

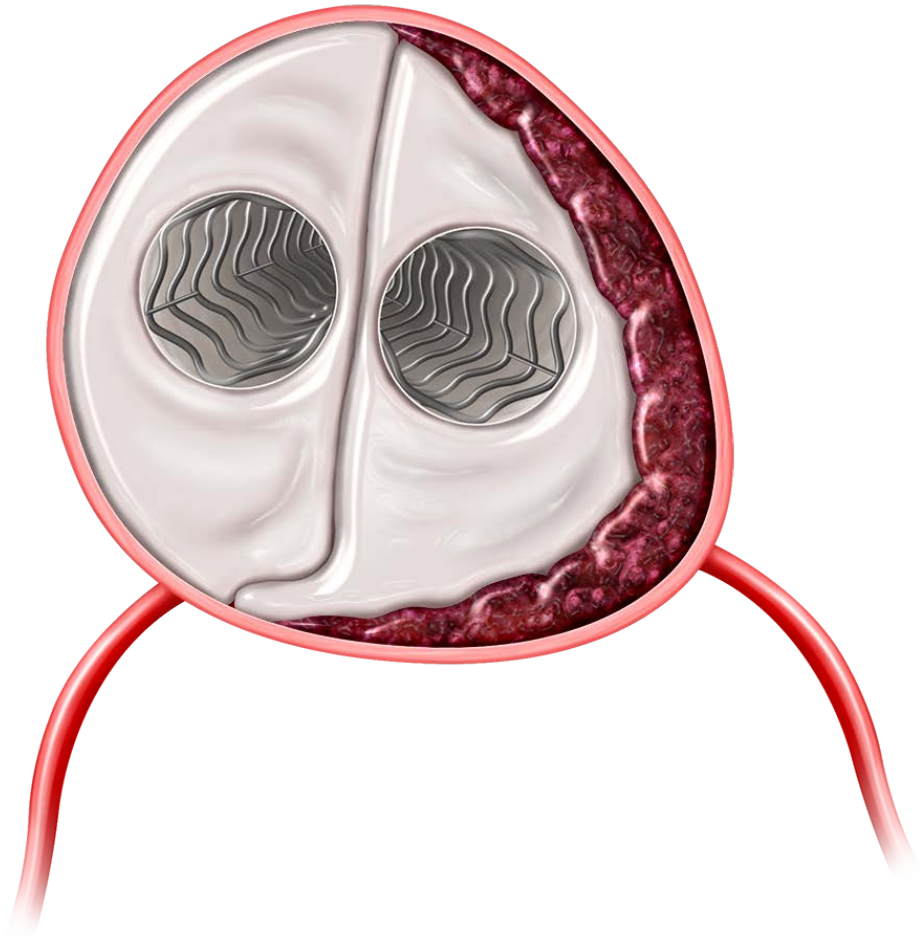
Migration Observed During Follow Up

Clinician: Presentation of the case, the rationale for patient management and the status of the case

