TRANSILIAC PARAENDOGRRAFT EMBOLIZATION WITH ONYX® GLUE OF A PERSISTENT TYPE II ENDOLEAK

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Disclosure

Cristina Busoni, MD

I do not have any potential conflict of interest
**TYPE II ENDOLEAK**

1) the most common endovascular complication in EVAR  
2) 10 – 44% in different studies  
3) 50% of all endoleaks  
4) their clinical significance remains undefined
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79 YO, F

57X55 mm AAA & 33mm R common iliac artery

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ZAUI-24-130-ZT    ZSLE-13-56-ZT on L side
ZIP-24-30ZT on R side    L-R xover bypass

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1-3-6 MONTHS FOLLOW UP WITH MINIMUM TYPE II ENDOLEAK
1 YEAR LATER
PERSISTENT TYPE II ENDOLEAK
ANEURISMAL GROWTH
SACRAL ARTERY & IMA PATENCY
EMBOLIZATION OF LEFT HYPOGASTRIC ARTERY

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POOR RESULTS SO WE DECIDED TO CLIP IMA WITH SURGERY (MINI-LAPAROTOMY)
1 YEAR LATER...

RECURRENT TYPE II ENDOLEAK WITH AAA ENLARGEMENT

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1 Retrograde access into the sac by left common femoral artery, entering the space between the graft & the native iliac artery.

2 Reaching the sac with 0.018 guide wire and Rebar ® catheter we deployed Onyx ® glue LES 34L 1,5 ml.
3 ETLW1613C93EE extension in external left iliac artery

4 Final angio: NO ENDOLEAK
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3 MONTHS FOLLOW UP CT SCAN (& E-CUS) DEMONSTRATE NO LEAKS AND ANEURYSM STABILITY

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CONCLUSIONS

TYPE II ENDOLEAK IS, SOMETIMES, FREQUENT (depending on anatomical issues or surgical experience)

ITS TREATMENT IS CONTROVERSIAL

THERE ARE A LOT OF “SOLUTION”

ONYX ® GLUE IS A SAFE & FEASIBLE ALTERNATIVE

...BUT...

NOT SO CHEAP

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Thank you

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