In TAAD Repairs Open Ascending Aorta Graft Replacement Alone is Not Effective Longterm Treatment in Most Patients: What Are the Implications?

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2009 – 2017: 141 Patients
73 Arch replacements + frozen elephant trunk
68 Arch replacements alone
113 Survivors
30d Mortality 20%

113 Survivors...
60 early endovascular interventions (30d)
44 persistent malperfusion
16 rapid enlargement false lumen
36 additional surgical procedures
33 carotid-subclavian bypass
3 iliac-femoral cross-over bypass

113 Survivors: 53 no Early Interv.
1y follow-up: 10% mortality
11 secondary interventions for enlargement of false lumen and ante- or retrograde perfusion (0% mortality)

113 Survivors: 53 no Early Interv.
2-6y follow-up: 8 deaths
17 secondary interventions:
11 late malperfusion syndrom (visceral artery stenting)
6 enlargement of false lumen or new endoleak

NO DISCLOSURES.
1. Re-Intervention After 2 Years

2. Arch Repair + Evita Open (FET)

3. New Entries Midaorta and Iliacs

4. Another TEVAR + Iliac Stentgraft

5. 4 Years Later: Endoleak Typ II?

6. 4 Months Later: Rapid Clinical Deterioriation
Dyna-CT und I-Guide Puncture

Puncture and Embolization

3.5 ml glue

4 Months Later: New Endoleak

Type III Endoleak: A 3. TEVAR

Conclusion

Arch repair for TAAD alone in less than 40% sufficient
High early adjunctive intervention rate to treat residual malperfusion syndrome (mesenteric, renal, peripheral)
20% re-intervention rate during 1y follow-up to treat false lumen dilatation
25% re-intervention rate for late (delayed) malperfusion (all side branches!) and false lumen dilatation