Aortic Case 1

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Disclosure of Interest

Speaker name: ....Barend Mees..............................................

- I have the following potential conflicts of interest to report:
  - Consulting
  - Employment in industry
  - Shareholder in a healthcare company
  - Owner of a healthcare company
  - Other(s)

- X I do not have any potential conflict of interest
Case

- Woman
- 78 years
- Analysed by physician for loss of appetite and weight loss (BMI 17.5)
- Hypertension, Hypercholesterolemia
- COPD, smoker, decreased exercise tolerance
- US: Infrarenal AAA 65 mm
- Lab: GFR 50
AAA Characteristics

• Minimal infrarenal neck
• Mild angulation
• Significant thrombus juxtarenal aorta
• Maximum diameter 70 mm
• Calcified iliacs, minimal diameter 6 mm

• What’s next?
SMA L 6 cm
CRA 22 cm
LAA 90 cm

31 (26)
30 (14 x 28)
33 (22 x 29)

9 (12)

24 (16 x 38)

CX
SMA
LRA
LAA

28"
What are treatment options?

- Unsuitable for standard EVAR (short neck)
- Not fit for open repair
- High risk for fenestrated EVAR (significant thrombus juxtarenal aorta and suboptimal access)
- Decided to offer chimney-EVAS
Postoperative Abdominal XR
CT-angiogram 6 weeks
CT-angiogram 6 weeks
6 months
1 year
In detail
In detail
We have a situation!

- Migrated Nellix after ch-EVAS
- Not fit 79 year old woman
  - ASA III
  - BMI 16
  - COPD Gold II
What would you do?

- Nellix in Nellix
- Chimney in Chimney, plus Chimney SMA
- Atrium stents relining Nellix
- Open conversion
- Wait
Nellix in Nellix, Chimney in Chimney
Nellix in Nellix, Chimney in Chimney
Nellix in Nellix, Chimney in Chimney
Nellix in Nellix, Chimney in Chimney