Urgent multi-branch endovascular graft rescues thoracoabdominal aortic rupture after successful open surgical repair

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Disclosure

Speaker name:
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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
Rupture of the type IV T AAA

57 y.o male
Ruptured Type IV TAAA, CKD st III, PAD

- Rupture TAAA close to LRA

Urgent open surgical therapy
After Open TAAA

- Celiac Trunk
- SMA
- RRA

- LRA (through branch graft)
  Creates a narrow upright angle

Anastomosis

Lost of RRA
During dialysis, acute Hb drop
CT scan → new rupture, active hematoma
Transferred to us → directly in OT

Patient could be discharged
In hemodialysis

Fifteen days later

Two months later
Re-rupture

Rupture site → suture leakage
Urgent Endovascular Treatment was performed

Off the Shelf T-BRANCH endograft
Visceral Vessels

Celiac Trunk

SMA

LRA creates cranial orientation ➔ Amplatzer 10 mm

LRA
Post t-Branch

Patency CT and SMA
multi-branch endograft (ZTEG 2 PT)
t-Branch Endograft and Accessories

- **Celiac Trunk** (Advanta 8x59 and 8x38)
- **SMA** (Viabahn 13x10 & Palmatz 8x29)
- **Thoracic Aorta Endograft ZTEG 2 PT**
- **RRA & LRA** (closed with Advanta 6x59 & Amplatzer 10 mm)
- **Valiant Endograft VAMC**

Discharge 10 Days after, @7Months Survival
Conclusions

• The endovascular treatment represents an effective solution **also in urgent setting**

• t-Branch provides wide range in availability

• The orientation of the visceral vessel represents main limitation

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Conclusions

• No evidence concerning the treatment choice is available
• Algorithm needs to be established considering the center and operator experiences
Münster, Germany

Bali, Indonesia

Thank you.
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