9 cm Abdominal Aortic Aneurysm with Angulated Neck – An Endovascular Challenge: Case Report

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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)

- [x] I do not have any potential conflict of interest
Background

72 years old male
Incidentally discovered infra renal AAA, sparing the iliac arteries.
Opium and cannabis addict and smokes one pack of cigarettes per day.
BMI was 36.
DM, HTN, severe COPD and EF of 48%.
ASA grade III and was deemed high risk for open AAA repair.
Neck length 2.5 cm
Diameter 22 mm
78 degrees

Pelvic Artery Index of tortuosity (PAI) > 1.6; grade III (R)

Gore C3 Excluder stent graft
(W.L. Gore and Associates, Flagstaff, AZ, USA)

Repositioning

Infra renal fixation only
Repositioning
Main body
(26 mm x 12 mm x 14 cm)
Visualize the Renals
Contralateral gate cannulation
Rotation
160°
Pig tail inside
Ipsilat
angio
Ipsilat limb deployed
(14 mm x 12 cm)
Trial of contralateral limb deployment
Contralat angio
Contralt bridge & limb

(12 mm x 12 cm)
(16 mm x 12 cm)
Completion
angio
1 month postop
Conclusion

Using this **crossed** limb technique for such a challenging EVAR for the first time in our center and achieving such an outstanding outcome have driven our team to believe that **out of IFU** AAA patients who are **high risk** for open repair, are amenable for intervention with lower intraoperative risks, as long as **flexible low profile** tools are available.
Thank You
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