One case of dissection type B treated by new technique FIL&FIS.
„Fusion Images, Laser & Fenestration In Situ”. 

Marek Majewski,
H. Kobeiter, J. Touma,
V. Tacher, F. Cochennec

Department of Vascular Surgery of Pascal Desgranges,
Henri Mondor Hospital,
University Paris XII Créteil, France
Mr C.J.C. High surgical risk patient 66 years of age

Dissection type B since 2008

Comorbidity:
- Right femoro popliteal bypass in 2012.
- Ischemic cardiopathy with PTCA with stenting in 2016.
- Chronic bronchitis.
- Chronic renal insufficiency.
- Valvuloplasty in 2016.
- Ischemic stroke in 2007.

Risk factors:
- Arterial Hypertention.
- Dyslipidemia.
- Smoking, 150 PY.
- Former alcoholic.
Aneurysmal dissection of 70 mm in diameter.
Left renal stenting in 2008
Sizing

82.4 mm
15.8 mm
51.4 mm
16.6 mm
14.8 mm
12.6 mm
19.1 mm
10.3 mm
54.5 mm
14.8 mm
104 mm
274 mm
Decision:

- Thoracoabdominal stent-graft with fenestration at the level the SMA, RRA and LRA.
  Endurant bifurcated stent-graft.

- Cerebrospinal drainage the day before.
FIRST STAGE:
Bypass between left subclavian and left carotid, and axillary arteries.
SECOND STAGE:
Thoracoabdominal stent-graft.
With fenestration at the level the SMA, RRA and LRA.
Endurant bifurcated stent-graft.
Before third stage: Major risk spinal ischemia; Adamkiewicz artery located at the level Blood Entering Tear – D7. In addition, all aorta was covered from Brachiocephalic Trunk to iliac bifurcation.
For avoid spinal ischemia we put in systeme NIM - ECLIPS to controle motricity of muscles.
NIM – ECLIPS good installation.
Can lead to spinal ischemia and immediately do something to avoid this serious complication with:
- increase artery tension
- put in cerebrospinal drainage
- or perforation stent-graft
- or not put in stent to target vessel etc.
Third stage:

Two Valiant thoracic stent-grafts from Brachiocephalic Trunk with overlap to fenestrated stent-graft.
Complication:

- Two weeks after the patient developed paraplegia without any explication on the CT-scan.

- Cerebrospinal drainage.

- Thrombectomy and stenting stenosis of the right hypogastric artery (occlusion of the left hypogastric artery during the first procedure).

- Functional reeducation with almost complete recuperation.
Stages of the procedure
Fusion Images, Laser &
Fenestration In Situ

CVX-300®
Excimer Laser System
EXCIMER Laser System
- Endurant Medtronic, Dacron-endoprosthesis
- Sonds Spectranetics 0.9mm, used for laser aterectomy
- Turbo-Elite, Laser Atherectomy Catheter
- APTUS. Lanceur (introducteur SG4)
  CATHETER HELIFX Medtronic
- Cutting balloon 2.5mm Boston Scientific
- Balloon 4 – 20
- Stent V12, Advanta

FIL&FIS, material:
1st stage: Images fusion.
2nd stage. Endurant stent-graft on the level of target arteries.
3rd stage: Positioning APTUS Lanceur.
4th stage:
Laser Atherectomy Catheter, Spectranetics 0.9mm was used to stent-graft perforation.
5th stage: Pre-dilatation with cutting balloon 2.5mm (guide 0.14)
6th stage: Second pre-dilatation with balloon 4–20.
7th stage: Stenting with V12 stent and Flaring with balloon 10-20.
Conclusion:

New technique FIL&FIS can be used:

- Emergent situations.
- Contraindications of Fevar.
- In planned stent-grafts.
- In EVAR and TEVAR complications.
- In the future in rupture or symptomatic of complex juxta and supra-renal reconstructions.
Thank you very much for your attention
One case of dissection type B treated by new technique FIL&FIS.
„Fusion Images, Laser & Fenestration In Situ”.

Marek Majewski,
H. Kobeiter, J. Touma,
V. Tacher, F. Cochennec

Department of Vascular Surgery of Pascal Desgranges,
Henri Mondor Hospital,
University Paris XII Créteil, France