New Technique in Retrieving the Endurant II Nose Cone in Hostile Anatomies

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Introduction

The aim of this case is to draw attention to a specific problem that can be encountered during Endurant II graft stent deployment and retrieval in patients with severely angulated proximal aneurysmal neck in association with severely tortuous iliac arteries.

Case Presentation

An 84 year old man had incidental finding of 6.5 cm AAA.

Past medical history included IHD and hypertension.

He has 1st degree heart block and CPEX results were not favourable as test stopped early due to increase ectopic activity.

CT demonstrates infrarenal AAA (neck angulation 99°; diameter 32mm; length 20mm). He has extremely tortuous iliac arteries and a 5cm right iliac artery aneurysm.

He underwent right Internal Iliac artery coiling and two weeks later underwent EVAR using Endurant II stent graft (36mm).

Operative Procedure:

We first achieved bilateral femoral access through surgical cut-downs. The main body was deployed via the right common femoral artery.

We were unable to withdraw the delivery system as the nose was trapping in the suprarenal fixation.

New Technique:

Finally a 12 mm balloon was inserted over the through-and-through wire by the brachial access and with antegrade traction it was possible to remove the nose.

Results:

He had an uneventful recovery. Follow up scan after 2 years showed: No Endoleak, Decrease in Sac Size and Patent limbs

Conclusion

Endurant II has easy, accurate and controlled deployment, coupled with high flexibility and conformability. Graft system-related limitations must be anticipated in extremely difficult anatomical situations. We herein describe a new trick to reduce conversion to an open procedure when the delivery system becomes trapped.