Treatment of complex visceral and iliac artery aneurysms using endografts

Enrique Alejandre Lafont
Disclosures

I have nothing to disclose
20% oversize no postdilatation
Case 1: Endograft for splenic artery aneurysm

65yo fit man with incidental finding of a splenic artery aneurysm

X-ray of the spine due to lower backpain: calcified mass was identified

CT scan showed a 2.5 cm aneurysm of the splenic artery

Anatomic variation: the splenic artery arises from the SMA

Surgery would mean Whipple procedure
BeGraft 6/23 and 8/27
Case 2: Endograft in hepatic artery bifurcations

- 46 yo man with active bleeding originating from the hepatic artery
- Drug abuse
- Liver cirrhosis
- Symptomatic cholecystitis
- Endoscopy confirmed active bleeding from the biliary system

CTA + Angiography

2x BeGraft 4/18
Case 3: Endograft in the SMA

53 yo woman with pancreatic cancer and Whipple surgery

Pancreatic fistula following several extensive surgical procedures. Pancreatic juice eroded SMA.

Herald bleed (abdominal drainage) due to a pseudoaneurysm of the SMA.

Covera 8/60 flared
Case 4: Endograft in the hypogastric artery

67 yo man
Incidental finding of hypogastric iliac artery aneurysms on both sides

No aortic aneurysm
Refuses surgery

Due to the limitations associated with IBDs, only 35% of patients have anatomy suitable for repair

Case 4: Endograft in the hypogastric artery

67 yo man
Incidental finding of hypogastric iliac artery aneurysms on both sides

- Cross Over access with OF 4F
- 8F Destination, 45cm
- 5F Berenstein, 65cm
- Terumo 0,035"
- RosenWire
- Left groin 5F Short Terumo Sheath
- SIM 2 -> 4F Berenstein 45cm

- Amplatz Plug II 8mm
- Boston pushable coils 3/3
- BeGraft 10/38
- VBX L 8/79
- Cyanoacrylat: Lipiodol 1:3
Summary

- Stentgrafts to treat visceral and iliac artery aneurysms are feasible and safe and can be used if vessel occlusion is not advisable and/or surgery is too much of a risk.

- **Small vessels**: coronary stentgraft

- **Large vessels + mesenteric + maceration/bleeding**: selfexpandable stentgraft

- **Large vessels + hypogastric**: if IBD not possible or not available combine selfexpandable stentgraft + VBX, coil sidebranches first (+ I use histoacryl with jailing technique to fill the aneurysm sack)

- **Subclavian artery access** allows stentgrafting even in narrow angled origin of SMA/T. c.

- ASS 100mg + Clopidogrel 75mg for ≥ 1 year (consider multiplate test!).

- NOAK in Non-responders to either ASS or clopidogrel.
Thank You!
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