TOTAL LAPAROSCOPIC INFERIOR MESENTERIC ARTERY LIGATION AND DIRECT SAC PUNCTURE EMBOLIZATION TECHNIQUE FOR TREATMENT OF TYPE II ENDOLEAK

San Norberto EM, Fidalgo L, García E, Romero A, Vaquero C.
Angiology and Vascular Surgery.
Valladolid University Hospital. Valladolid. Spain.
Disclosure

Speaker name:

ENRIQUE M. SAN NORBERTO

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): Travel grant by Innovasc

☐ I do not have any potential conflict of interest
INTRODUCTION

• Endoleak (EL) is defined as persistent blood flow within an AAA after EVAR.

• Type II EL: aneurysm perfusion through a patent branch.
INTRODUCTION

- Reintervention for type II EL if aneurysm growth.
- Recurrences are frequent.
CASE REPORT

- 72-years-old male patient.
- EVAR (Excluder C3) 2 years ago.
- An unsuccessful transarterial embolization.
TREATMENT

- General anesthesia.
- 12-mm infraumbilical laparoscopic port.
- 2 additional (10mm and 5mm) working ports.
TREATMENT

- IMA was identified and dissected.
- A GIA stapler was used to clip IMA.
- Just before the origin of left colic artery.
TREATMENT

• A 18-G needle to puncture the aneurysm sac under direct laparoscopic vision.
• Connected to an extension tube to a syringe.
TREATMENT

- Check angiogram: endoleak nidus
- Embolization with 1,000 units of thrombin.
RESULT

- Operative time 132 min.
- No complications.
- 1-year follow-up CTA: no EL and aneurysm sac shrinkage.
CONCLUSIONS

• Total laparoscopic IMA ligation and direct sac puncture embolization technique may increase the success rate for the treatment of EL type II.

• This technique offers a safe, feasible, and minimally invasive approach for type II EL, when other endovascular techniques are unsuccessful.
CONCLUSIONS

• Total laparoscopic IMA ligation and direct sac puncture embolization technique may increase the success rate for the treatment of EL type II.

• This technique offers a safe, feasible and minimally invasive approach for type II EL, when other endovascular techniques are unsuccessful.
TOTAL LAPAROSCOPIC INFERIOR MESENTERIC ARTERY LIGATION AND DIRECT SAC PUNCTURE EMBOLIZATION TECHNIQUE FOR TREATMENT OF TYPE II ENDOLEAK

San Norberto EM, Fidalgo L, García E, Romero A, Vaquero C.

Angiology and Vascular Surgery.

Valladolid University Hospital. Valladolid. Spain.
TOTAL LAPAROSCOPIC INFERIOR MESENTERIC ARTERY LIGATION AND DIRECT SAC PUNCTURE EMBOLIZATION TECHNIQUE FOR TREATMENT OF TYPE II ENDOLEAK

San Norberto EM, Fidalgo L, García E, Romero A, Vaquero C.

Angiology and Vascular Surgery.

Valladolid University Hospital. Valladolid. Spain.