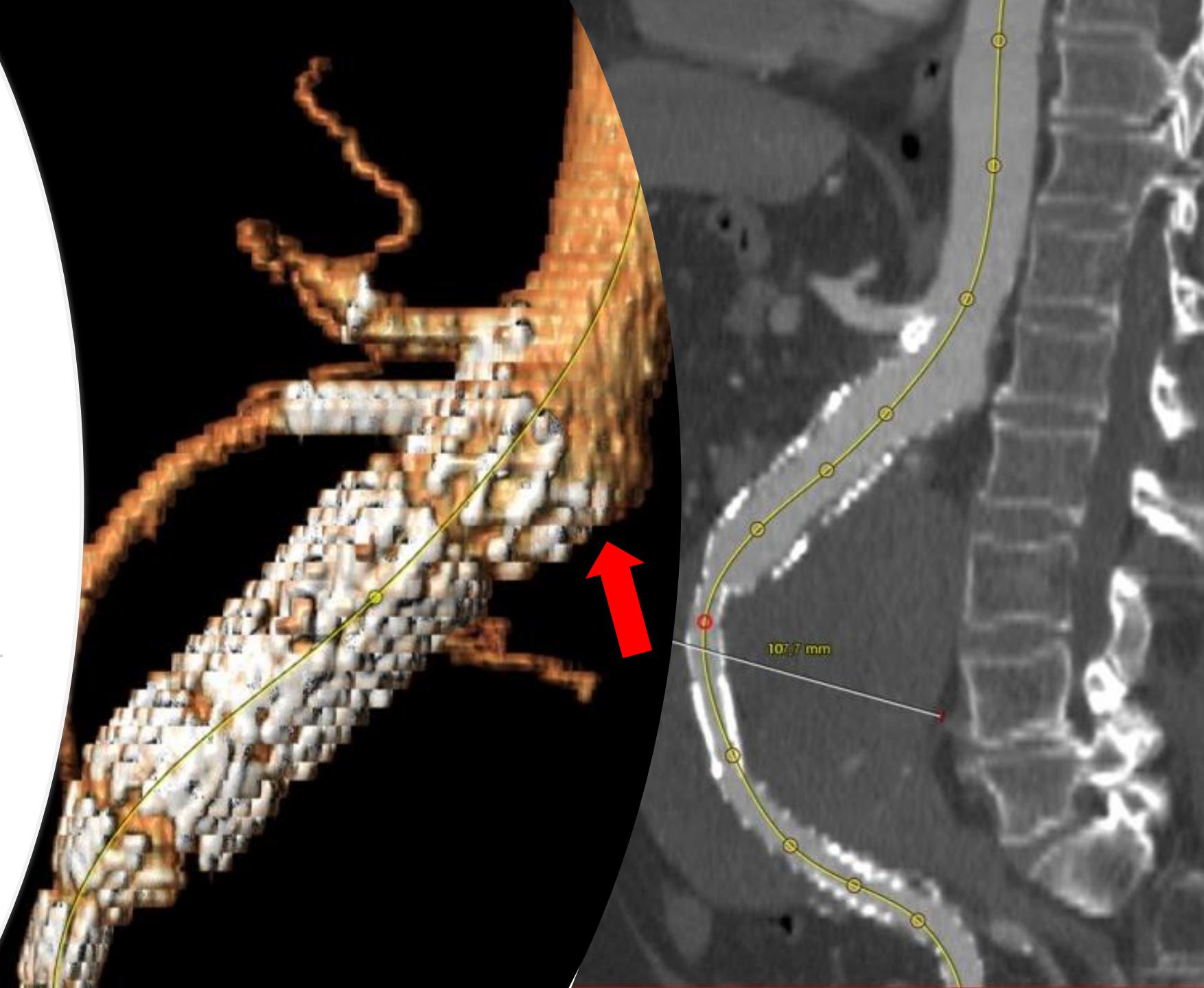
3 months postoperative

- No sac enlargement
- No endoleaks
