



Aortic Case 1

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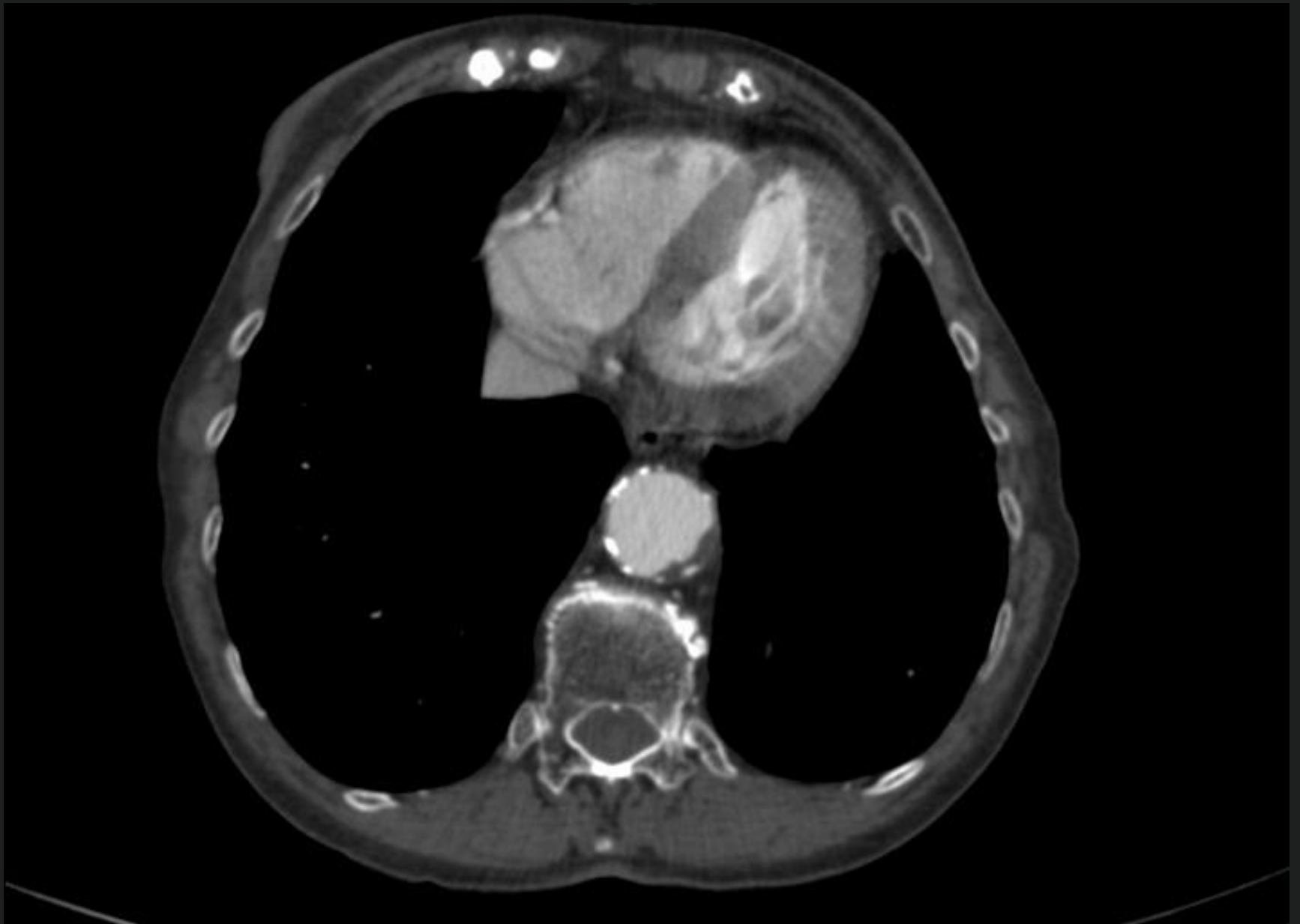
Disclosure of Interest