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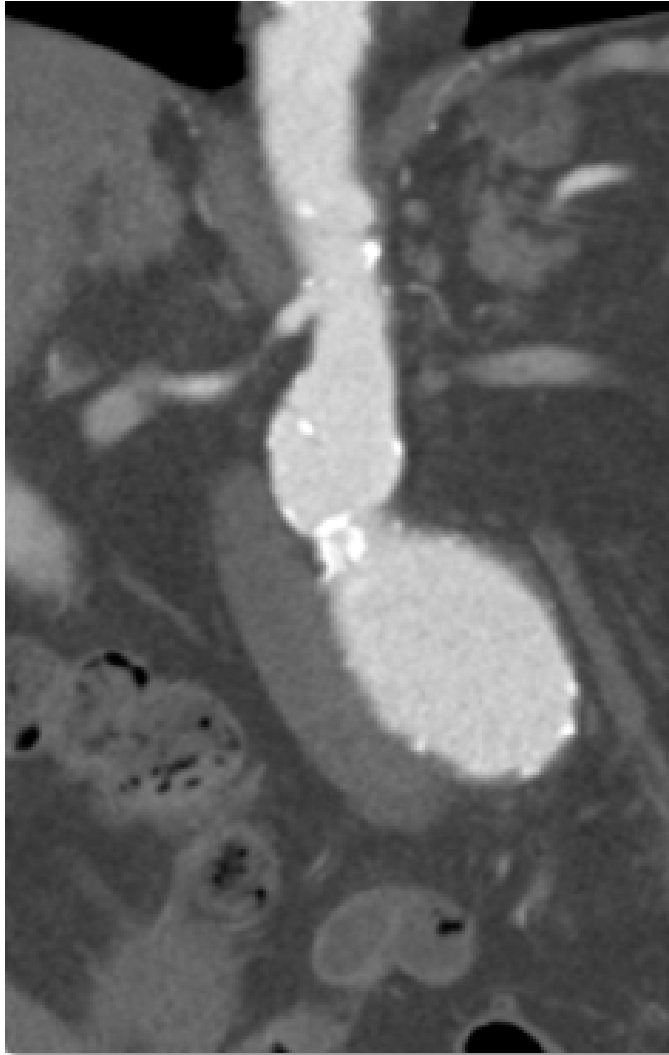
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CASE PRESENTATION - 2014

- 80y male
- CCF post x3 MI
- COPD
- 6cm infra-renal AAA



PRE-OPERATIVE IMAGES



- Bi-lobed AAA
- Short aortic neck
- Conical
- Narrow iliacs at bifurcation

PLAN FOR INFRA-RENAL NELLIX



- Conical neck “sweet spot” for EVAS (2014)
- Ratio maximum aneurysm diameter to maximum flow lumen diameter 1.3
- Calculated polymer volume 106ml
- Proximal neck 24 mm (33mm 8mm distally)

NELLIX PROCEDURE

- Implanted proximal Nellix
below renal arteries
- Used 95ml polymer
(estimated 106ml)