- Good proximal seal apposition

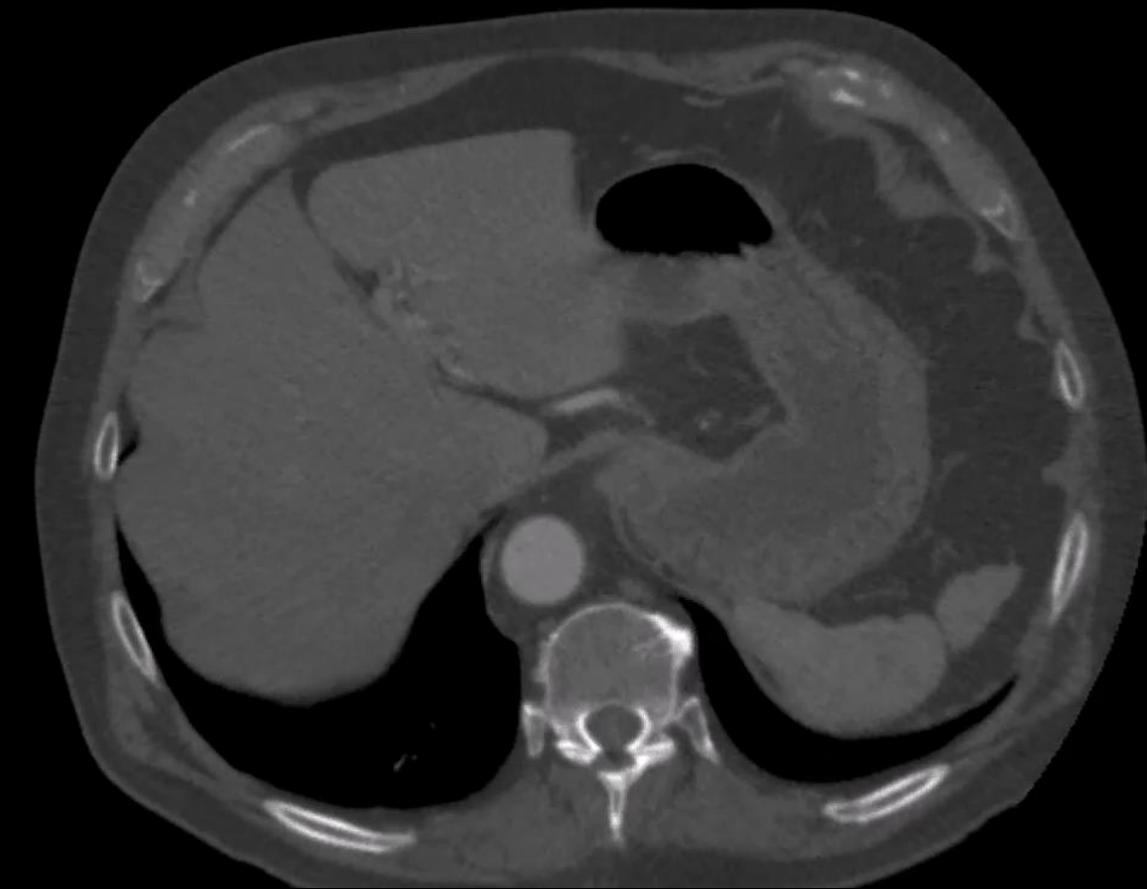
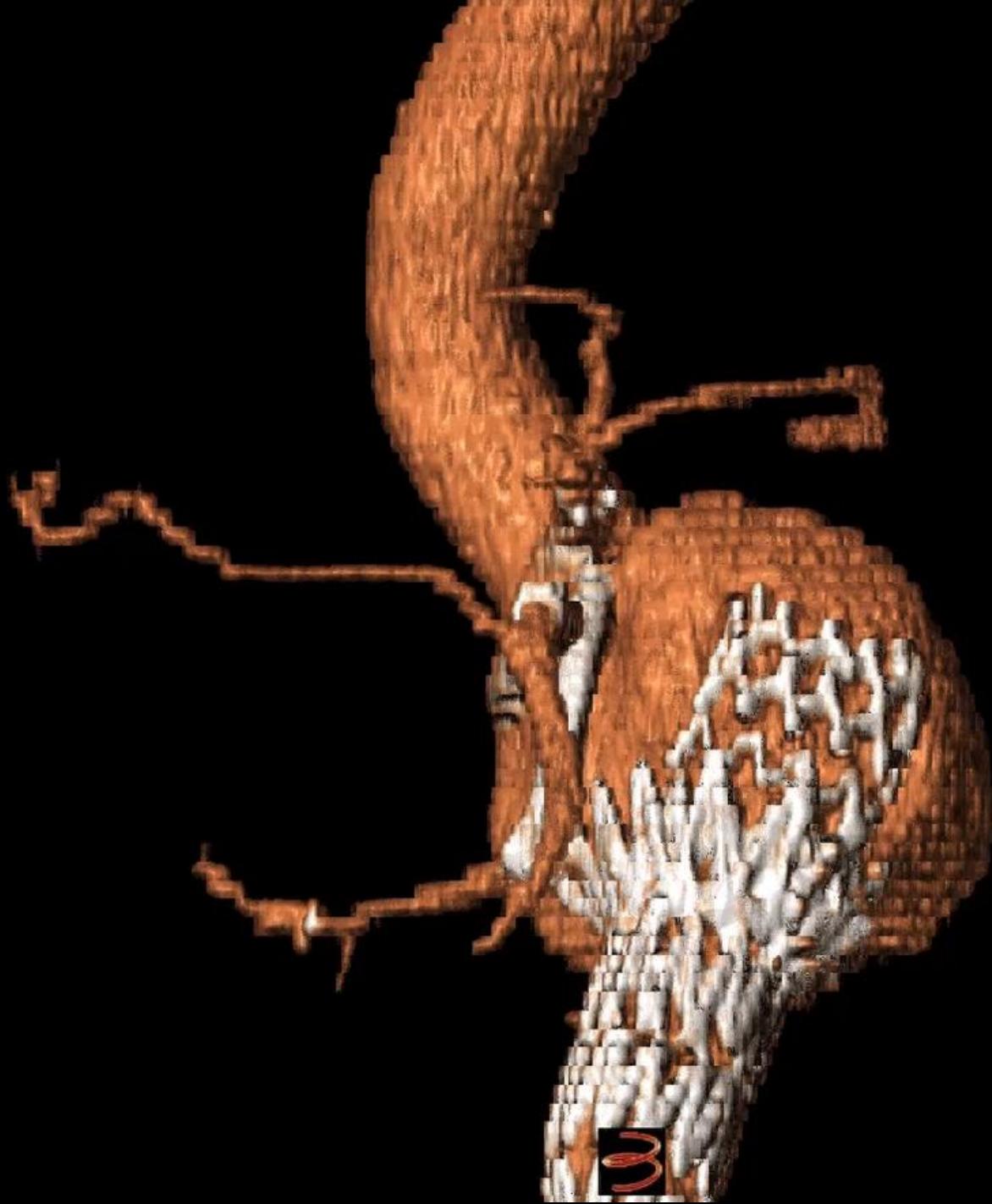


