AORTIC DISASTER CASE
(f)EVAR
All wrong !!

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Disclosure

Speaker name: ..........................................................................................

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)

☒ I do not have any potential conflict of interest
Clinical case

- ♂ - 72 year-old
- Medical History
  - Epidermoid cancer of the larynx: radiotherapy + chemotherapy in April 2018
  - Obstructive syndrome
  - Sleep apnea syndrome
  - Small cardiomyopathy
    - minimal left ventricular hypokinesia with LVEF 49%
  - Permanent atrial fibrillation
  - Obese
  - Weaned smoking (75 package year)
  - Thyroidectomy
05/03/2018 – preop CT SCan

- Infra-renal Neck Length 10mm
- Severe Aortic Neck Angulation
05/03/2018 – preop CT SCan
10/09/2018 - First procedure

- Infra-renal EVAR
- VASCUTEK ANACONDA

- Flared
- Straight

- OLB 34
- 12*12*8
- 12*12*10
14/09/2018 – Post operative CT scan

Apposition default in the Hostile Aortic neck

Large Type Ia EL
14/09/2018 – POST OPERATIVE CT SCAN
HENCE

• Primary indication : WRONG !!
03/12/2018 – secondary procedure

- Confirmation of the large type Ia EL
- and the apposition default of the endograft
03/12/2018 – SECONDARY PROCEDURE

- Proximal Custom Made Fenestrated Cuff extension
- VASCUTEK ANACONDA

CFD363008
HENCE

- Technique maybe not adapted: WRONG!!

You're doing it all wrong!
Cannulation of the Superior Mesenteric Artery
Which will be reconstructed by an ADVANTA V12 - 9*32
03/12/2018 – SECONDARY PROCEDURE

- Cannulation of the Coeliac Trunk
- Which will be reconstructed by a BENTLEY- 8*27
03/12/2018 – SECONDARY PROCEDURE

- Cannulation of the Left Renal Artery
- Which will be reconstructed by an ADVANTA V12 - 6*32

After 5 hours, contrast injection maybe due to the softness of the device:
Impossible to cannulate the Right Renal Artery
From both axillary upper accesses/femoral accesses
Throught different support catheters
And Even with an Aptus Guide
HENCE

• Type of device maybe not adapted : WRONG !!
03/12/2018 – SECONDARY PROCEDURE

- Bilateral Iliac extensions

![Image of spine with L12*80 and Straight labels]
postoperative course

- Loss of the Right Renal Artery and Kidney
  - Renal failure with oliguria
    - $X_3$ creatininemia in 24 hours
  - Hemofiltration catheter
  - Residual diuresis of 30 mL / hour
  - Spontaneous recovery of diuresis
  - Weaned Hemofiltration

- Dissection of the Superior Mesenteric Artery
  - Major abdominal distension
  - Early diarrhea
  - Resolutive under prostigmine and heparin
06/12/2018 – postoperative ct Scan

Dissection of the SMA

Loss of the Right Renal Artery & Kidney
06/12/2018 – POSTOPERATIVE CT SCAN
CONCLUSION

- As usual the first choice/intervention is the key
- The rescue/secondary intervention are most often very challenging depending on
  - Technique (endoanchor, cuff, chEVAR, Fevar...)
  - Device (profile, ability to rotate, to curve...)
  - Decision during procedure (contrast, delayed procedure, change plans...)
- Still a place for open repair
Stay brave and audacious
Thank you for your attention
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