Recanalization of chronic iliac artery occlusion, with EVAR-IBE and TEVAR for aortoiliac aneurysms after previous open repair of Type II Thoracoabdominal Aortic Aneurysm

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

☑️ I do not have any potential conflict of interest
Introduction

• Patch aneurysms following open repair of thoracoabdominal aortic aneurysms (TAAAs) occur in 4-8% of patients.\(^1\)

• Coexisting occlusive disease makes endovascular management of aortoiliac aneurysmal disease more challenging.

• It may preclude the implantation of the endograft in up to 15% of cases.\(^2\)


Our patient

• 64-year-old gentleman admitted for elective repair of 5.3 cm intercostal patch aneurysm, and 6.1 cm right common iliac artery aneurysm.

• In 2010, The patient had open repair of type II TAAA with femoro-femoral crossover bypass due to chronic total occlusion (CTO) of the right external iliac artery (EIA).

• This open repair was complicated by T8 spinal paraplegia, and right sided sacroiliac pressure ulceration.

• In June 2019, he presented with spontaneous expanding mesenteric haematoma, which necessitated coiling of the left gastroepiploic artery.
Other comorbidities:

- Hypertension
- CCF (EF: 35-40%)
- COPD
- Atrial flutter
- Previous left nephrectomy
- Long term suprapubic catheter
Preoperative CTA:
16Fr ↑ Right
1BE MB: 23 mm x 14.5 mm x 100 mm
1IA: 16 mm x 14.5 mm x 70 mm (12Fr from Left)
Ext REIA: 16 mm x 14.5 mm x 120 mm

32Fr ↑ Right
4 CTAG AC: 37 mm x 37 mm x 200 mm
: 37 mm x 37 mm x 150 mm

18Fr ↑ Left
Excluder MB: 35 mm x 14.5 mm x 140 mm
Ext: 16 mm x 27 mm x 130 mm
1BE Bridge: 16 mm x 27 mm x 140 mm
Operative details

- The operation was performed in the Agiography suite under GA
- Procedure duration: 165 minutes
- Fluoroscopic time: 48 minutes
- Contrast volume: 110 ml
- Blood loss: 240 ml
Operative technique:
Postoperative course

• The patient was transferred intubated to the ICU on minimal inotropic support.

• The patient was extubated successfully on the 4th postoperative day (second attempt).

• The patient was discharged on the 9th postoperative day.

• The sacral pressure ulcer showed significant improvement in the last outpatient visit.
Postoperative scan (6 weeks):
Conclusion

Successful endovascular repair of the complications after open TAAA repair, with coexisting occlusive pathology, is feasible, although it can technically challenging.

JUST TAKE YOUR TIME
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