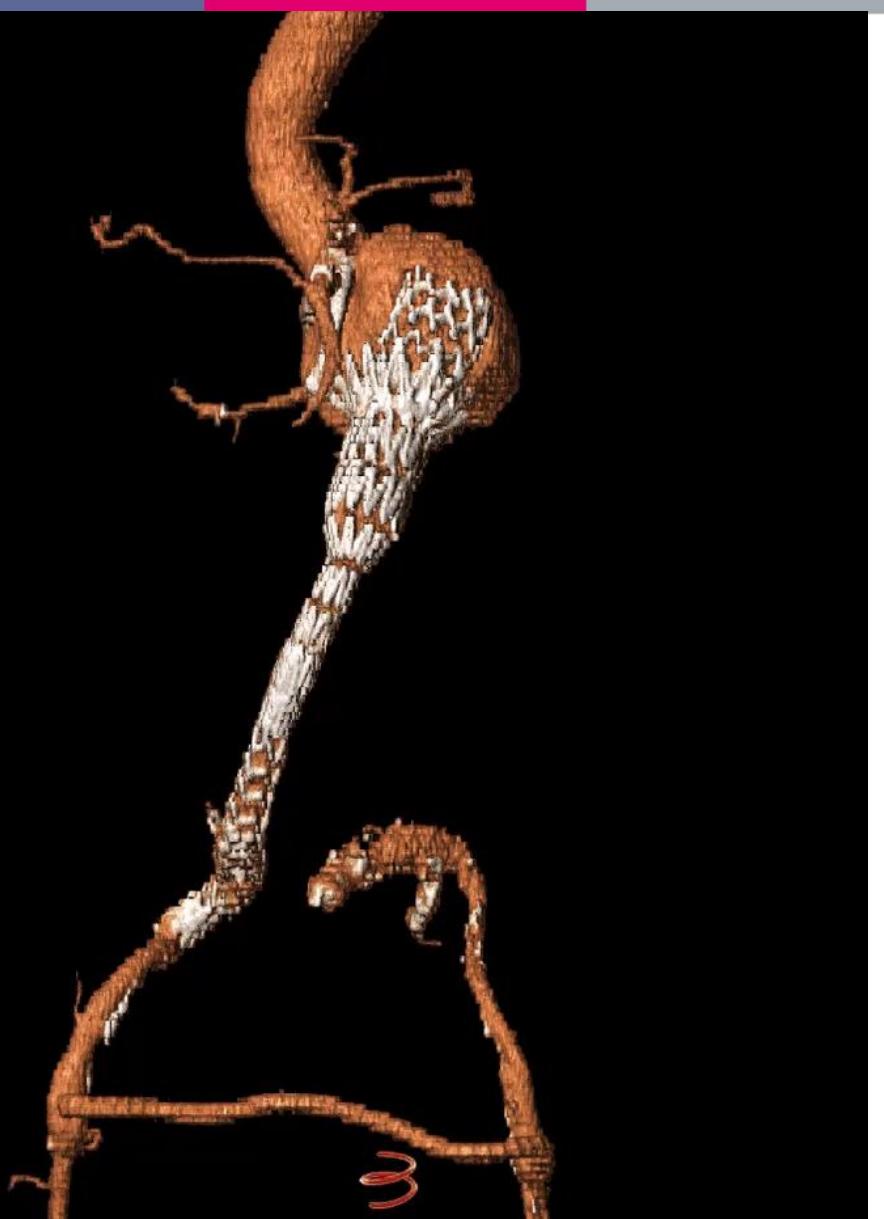
9 months postoperative

- No sac enlargement
- No endoleaks
- Good proximal seal apposition.
- Slight change or morphology of the Aorta above the graft