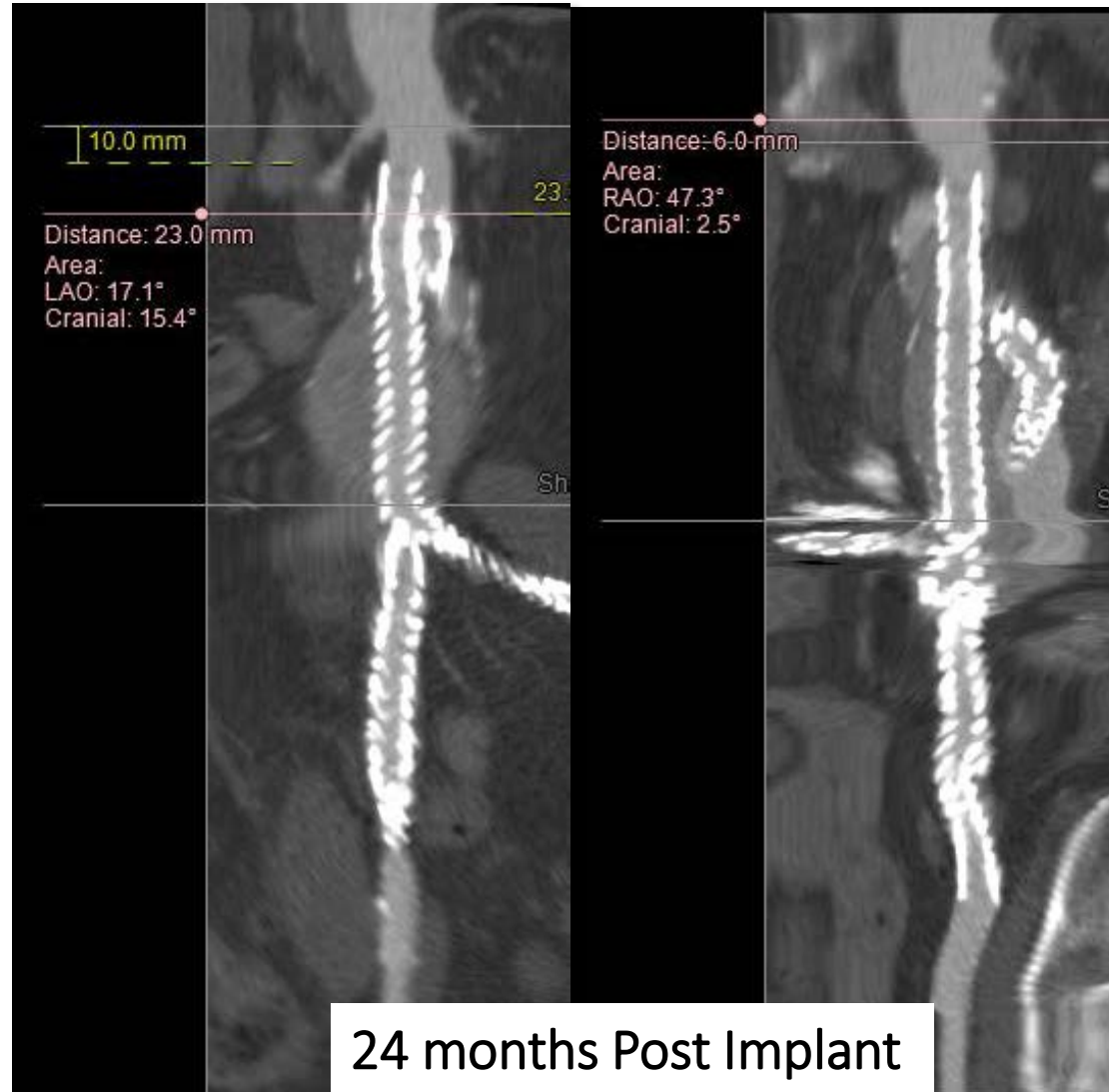


KEY PROCEDURAL LEARNINGS

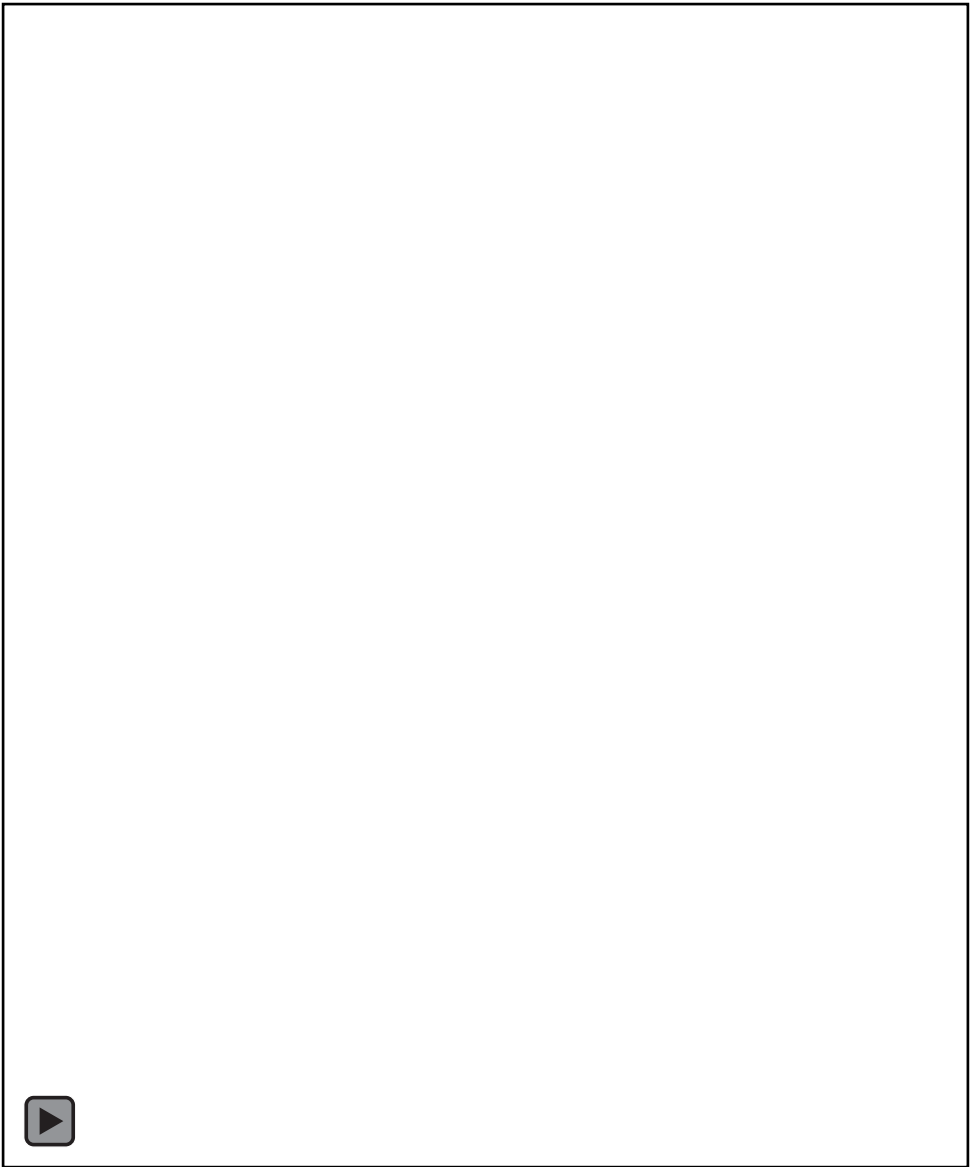
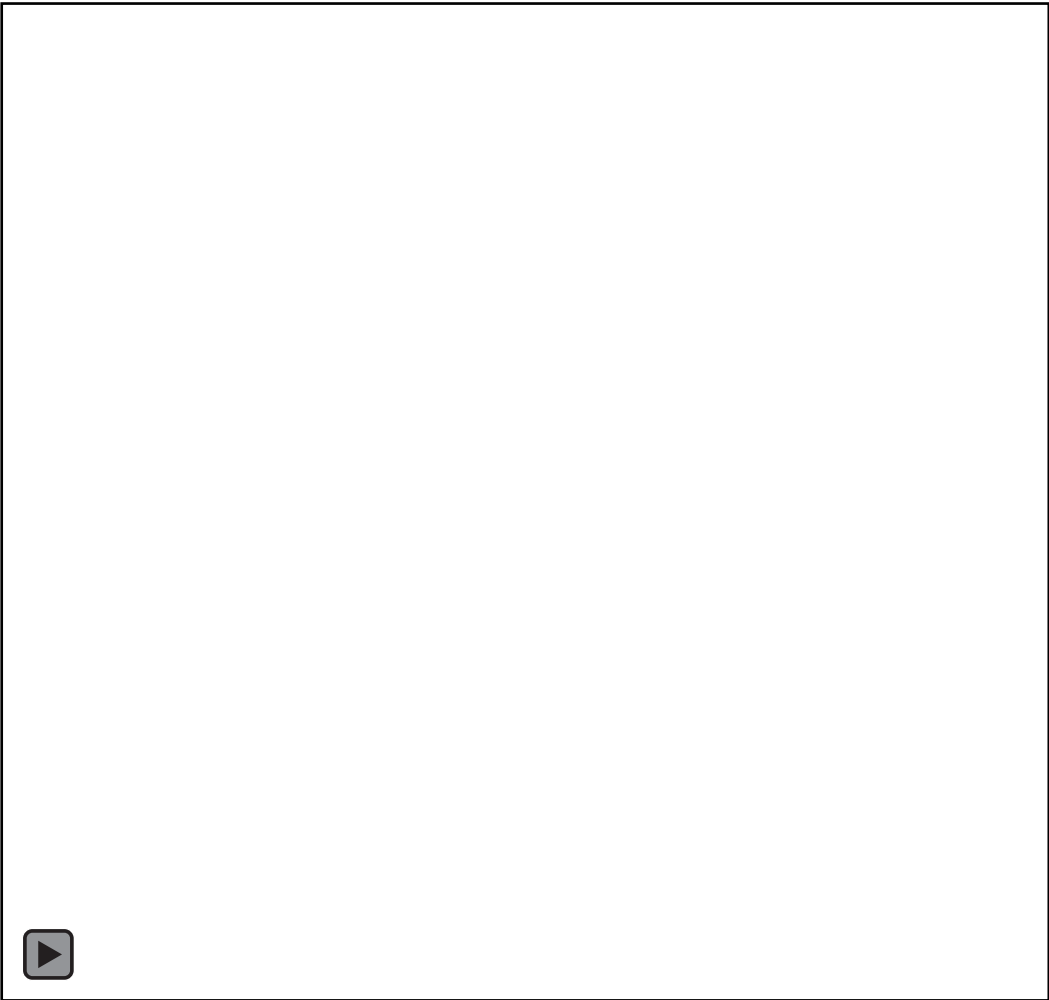
- Endobag starts 5mm below top stent
- Endobag / wall contact probably >10mm below renal arteries (neck >34mm)
- Endobag underfilled on post op CT
- Bi-lobed AAA, Narrow iliacs at bifurcation
- Time to pressure equilibration



