Small Group Report Out

Michael Dake, MD

Stanford University Medical Center

Greenberg Stent Summit
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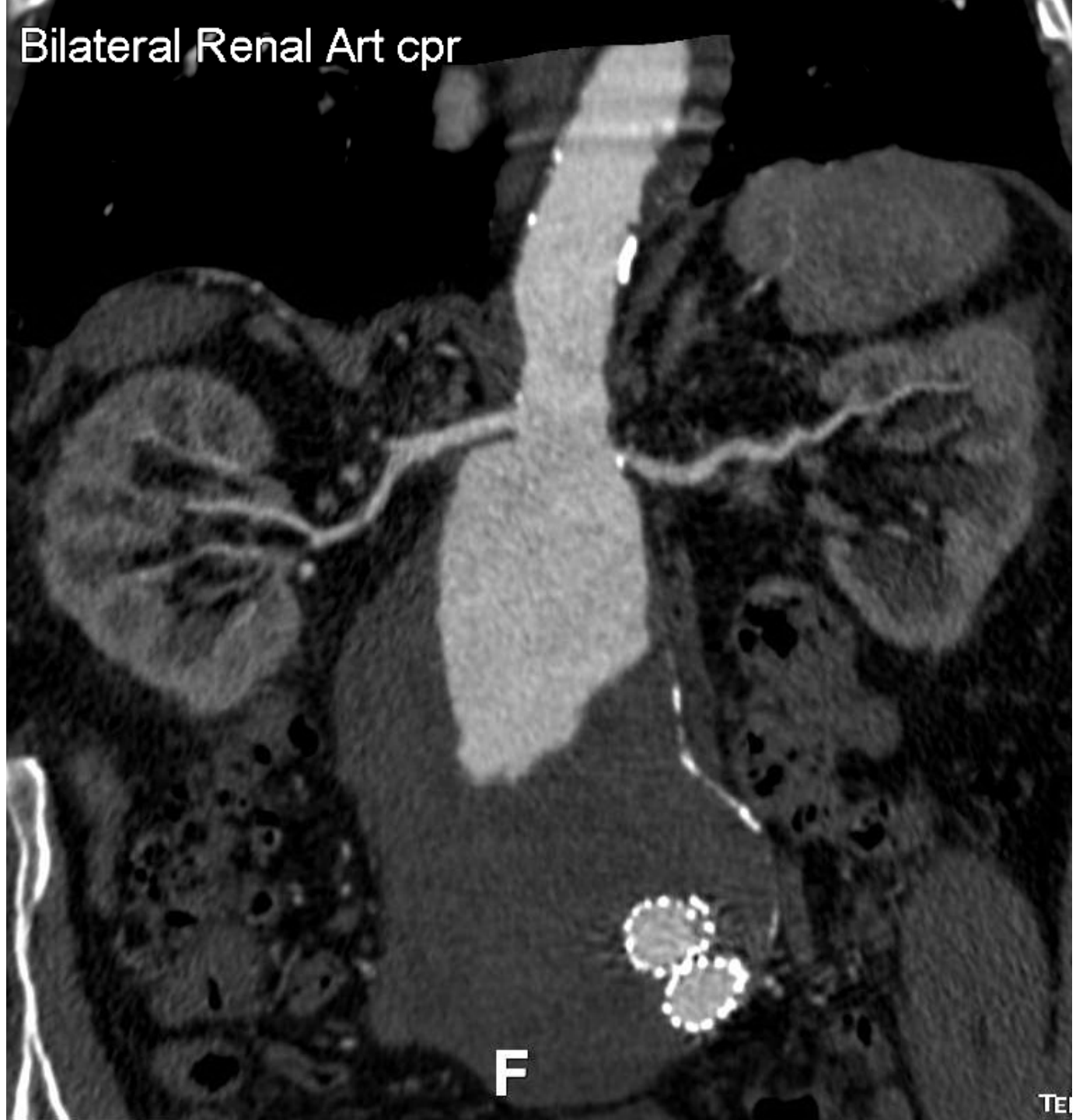
65-year-old man with 5.8 cm AAA and conical neck treated by EVAR at an outside facility. 4.5 years later he re-presents with mild abdominal discomfort. CT scan performed.


Bilateral Renal Art cpr
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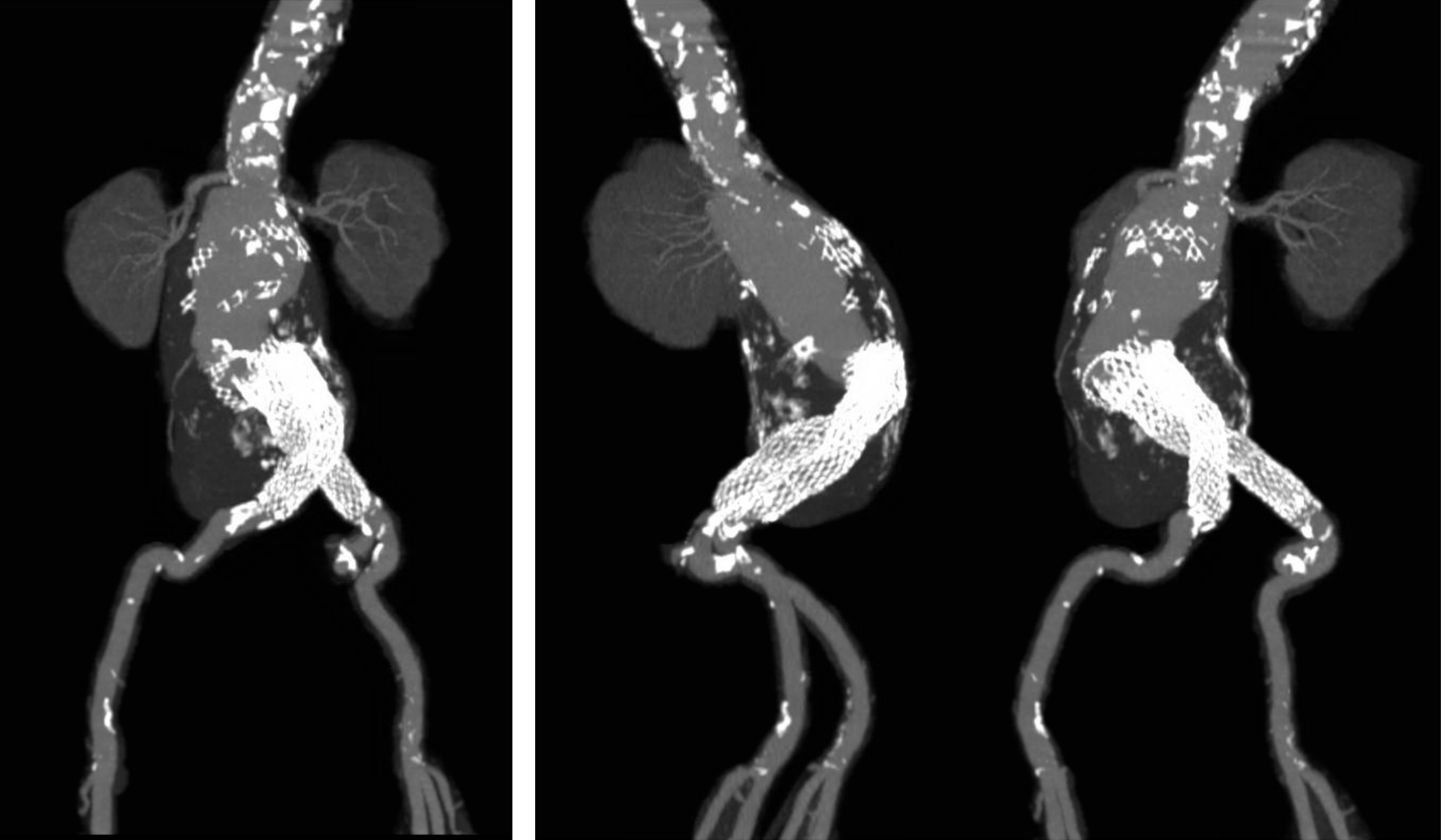


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1mm/div

Grossly fragmented and migrated device diagnosed. Options for treatment?

General Impression – What We Would Worry About

Everything!

