Secondary Interventions After TEVAR for TBAD

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Entry Tear Sealing
Adjunctive Procedures
Secondary Procedures
2009-17: 139 complicated TBAD
TEVAR For Entry Tear Sealing

TEVAR alone in 69p. (49%), ≤ 200mm
30d mortality 4.5%, spinal cord ischemia in 1p.

TEVAR + primary adjunctive procedures in 70p. (51%)
30d mortality 6.1%, no spinal cord ischemia
2009-17: 139 complicated TBAD
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What comes next during long term follow-up?
Secondary Intervention: When / How
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5 Mo Later: Uncontrolled Hypertension.

EVAR guidance
Secondary Interventions: When

During longterm surveillance (Ø 41 months):
TEVAR alone overall only in 33%
30d re-intervention (secondary) rate 17%
1y re-intervention (secondary) rate 39%
5y re-intervention (secondary) rate 67%
Ø re(re)-intervention 1.7/patient = 178 procedures
Secondary Interventions: When

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178 Secondary Interventions: Why

Delayed (continued) malperfusion: 118 (Ø 14mo)
renal (58%), mesenteric (23%), iliac (19%)

Critical false lumen dilatation: 52 (Ø 28 Mo)

False lumen rupture: 8 (Ø 41 Mo)
118 Interventions For Delayed Malperfusion: How

64 side-branch stents or stent-grafts (Advantas)
29 additional TEVARs down to celiac axis
17 FEVARs for complex (dynamic) re-entries
8 EVARs for complex aortoiliac re-entries
Ø time interval 14 months
52 Interventions For Critical False Lumen Dilatation: How

22 TEVARs down to celiac axis
18 FEVARs
10 false lumen embolizations
2 iliac side-branch stent grafts (IBDs)
Ø time interval 28 months
FEVAR For Critical False Lumen Dilatation
FEVAR For Critical False Lumen Dilatation
Conclusion

TEVAR alone without adjunctive or secondary procedures only in 1/3 (Petticoat/Stabilize?)

During longterm follow-up 1.7 additional procedures/p. 2/3 for late (delayed) malperfusion (all side branches!). Mostly renals!

For false lumen dilatation and multiple side branch involvement FEVAR promising
Secondary Intervention After TEVAR for TBAD:

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Entry Tear Sealing

Adjunctive Procedures

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