The parallel graft technique for patient with type B aorta dissection

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Disclosure

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....Timur Khafizov...............................................................

I have the following potential conflicts of interest to report:

☑ Consulting Medtronic, Cordis, Bard
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
Objectives

- Acute type B aorta dissection in patient with transient ischemic attacks
- Hostile neck or modified neck
Patient demographics, history and co-morbidities

- a 35-years old female

- symptoms: severe chest pain, weakness in the right arm and leg, dizziness, retarded speech, nausea, weakened pulsation on the left carotid artery

- malignant hypertension (190/130 before admission)

- Creatinine 1,11 mg/dl

- Weight 65 kg

- BMI 25,01
Patient CT-Scan / Reconstruction / Sizing & Planning

ostium of the left subclavian artery

proximal tear
Patient CT-Scan / Reconstruction / Sizing & Planning
- True lumen: SMA, celiac trunk, left renal artery
- False lumen: right renal artery
How would we treat?

- Open surgery
- Subtotal debranching (left common carotid artery, subclavian artery) and TEVAR
- Only TEVAR
- Parallel graft technique with TEVAR
- Debranching (left subclavian artery) and TEVAR
- Medical management
How we treated

- 300 cm Lunderquist wire 0,035
- 260 cm Amplatz stiff wire 0,035
- Carotid-subclavian shunting
- Valiant Captiva 3232C200TE (left femoral approach)
- 2 pigtail catheter
- Non-covered balloon expandable stent (8x39 mm)
- Temporary pacemaker
Case description
Case description
Final outcome and summary
Final outcome and summary
Key learnings

Parallel graft technique is a safety and effectiveness procedure in patients with no sufficient proximal fixation zone.

TEVAR with parallel graft technique viable treatment option and must expand treatment strategies for patients with hostile neck in the emergent and elective cases.

Parallel graft technique is possible in some type B aorta dissection with good outcome.
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