Ultra low-profile EVAR: behind the boundaries

*The way we used the INCRAFT® from Cordis*

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Case Presentation

- Man, 79 year-old, with a 62 mm AAA
- Medical History
  - Myocardial infarction
  - COPD
  - Left common iliac artery PTA + 2 stents
The Aortic Neck Status

- Neck length : 22.6mm
- The neck is rather straight and moderately calcified.
- Diameters range from 18-21mm
The RIGHT Iliac Artery

- The RCIA is heavily calcified and starts with a diameter of 10mm, then shows a stenosis (3.9mm) to taper out again till 8-9 mm
- Stenosis (3.8mm) at the origin of the REIA
The LEFT Iliac Artery

- The LCIA is also heavily calcified, even more than the RCIA and contains 2 earlier placed stents.
- Diameters before the stent are about 5.8-5.9mm, luminal diameters within the first stent in the LCIA are between 4.4-5.8mm.
- The second stent is found in the EIA where luminal diameters range from 4.1 proximal to 3.1 distally.
The Incraft® stentgraft from Cordis

- Ultra Low-profile stentgraft
- Supra Renal Fixation
- Tri modular
- Room for in-situ length adjustment
The Incraft® stentgraft from Cordis
Planning of the Case

- Device selected: INCRAFT from Cordis
- Right Insertion of the AB2298 main body 14F
- Right Iliac extension IL1308 12F
- Left Iliac extension IL1008 12F
INSIGHT Study

- Patient was excluded from the INSIGHT Study

- Femoral access vessels should be adequate to fit the selected delivery system
- Proximal neck length ≥ 10mm
- Aortic neck diameters ≥ 17mm and ≤ 31mm
- Aortic neck suitable for suprarenal fixation
- Infrarenal and suprarenal neck angulation ≤ 60°
- Iliac fixation length ≥ 15mm
- Iliac diameters ≥ 7mm and ≤ 22mm
- Minimum overall AAA treatment length (proximal landing location to distal landing location) ≥ 128mm
- Morphology suitable for aneurysm repair
Procedure

One-month follow-up CTA
We have selected the INCRAFT® for patients with extensive iliac lesions.
In 4/5 patients treated, those iliac stenosis were associated with severe femoral calcifications.