Challenging EVAR in very narrow aortic bifurcation: sometime you need luck

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“In ASIAN people that has smaller size of aorta, traditionally bifurcate graft can be used in high success rate”

79 y female present with symptomatic RCIA dissection with infra-renal AAA size 31 mm

Depend on IFU the AAA patients that have narrow aortic bifurcation (under 15 cm), AUI should be the first choice to manage this problem but finally the second choice agree with bifurcate graft and not fully expand limb graft with PTA balloon under Ballerina’s technique.

Conversion to open repair AAA with Y graft and temporary abdominal closure was done. Finally, she discharges without complications at day 18 post-operatively.

The first time final angiogram was great but we decide to more dilate limb graft with aortic balloon.

Unfortunately, the aorta was rupture during the second time expansion of limb graft. Patient develop abdominal distension and unstable vital sign. (arrow point showed contrast leakage)

Conclusion: sometime, change in first planning because we aspect more benefit can cause worse outcome. Lucky so much the final result was great.

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