Hybrid Approach To Treat Severe And Extensive External Iliac Artery Occlusive Disease Using Viabahn Stent-Grafts And Femoral Endarterectomy: Technique And Advantages

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Diclosures:
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The role hybrid repair

Why Viabahn stents?

Nitinol scaffold integrated in the PTFE fabric (bonding film)

Technical details
Technical details

Henri Mondor Experience

2012-2017: 36 limbs treated, 32 patients

- 23 (64%) CLI or AMI
- 13 (36%) claudication

Indications
- Atherosclerotic TASC C/D lesions: 24
- Paving/cracking before EVAR: 5
- Iatrogenic lesions: 4
- Persistent thrombus/lesions after embolectomy: 2
Henri Mondor Experience

Postoperative course

2 (6%) in hospital deaths (CIU)
1: poor medical condition
1: MI

5 (14%) complications
1: Major amputation (poor runoff)
1: Endovascular reintervention (CIA stenting)
3: lymphorrea

Estimated primary patency
2 occlusions during follow-up:
1 Cross over fem fem bypass
1 Aortobifemoral bypass

0 12 24 36 48 60
0 10 20 30 40 50 60 70 80 90 100
1-year: 97% (95% CI: 100-79)
2-years: 97% (95% CI: 100-79)

Number at risk
36 27 20 8 7 2

Follow-up

Estimated secondary patency
0 12 24 36 48 60
0 10 20 30 40 50 60 70 80 90 100
1-year: 97% (95% CI: 100-79)
2-years: 97% (95% CI: 100-79)

Number at risk
36 27 20 8 7 2

Estimated Overall survival:

Follow-up

median follow-up: 24 months (0-63)

1-year: 97% (95% CI: 100-79)
2-years: 97% (95% CI: 100-79)
3-years: 97% (95% CI: 100-79)
4-years: 67% (95% CI: 85-39)

Number at risk
32 24 17 9 8 3

Conclusion:

Mini-invasive technique for aortoiliac lesions extending to the CFA
Simple and reproducible
Mid-term patency rates similar to OR
Long-term patency remains unknown