

Small Group Report Out Group 3

Joshua Adams, MD

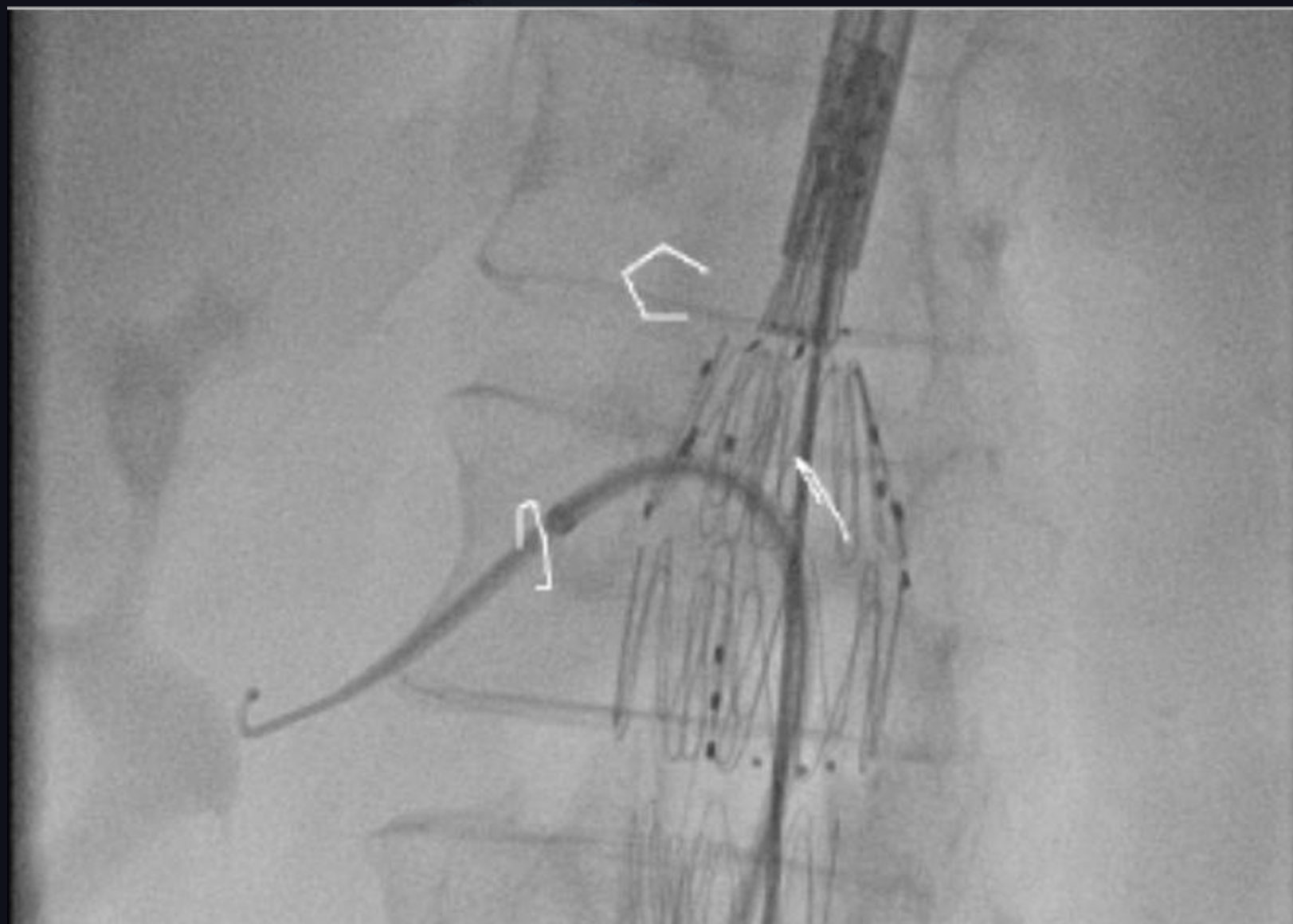
Case Study: Migration or Component Separation Observed During Follow-Up

Joshua D. Adams, M.D.

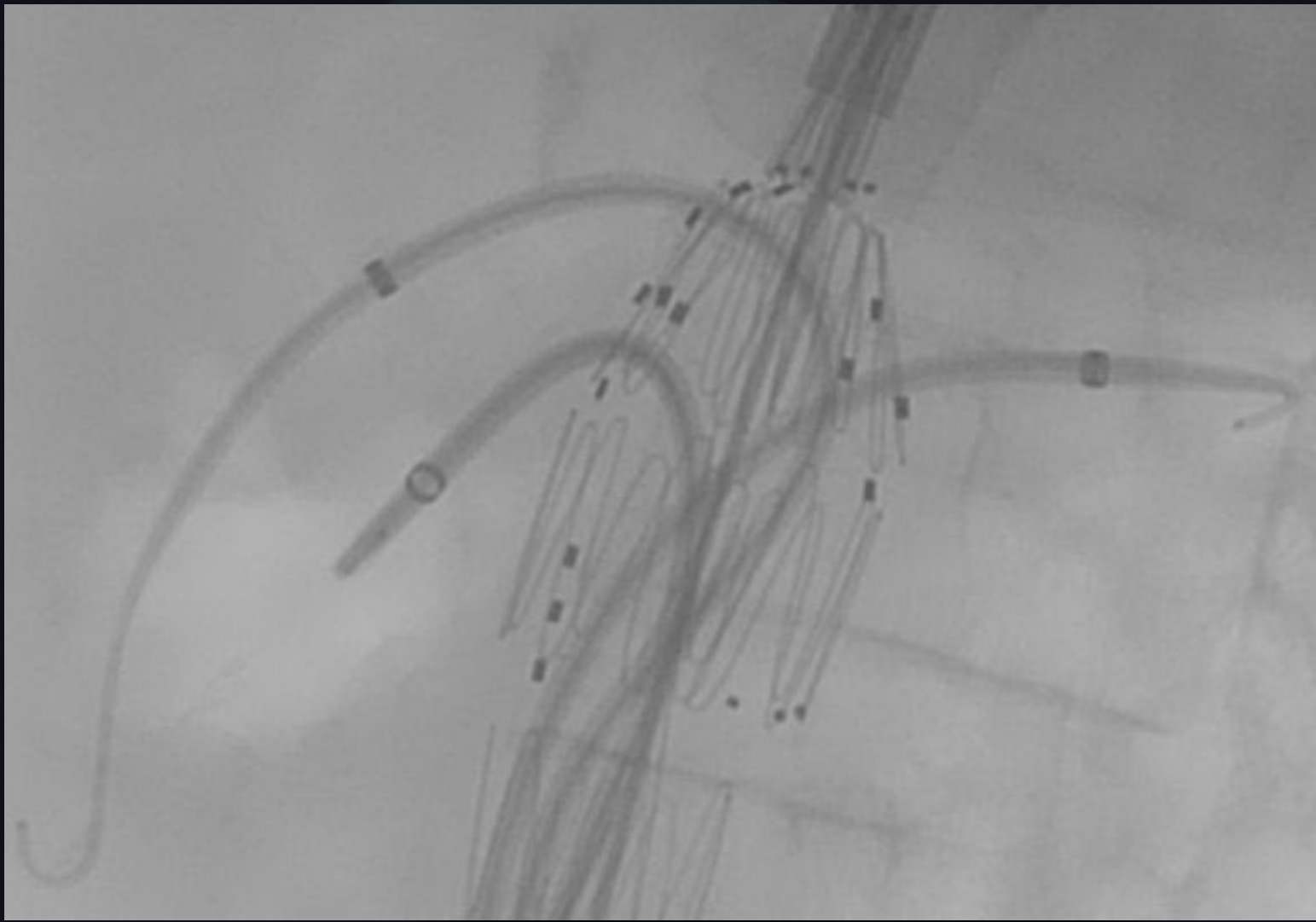
Director, Carilion Clinic Aortic Center
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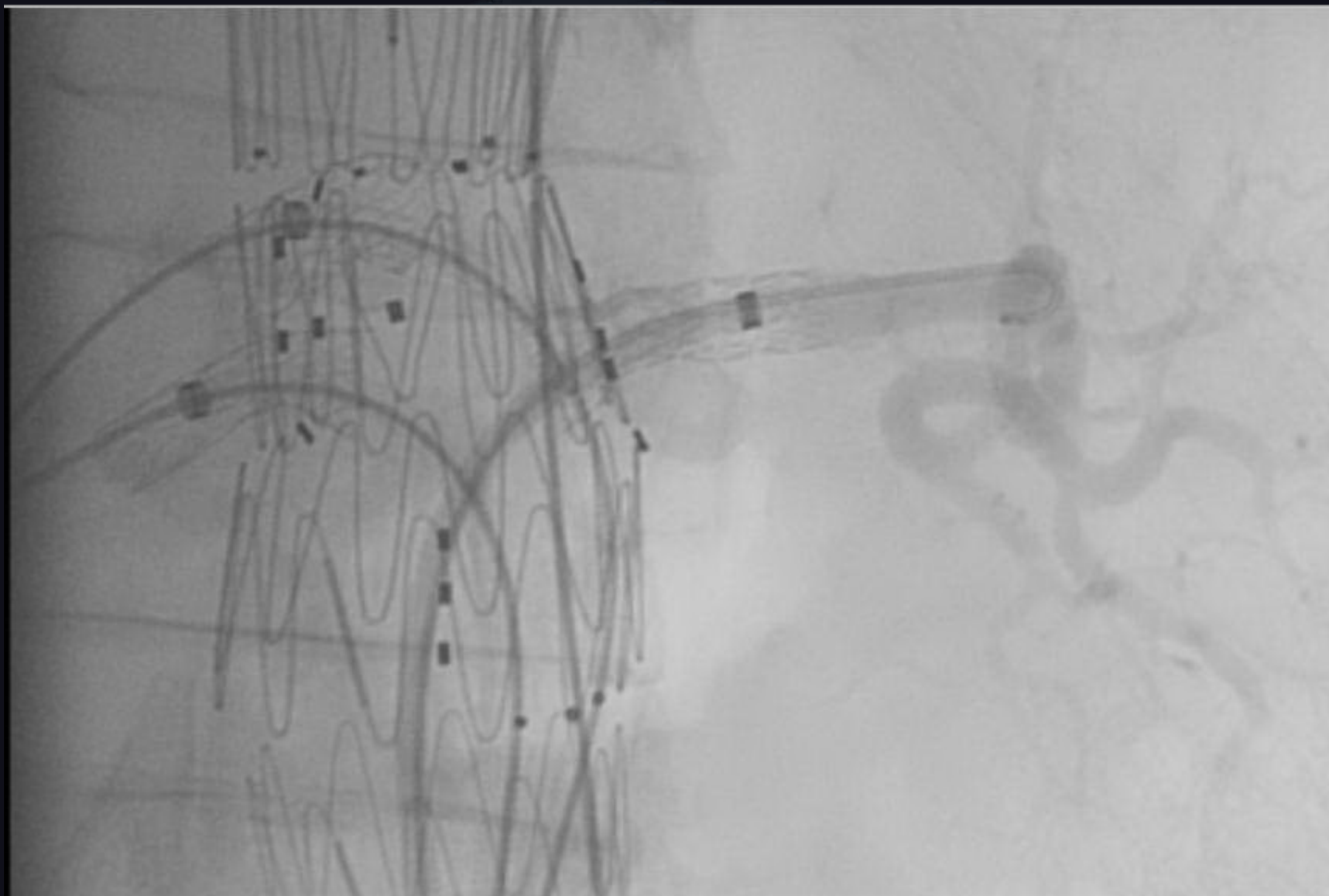
Case Study

