NEW USE OF OVATION DEVICES IN NON-FAVORABLE ANATOMIES: CONVERSION TO AORTOMONOILIAC

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Disclosure

Dra. Rebeca Pérez López

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
LIMITATIONS of standard devices:

- Inadequate length of the aortic neck
- Important presence of thrombus
- Limited access
- Insufficient diameter or ulcerations of the aortic lumen
CASE 1

- 67-year-old male
- HTA, DLP
- Chronic heart failure (EF less than 25%)
- AAA 62 mm:
  - chronic occlusion of the left external iliac artery
  - narrow (4.3mm) and highly calcified iliac access
  - short aortic neck with important presence of thrombus (8mm of thickness)
  - ulcerations throughout all of the aortic length
CASE 2

* 80-year-old male
* HTA, DLP
* COPD
* AAA 55 mm:
  * short aortic neck and important presence of **thrombus** (9 mm of thickness)
  * chronic occlusion of the left common iliac artery
  * **narrow** (3,5mm) and intensively calcified iliac access
  * irregular thrombus and multiple ulcerations (shaggy aorta)
1. Narrow access
2. Thrombus in the neck
3. Shaggy aorta
INITIAL PHASE

1. Dissection and surgical exposure of the common femoral artery

2. US-guided puncture of the left humeral artery

3. Usual deployment of the Ovation graft
* CASE 1:

* occlusion of the left common iliac artery by the ipsilateral side
SECONDARY PHASE: CONVERSION TO AORTOILIAC DEVICE

1. Catheterization and occlusion of the contralateral side
SECONDARY PHASE: CONVERSION TO AORTOILIAC DEVICE

- Placement of the ipsilateral leg to the right sealing zone
- Ballooning proximal and distal zones
SECONDARY PHASE:
CONVERSION TO AORTOILIAC DEVICE

* 4.- Final angiographic verification

* CASE 1

* CASE 2
6 MONTHS FOLLOW-UP

1 YEAR FOLLOW-UP
The absence of development of the aortouniiliac endografts in contrast to the bifurcated, limits the treatment in some specific anatomies.

Nowadays, in cases of chronic iliac occlusion with presence of thrombus in the aortic neck and narrow iliac access, adequate devices are not available in the market.

Due to the characteristics of these devices, the conversion of the Ovation endograft into aortouniiliac prosthesis can solve this situations.
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