MIGRATION AND TYPE 1S1 ENDOLEAK

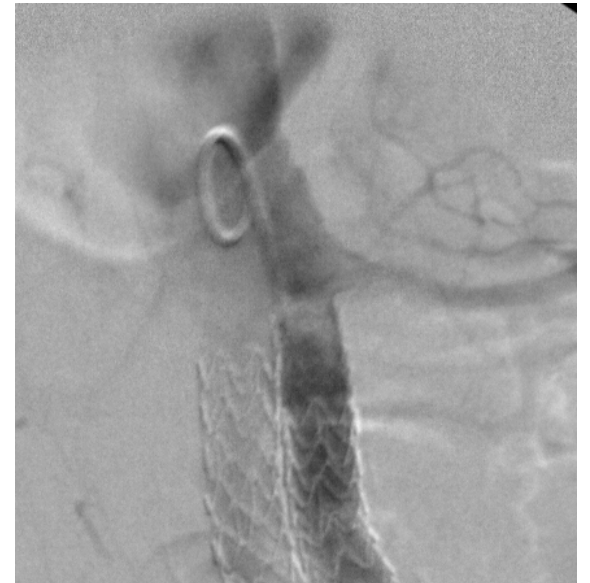
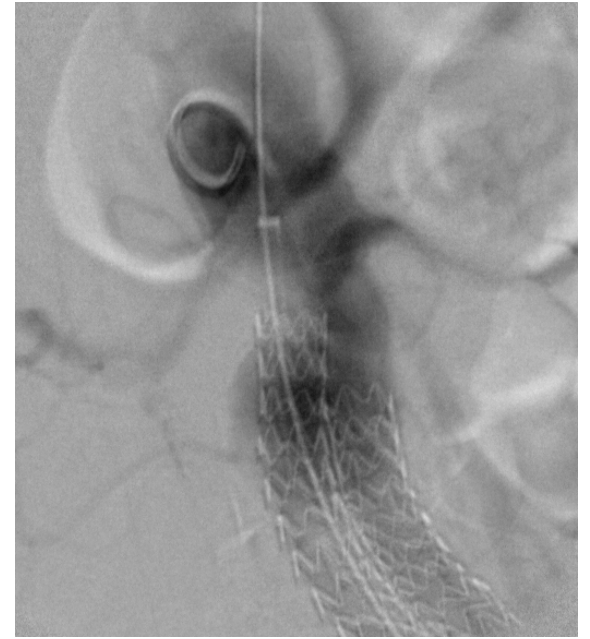


