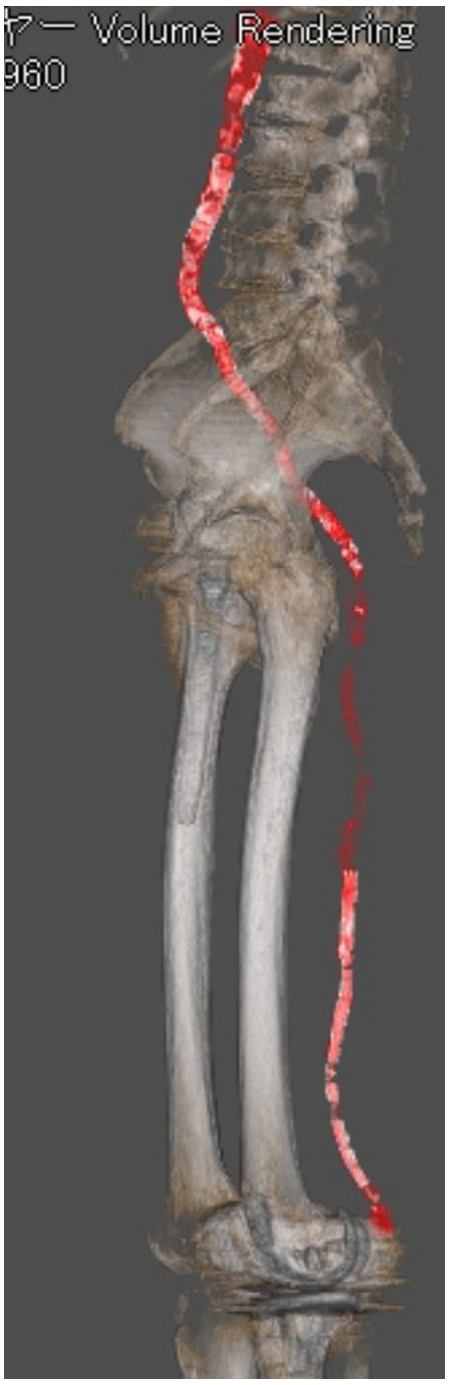


TCTAP C-173

EVAR with Chimney Technique(Ch-EVAR) for AAA with Hostile Aortic Neck 4 Years After

Jang Yong Kim[1]
[1]Seoul St. Mary's Hospital, Korea (Republic of)

[CLINICAL INFORMATION]

Patient initials or identifier number. HSL

Relevant clinical history and physical exam. 81 year old Man with AAA 7.5cm

PHX: Hypertension(+), Hypercholesterolemia(+), ischemic heart disease(-), diabetes mellitus(-),stroke(-)