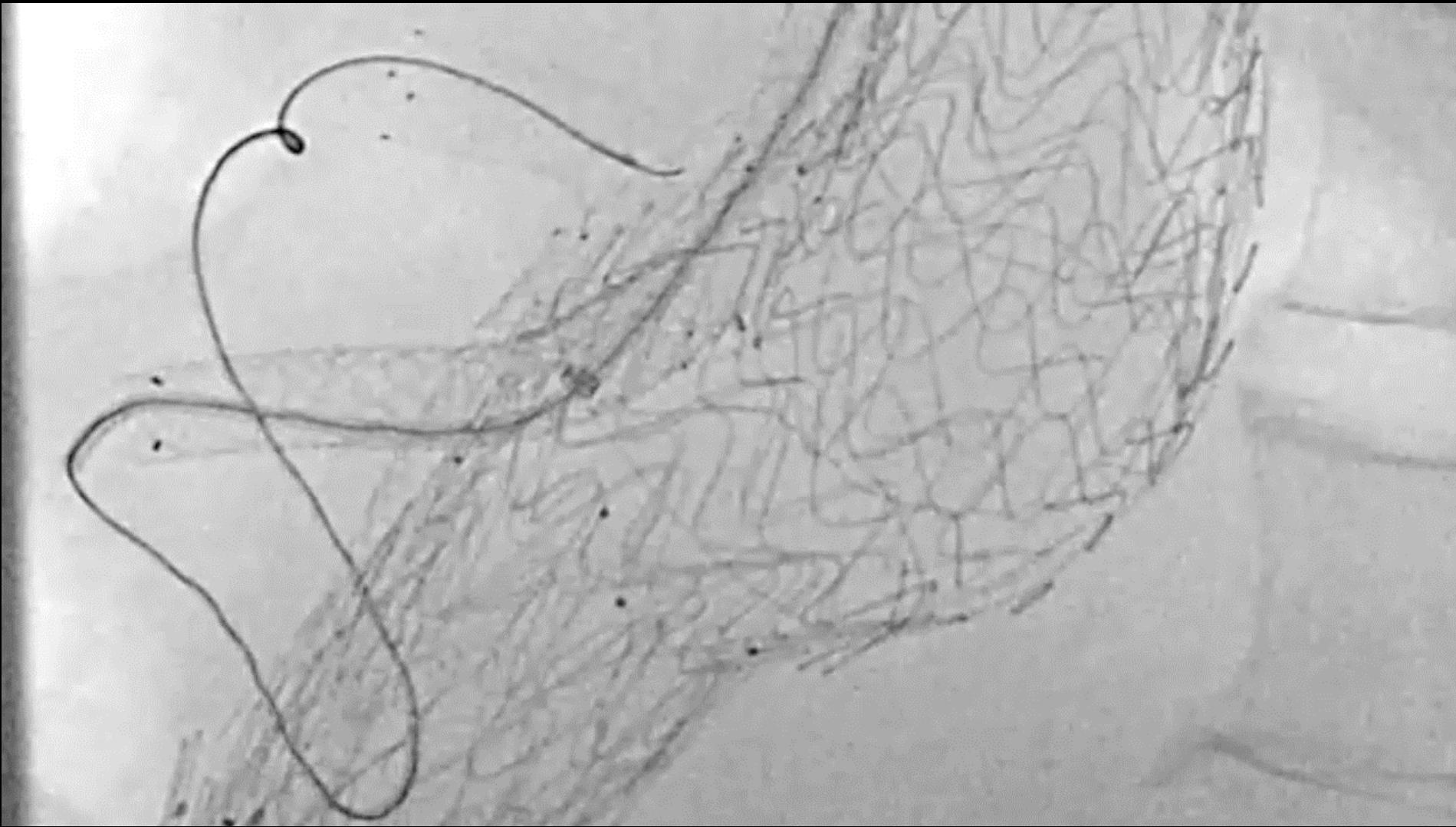
MONTH 18TH POST OPERATIVE

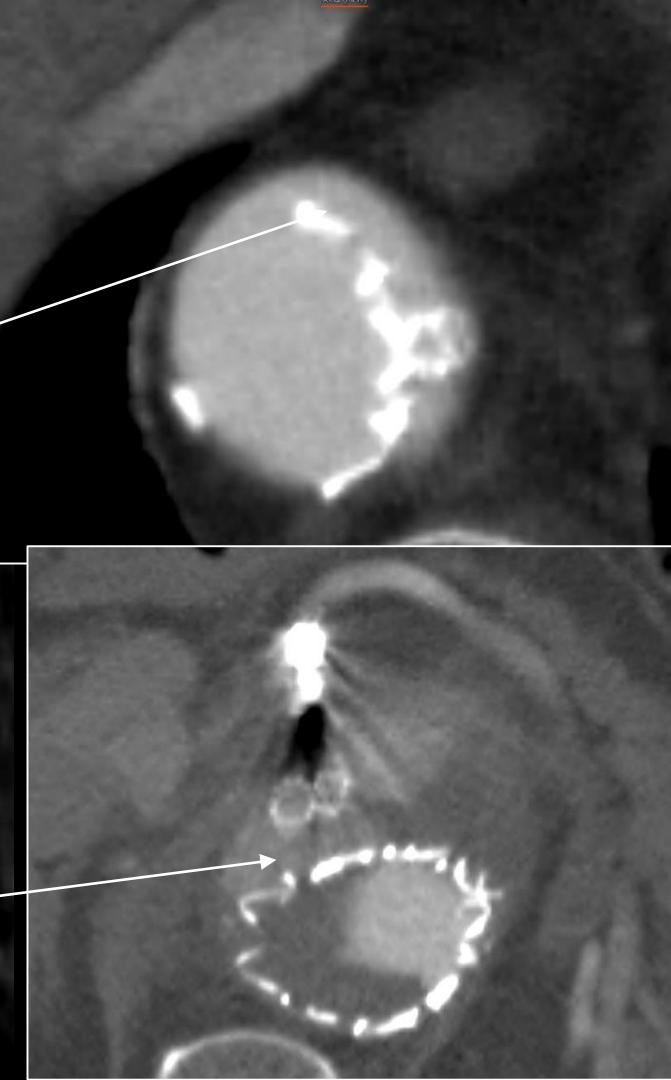
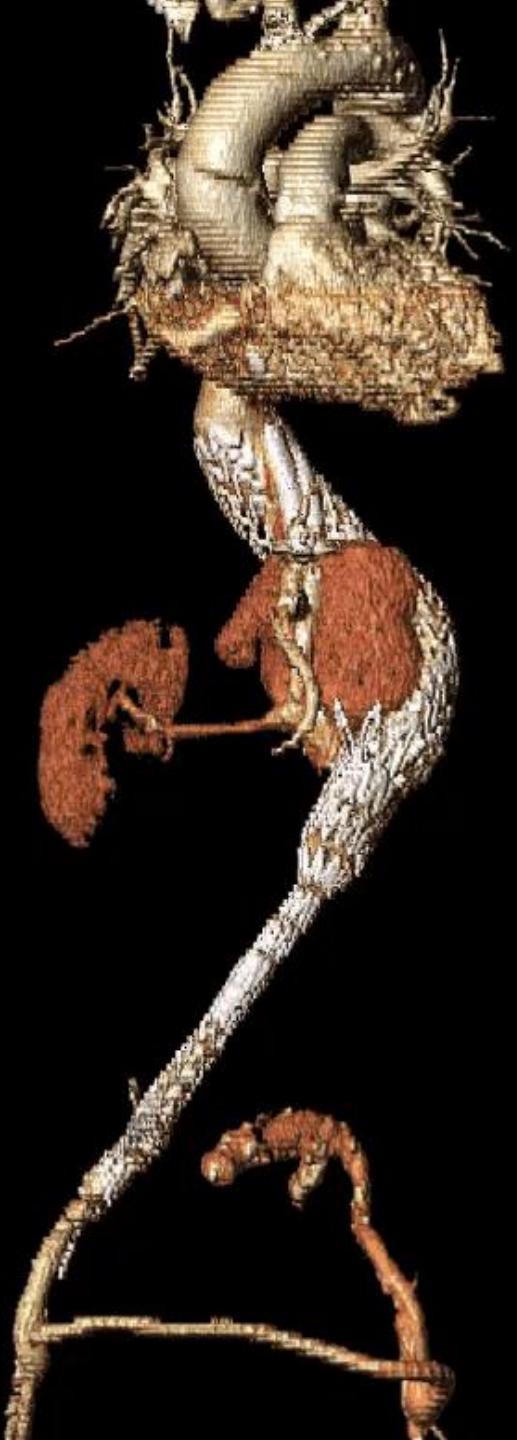