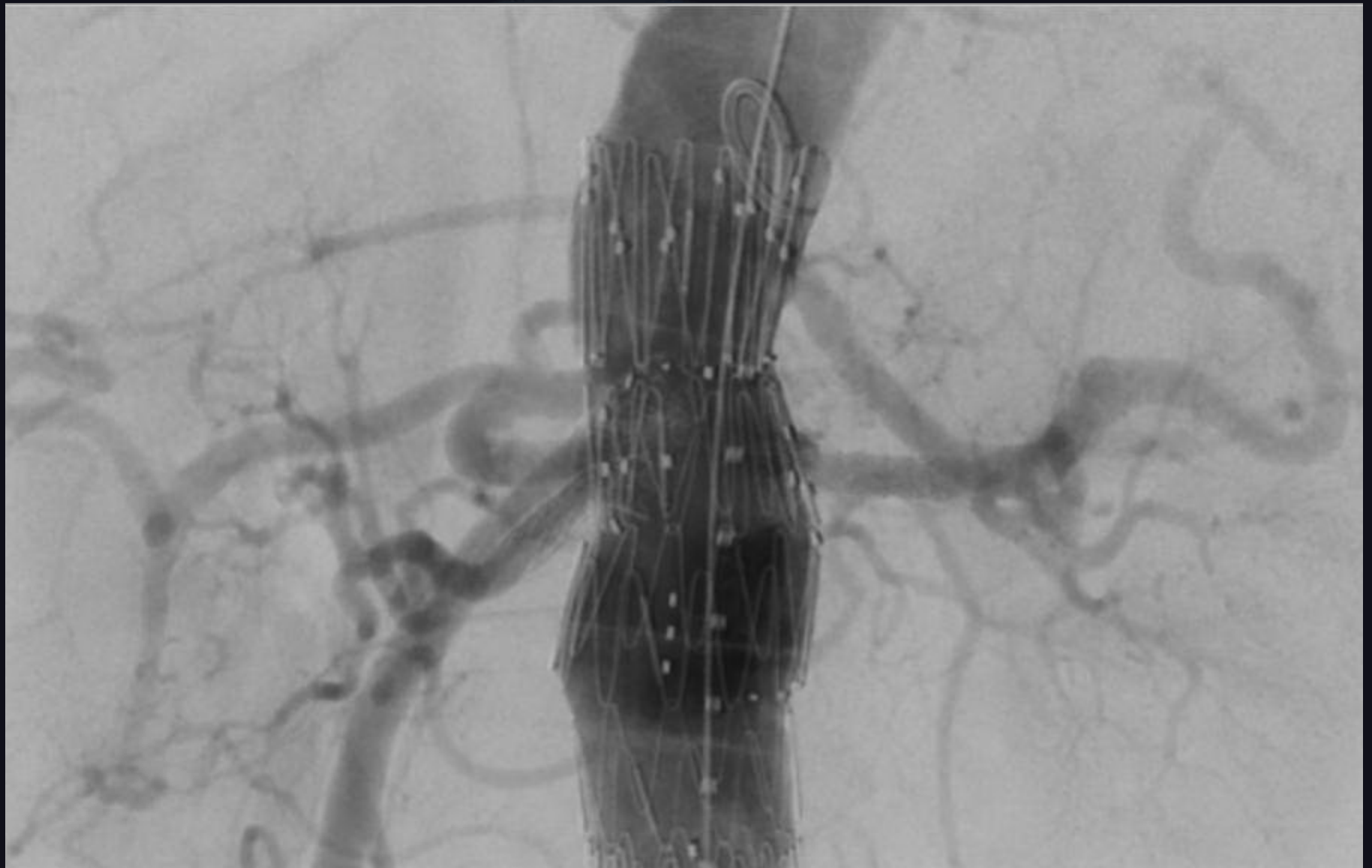
- 63 year old female with 5.8 cm AAA with short neck
- Offered Fenestrated-EVAR
 - Scallop-SMA
 - Small fens for renals