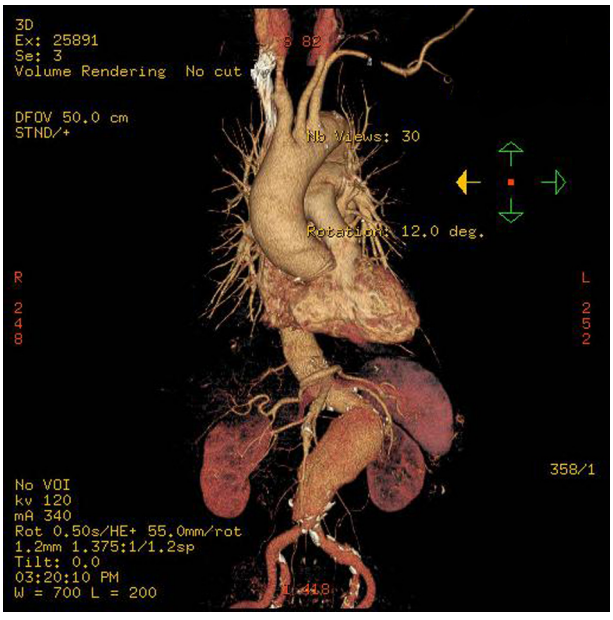
Smoking(+): 50 years * 0.5 pack

Otherwise remarkable

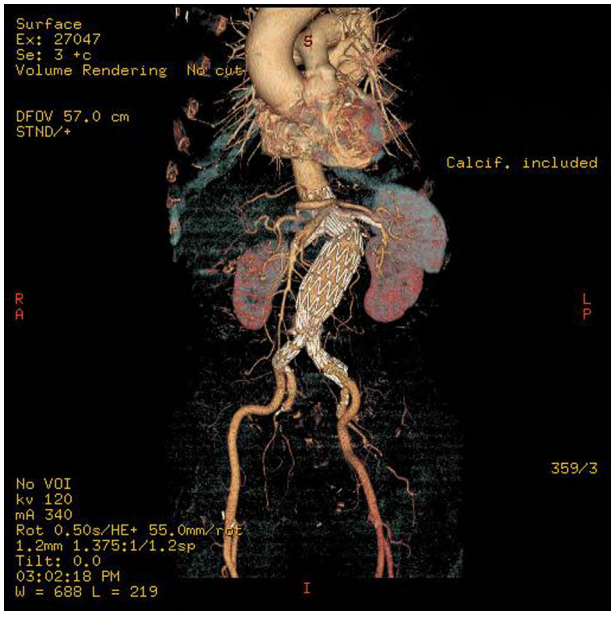
EVAR with Chimney technique for both renal artery

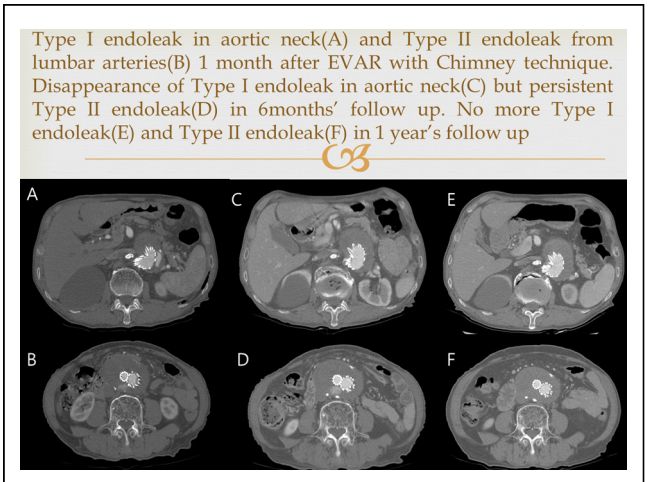
EVAR: Zenith, Cook medical

Chimney stent: tow 5mm 5cm covered stent (V12, atrium)

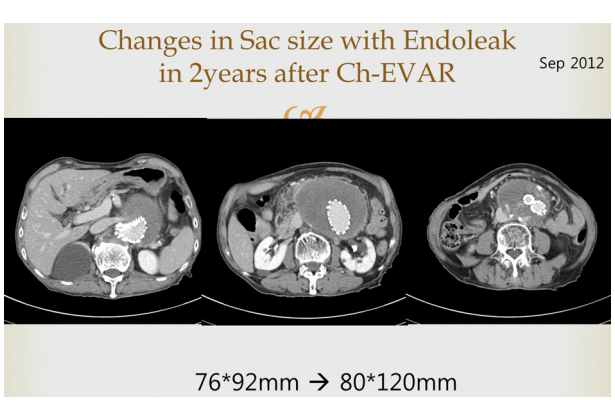


Case Summary. We have performed endovascular therapy for persistent sciatic artery occlusion using CO2 angiography. At first, we were unaware of the existence of arterial anomaly. Persistent sciatic artery aneurysm can lead to distal embolization, sciatic neuropathy, or rupture, thus surgical treatment is recommended as first-line therapy. Although endovascular therapy was successful in this case, long term follow-up is indispensable.