General Impression – What We Would Worry About

- Angulation of failed EVAR
- Fragmentation
- Lack of neck
- Health status of patient
  - Consider whether end-of-life talk is needed
  - If open is an option
- Urgency of repair
- Likelihood that patient will return for follow-up
- Ability to maintain flow into both iliacs

Technical Considerations for Treatment Options

Open repair

Benefits	Risks
• Secure repair • Can remove old graft and most of the fragments • Less follow-up needed	• Suprarenal clamp • Renal failure • Higher mortality risk

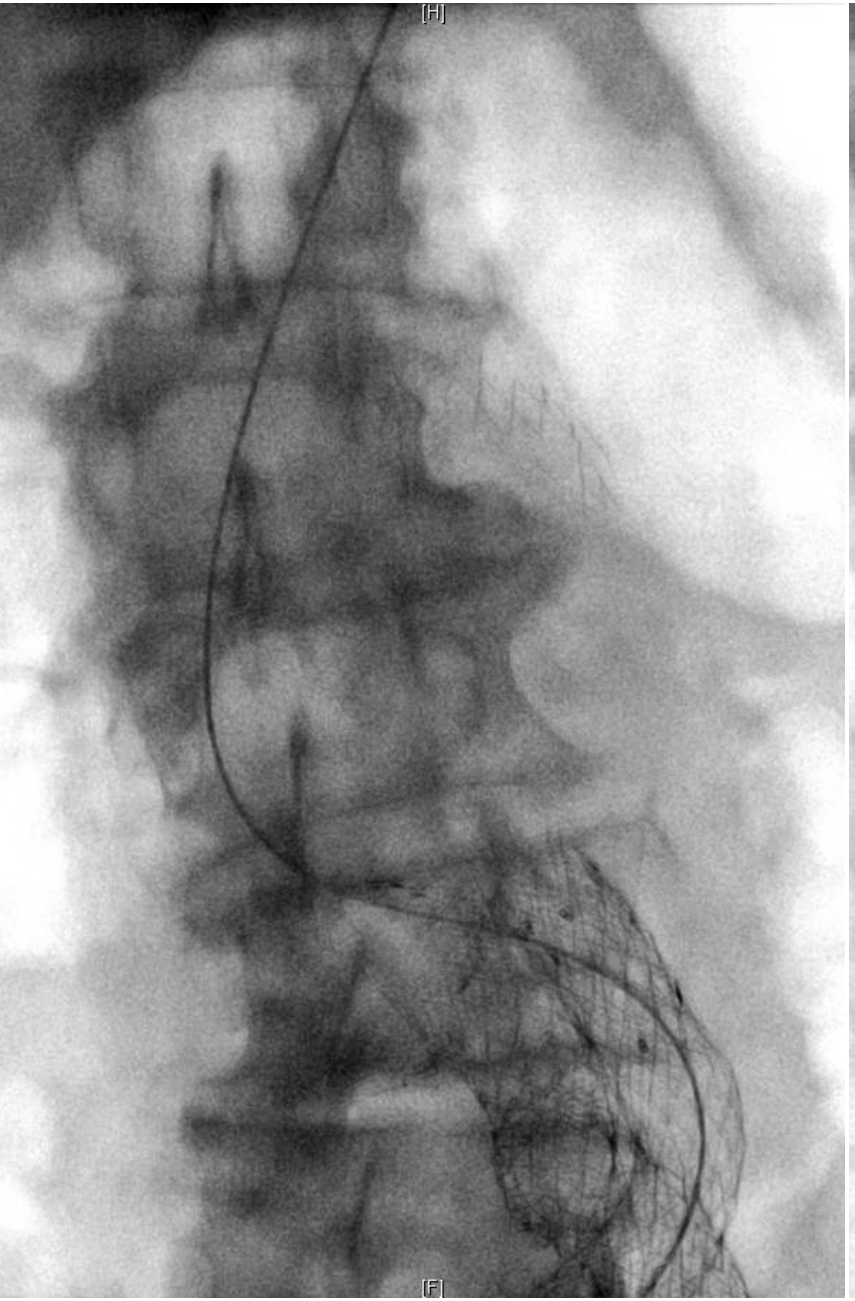
Endo options (e.g., in situ fen, custom, …)

Benefits	Risks
Less invasive	• Renal occlusion • Difficulty in sizing and delivery • Durability • Component interaction • Fragments/broken stents causing graft holes • Failure of the repair (e.g., lack of seal with chimney) • Embolization of fragments/thrombus

Check with panel for opposing views.

Grossly fragmented and migrated device diagnosed.
Options for treatment?
Fenestrated EVAR attempted