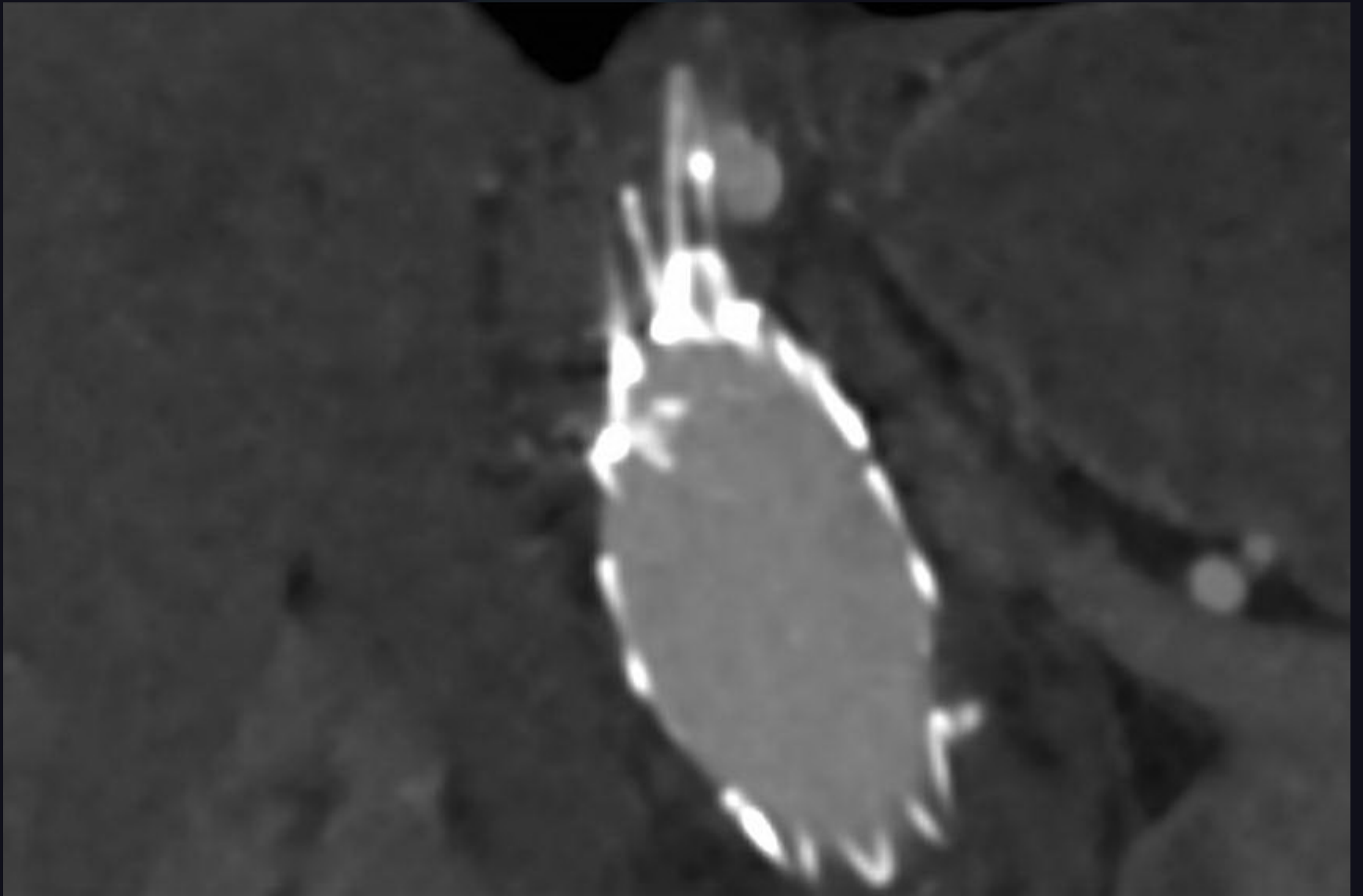


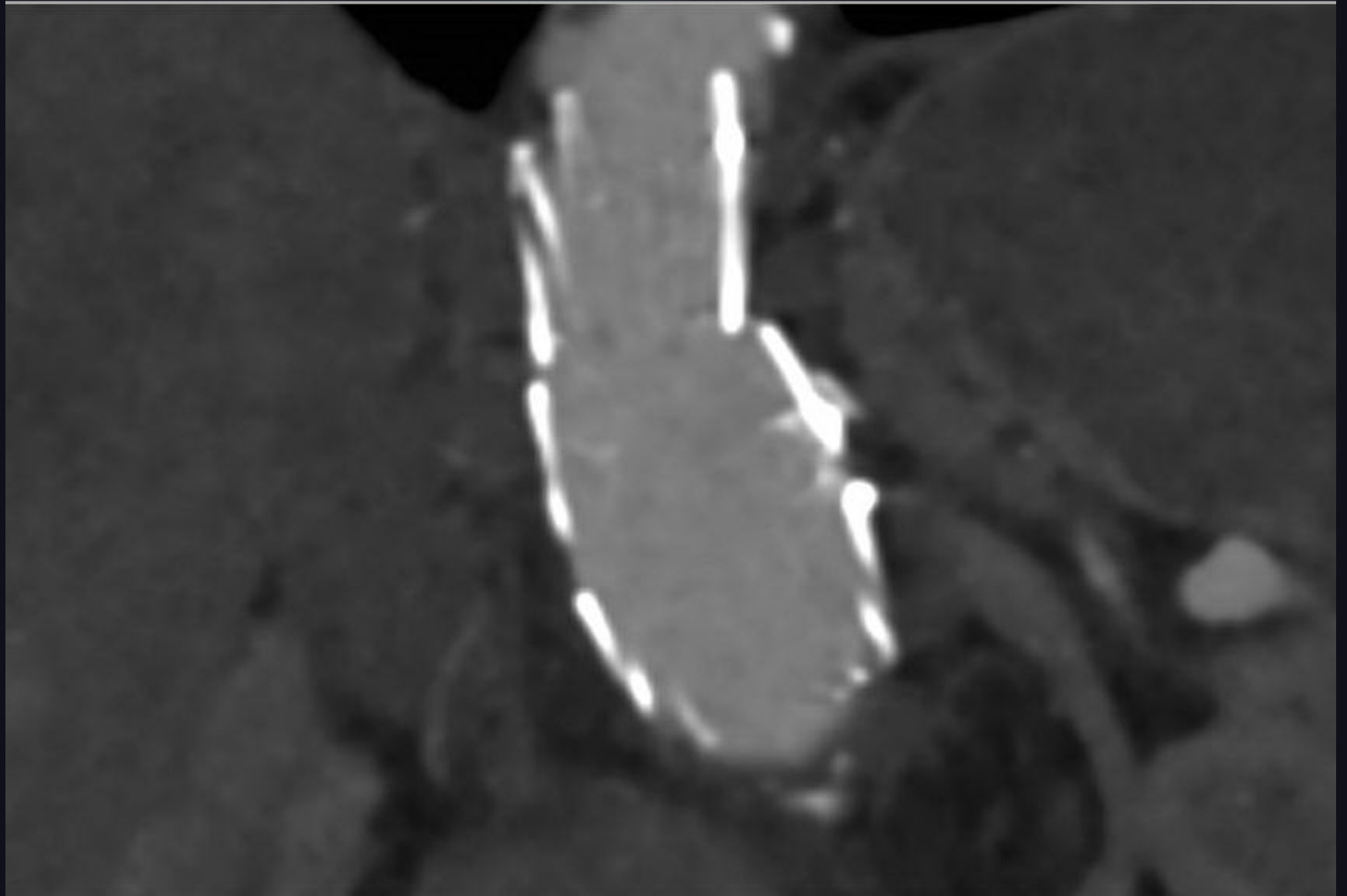
6 month CTA

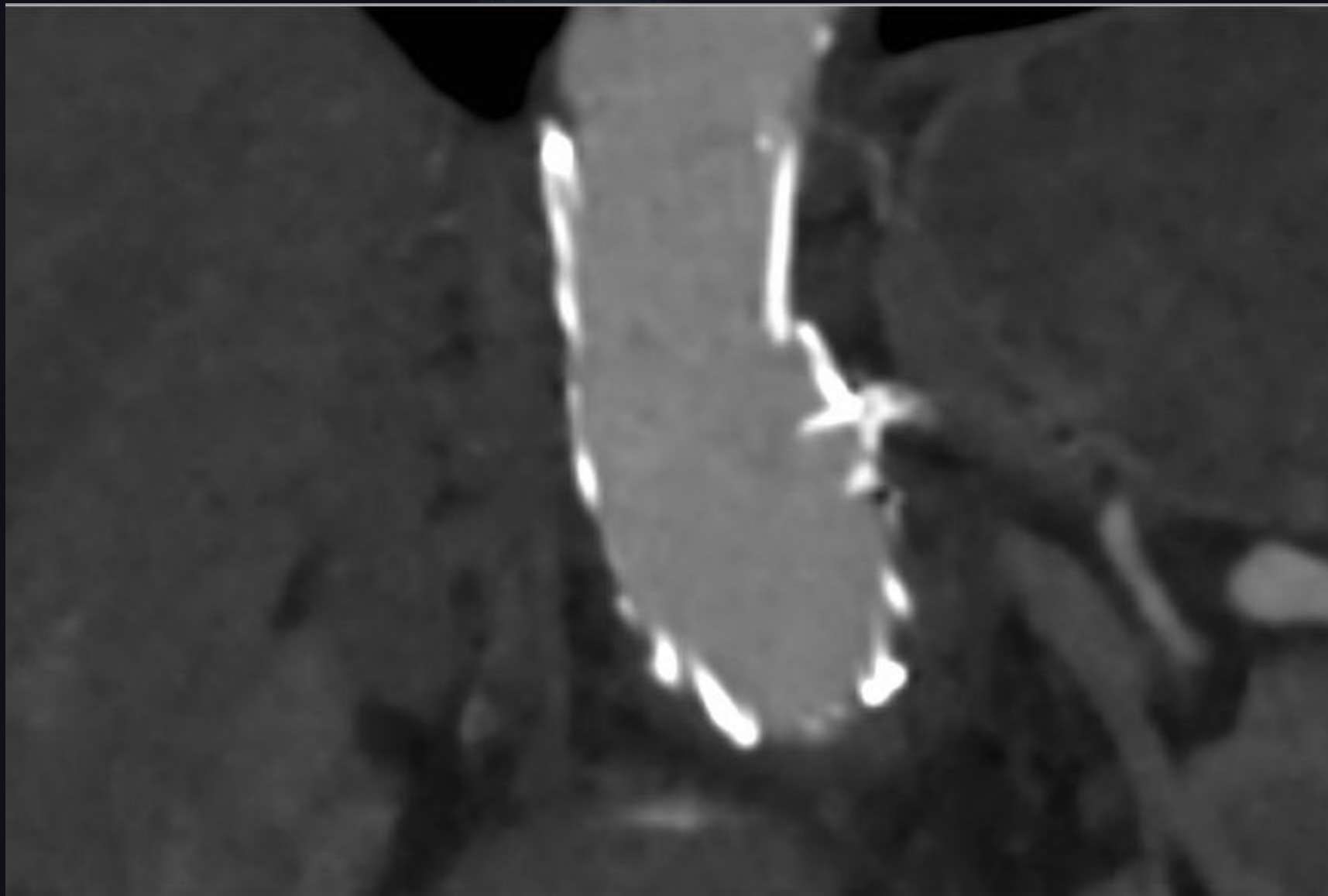


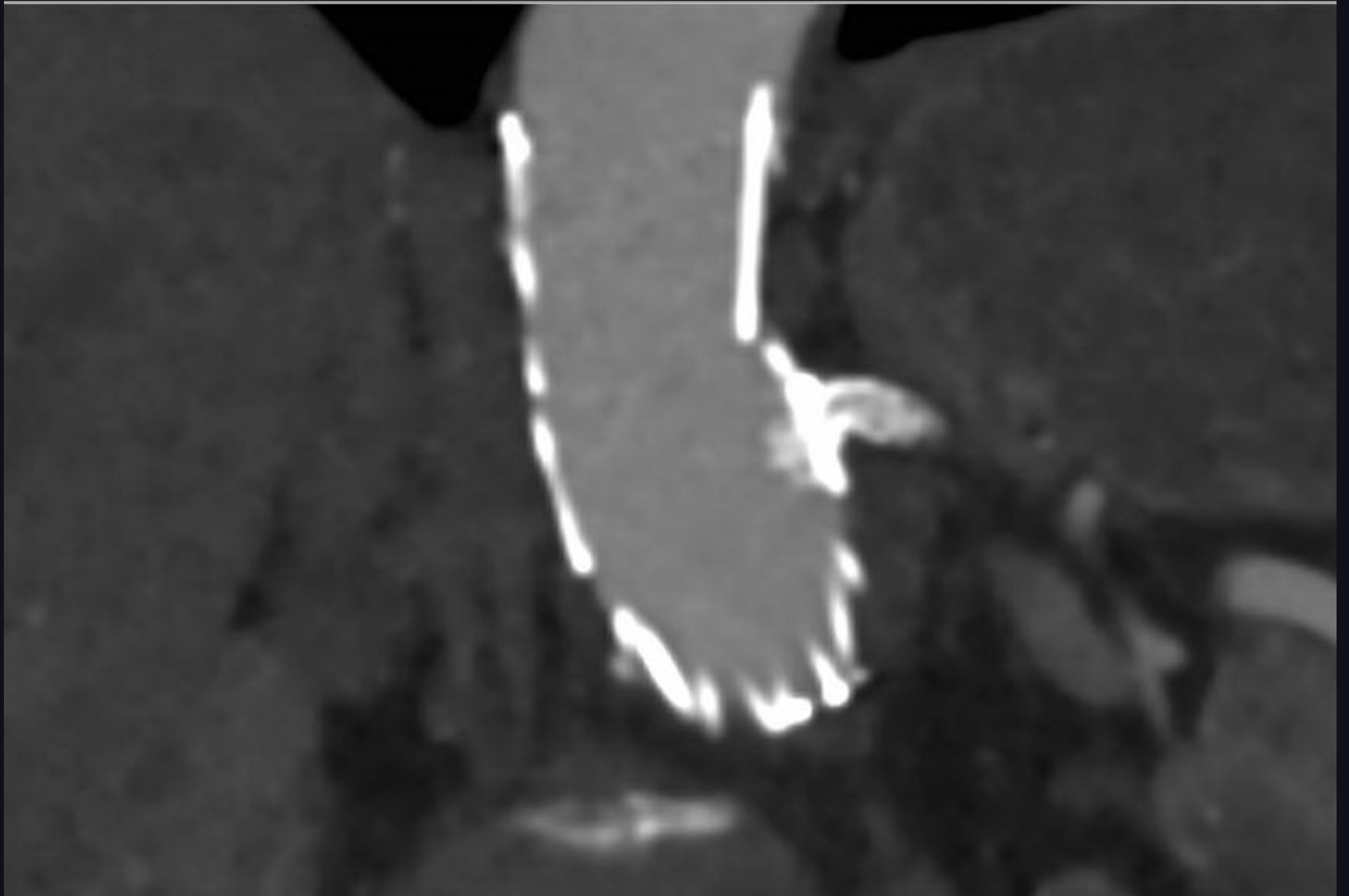