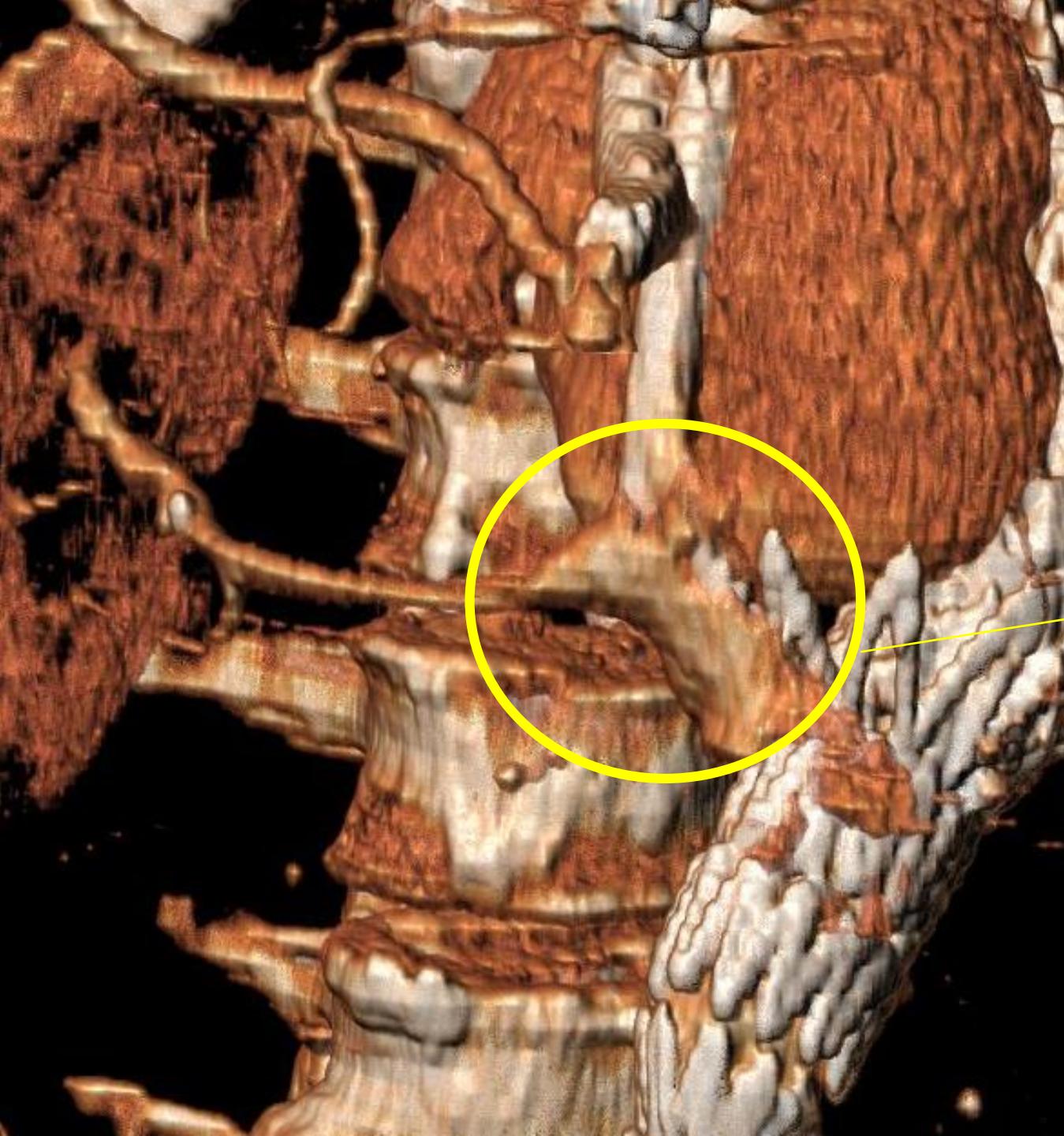


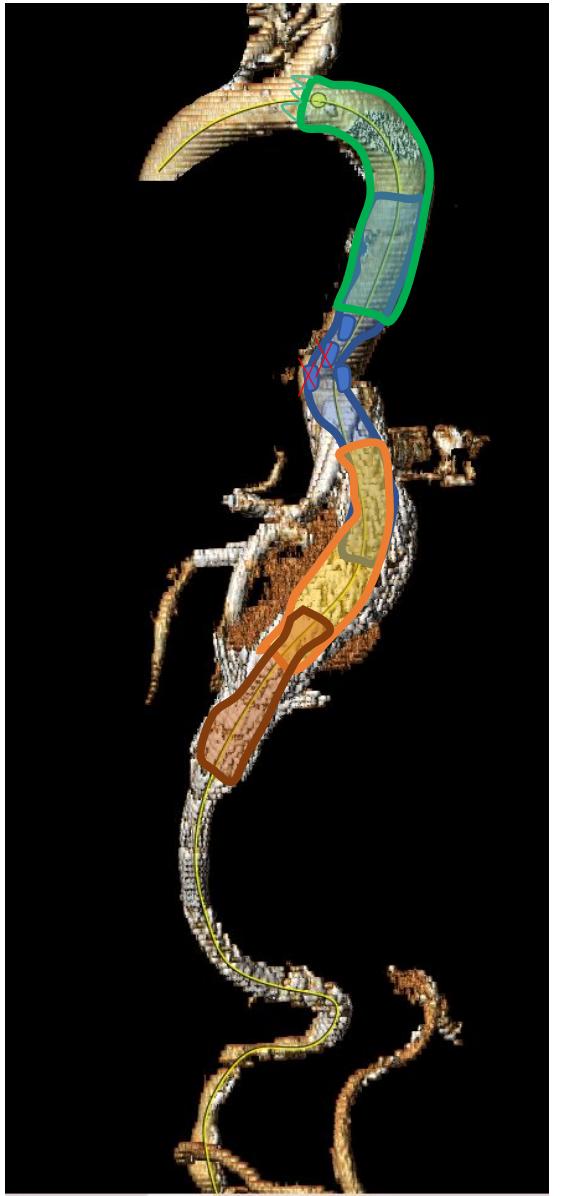
- Parallel stenting
 - Left axillary approach: two-puncture.
 - Cannulation of RRA& stent + SMA&stent
 - Right iliofemoral arterial approach
 - Grafts:
 - RRA VBX 6x59+6x79
 - SMA VBX 7x59+7x79
 - Aorta TGMR 24 x 10 + 47x10(2)
 - CT Embolization: Concerto 12mmx 24 cm