The Reveal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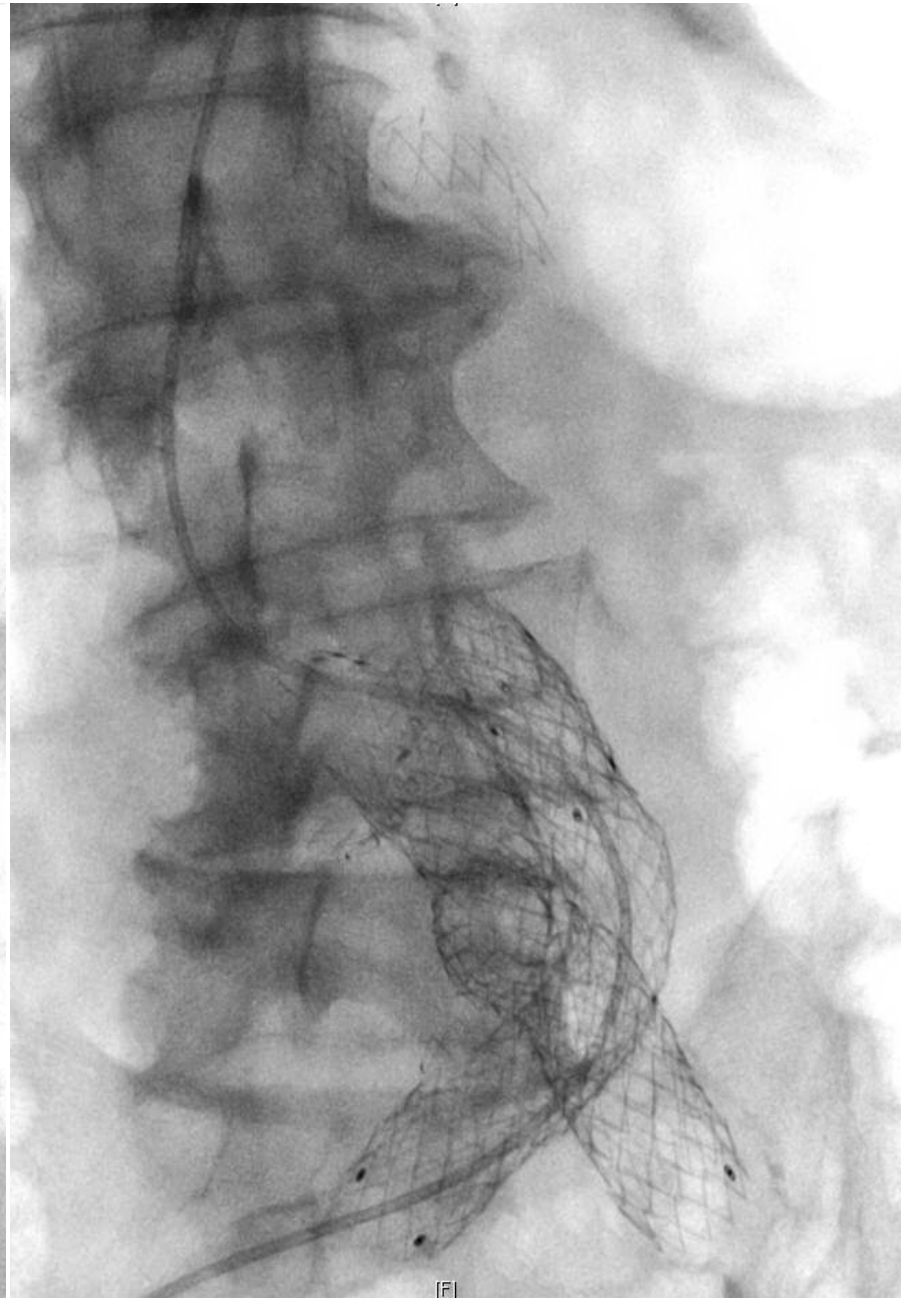
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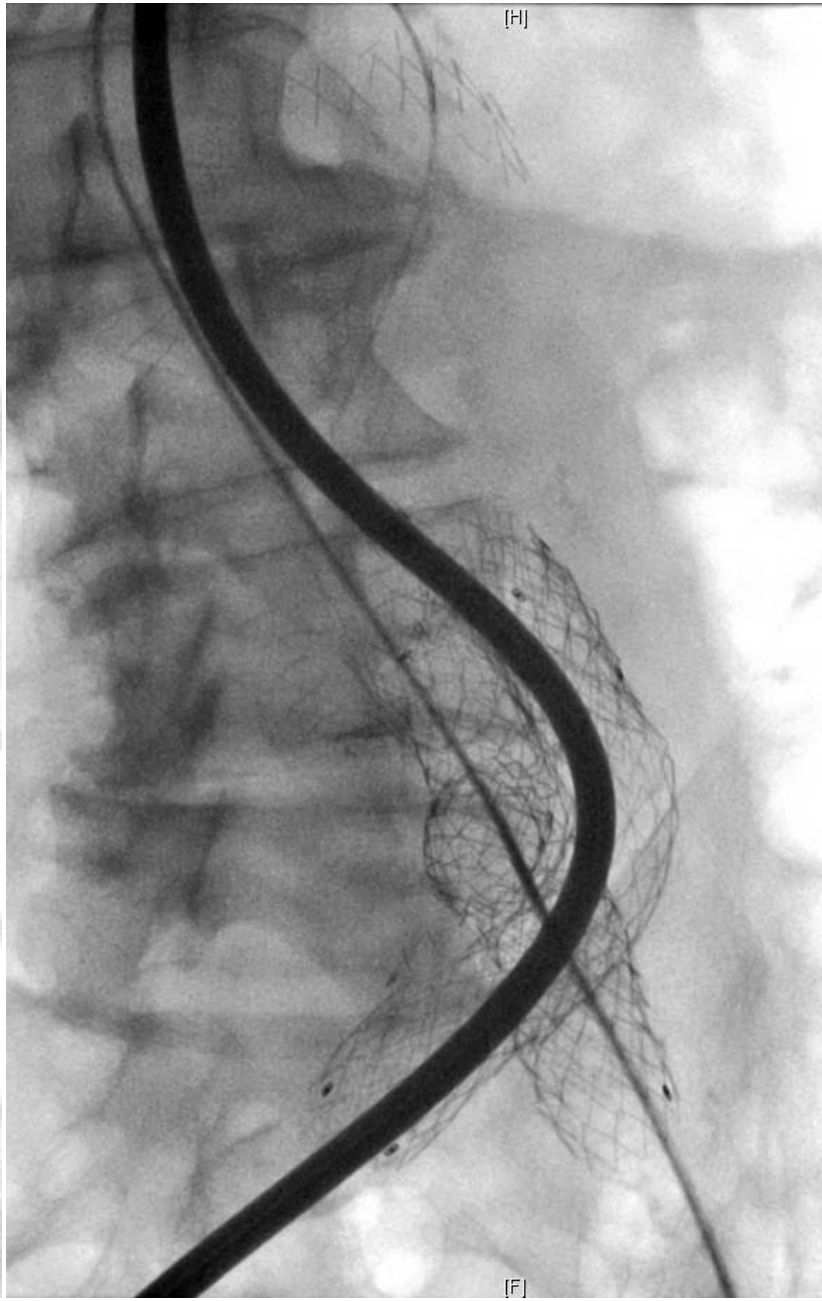
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