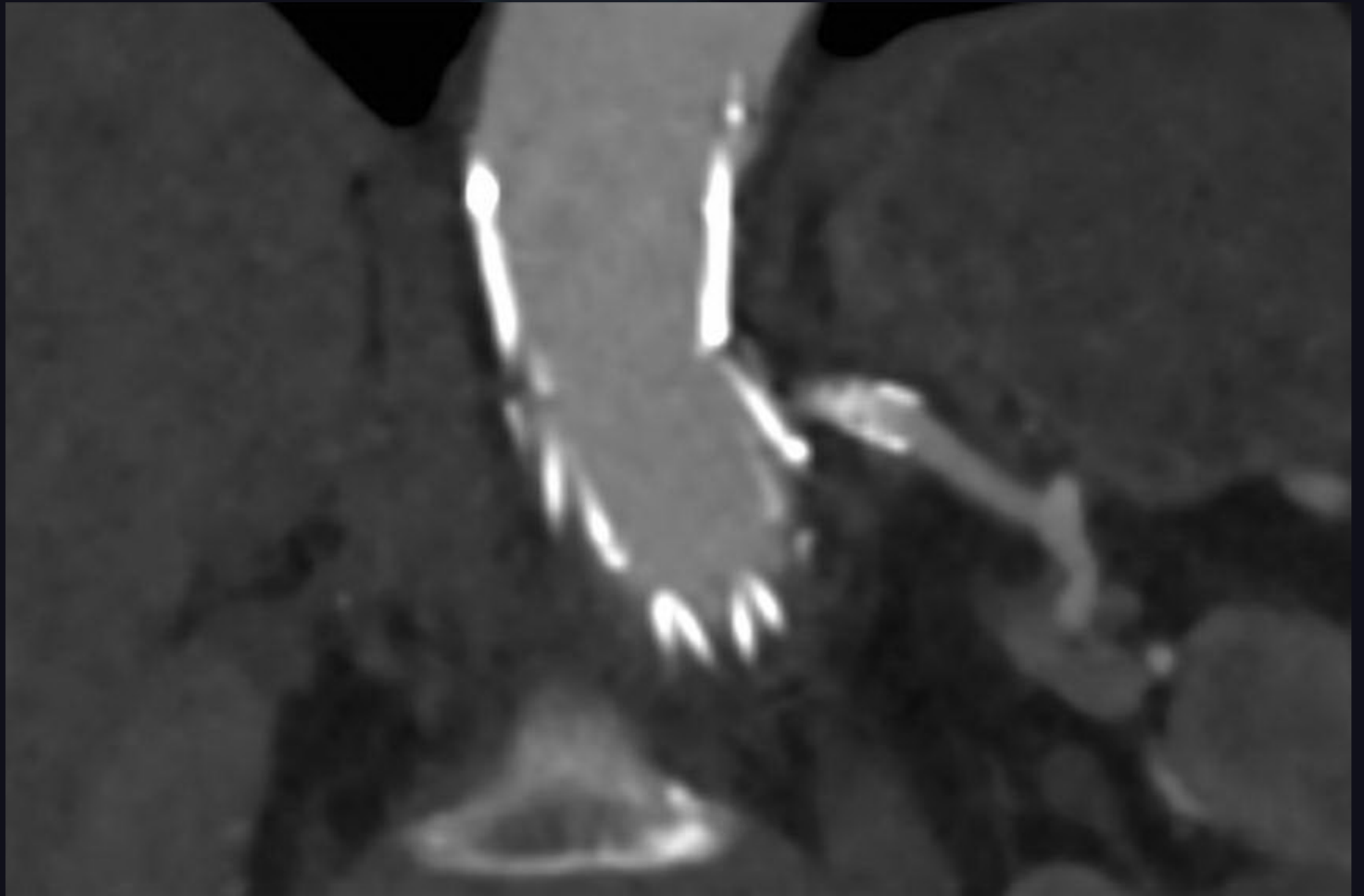






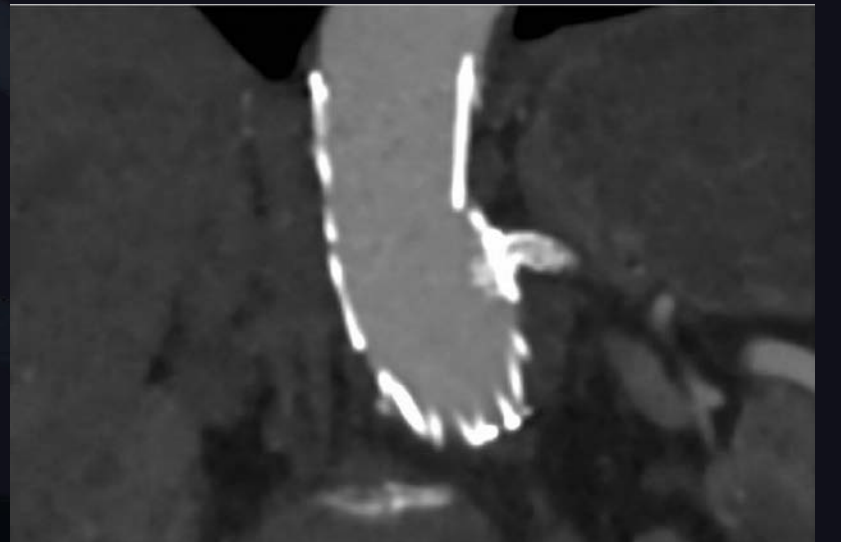
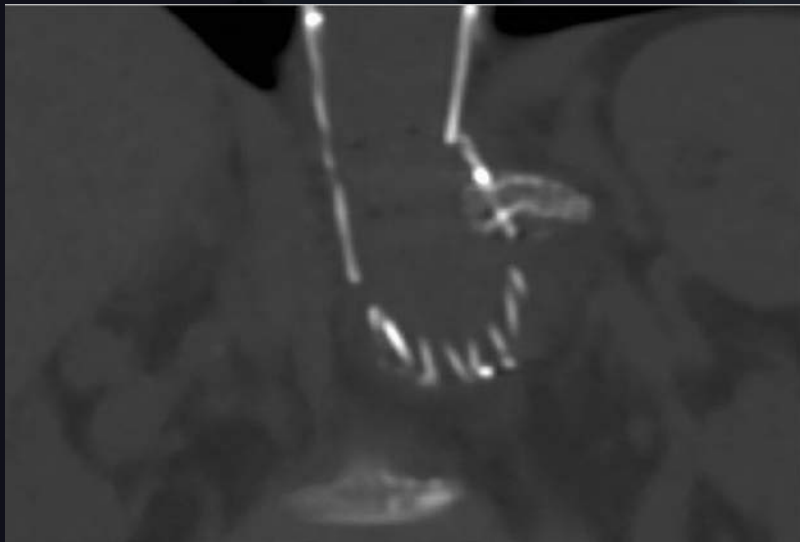




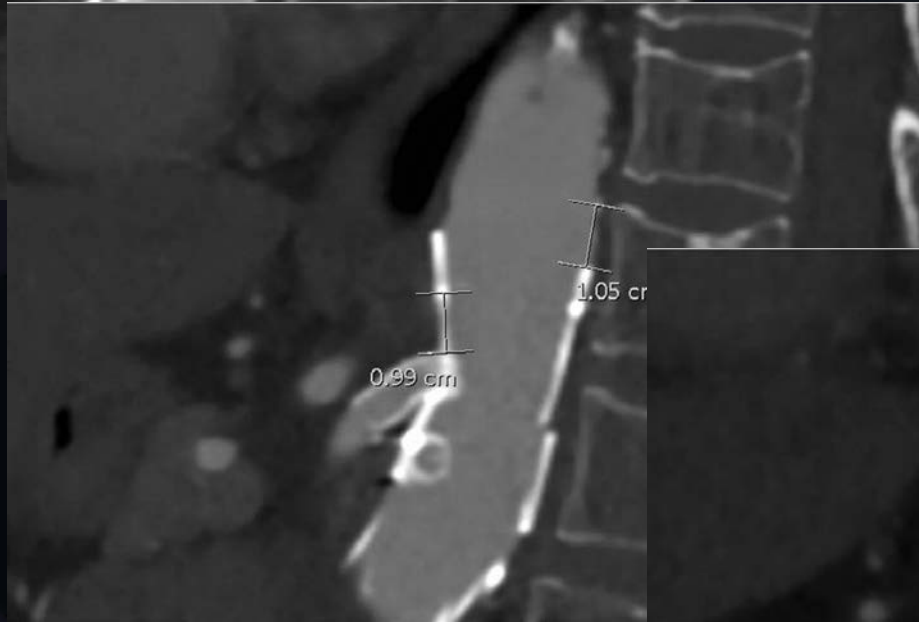


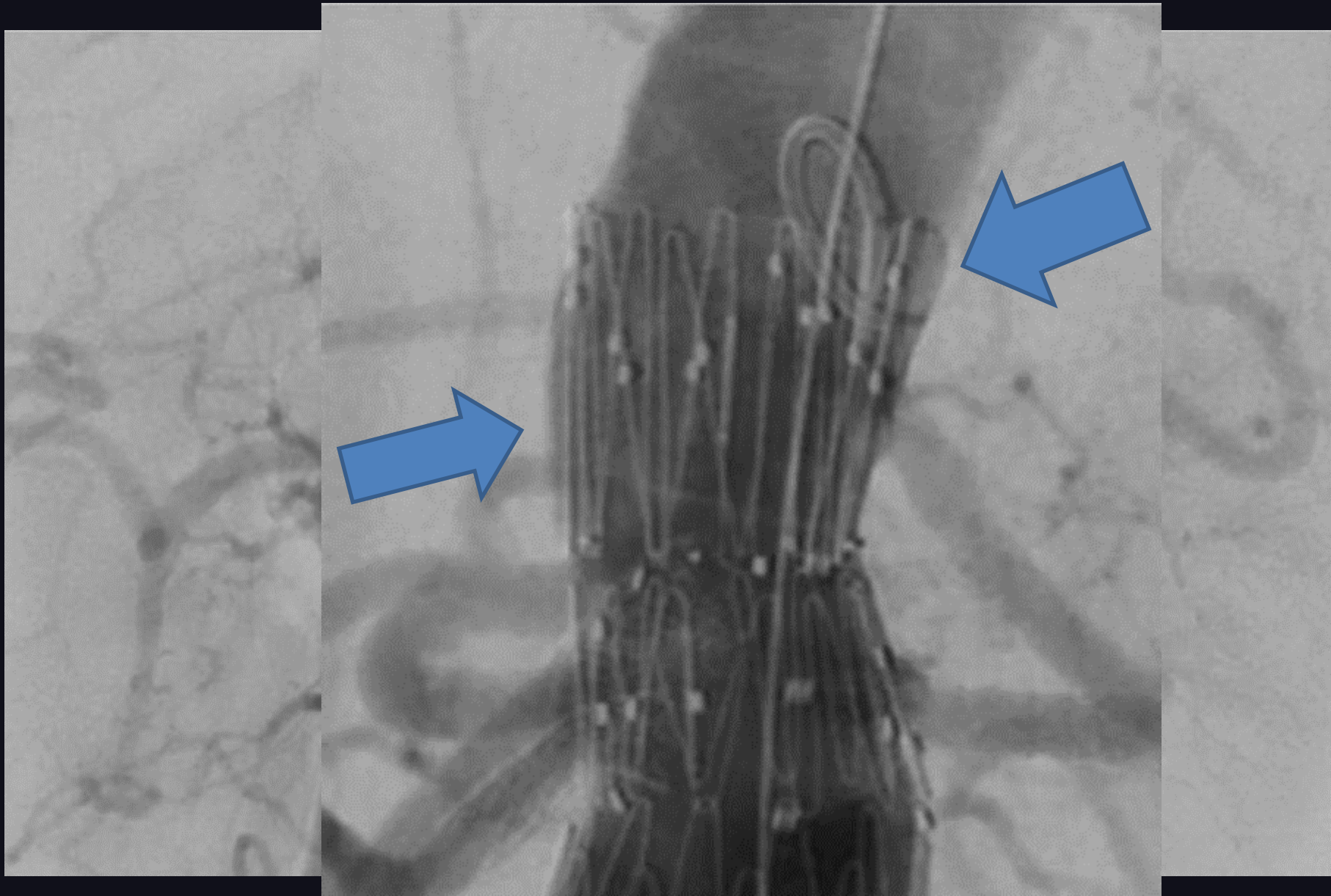
1 Month CTA

6 Month CTA









6 Month CTA Findings

- ZFEN Migration
- Resulting in:
 - Occlusion of Right Renal Stent
 - Stenosis of Left Renal Stent
- What to do now?

