My worst nightmare
Polymer based endograft and thrombus

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Disclosures:

Consultant for Medtronic, Bentley

Research grants: Cardionovum, Medtronic
Male, 71 years

Hypertension
CABG (2006)
COPD Gold II

AAA: 2013: 4.9 cm  2014: 5.8 cm

ABI: 1 (both legs)
Duplex: femoro-popliteal: no stenoses
Male, 71 years
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March 15th 2013: EVAS
March 15th 2013: EVAS
April 18th 2013: Claudication right leg, ABI 0.65
April 18th 2013: Thrombolysis (EKOS)
April 18th 2013: Thrombolysis (EKOS)
April 19th 2013: Distal extension (BMS)
April 19th 2013: Distal extension (BMS)
April 19th 2013: Distal extension (BMS)
April 19th 2013: Dislodgement thrombus
April 19th 2013: successful surgical embolectomy
July 31st 2013: Claudication left limb
July 31st 2013: Embolectomy Nellix (groin access)
July 31st 2013: Embolectomy Nellix (groin access)
July 31st 2013: Residual thrombus right Nellix
July 31st 2013: Relining both Nellix with Viabahn
July 31st 2013: Relining both Nellix with Viabahn
July 31st 2013: Dislodgement thrombus left popl.a
Dec 2015

Mild claudication both legs (walking distance 600 meters)
No type I, II endoleaks
No recurrent thrombo-emboli
Dual antiplatelet therapy
Follow-up → displacement
Different types of displacement (vertical)
Different types of displacement (lateral)
Different types of displacement (buckling)
Buckling
Follow-up → explantation
Key messages

Thrombus in Nellix stentframes hard to solve with thrombolysis / embolectomy alone (relining entire stentframes)

Displacement post-EVAS
  - Lateral displacement (in case of large volume aortic thrombus)
  - Bowing of the stentframes (low volume of the endobags)
  - Hard to solve (no proximal extensions)
    Explantation

Modification of the device is necessary
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