Longterm Successful Treatment in TBAD Usually Requires Multiple Re-Intervention. What are they?

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The Problem: Persistent/Recurrent Malperfusion, Aneurysmal Degener.

First Example: Complex TEVAR

Many Secondary Entries/Re-Entries

Urgent TEVAR, Entry Sealing
Many More Problems During Fx

6 re-interventions in 5 years
5 stents, 3 stentgrafts, 1 TEVAR and 1 EVAR (tube)

How to Predict Malperfusion?

Will Malperfusion Persist?

Primary Result OK?

Hypertension Uncontrolled 5 Mo.
Since 2009 161 TEVAR for Complicated TBADs

- Complex primary procedures in 65% (TEVAR + more)
- 30 day mortality 8.6%
- 231 overall re-interventions (re-re, Ø 1.9/p.)
  - 1 year survival 82%
  - 1 year re-intervention rate 43%
  - 5 year re-intervention rate 74%

231 Secondary Interventions in Complicated TBAD

- 1 year survival 82%
- 1 year re-intervention rate 43%
- 5 year re-intervention rate 74%

231 Secondary Interventions in Complicated TBAD

- Recurrent malperfusion: 155 interventions (Ø 11 mo)
  - renal (61%), mesenteric (20%), legs (19%)
- Secondary false lumen increase: 68 interv. (Ø 28 mo)
- Secondary false lumen rupture: 8 interv. (Ø 41 mo)

What did we do?

- 101 mesenteric, renal, iliac stents (stentgrafts)
- 29 Distal TEVARs (short of celiac trunk)
- 17 FEVARs
- 8 EVARs

231 Secondary Interventions in Complicated TBAD

- False lumen increase: 68 interventions (Ø 28 mo)
- Secondary false lumen increase: 31 Distal TEVARs (short of celiac trunk)
- 10 False lumen embolizations
- 2 IBDs

Secondary F-EVAR for TBAD

- What did we do?
- 68 interventions for false lumen increase
- 31 Distal TEVARs (short of celiac trunk)
- 25 FEVARs
- 10 False lumen embolizations
- 2 IBDs
Primary F-EVAR for TBAD

Conclusion

1 year re-intervention rate 43%
Majority for recurrent malperfusion from increase of secondary entry tears
Re-intervention for recurrent malperfusion earlier than for other reasons
Secondary false lumen best treated by FEVAR