General Impression – What I Would Worry About

- Clinical Perspectives

- What seal zone is left? 15-20mm. No endoleak yet.
- Right renal occluded, not fully ischemic, can it be salvaged?
 - If right kidney is 8cm or larger, should not be abandoned
- If doing a hepato-renal bypass, not very morbid, can also use access to surgically fix the migrated graft
 - Does not allow fixing the crimped left renal
- Concern with embolic showers from stenting/ballooning in occluded renal
- Can use mechanical thrombectomy or catheter directed thrombolysis (TPA)

- Engineering Perspectives

- Did the active fixation engage? Device was not undersized. Angulation?
- Length of straight stent with barbs placed in angulated proximal segment
- Need to stabilize the device from further migrating.
- Can use endoanchors

Technical Considerations for Treatment Options

Surveillance

Benefits	Risks
	Not an option

OSR renal bypass, suture graft

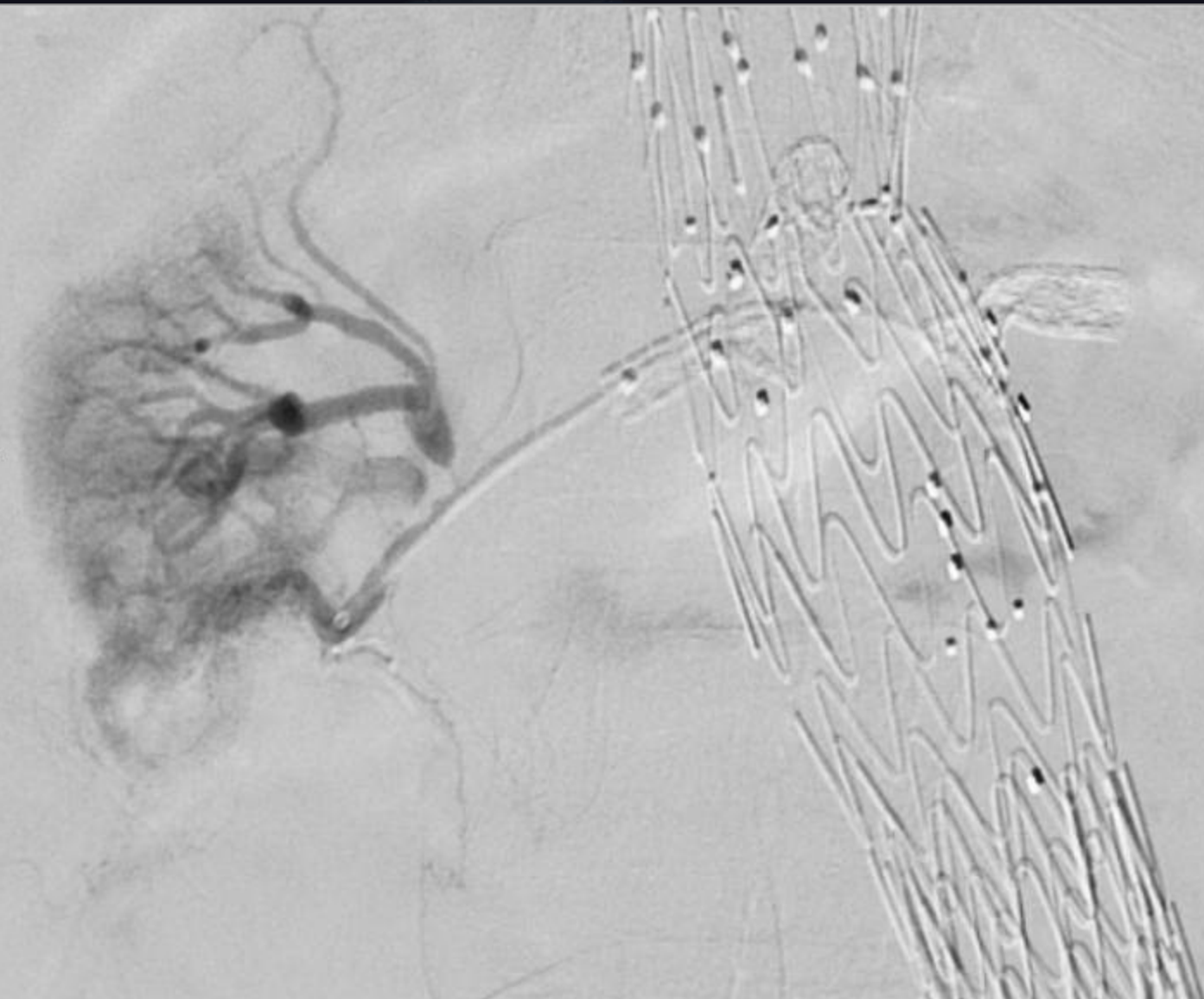
Benefits	Risks
	<ul style="list-style-type: none">-Does not allow fixing the crimped left renal-Complicated procedure

