How I Deal with Thoracoabdominal Aneurysms: Contemporary Off-the-Shelf Endovascular Considerations

“can you be confident with someone?”

Vincent Riambau, MD, PhD
Professor and Chief of Vascular Division
Cardiovascular Institute, Hospital Clinic, University of Barcelona
• 56 years old man, MD
• Asymptomatic extent type I thoraco-abdominal aneurysm (60mm Ø)
Of-the-shelf multibranched endograft (T-Branch, Cook Medical)
The problem: The endograft was twisted inside the sheath!!!!
The problem: The endograft was twisted inside the sheath!!!!

R Renal Cannulation from L Renal branch

SMS Cannulation from the CT branch

SMS branch angio
Several failed CT cannulation attempts...
Second approach

CT embolization after an Occlusion Test
6 months later
Lessons learnt

- Do not confident anybody
- Fluoro assessment of the all radiopaque markers out of the patient
- Do not twist the endograft during rotational movements. Rotation should be performed for all the complete system
- Try to save SMS and one renal artery to save the patient life.
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