The value of conformability and control: 18 months of clinical experience in all thoracic etiologies

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Disclosure

Speaker name:

..........................G.Torsello.................................................................

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):

Research grant by Gore
«bird-beak» after graft deployment in the aortic arch
The new „Active Control System“

Controlled two deployment stages

Optional angulation control in the aortic arch
Type B aortic dissection with malperfusion
Follow-up CTA
Follow-up CTA
54-year old man with aneurysm after Type B aortic dissection

- Multiple comorbidities
- Type B aortic dissection 2013
- Cross-over bypass for malperfusion (occluded)
- Borderline Syndrome
- Back pain
- Aneurysm growing up to 6 cm
Positioning of the alignment marker toward the great curvature
Deployment at intermediate (left) and full diameter (right)
Completion angiography after adjustment of the angulation
Aneurysm of the descending thoracic aorta

- 67-year old man
- Diameter increased from 51 to 60 mm within 1 year
- Risk factors: heavy smoker, arterial hypertension
- Co-morbidities: severe COPD and CHD
Anatomic characteristics

- Sharp angulation of the distal arch
- Proximal neck length: 28 mm
- Proximal neck diameter: 32 mm
- Distal neck length: 38 mm
- Distal neck diameter: 31 mm
- Graft: TGA 373720 +373710
77-year old man with symptomatic TAA

- OR for AAA 2010
- Stenosis of both external iliac arteries. Occlusion of the left hypogastric.
- CHD
- Cerebral bleeding
- Renal infarction
Our strategy

- PTA (and stenting) of the left iliac
- TEVAR with C-TAG (3xTGM 45-45-20E) from the origin of the CCA to the diaphragm
- Overstenting of the left subclavian artery
- No molding because of the thrombus
77 y, male

Aneurysm growing

EVAR 2010

Cerebral hemorrhage 1995

Comorbidities:
AH, Heart Rhythm Disorder
77-year old man with symptomatic TAA
69-year old male with aortic aneurysms

- Back pain
- Multiple comorbidities
- Multiple aneurysms:
  - Ascending: 40 mm
  - Arch: 58 mm
  - Thoracoabdominal: 75 mm
Our strategy

• Debranching (carotid-carotid-subclavian bypass)
• TEVAR with C-TAG (3xTGM 45-45-20E) from the origin of the brachiocephalic trunk to the celiac trunk
• Overstenting of the left common carotid and subclavian artery
Tortuous TAAA
Conclusions

The Active Control System of the well-known CTAG-device is a unique system to achieve an ideal positioning of the graft also in demanding anatomies.

No need for aggressive blood pressure reduction during the deployment.

Graft angulation can be adjusted in the arch but be aware because it is not reversible.
Thank you!

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