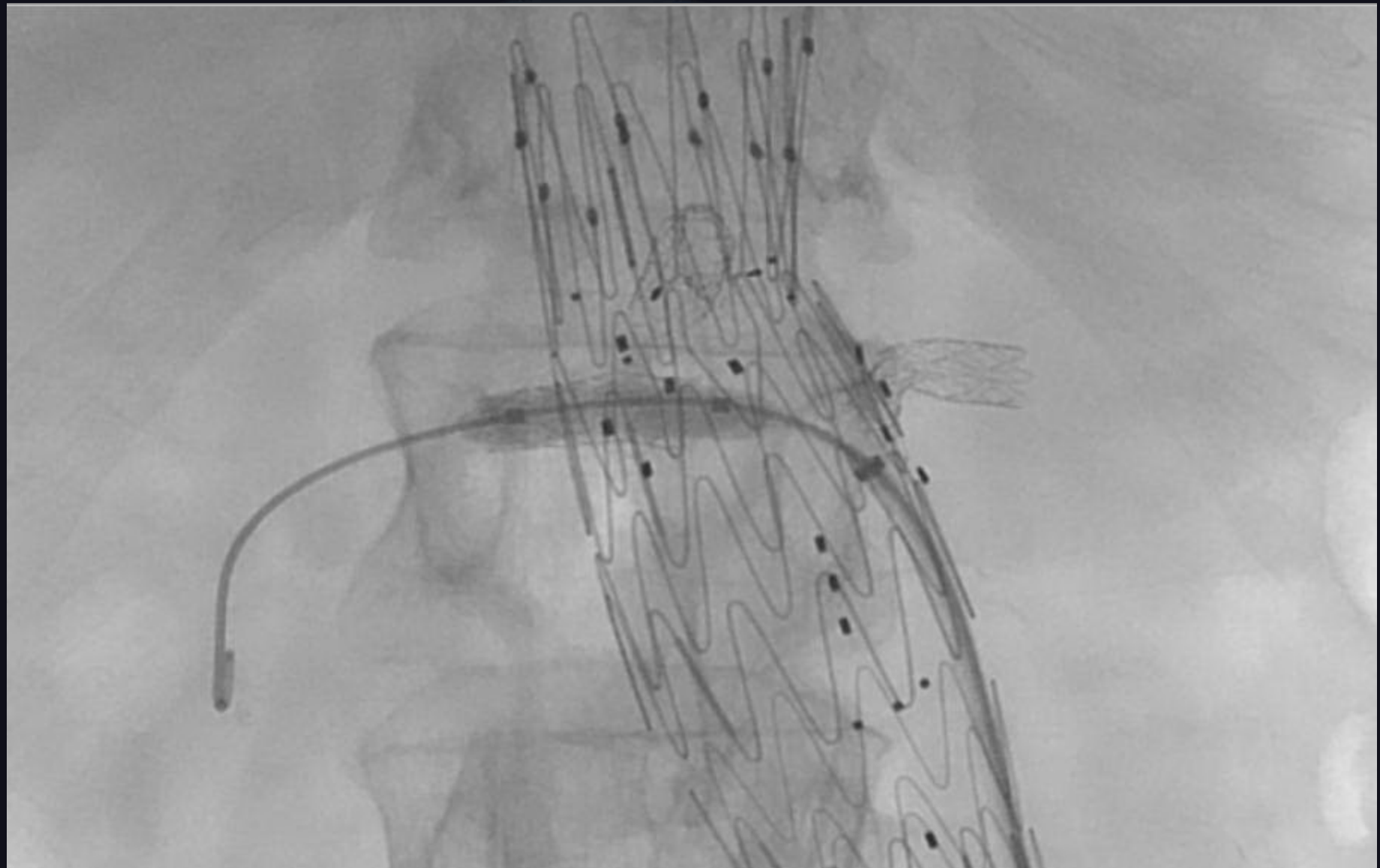
Endovascular repair

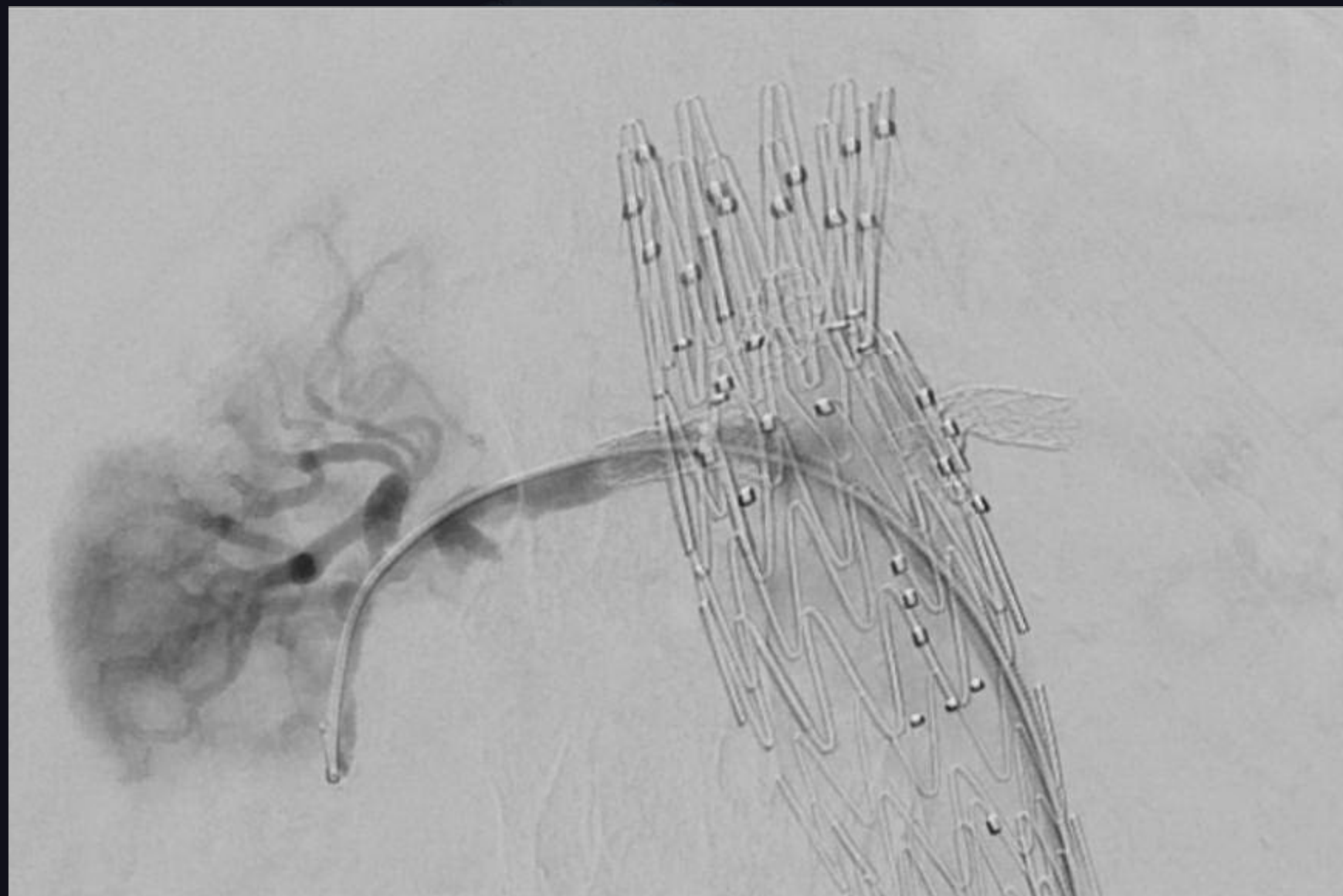
Benefits	Risks
<ul style="list-style-type: none">-Can fix all three problems – occluded right renal, stenosis in left renal and preventing further migration	<ul style="list-style-type: none">-Damage renal stents during endoanchor delivery