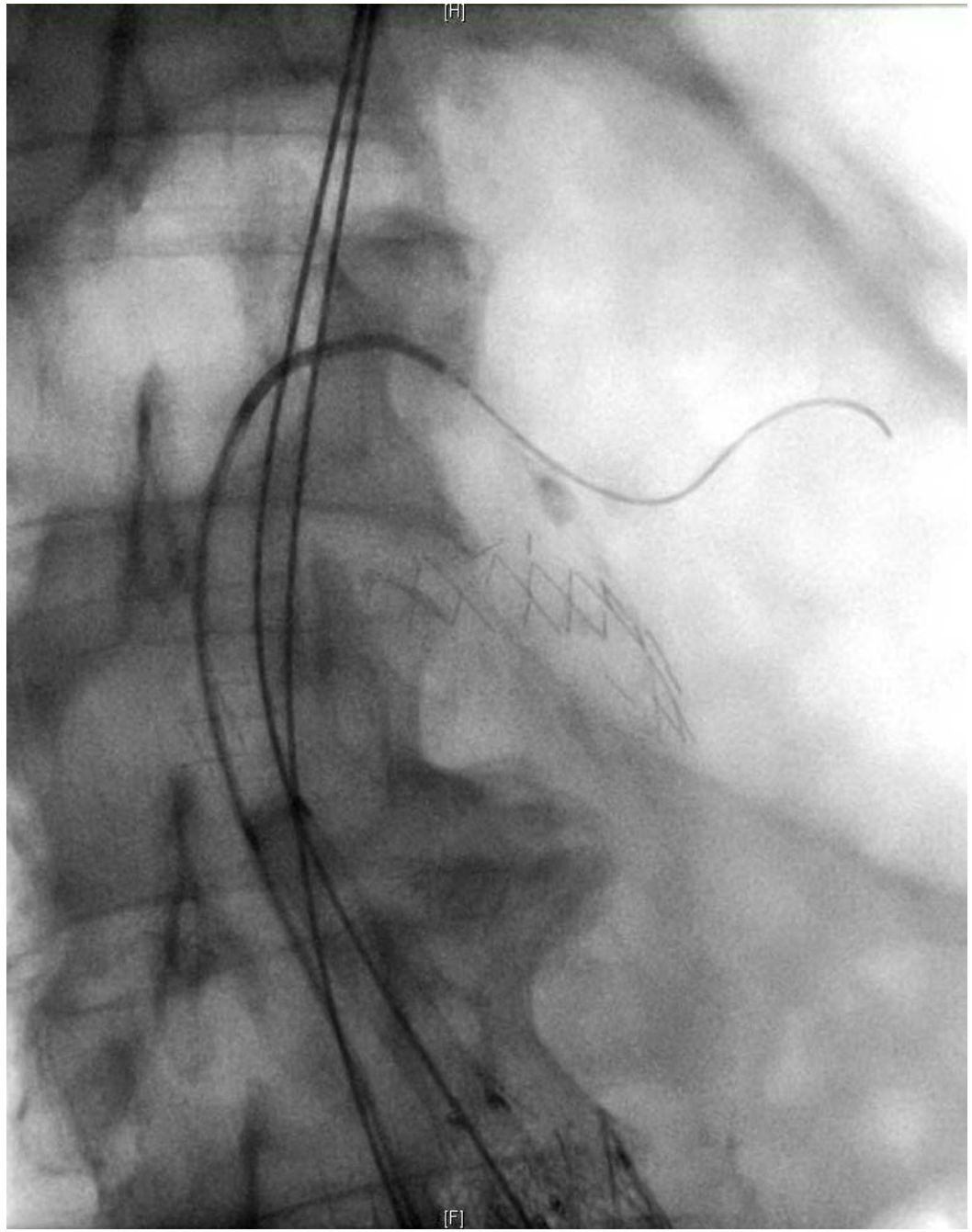
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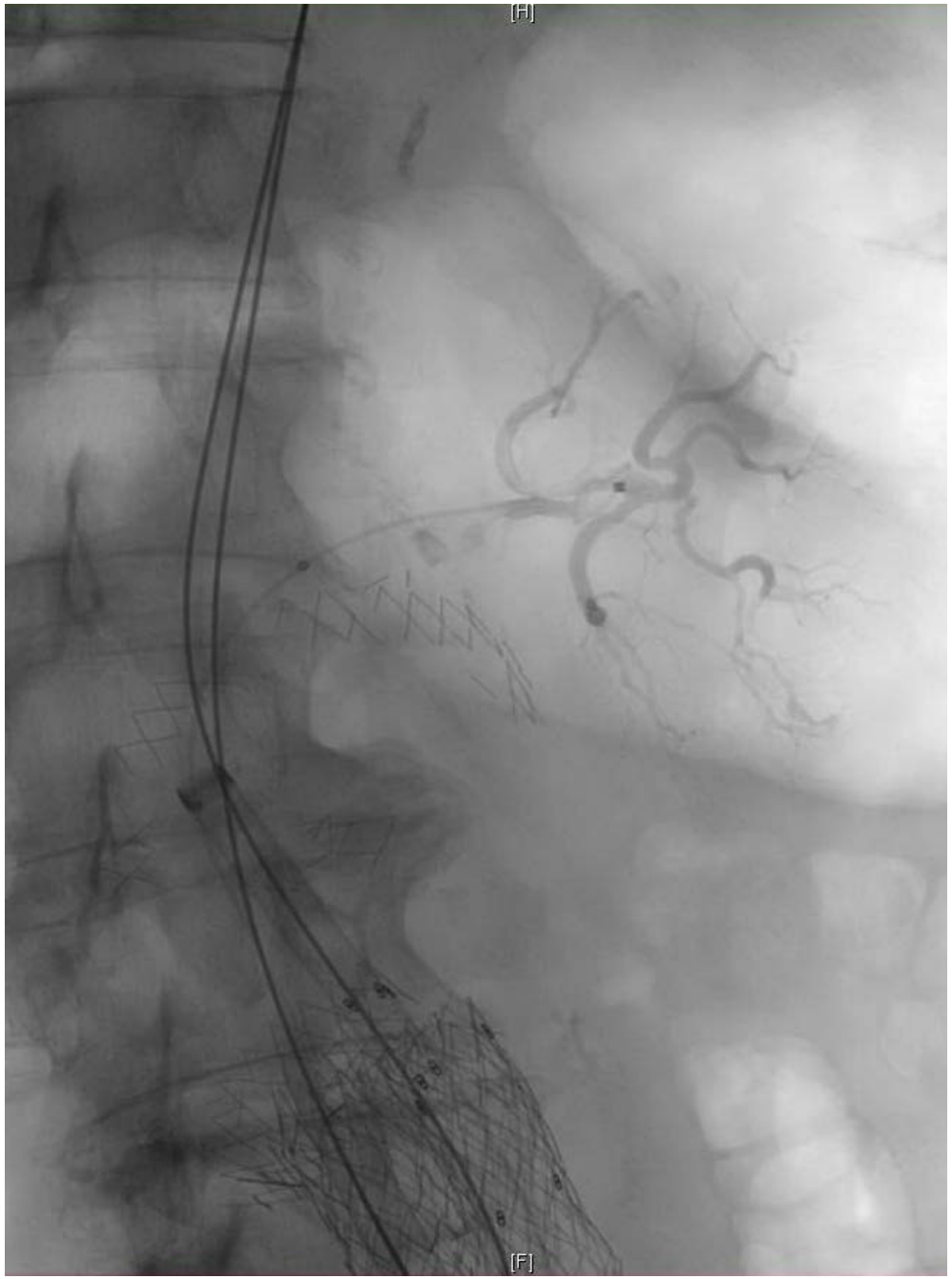
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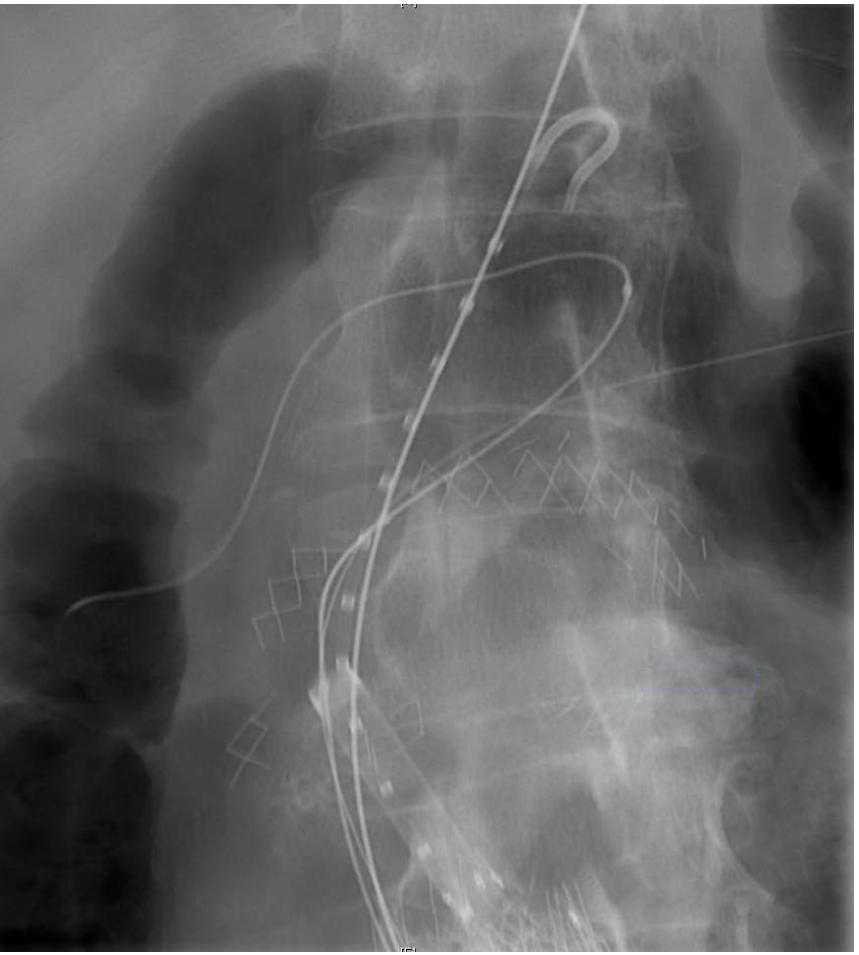

