AAA rupture after EVT of ILIAC-CTO

Yoshinori TSUBAKIMOTO, M.D., Ph.D.
Department of Cardiology, Japanese Red Cross Kyoto Daini Hospital, Kyoto, JAPAN
Disclosure

Speaker name: Yoshinori TSUBAKIMOTO, M.D., Ph.D.

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

Patient: 52 year-old male
Diagnosis: PAD (Rutherford class 2)
Past history: Type B aortic dissection, ESRD on HD
Risk factor: Hypertension, HD

ABI: 0.55
EVT for Rt.CIA-CTO

IVUS guided wiring

Wire crossing
IVUS pull-back

IVUS images
IVUS guided parallel rewiring
IVUS pull-back

IVUS images
Pre-dilatation

Assurant Cobalt 8.0x30mm
Completion angiography
CT images
3 hours after the EVT
Emergent angiography

Courtesy of Dr. Akimitsu TANAKA from Nagoya Tokusyuukai General Hospital
Rescue balloon

Fluency

Courtesy of Dr. Akimitsu TANAKA
Residual extravasation

Excluder
Main body

Courtesy of Dr. Akimitsu TANAKA
Excluder
Rt. leg

Excluder
Lt. leg

Courtesy of Dr. Akimitsu TANAKA
Completion angiography

Courtesy of Dr. Akimitsu TANAKA
✓ We performed EVT for a claudicant patient with Rt. CIA-CTO, who had a past history of type B Aortic dissection.

✓ Unfortunately, the 1st GW (0.014 inch) crossed the CTO through a subintimal space which might be made at the time of previous Aortic dissection.

✓ The subintimal space was dilated by 2.0mm balloon to check the IVUS.
✓ Several hours after the procedure, AAA was ruptured. Emergent EVAR was required to bail out this complication.
Thank You for your attention !!