ENDOVASCULAR REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM USING THE OFF-THE-SHELF MULTIBRANCHED T-BRANCH STENT GRAFT: THE ANEURYSM SHRINKAGE COULD INFLUENCE STENTS SEALING CAUSING BRIDGING STENTS FRACTURE AND TYPE III ENDOLEAKS

S. Fazzini¹, S. Ronchey¹, V. Alberti¹, B. Praquin¹, M. Orrico¹, N. Mangialardi²

Department of Vascular Surgery, San Filippo Neri Hospital, Rome, Italy
Department of Vascular Surgery, San Camillo Hospital, Rome, Italy
Disclosure

Speaker name: SONIA RONCHEY

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
✓ 53 Yrs, Woman

✓ Hyp

✓ Mild CRF

✓ Prev Asc Aorta Replacement

✓ 67 mm Type III TAAA

➢ Refused open surgery

➢ Suitable for endovascular treatment
- GOOD ARCH ANATOMY
- GOOD ACCESS
PLANNING

VISCERAL ANATOMY
SUITABLE
FOR T-BRANCH
DIFFICULTIES RELATED TO VISCERAL VESSELS ANGULATION

CT: 8.5 mm
MSA: 6.5 mm
R-RA: 5 mm
L-RA: 4.5 mm
STAGE 1: B-EVAR ("OPEN BRANCH" for CT)

COOK 42-32 X 165 + 32 X 104
COOK T-BRANCH (34-18 X 202)
COOK ALPHA 20 X 104

CT: PROTEGE’ 9 X 60

MSA: B-GRAFT 7 X 57 + BIOTRONIK 7 X 60
STAGE 1: B-EVAR ("OPEN BRANCH" for CT)

LRA: B-GRAFT 6 X 57 + ZILVER 6 X 40

LRA: B-GRAFT 5 X 57 + ZILVER 6 X 40
STAGE 1: B-EVAR ("OPEN BRANCH" for CT)

"OPEN BRANCH TECHNIQUE"

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TYPE III EL

Original Studies

The “Open Branch” Technique: A New Way to Prevent Paraplegia After Total Endovascular Repair of Thoracoabdominal Aneurysm

Nicola Mangialardi, MD, Mario Lachat, MD, Andrea Esposito, MD, Gilberte Puippe, MD, Matteo Orrico, MD, Vittorio Alberti, MD, Stefano Fazzini, MD, PhD, and Sonia Ronchey, MD, PhD
STAGE 2: CT RELINING (Covered Stent)

1 MONTH LATER:
“OPEN BRANCH OCCLUSION” WITH B-GRAFT
POST 1 STAGE
1 MONTH

POST 2 STAGE
3 MONTH
<table>
<thead>
<tr>
<th>Condition</th>
<th>3 M</th>
<th>9 M</th>
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<tbody>
<tr>
<td><strong>MAX DIAMETER</strong></td>
<td></td>
<td>67</td>
</tr>
<tr>
<td><strong>SAC THROMBOSIS</strong></td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td><strong>SHRINKAGE</strong></td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td><strong>ENDOLEAK</strong></td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td><strong>STENT PATENCY</strong></td>
<td>+</td>
<td>LRA OCCLUSION</td>
</tr>
<tr>
<td>Parameter</td>
<td>Value</td>
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<tr>
<td>MAX DIAMETER</td>
<td>↓56, ↑66</td>
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<tr>
<td>SAC THROMBOSIS</td>
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<tr>
<td>SHRINKAGE</td>
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<tr>
<td>ENDOLEAK</td>
<td>+, + ++</td>
<td></td>
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<tr>
<td>(TYPE III EL)</td>
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<tr>
<td>STENT PATENCY</td>
<td>LRA OCCLUSION</td>
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<td>LRA OCCLUSION</td>
<td>LRA OCCLUSION</td>
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TYPE III EL
>>> MSA + CT
TYPE III EL FROM Be-GRAFT FRACTURE (SMA + CT)
Be-GRAFT RELINING with BARD FLUENCY
CONCLUSIONS

✓ A close follow-up imaging is mandatory

✓ We look for the ideal covered-stent
  ✓ Flexible
  ✓ Resistent
  ✓ Low profile
  ✓ Easy to recannulate if needed
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