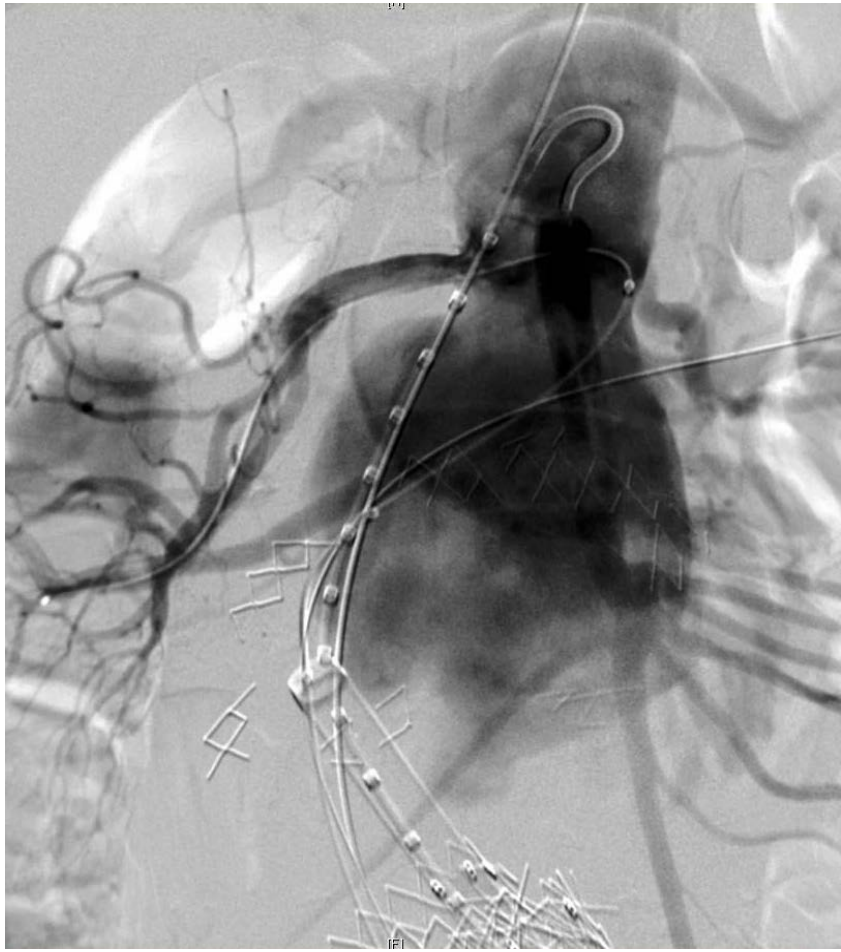


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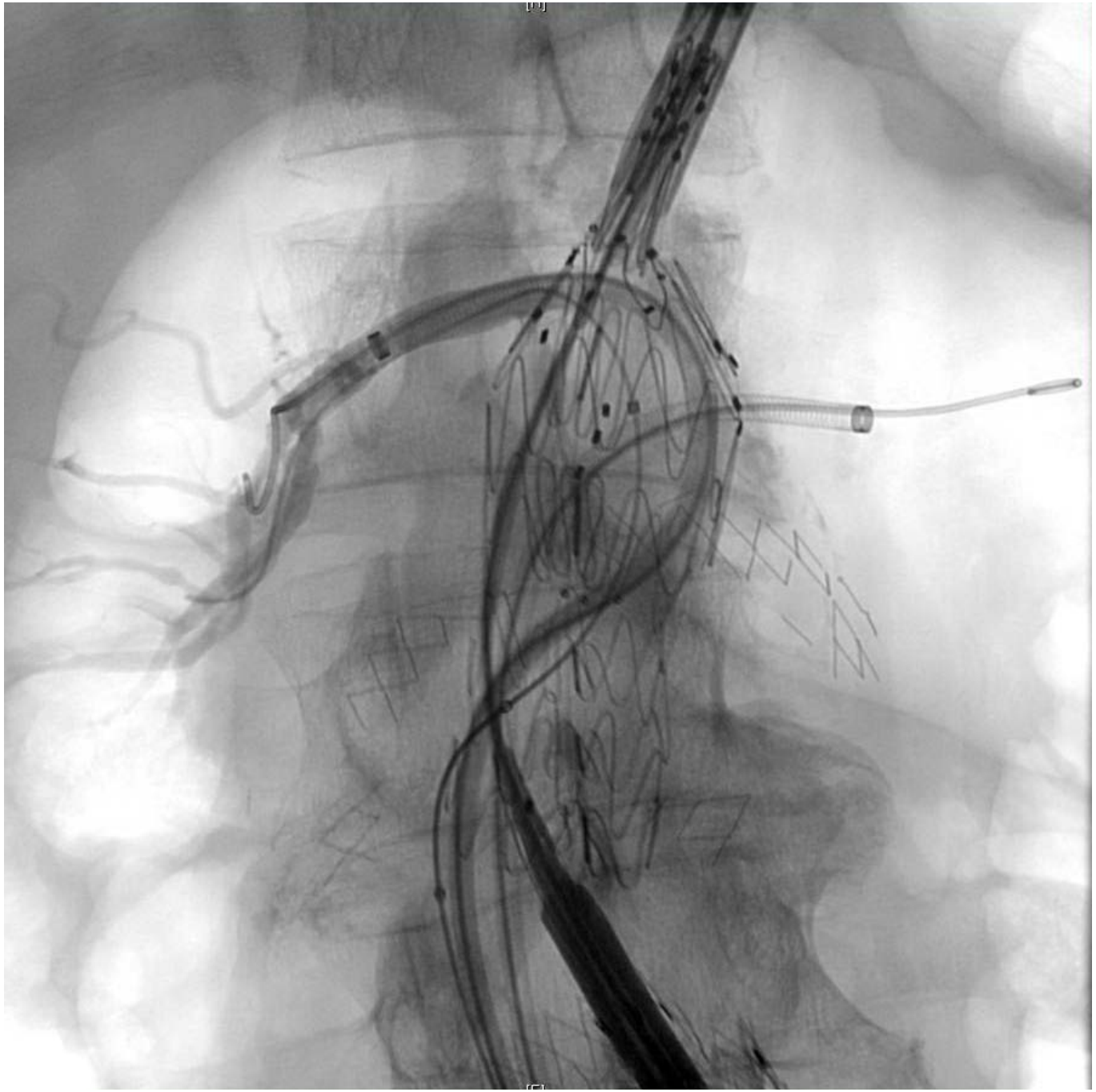