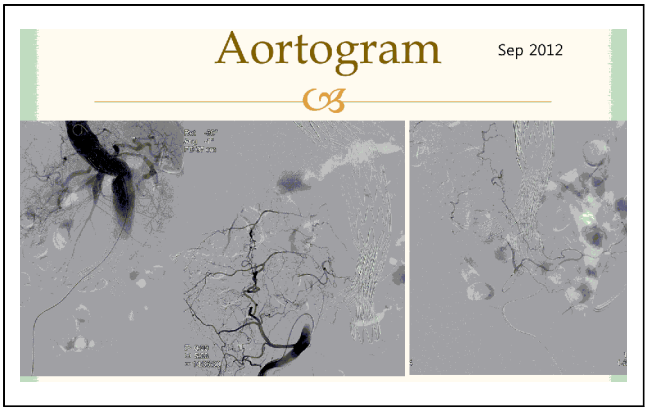


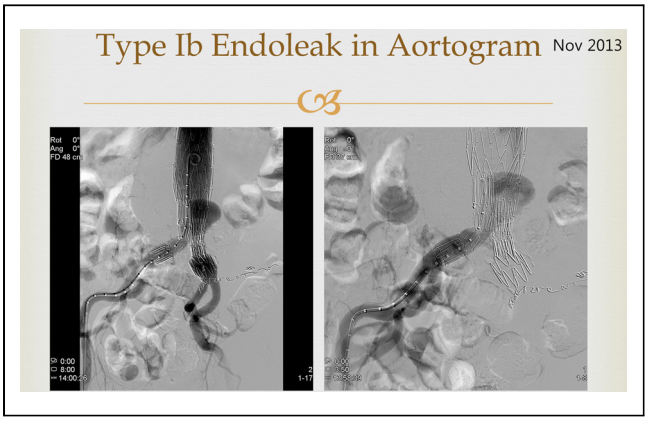


Relevant test results prior to catheterization. In 2 years follow up, sac size of AAA increased from 76mm*92mm-> 80mm*120mm in diameter.



Relevant catheterization findings. There was persistent type II endoleak in CTand Angiography in 3 years follow up, new endoleak was found and in agniogram, there was type Ib endoleak. But, no Type Ia endoleak was found duringthat period





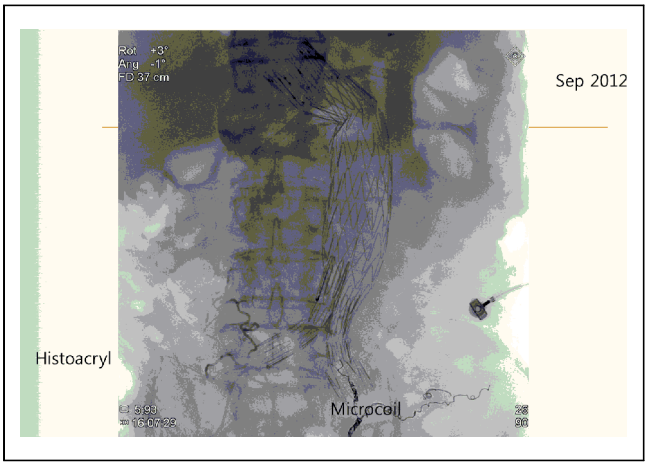
[INTERVENTIONAL MANAGEMENT]

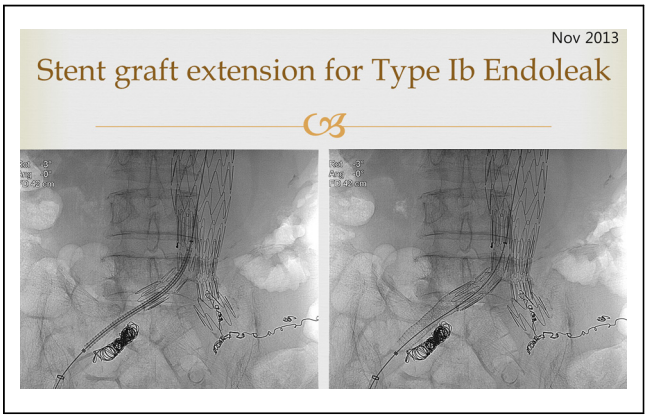
Procedural step. Coil embolization of left lumbar arteries in left iliac branch for type II endoleak (microcoil tornado) were done in 2 year after ChEVAR.

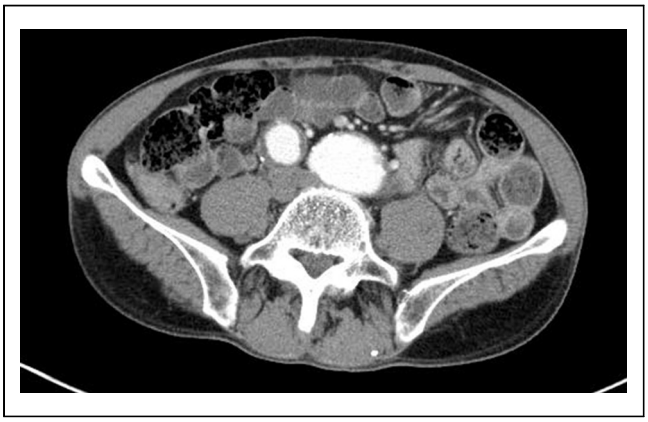
Glue embolization of right lumbar arteries in right iliac branch for type II endoleak(Histoacryl) were done in 2 year after ChEVAR.

