“AN UNUSUAL CASE OF DELAYED COMPLETE AORTIC GRAFT OCCLUSION TREATED BY KISSING BALLOON EXPANDABLE COVERED STENTS AND RENAL CHIMNEY”,
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Disclosure

Speaker name:

......................Claudia Panzano.................................................................

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
Aortic stent graft limb thrombosis is a well-described and relatively common complication after EVAR as a result of several anatomic predisposing factors and device accommodation.
INTRODUCTION
The occlusion of the entire endoprosthesis has been rarely reported, and may be associated to the need of late open convention.
CASE REPORT

→ An 82-year-old male

→ Bilateral lower limbs rest pain 8 years after EVAR for a 62-mm infrarenal aortic aneurysm.

→ CABG, COPD, surgery for gastric cancer, intracerebral hemorrhage (minor stroke)

UNFIT FOR SURGERY

UNFIT FOR LYSIS
CASE REPORT

One year before

→ Mild left buttock claudication.

→ The light symptoms and the relatively high operative risk of the patient.

THOMBOSIS OF THE LETF ILIAC LIMB GRAFT

MEDICAL TREATMENT
CASE REPORT

At re-admitted

Increasing rest pain

OCCLUSION OF ENTIRE ENDOGRAFT

May 2017

August 2018
• Percutaneous left brachial access
• 90-cm 5 Fr. intr sheath was advanced
• An antegrade recanalization (0.035” GW and 5 Fr. Bern)
• Guide-wire rendez-vous into the a 8 Fr. introducer sheath
Two 8x79 mm VBX balloon-expandable covered stents and a single renal chimney.
• Persistent thrombus ➔ Double renal chimney.
The final angiographic result revealed a good flow restoration to the femoral arteries with complete preservation of both hypogastric arteries.
The patient presented slight hematuria during the first 2 post-operative days, and no contrast induced nephropathy was recorded.

Rest pain disappears immediately after intervention, and claudication was not complained longer.
CASE REPORT

Discharge occurred on day 3 after intervention.

Dual antiplatelet therapy was continued for 6 months.

Angio-CT scan confirmed the technical success of the procedure.
DISCUSSION

→ Anterograde recanalization minimized the risk of renal embolization.

→ Balloon expandable covered stents:
  - precise landing
  - complete coverage of fresh thrombus and treatment of established clots
DISCUSSION

GORE VBX

RETENTION: NO NEED OF PREDILATATION

TRACKABLE DELIVERY SYSTEM

TOTAL LENGTH OF THE ENDOGRAFT

RADIAL STRENGTH AND FLEXIBILITY
CONCLUSION

- Complete thrombosis of EVAR graft body and bilateral limb is a challenging situation, especially in patients at high risk for open surgery and lysis.

- The present case shows how endovascular recanalization by antegrade and retrograde approach followed by kissing balloon-expandable stents may be an effective option.
THANK YOU FOR THE ATTENTION
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