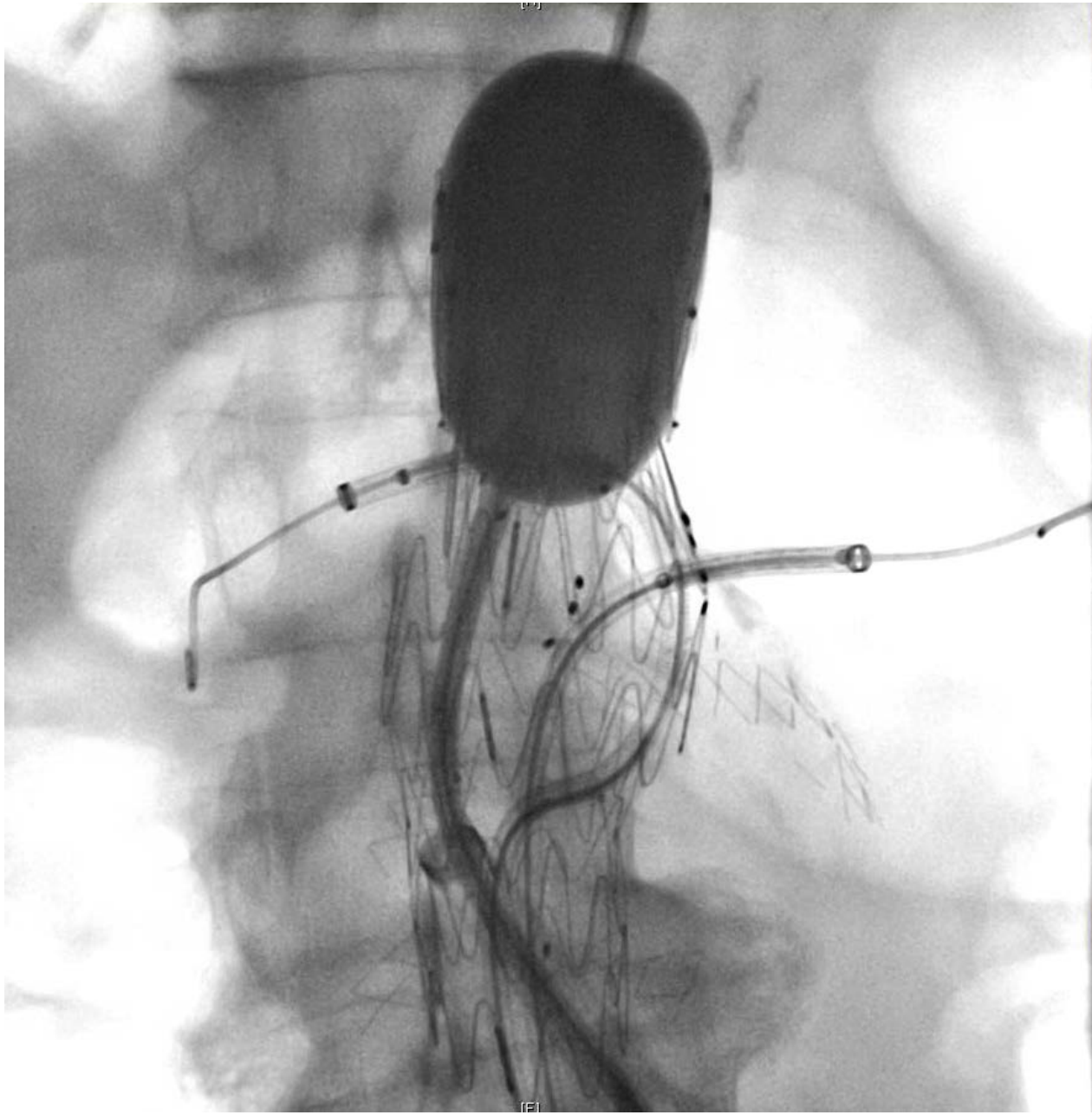

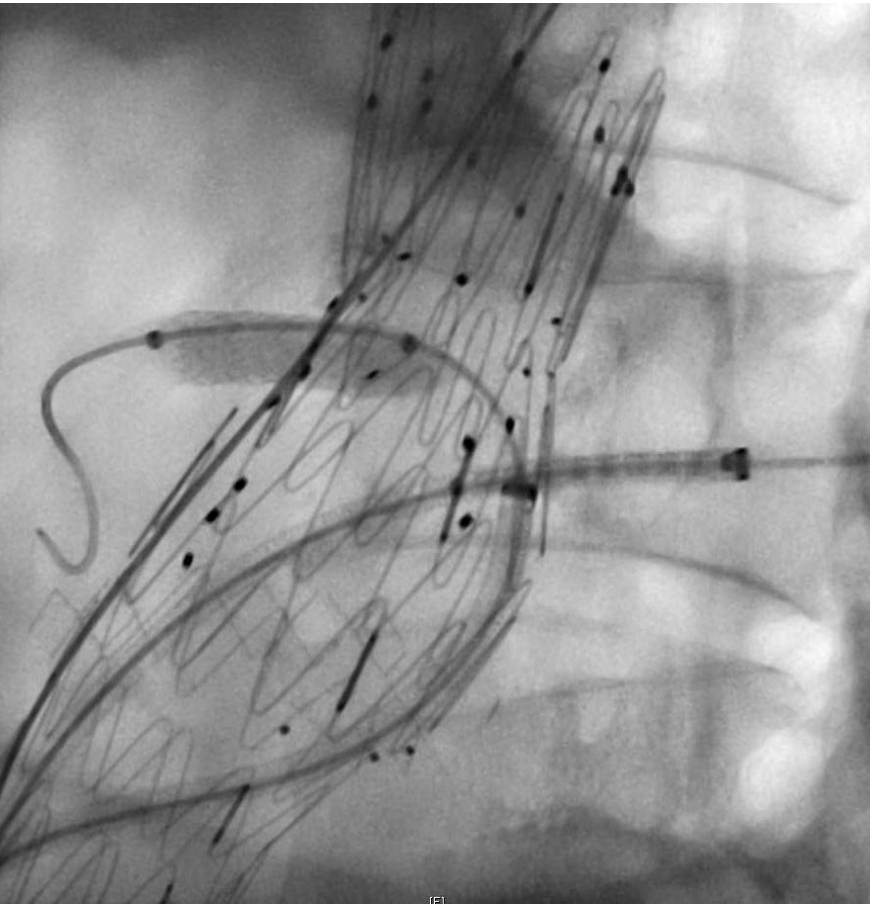

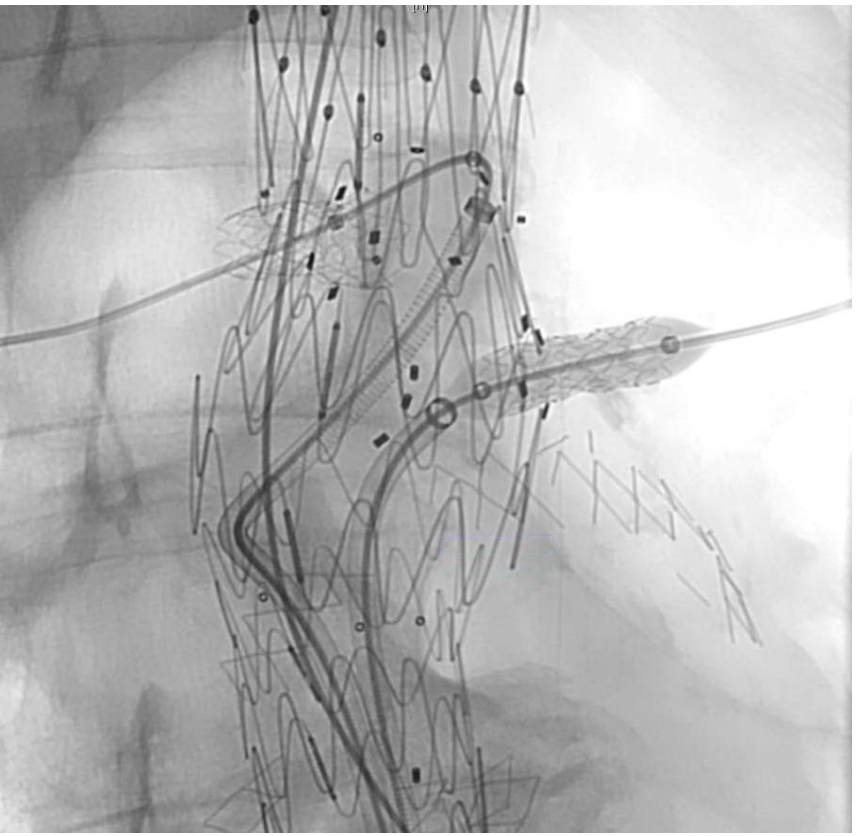
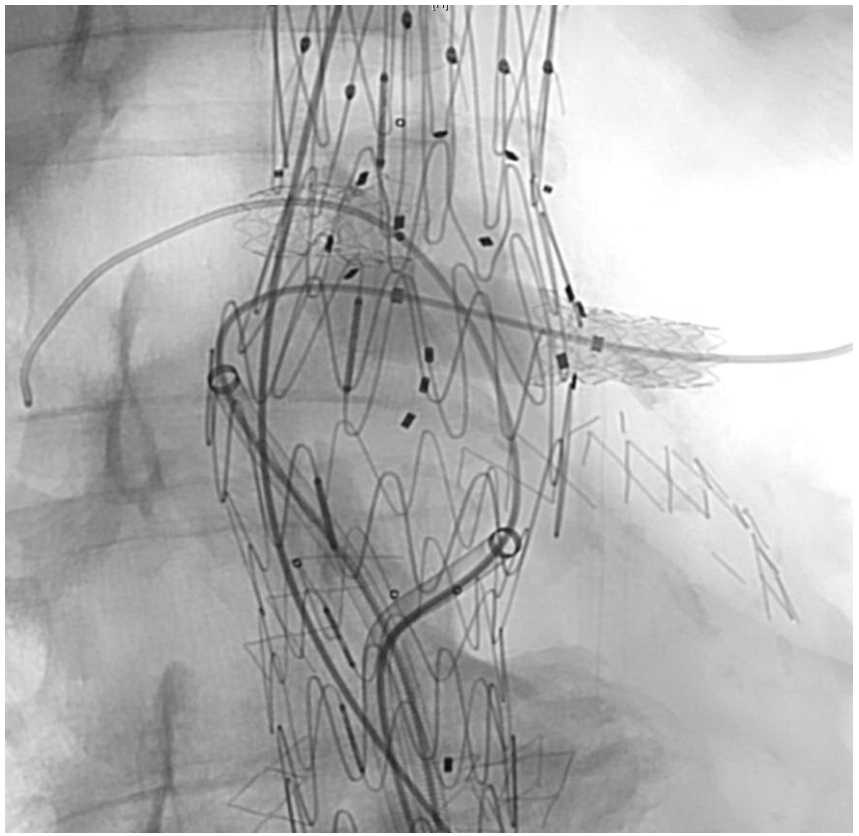
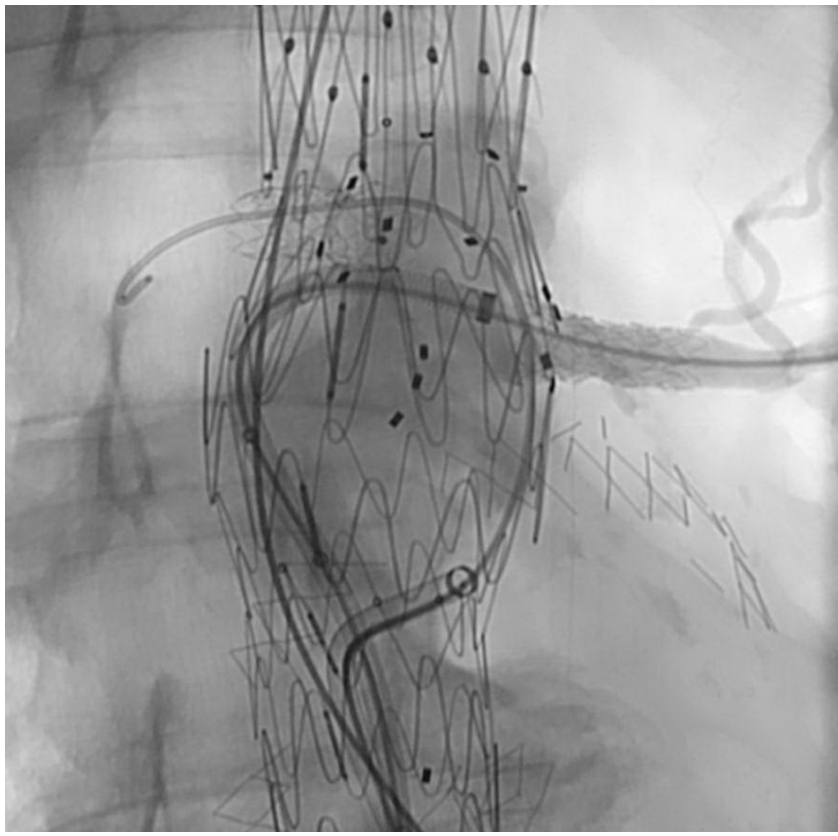

