“Cheese wire” fenestration of an infrarenal dissection flap to facilitate EVAR

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Disclosure

• I do not have any potential conflict of interest
History

- 69 year old male with history of HTN
- Ascending aortic repair for type A dissection (1997)
- Mechanical aortic valve replacement for severe AI (1999)
- Open descending thoracic aortic repair for thoracic aneurysmal degeneration (Feb 2017)
HPI

• Chronic abdominal and back pain
• CTA
  • Residual dissection of the thoracoabdominal aorta
  • Aneurysmal degeneration of the infrarenal aorta measuring 6 cm
  • Left common iliac artery measuring 4 cm
**Issues**

- Cheese wire fenestration of dissection flap
- Large proximal neck of 36 mm
- Distance between lowest renal artery and iliac bifurcation of 112 mm
Plan

• Percutaneous septotomy of dissection flap
• Build from bifurcation up to renal arteries

Cook TX2 42 x 81 mm

Gore Excluder 35 x 14.5 x 14 cm

60 mm
- Cook TX2
  42x81mm
- Gore Excluder
  35x14.5x14cm
- L CIA – Cook
  Spiral Z
  24x72mm
Repeat CTA 1 month post op – Type 1b endoleak
• Coil Embolization of Right Hypogastric artery and extended with Excluder limb
• Extended L CIA with Excluder limb
Repeat CT in 4 weeks – No endoleak
Conclusion

• Percutaneous septotomy of dissection flap to accommodate EVAR is a feasible option
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