New Devices For False Lumen Obliteration With TBADs: Indications And Results

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Disclosures

- Travelling, proctoring speaking-fees, PI with Cook Medical

Failure to Remodel in Chronic Dissection

- Perfusion and pressure unchanged in false lumen
- Presence of intercostals originating from false lumen
- False lumen back flow to intercostals
- FL-TAA in 1/3 of TEVAR-patients!

Coils, Plugs, Glue

Iliac occluder

Intervention

Postop. CT

Maximum Diameter: 24mm!

Knickerbocker Technique

Candy-Plug


Knickerbocker Technique

Kölbel et al. 2014; J Endovasc Ther 21: 117-22

Maximum Diameter: 24mm!
Candy-Plug Results

- Hamburg
  - 2013-2018, N=33
  - Technical success 33/33
  - No procedural complication
  - No SCI
  - No early mortality
  - Complete false lumen occlusion was present in 90%

- Multicenter
  - N=21
  - Technical success 21/21
  - No procedural complications
  - No SCI
  - No early mortality
  - Secondary FL-thrombosis 20/21 patients

Cook Candyplug

- 22mm AVP
- CMD Candyplug I
- CMD Candyplug II

Candy Plug II

- Shorter (70 vs. 110mm)
- No central occluder or plug needed
- Over the wire dilator retrieval
- But... Attention required while retrieving dilator

Candy Plug II implantation

- False lumen access
- CP II deployment
- Final angiogram
Conclusion

- Tubular stent-graft sufficient in majority cases of TBAD
- False lumen backflow limiting treatment success in chronic TBAD
- Techniques for false-lumen embolization:
  - Plugs, coils, glue
  - Knickerbocker-technique
  - Candy-plug
- Experience promising, but future role to be defined
- F/B stentgrafts reserved for abdominal FL-aneurysm