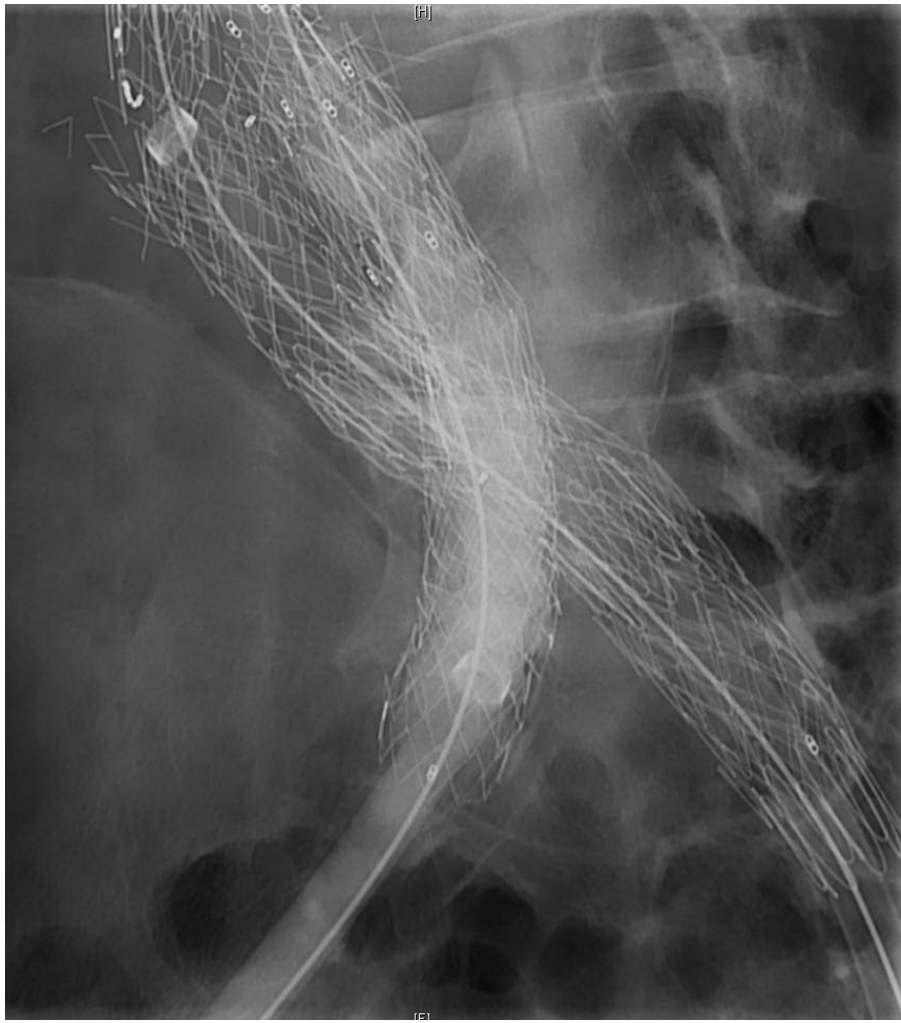

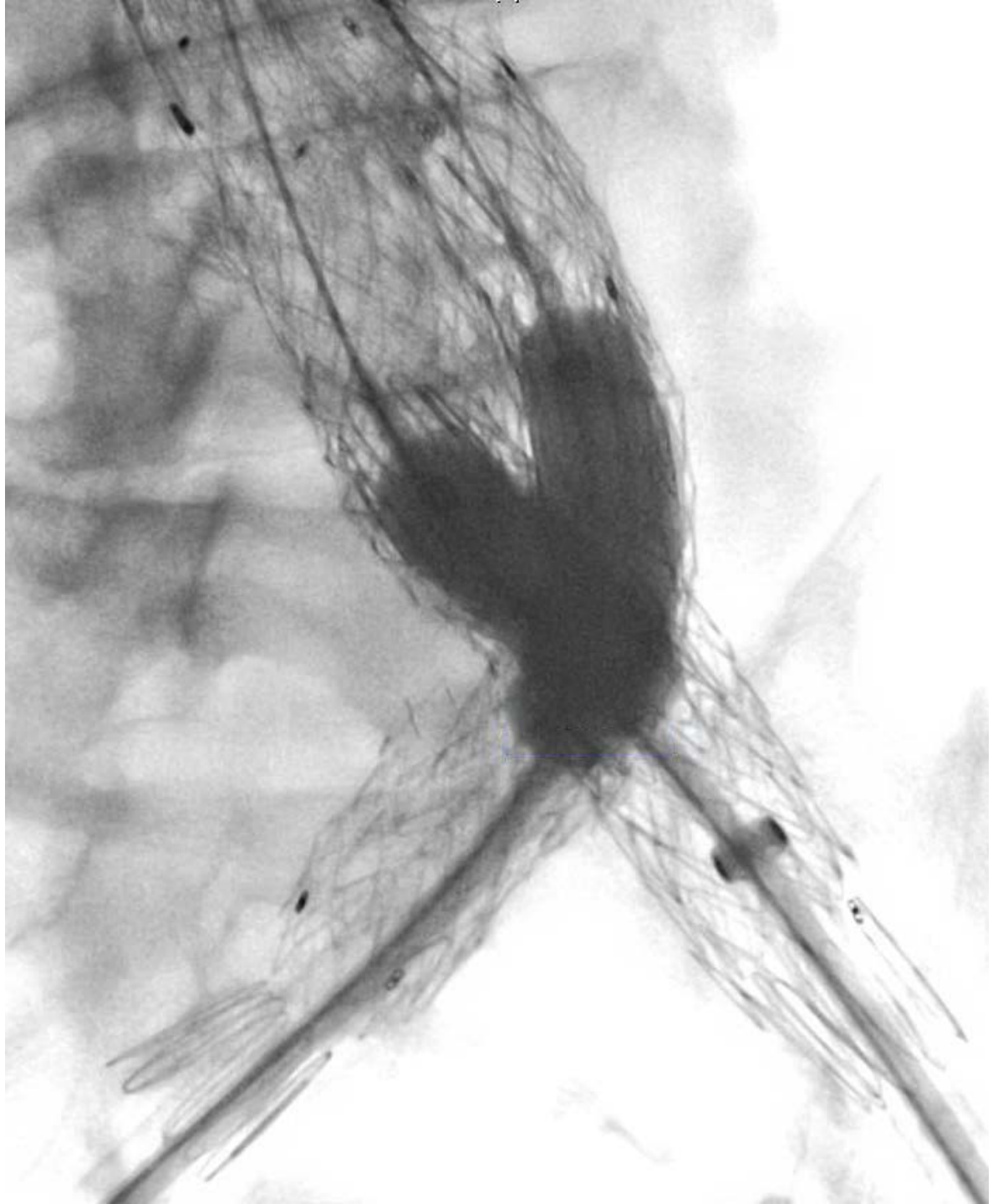

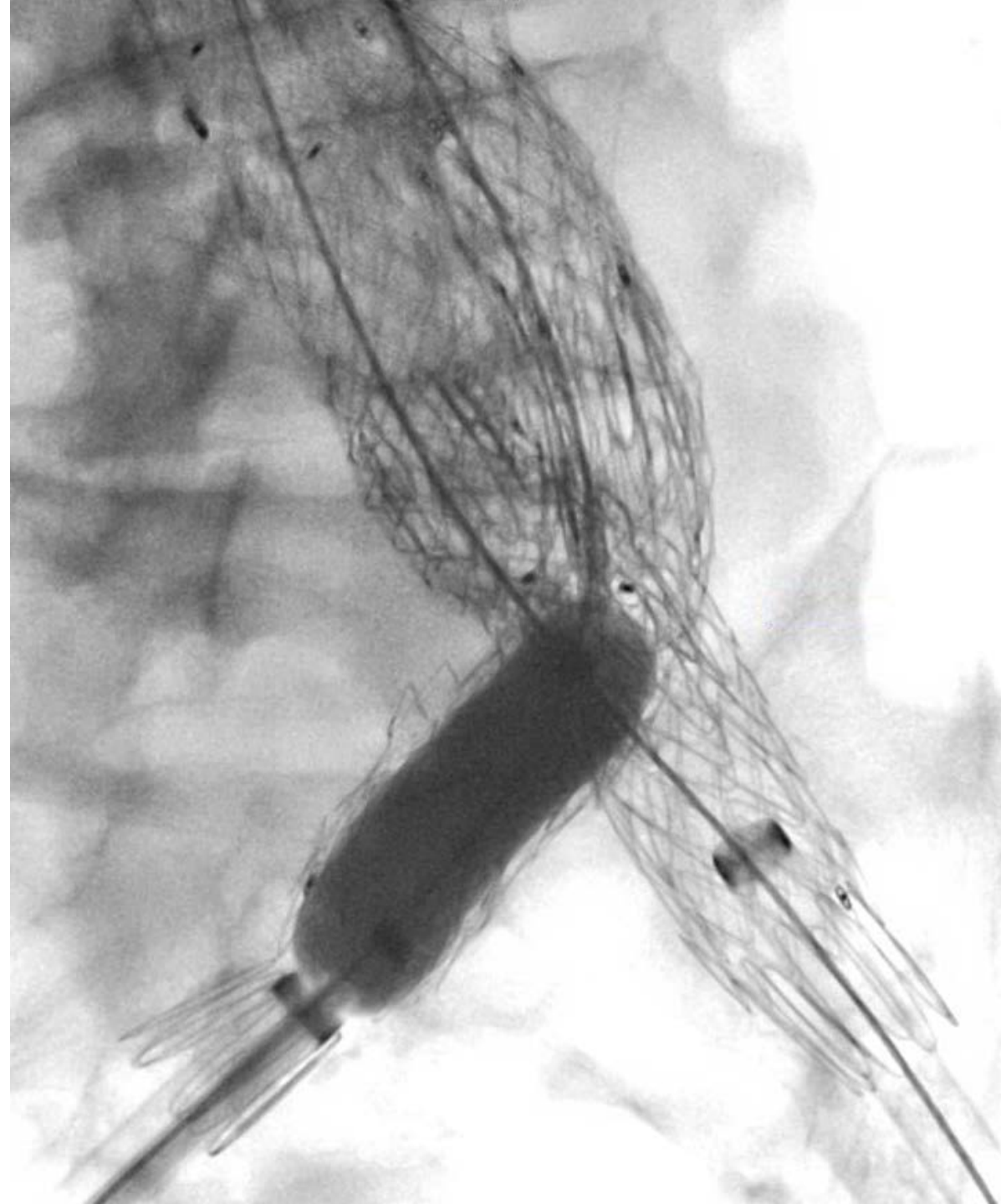



Type 1a endoleak

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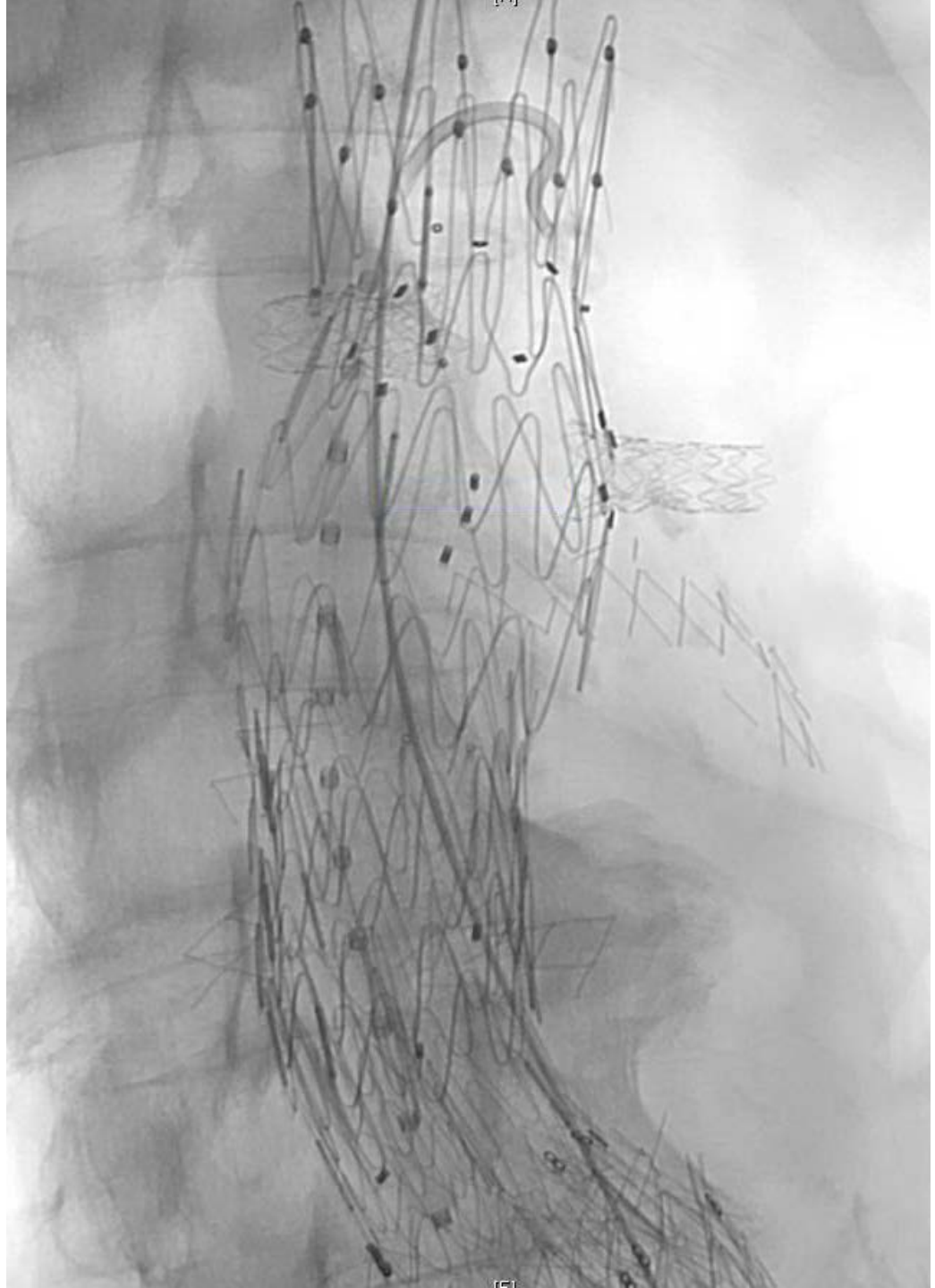
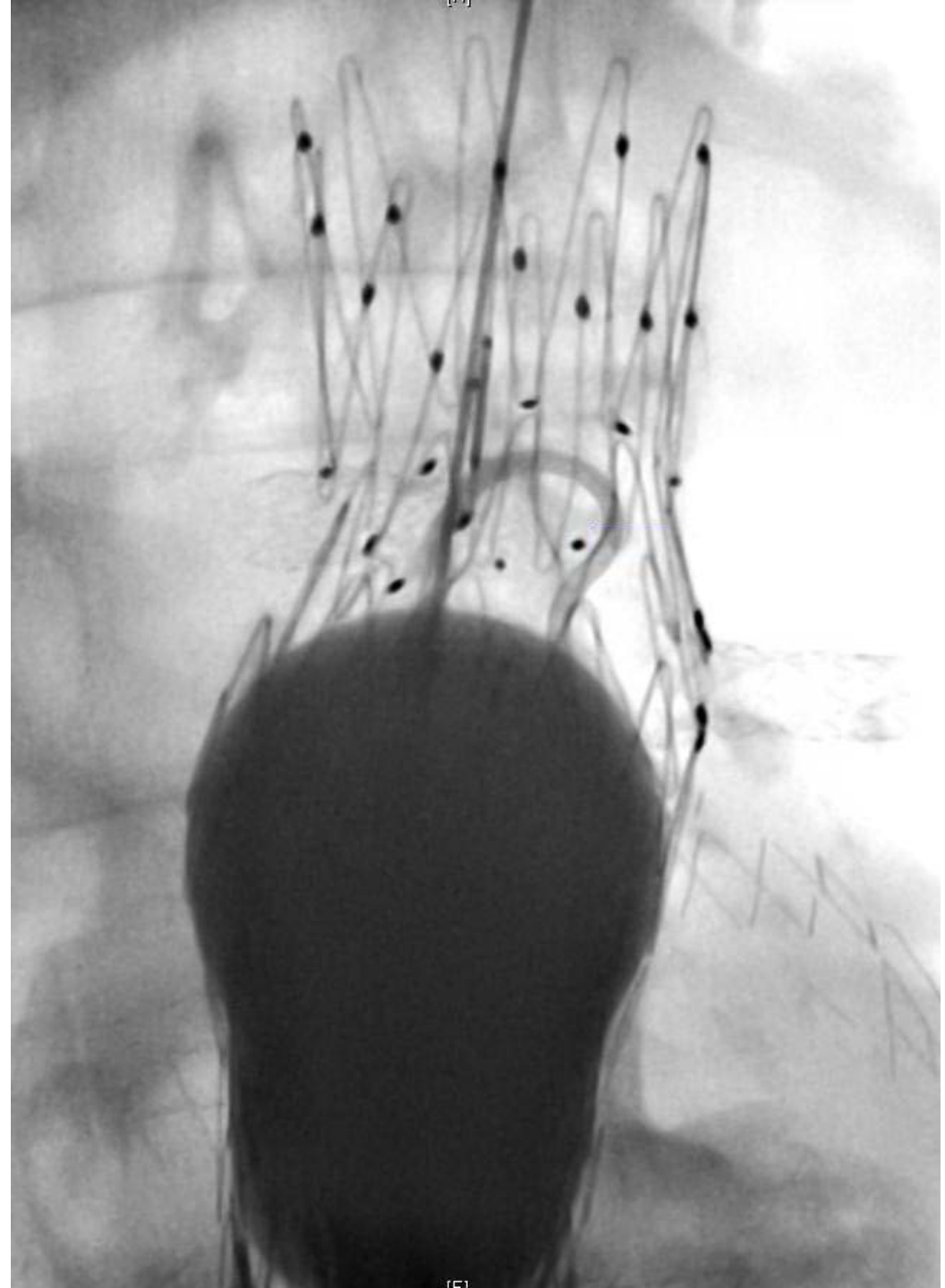