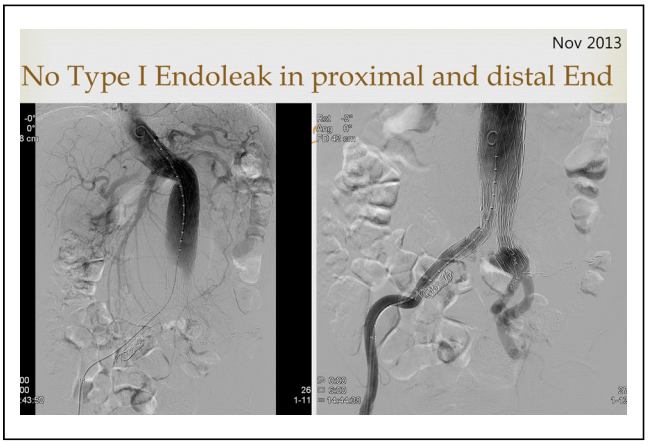
After Embolization, CT showed no endoleak, but, CT scan in 3years showed new endoleak, which is prominent and seemed to be from distal limb(Type Ib endoleak)

Limb extension to right external iliacartery (Via bahn 20mm*10cm) was done for type Ib endoleak in 3 years after ChEVAR.









Case Summary. NO Endoleak in aortic neck around Chimney stents in 4 year after ChEVAR.

PATENT renal Chimney stent in 4year after ChEVAR.

Despite multiple additional interventions after ChEVAR for 4 years, ChEVAR showed durability.

TCTAP C-174

EVAR with Sandwich Technique for Bilateral Common Iliac Artery Aneurysm

Jang Yong Kim[1]
[1]Seoul St. Mary's Hospital, Korea (Republic of)

[CLINICAL INFORMATION]

Patient initials or identifier number. YKK

Relevant clinical history and physical exam. 68 year old Man presented with asymptomatic bilteral common iliac artery aneruysm

Hypertension(+), Diabetes Mellitus(-),Ischemic heart disease(-), Lipid disorder(+),

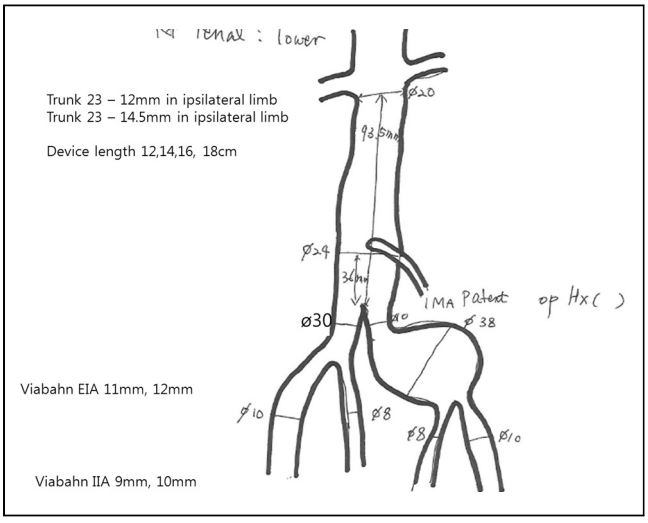
Claudication(-), Renal Insufficiency(-)

Current Smoker 23pack years

Relevant test results prior to catheterization. There were aneurysms at Left common iliacartery aneurysm (37* 49mm) and right common iliac artery aneurysm(30mm).

Available options

1. EVAR with bilateral IIA embolization
2. Open Surgical Repair withInternal iliac artery bypass
3. AUI and femfem Bypass, retrograde external iliac to internal iliac artery stent grafting
4. Iliac Bifurcated Devices(IBD)
5. EVAR with Sandwich technique



Relevant catheterization findings. Decision was made to do EVAR with Sandwich technique to save right internal iliac artery

left iliac artery was unfit for sandwich technique because of narrow lesion in common iliac artery.

Technical tips of sandwich technique followed Dr Lobato's paper

left internal iliac artery was embolized with coils during EVAR procedure