Longterm Success in TBAD and TAAD: What is Needed?
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When is Entry Tear Sealing not Enough?
Adjunctive Procedures
Secondary Procedures

Persistent Malperfusion after Entry Sealing in Aortic Dissection (A / B)

Since 2009: 174 P. Arch Surgery for TAAD: Adjunctive TEVARs
141 Survivors (mortality 18%)
69 early TEVAR (within 30d)
48 malperfusion - syndrom
21 rapid enlargement of false lumen
41 carotid-subclavian bypass
4 Fem-fem bypasses

Since 2009: 174 P. Arch Surgery for TAAD: 7y Follow-Up
21 False lumen enlargements
14 TEVAR
7 FEVAR
15 Late malperusions
in all visceral artery stenting
(9 renals, 5 mesenteric, 1 celiac trunk)

Since 2009: 139 TEVAR For Entry Tear Sealing in Complicated TBAD
TEVAR alone in 69p. (49%)
30d mortality 4.5%, spinal cord ischemia in 1p.
TEVAR + primary adjunctive procedures in 70p. (51%)
30d mortality 6.1%, no spinal cord ischemia

NO DISCLOSURES
Will Malperfusion Persist?

Will Malperfusion Persist?

Primary Result OK?

For 5 Mo Uncontrolled Hypertens.

Our 178 Secondary Interventions

During longterm surveillance (Ø 41 months):
TEVAR alone overall only in 33%
30d re-intervention (secondary) rate 17%
1y re-intervention (secondary) rate 39%
5y re-intervention (secondary) rate 67%
Ø re(re)-intervention 1.7/patient = 178 procedures

178 Secondary Interventions: Why

Delayed (persistent) malperfusion: 118 (Ø 14mo)
renal (58%), mesenteric (23%), iliac (19%)
Critical false lumen dilatation: 52 (Ø 28 Mo)
False lumen rupture: 8 (Ø 41 Mo)
118 Interventions For Persistent Malperfusion: Our Interventions

- 64 side-branch stents or stent-grafts (Advantas)
- 29 additional TEVARs down to celiac axis
- 17 FEVARs for complex side branch re-entries
- 8 EVARs for complex aortoiliac re-entries
- Ø time interval 14 months

118 Interventions For Persistent Malperfusion: How

- 64 side-branch stents or stent-grafts (Advantas)
- 17 for mesenteric malperfusion
- All colonoscopy
- 9 abdominal surgery before (first look)
- 3 abdominal (second look)

Conclusion

In Arch Surgery in TAAB and TEVAR in TBAD high rates of secondary/adjunctive procedures

2 additional procedures/p. during follow-up

2/3 for persistent malperfusion. Mostly renals!

Late malperfusion is an underreported challenge

Close clinical and morphologic monitoring is crucial