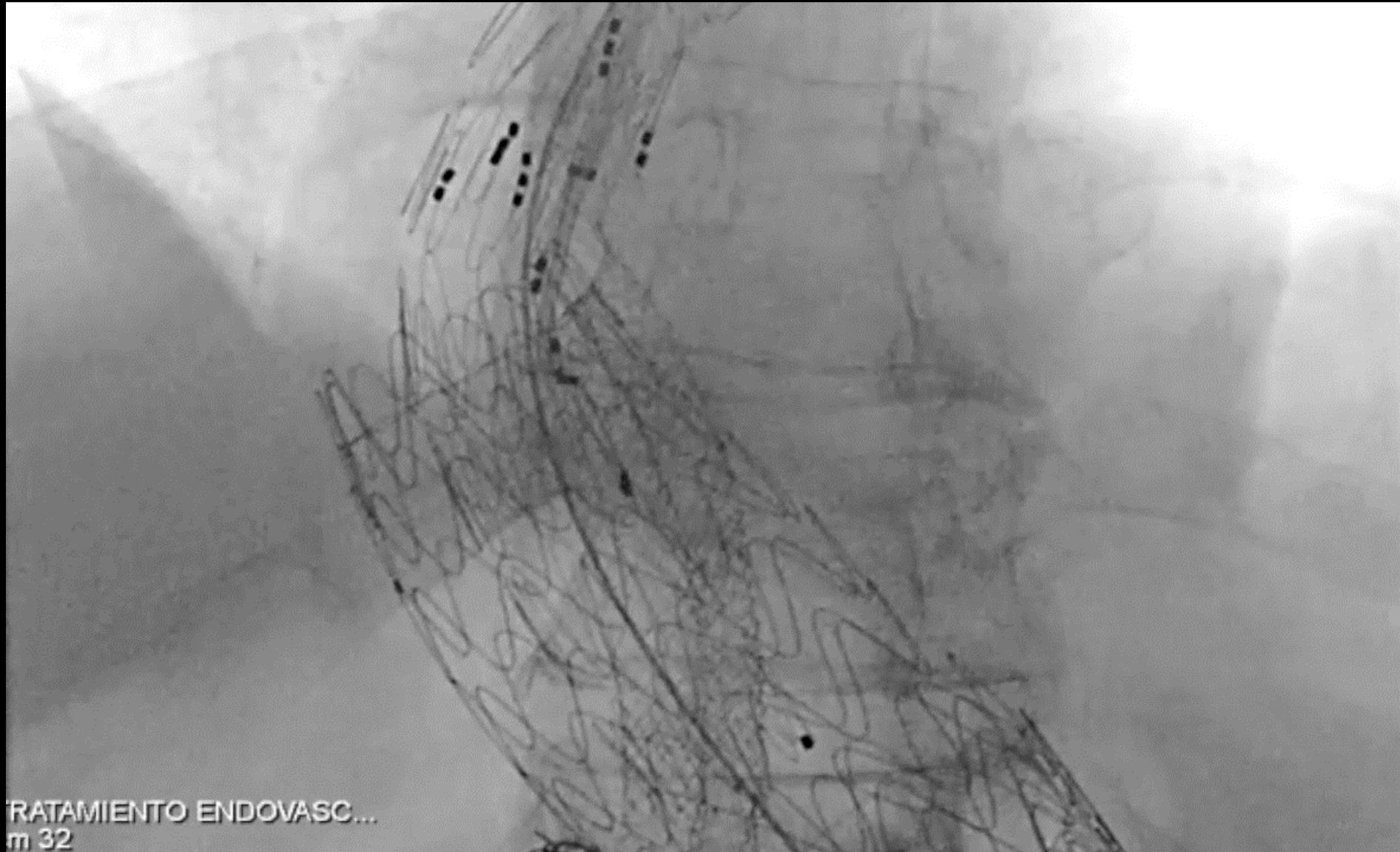




- Proximal Thor. component: ZTA 36-32-161.
- Visceral Component : T-Branch 34-18 202.
- Connection with distal Ao UI: ZTA 24 + ZTA 26
- Bridging visceral stents
 - SMA: VBX 7x 79
 - RRA: Viahahn 6x 10 (distal) + VBX 7x 79 (prox)
 - Plugs for external branches to be occluded (CERA) -10 / 12 mm

