Percutaneous angioplasty with drug eluting balloon for aorto-mesenteric venous bypass stenosis

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Disclosure

Speaker name: Arnaud Kerzmann

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

☒ I do not have any potential conflict of interest
Case report

- caucasian man
- born in August 1982
- past history:
  - arterial hypertension
  - dyslipidemia
  - smoking habit since 16 years old
• **March 2015**: emergency room for abdominal pain
• abdominal CT: 3 vessels disease
• CRP 51.4 mg/L and white blood cell counts 16100/mm³
• Takayasu arteritis suspected
• investigations in internal medicine department (serology negativ, immunity negativ, PET-CT light positiv)
First intervention

- stent at the proximal part of the coeliac trunk
- local anaesthesia, right humeral open approach
- clopidogrel 1 month, aspirin
- methylprednisolone 1 month, methotrexate
- smoking cessation
• **June 2015**: sudden abdominal pain with diarrhea, followed by intestinal claudication
• abdominal CT and aortography: stent free
• CRP 77mg/L
• PET-CT negative
• methylprednisolone started again
Second intervention

- **August 2015** : anterograde aortomesenteric venous bypass
- methylprednisolone 4 months
- no pain anymore
• MRI after 5 months: 3 vessels disease, no pain
Third intervention

- **June 2016**: stent at the proximal part of the bypass (Biotronik Dynamic® 6mm-15mm) and drug eluting balloon at the distal anastomosis (Bard Lutonix® 6mm-6cm)
- general anaesthesia, right femoral puncture, 45 cm 7F sheath
- clopidogrel 1 month
- **October 2016**: no pain

- **November 2016**: emergency room for abdominal pain, nausea, diarrhea
- Abdominal CT: total occlusion
- In situ thrombolysis
- Peritonitis after 3 days. Laparotomy: necrosis. **Death!**
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