Complex Cases from Münster

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Disclosures

• None

Complex cases from Münster

Case 1: AAA with involvement of the renal and visceral arteries

Patient characteristics

Male 58 Y.

AAA (max. diameter 70.9 mm)
Stenosed LRA

Comorbidities:
Renal impairment (Creat: 1.6 mg%) Art. Hypertension Severe CAD

Preop CAT scan

Intraop DSA
Treatment Options

Insights from the Literature

Martin-Gonzalez T, Mastracci T, Carroll T, Constantinoiu L, Ooi N, Katangiouk A, Modaberry B, Reich T, Verhoeven E and Haulon S.

Mid-term Outcomes of Renal Branches Versus Renal Fenestrations for Thoraco-abdominal Aneurysm Repair.


449 pt. 445 renal branches 411 renal fenestrations

Occl. Rate 9,6% 2,3%

...so FEVAR is always better?

Our approach: anatomy-dependent

<table>
<thead>
<tr>
<th></th>
<th>Fenestrations</th>
<th>Branches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult iliac access</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Difficult arch</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Target vessels downward</td>
<td>-</td>
<td>++</td>
</tr>
<tr>
<td>Target vessels upward</td>
<td>++</td>
<td>-</td>
</tr>
<tr>
<td>Kinked aorta</td>
<td>--</td>
<td>+</td>
</tr>
<tr>
<td>Narrow aortic lumen</td>
<td>++</td>
<td>-</td>
</tr>
<tr>
<td>at segment 4</td>
<td>-</td>
<td>++</td>
</tr>
<tr>
<td>Large aortic lumen</td>
<td>-</td>
<td>++</td>
</tr>
<tr>
<td>at segment 4</td>
<td></td>
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</tr>
<tr>
<td>Higher risk for SCI</td>
<td>-</td>
<td>+</td>
</tr>
</tbody>
</table>

Discussion

Issues regarding FEVAR/BEVAR

Postop CAT scan

FOLLOW UP

Primary procedure

FEVAR 08/25/2015
Endoleak after fenestrated endografting

Take home messages

• Renal artery stenosis is not an exclusion criteria
• Previous catheterization of the TV can help
• Push and pull technique for advancing the sheath into the TV
• Radiological follow-up necessary for correcting in-time endoleaks
• Unmet need: Ideal bridging stent

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Case 2: Juxtarenal AAA

Patient characteristics

Female 73 Y.

Juxtarenal AAA (5.8 cm)

Comorbidities (excerpt):
- 3-vessel CAD (MIs, 4-CABG)
- Art. Hypertension
- Pulmonary Embolism
- Lower GI bleedings, assoc. w/ hemorrhoids/diverticulosis
3D reconstruction of morphology

Morphology / Rx planning assessment

Asymptomatic
5.8 cm max. diameter
Short and hourglass-like neck

Planned implantation of an transrenally fixated bifurcated endograft with one chimney stent.

Assessment of operation course

1. Unexperienced Operator
2. Inadequate indication (unfit technique for the anatomy)
3. Too aggressive therapy of the endoleak
4. Misplaced EndoAnchors
5. Main mistake: loss of control of the sheath

Procedure

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Thank you for your attention!