Revascularization of occluded GORE Excluder limb with EKOS CDT via left radial artery with distal anastomotic stenting & proximal graft thrombus excluded by covered stents, complicated by type III endoleak requiring graft explantation and open aorto-bifem grafting

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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
Case Presentation

- 58 yo AA male smoker with PMH of IVDA, hep B, HBP, HLD, CAD with prior 3-V stenting for CAD and sCHF with LVEF of 40%
- S/P Gore Excluder (23/14/14mm) implant 09/11/08 for AAA
- Presented with 6-week history of right thigh, buttock, calf pain progressing to rest pain prompting admission
- CTA showed right graft limb occlusion
Treatment Options

- Conventional fem-fem bypass (recommended)
- Explantation and open aorto-bifemoral bypass
- Percutaneous revascularization with CDT of graft limb occlusion and stenting of limb and presumed distal anastomotic stenosis

- Patient elected 3rd option to avoid open surgery & prolonged recovery; also feared job loss
Procedure

- 6F left radial access (to reduce access bleeding risk)
- Aortogram confirmed right limb graft occlusion
- Changed out radial sheath for 6F x 90 Shuttle sheath
.018” Astato 30 wire
Selective angio confirming intraluminal placement

30 cm EKOS for overnight CDT
Obtained R CFA access; PTA of anastomotic stenosis

Next day...

Proximal limb thrombus

Anastomotic stenosis
Post stenting

Post dilation

Proximal limb thrombus
10 mm iCAST

Stent deployment

Contrast Extravasation!
10 mm iCAST  
Edge thrombus  
Sealed, but persistent thrombus proximal edge
Another iCAST

Stents all post-dilated with 12 mm balloon
2 hours after sheath pull, patient developed soft BP, abdominal discomfort.
Stat CTA revealed 5.6 cm sac (from 4 cm) with RPB, contrast seen in sac.
Transferred to MGH.
Repeat Pre-op CTA at MGH

Arterial phase showing large RPH

Venous phase showing hematoma and some enhancement
Hospital course

Intra-op with rupture

• Observed for several days; eventually underwent device explantation with 20/10/10 aorto-iliac & 8 mm R iliofem bypass 07/15/16; partial rupture of sac was seen intra-op

• Discharged home 5 days later, seen in clinic 8/1/16, doing well

Post- repair
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