Re-ballooning performed





Persistent type 1a endoleak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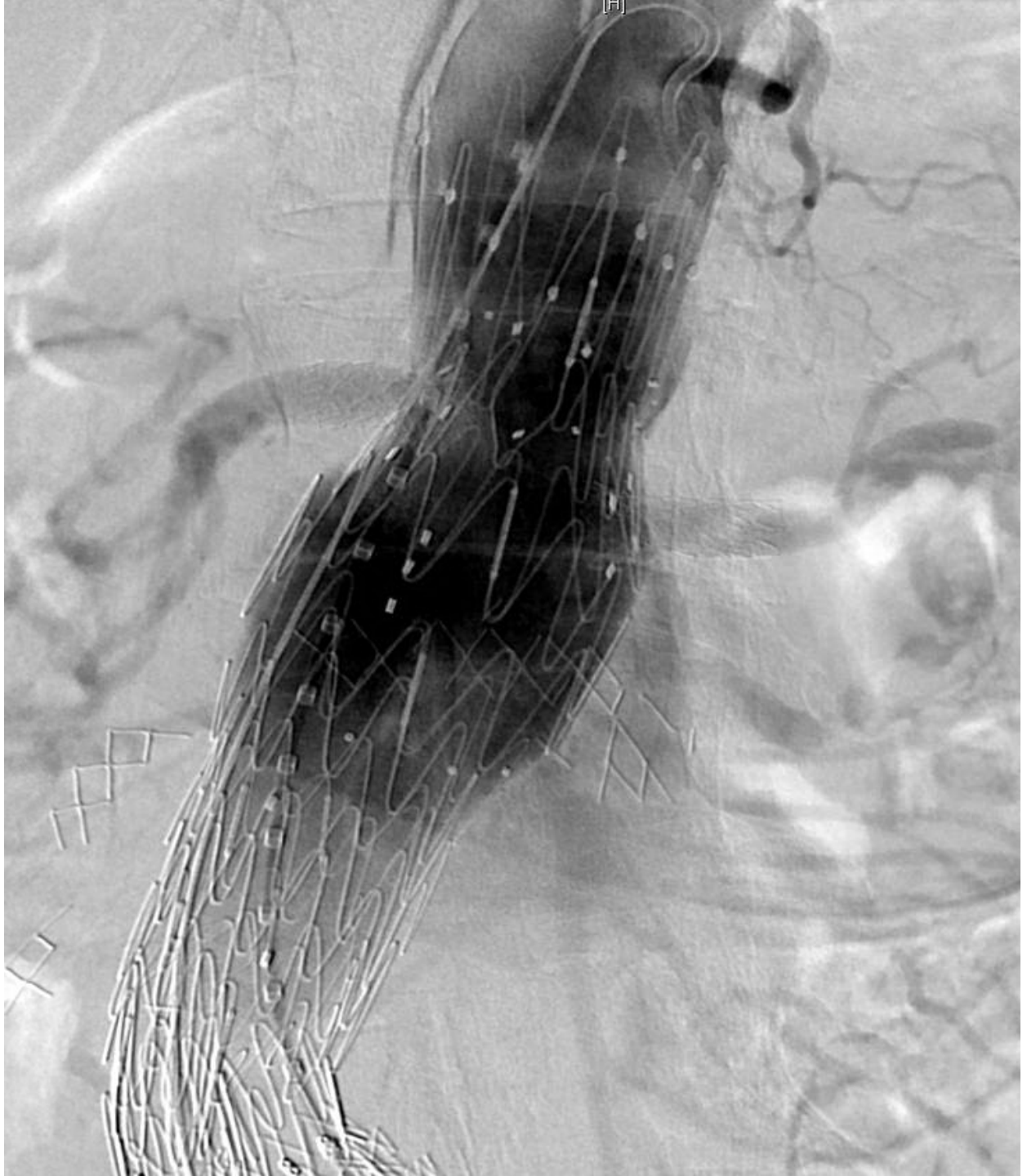
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Patient converted to open surgical repair