Benefits	Risks

RIGHT









ANGIO JET SOLENT

6 FR 90 cm

PTA

MUSTANG 5 MM 20 MM

CRAGG MCNAMARA INFUSION 5 FR 65 CM 10 CM

INFUSION PORTION

Management

- Reinforce Renal Stents
- Endoanchor for fixation

5mm x 22mm iCast covered stent

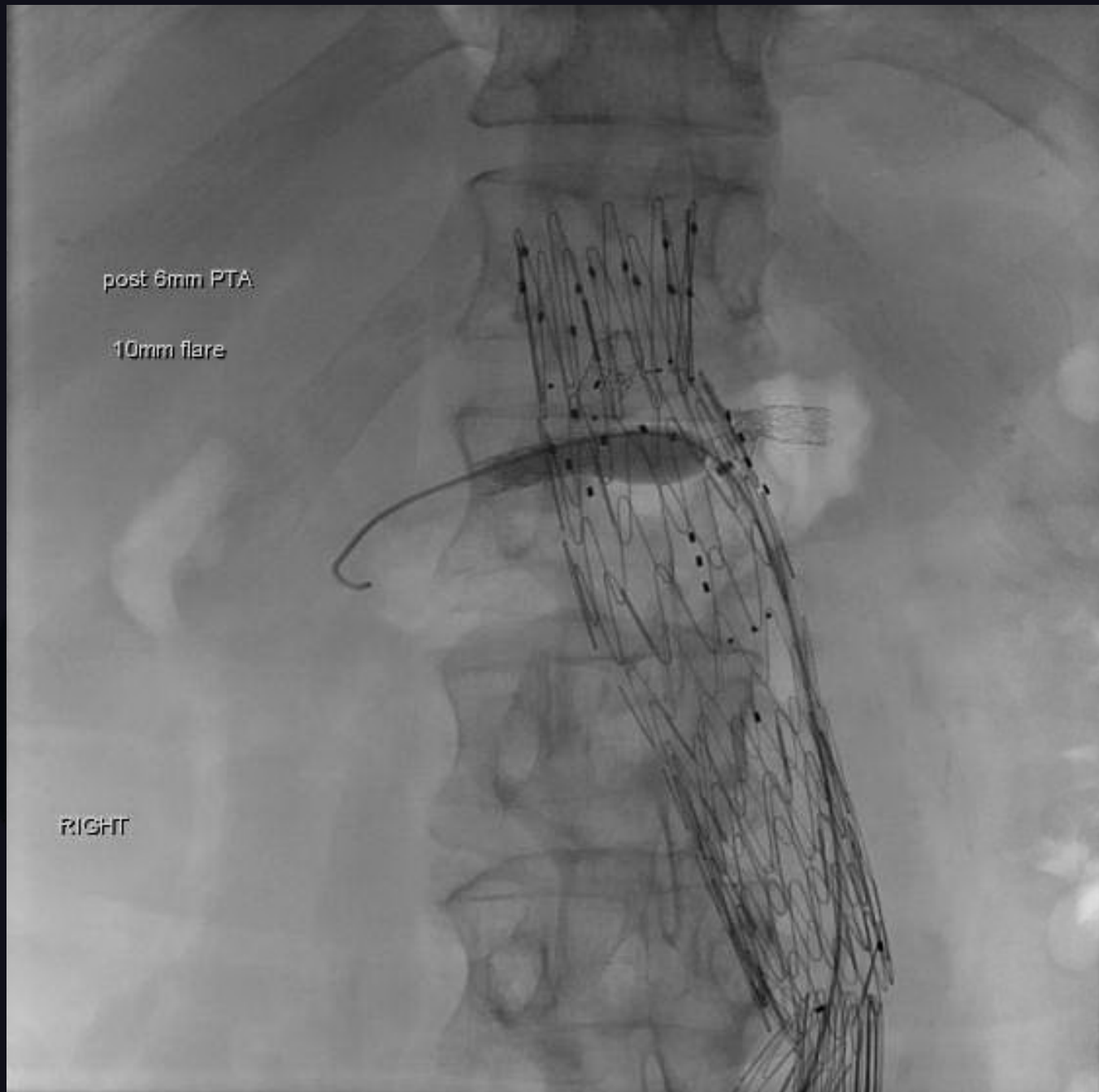
RIGHT



post 6mm PTA

10mm flare

RIGHT





5mm x 16mm iCast covered stent

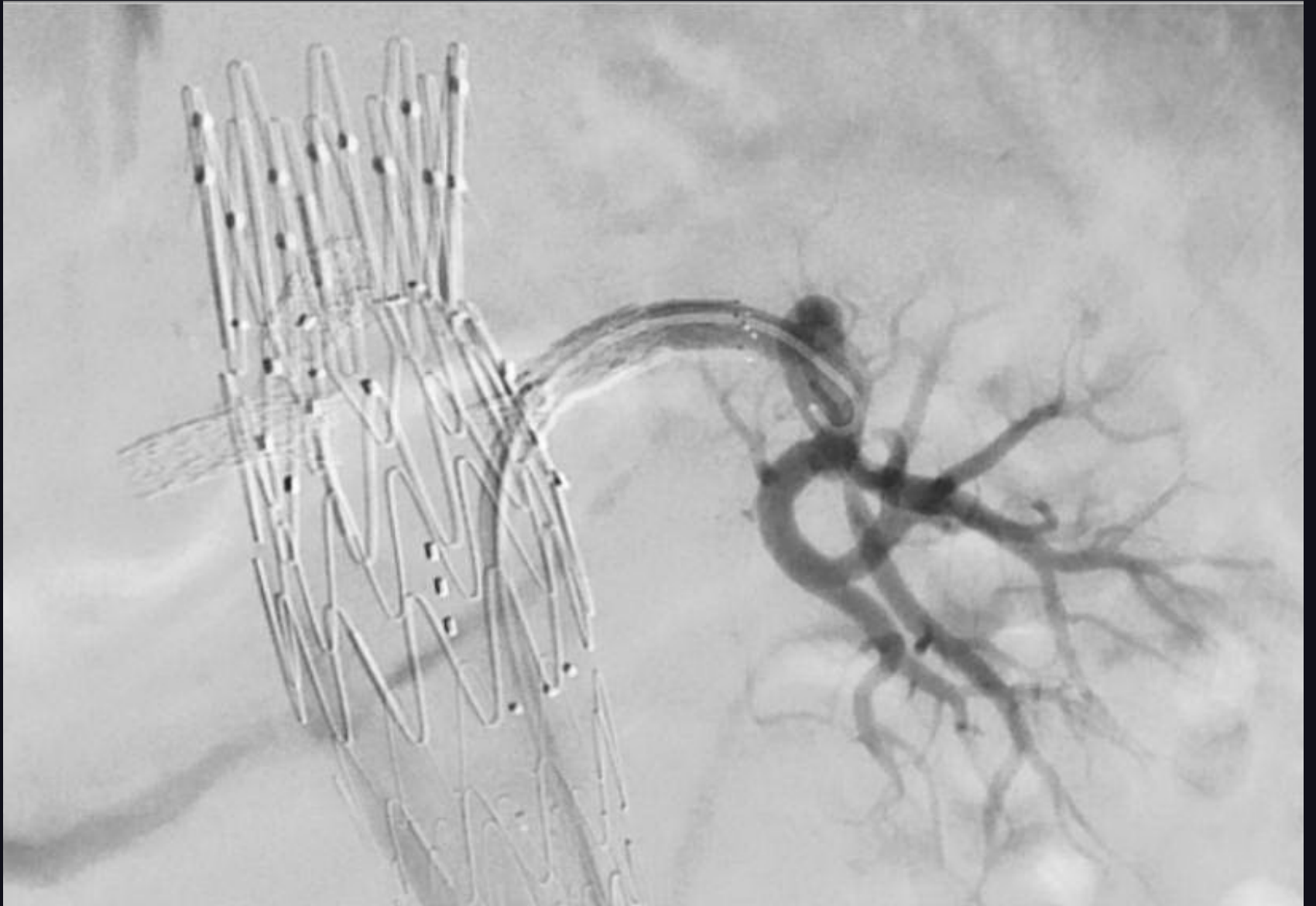


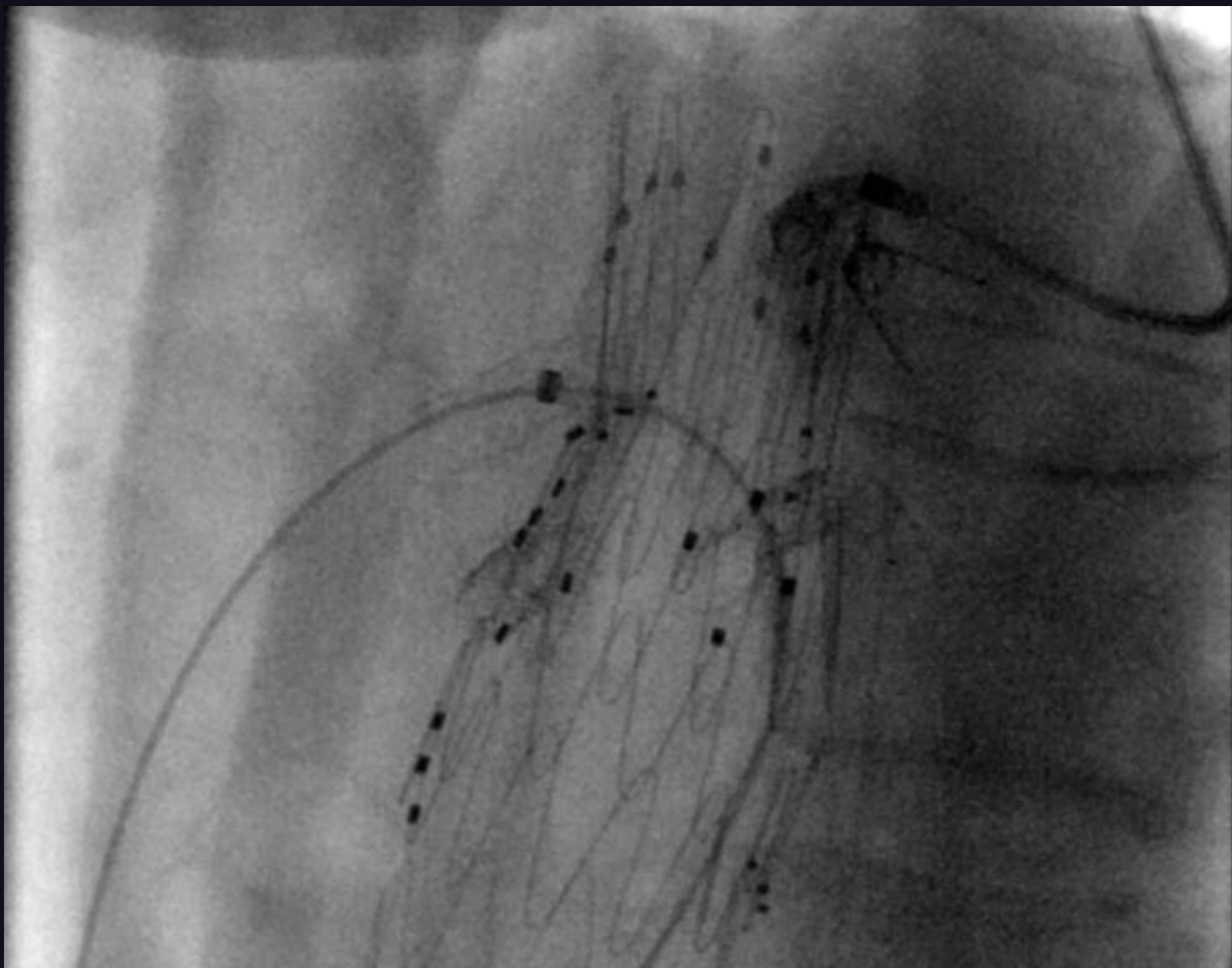
LEFT

post 5mm x 16mm iCast stent



LEFT





Follow-up CTA