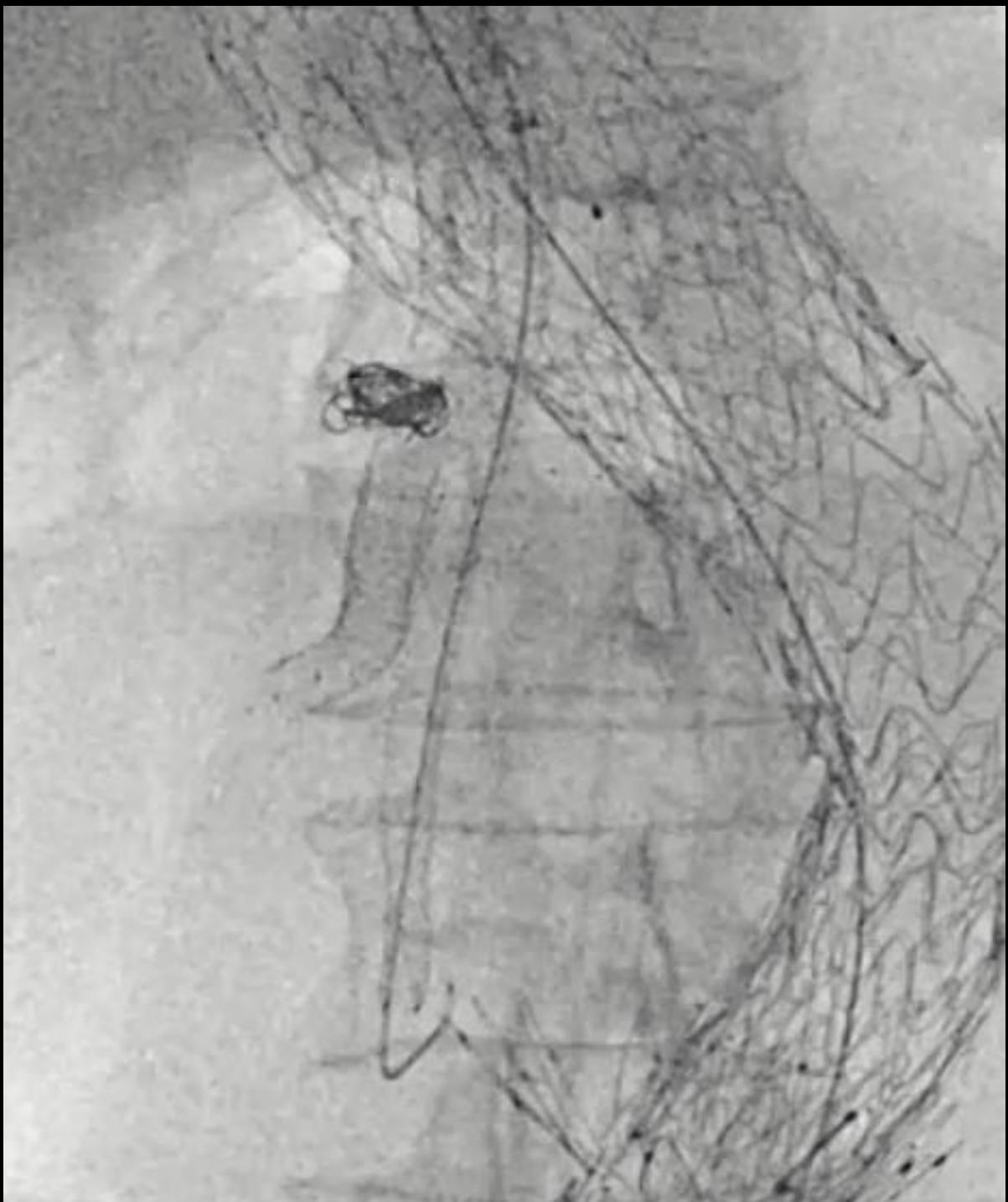


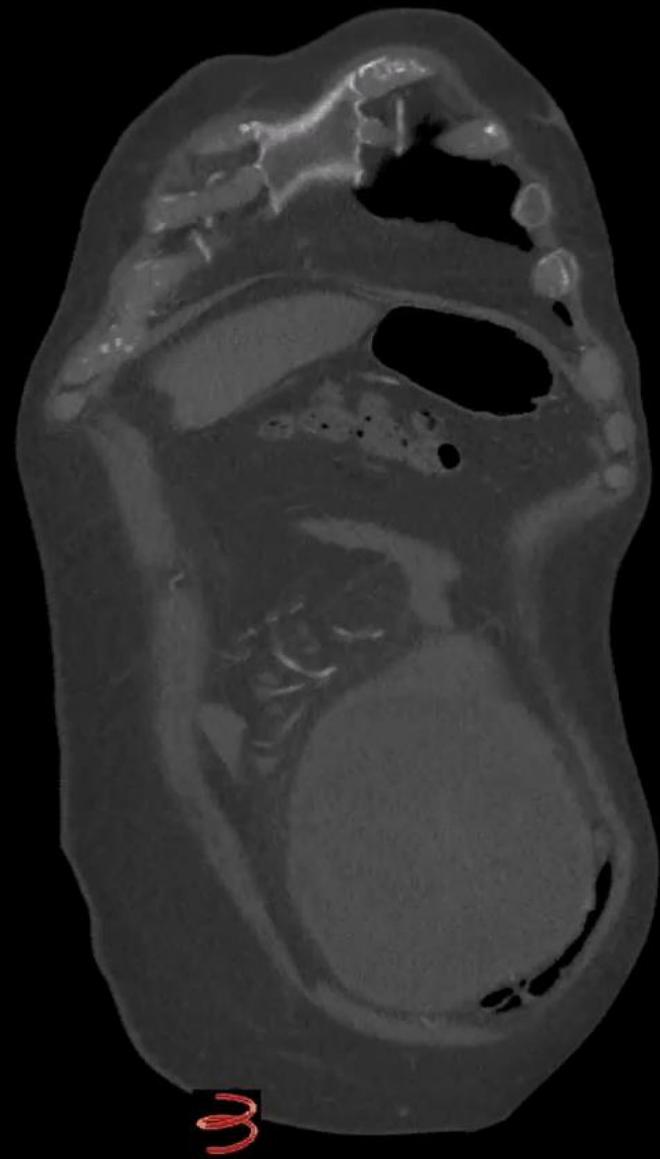
TRATAMIENTO ENDOVASC...
cm 22



IP Body
FL Ar
0
 Σ 17
20
0
Reprodu

RATAMIENTO ENDOVASC...
m 32





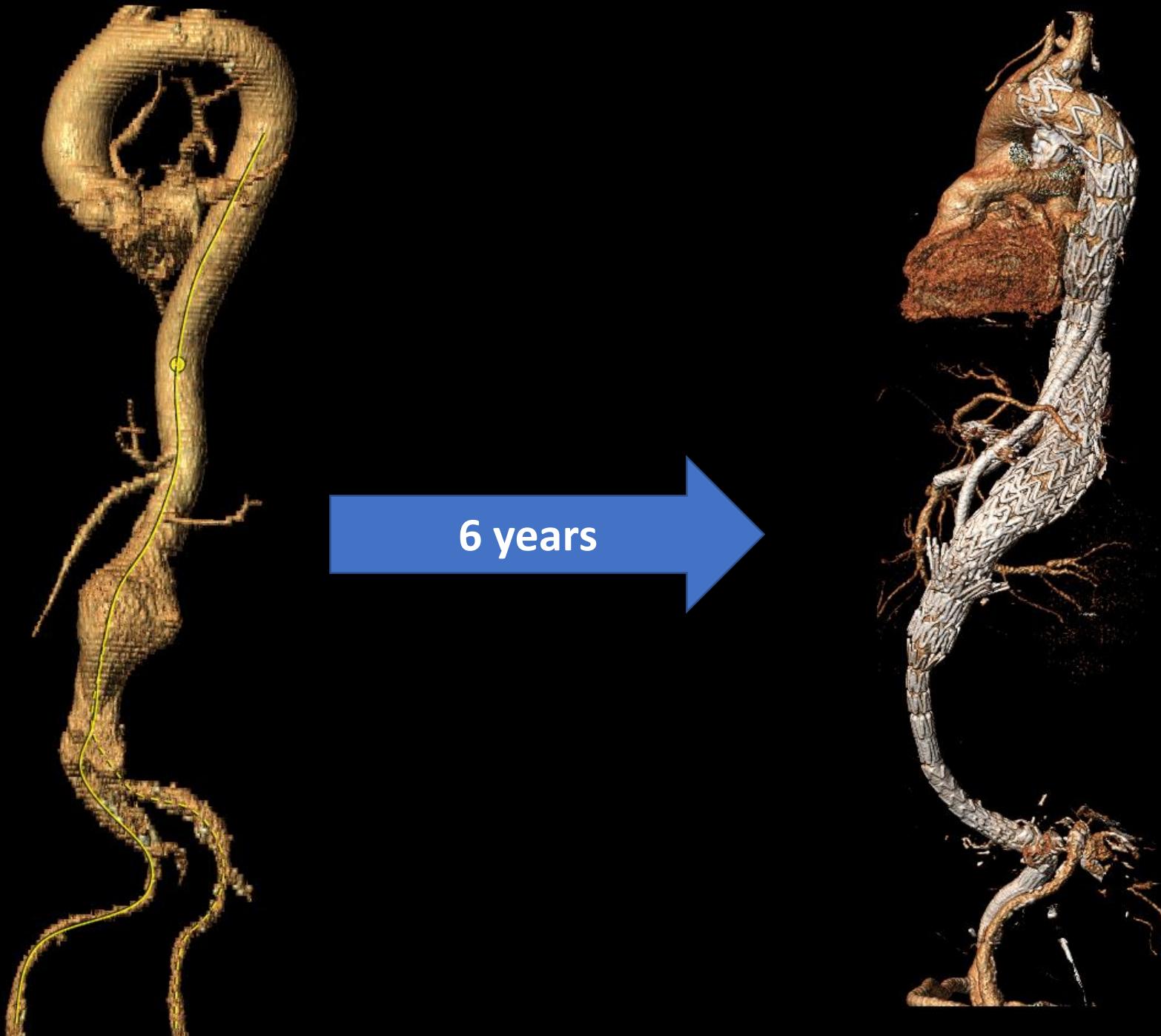
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- Patient discharged on PO day 30
- Complications:
 - Right groin healing issues: local wound care
 - Temporary renal function worsening
 - Lower limbs weakness (able to walk with minimal help at time of discharge but rehab programme)





Thank you !