AFX IN CONJUNCTION WITH INFERIOR MESENTERIC CHIMNEY: AN OPTION TO THE AORTO-BIFEMORAL BY-PASS IN SEVERE AORTOILIAC OCCLUSIVE DISEASE

Serna Martínez, Marta; Herrero Bernabé, Mónica; González Pérez, Gonzalo; Jácome Tapia, Xavier; Agúndez Gómez, Ignacio
- Technical success 100%
- Complication rate 4%
- 24m patency: 91%

Technical success 98.7%
Complication rate 10.8%
Clinical improve. 89.9%
24m patency: 78.6%

Technical success 97%
Complication rate 7%
Clinical improve. 96%
24m patency: 82%
Colic ischemia

IMACh

AFX stent-graft
Series

65 y  
HTA, smoker  
COPD, stroke  
ABI 0.29

51 y  
HTA, smoker  
Myocardial infarction  
ABI 0.3

62 y  
HTA, ex-smoker  
Colon cancer  
ABI 0.18
Operating room
2 Viabahn 7x100
Viabahn 7x100
+ 8x150
Eluvia 6x150 + Viabahn 7x50
100% technical success.
Median procedure time: 390min (250-560)

Median shot time: 48min (26-63)

Median contrast dose: 123cc (80-200)
1 complication → Surgical

Improvement ABI = 0.57

Median hospital stay = 2.6 days (1-3)
Follow-up

All asymptomatic
100% patency
1 dead
AFX stent-graft

Native bifurcation

No mismatch

Unibody
Results: Sixty-seven patients (74%) presented with lifestyle-limiting intermittent claudication and the remaining 24 (26%) had critical limb ischemia. Technical success was 100%. Complications included groin infection \((n = 4 \ [4\%])\), groin hematoma \((n = 4 \ [4\%])\), common iliac rupture \((n = 4 \ [4\%])\), iliac dissection \((n = 4 \ [4\%])\), and thromboembolic event \((n = 3 \ [3\%]\); one femoral, one internal iliac artery, and one internal iliac with bilateral popliteal/tibial thromboemboli). Thirty-day mortality was 1% \((1/91)\) resulting from a case of extensive pelvic thromboembolism. At 1 year, 73% of patients experienced improvement in Rutherford stage of −3 or greater compared with baseline. Nine patients (10%) required 16 secondary interventions. At all time points, primary patency rates were > 90%, assisted patency rates were > 98%, and secondary patency rates were 100%.

Conclusion: This is the largest study to examine the use of the Endologix AFX unibody stent-graft for the treatment of AIOD. Use of the AFX stent-graft appears to be a safe and effective endovascular treatment for complex AIOD.
Chimney Endovascular Reconstruction of the Aortic Bifurcation (Ch-ERAB) for Aorto-iliac Occlusive Disease Allows Inferior Mesenteric Arterial Preservation

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Initial Experience With Covered Endovascular Reconstruction of the Aortic Bifurcation in Conjunction With Chimney Grafts

- Technical success 100%
- Complication rate 4%
- 1 CERAB limb + 1 Ch-IMA occlusion
- Clinical improvement 100%
Conclusion

Safe
Effective
New devices
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