The Petticoat Concept For Ischemic Complications Of TBAD Using Distal Jotec E-XL Bare Stent
Clinical Results
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Disclosures
• JOTEC, Hechingen, Germany
• Bolton Medical, Barcelona, Spain

Stentgrafts and Distal Bare Stents:
Petticoat Concept in Type-B Aortic Dissection

- Open the true lumen distal to the stent-graft.
- Avoid extensive coverage of intercostal arteries.
- Treat true lumen collapse and malperfusion.
- Achieve remodeling of the entire aorta.
- First described 2005 by Mossop and Nixon*


Stentgrafts

Relay NBS (Bolton Medical)
Support wires
Dual sheath delivery Proximal clamping

Bare Stent

Mechanical advantage delivery Proximal clamping
Self-expandable Laser cut Nitinol stent
E-vita Thoracic (JOTEC)
130 mm
Diameter 20 - 36 mm
Length 130 mm
Self-expandable Laser cut Nitinol stent
E-xl (JOTEC)

Relay NBS (Bolton Medical)
Support wires
Dual sheath delivery Proximal clamping

Support wires
Diameter 20 - 36 mm
Length 130 mm
Self-expandable Laser cut Nitinol stent
E-xl (JOTEC)

Relay NBS (Bolton Medical)
Support wires
Dual sheath delivery Proximal clamping

Support wires
Diameter 20 - 36 mm
Length 130 mm
Self-expandable Laser cut Nitinol stent
E-xl (JOTEC)
Acute Type-B Dissection with Malperfusion
36-year old man

ENDOVASCULAR AORTIC SURGERY
• 62 Patients
  • Male: 84 % (n = 52)
  • Age: 54 (34-79) years
  • Stentgrafts
    • E-vita (JOTEC) = 24
    • Relay (Bolton) = 38
  • Bare Metal Stent
    • E-xl (JOTEC) = 62
  • Aortic Branch Stents
    • Patients = 32
    • Branches = 37
TEVAR and Petticoat for Acute TBAD
Berlin Experience

- 62 Patients
- Technical success 100 %
- 30 day Mortality 6.5 % (n = 4)
  - Postschematic MOF (n = 1)
  - Pneumonia (n = 2)
  - Aortic Rupture (n = 1)

Conclusion

- For treating ischemic complications of aortic dissection,
  - The Petticoat Concept
- Using a proximal Bolton Relay or E-Vita (Jotec) TEVAR and distal Jotec E-XL Bare Stent
- Is valuable
- But 50% Of Patients Also Require Aortic Branch Stents.

Thank you!