With Type 1A Endoleaks After EVAR The Type Of The Original Endograft Influences The Secondary Repair Technique: When Are Cuffs, Chimney Or Sandwich Grafts The Best Approach: A Classification system Of EVAR Failures To Direct Secondary Treatment

Claude MIALHE, M.D.
Cardio Thoracic Centre – Monaco.

Disclosure

• IP owner:
  – HQS
  – Xcath
  – USD
  – Twister
  – Dilatulip

• Vascular Mind owner: incubator of innovative technologies

No support from industry

ANEURISMAL OVER GRAFT EXTENSION = NATURAL EVOLUTION OF DEGENERATIVE DISEASE

Anatomy / Type 1A

• INFRA RENAL AORTA STATUS
  – Infra Renal LENGTH / EAG Bif
  – Access Route from Below

• JUXTA RENAL STATUS
  – Infra Renal Fixation
  – Supra Renal BS

Chimney Structural Study at CCM:
  .Primary Cuff: 64
  .Secondary Cuff / Type1A EL: 11
  .Secondary EVAS / Type1A EL: 5

CHIMNEY COELIAC EXTENSION

Long aortic segment > 50 mm

NONE BARE STENT CUFF

Nb: 11
Type of Chimney: 1:1, 2:1, 3:0, 4:0
Nb of // stents: 31
  RA: 20, SMA: 10, CT: 1

Short aortic segment < 50 mm

Difficult Access

Nb: 5
Type of Chimney: 2:2, 3:2, 4:1
Nb of // stents: 41
  RA: 9, SMA: 4, CT: 1

EVAS

CHIM / FREE Type1A

Vascular Mind

Incubator of innovative technologies

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COMPLICATIONS

- // stent Occlusion [CUFF + EVAS]: 0
- Type 1A Endoleak / CUFF: 0
- Type 1A Endoleak / EVAS: 1
- Stroke: 0
- Renal function impairment:
  - creatinine level > 50%: 2 (27%)
  - CC (MDRD):
    - Preop: 60 +/- 10 (RI mild)
    - Lterm: 52 +/- 17 (RI moderate) p<0.05

CONCLUSION

- Aneurismal Extension Over EAG is Part of the Natural History of Degenerative Disease
- Mid and Long Term Evolution of Infra Renal Neck Leads to Reconsider the Use of BS Supra Renal Fixation which compromises proximal extension to coeliac aorta
- Primary EAG Indication has to Anticipate AAA Long Term Evolution and Correlated Need for Device Extension
Evolution Related Classification of AAAs