MIGRATION AND TYPE 1S1 ENDOLEAK

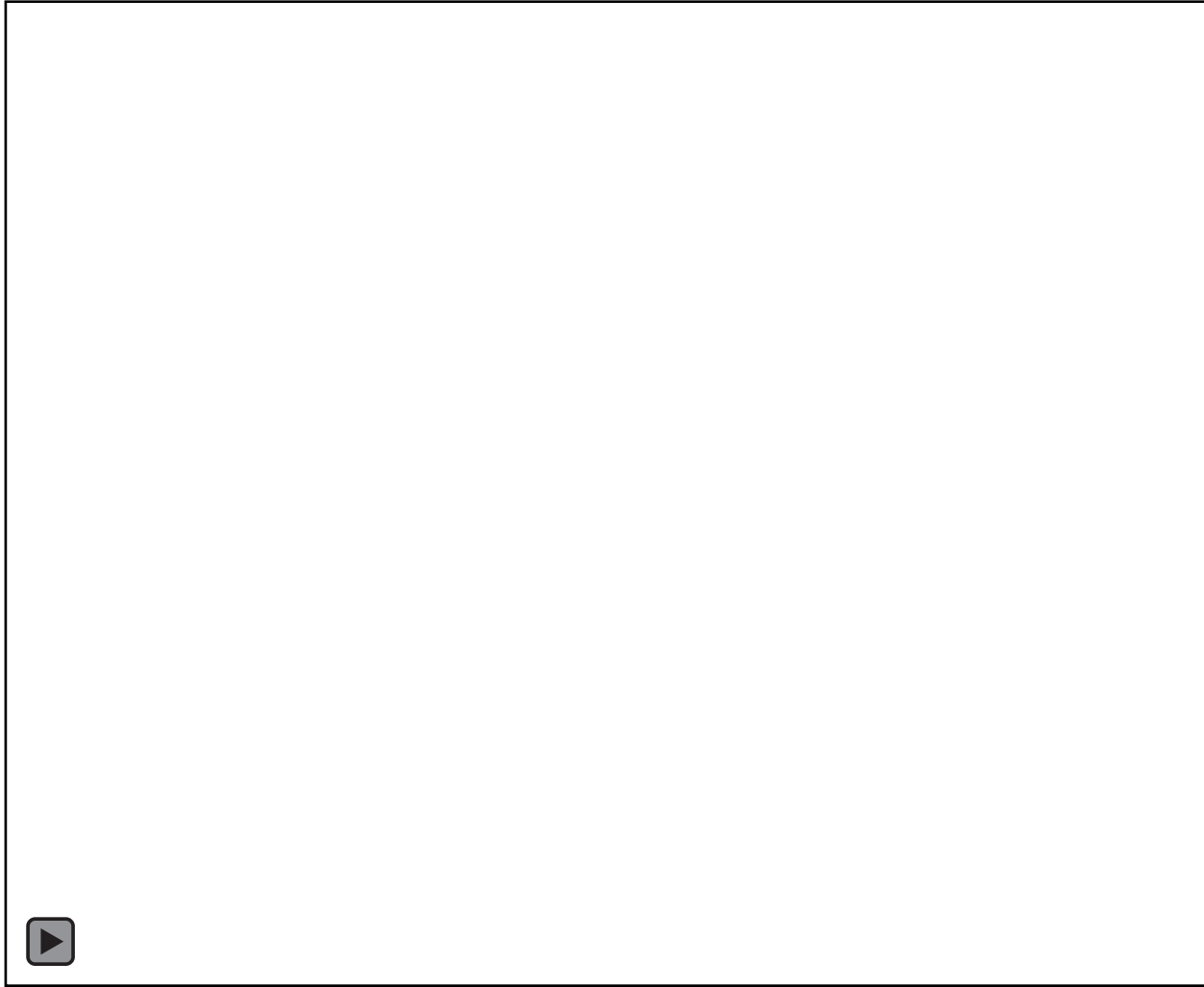


INITIAL CONSIDERATIONS

- WOW.....
- Concerned that continued migration – endoleak
- Use balloon expandable stent to straighten “kink” in migrated stent (10x54 Be)
- Proximal extensions to renal ostia (10mm iCAST)
- Flared proximal extensions (12mm)



FOLLOW UP – 6 MONTHS POST REINTERVENTION



- AAA remains excluded
- No further significant migration
- Reintervention effective
although naive

SECONDARY REINTERVENTION