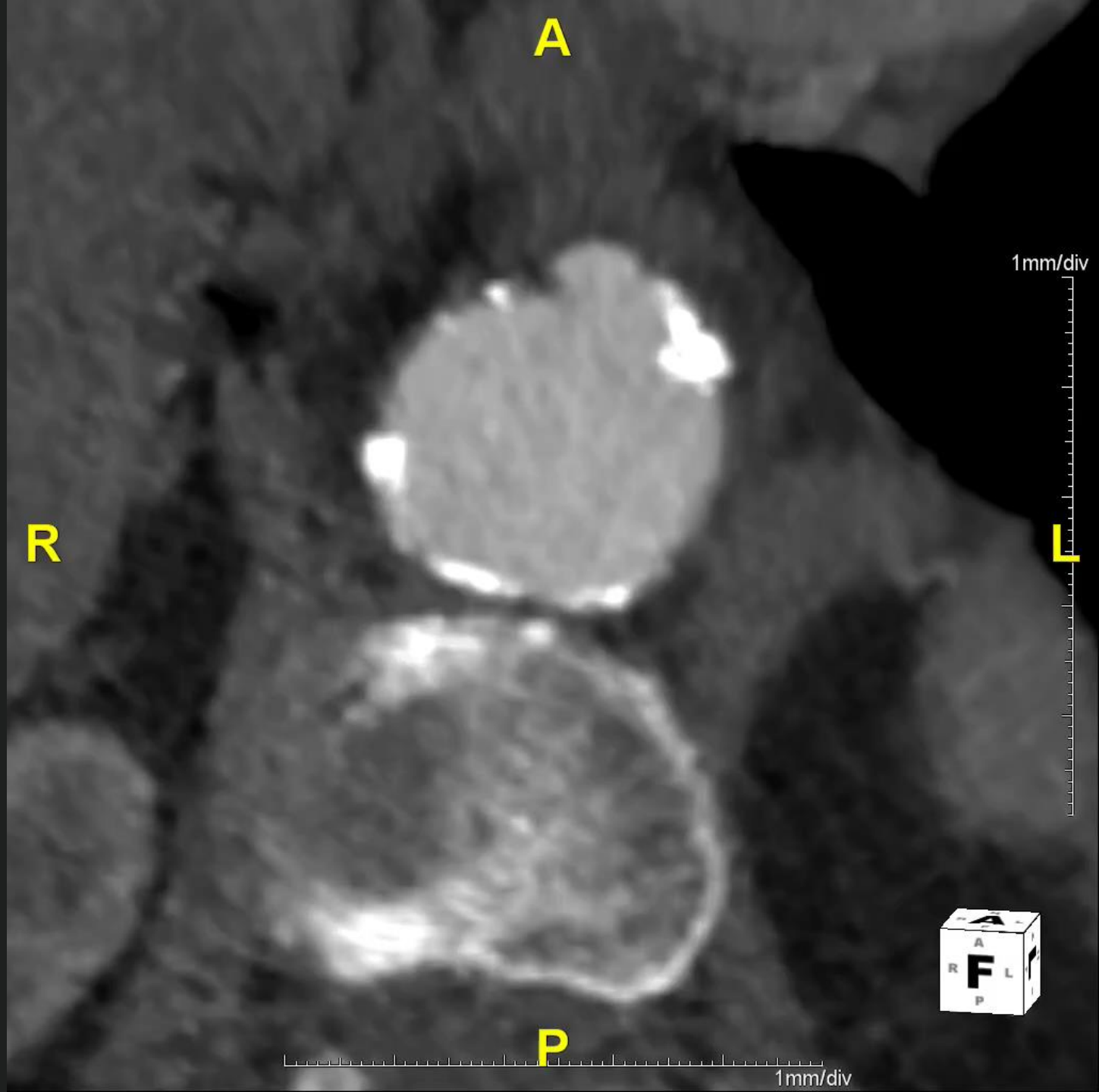
Speaker name:Barend Mees.....

- 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)
- ☒ 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







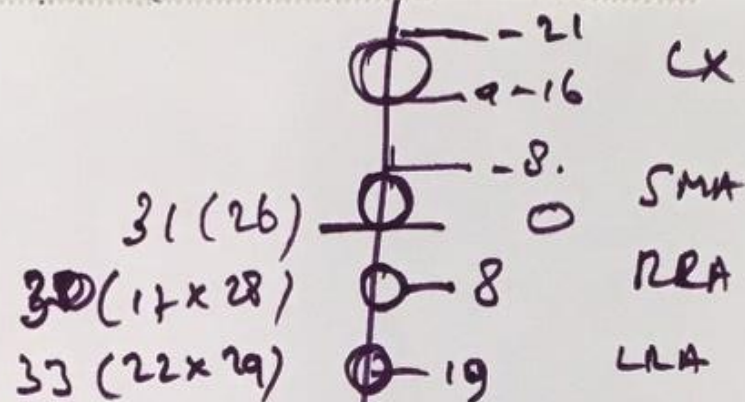
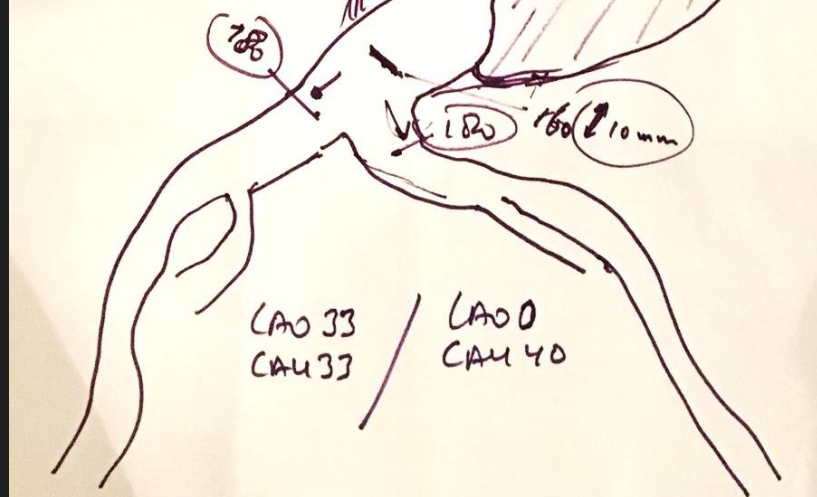
AAA Characteristics

- Minimal infrarenal neck
- Mild angulation
- Significant thrombus juxtarenal aorta
- Maximum diameter 70 mm
- Calcified iliacs, minimal diameter 6 mm
- What's next?

23.7.1954
4162958

SMA to Dist.
LAO 90
CRA 22 (lat)

understand SMA =
Soverand L7



39(-12)

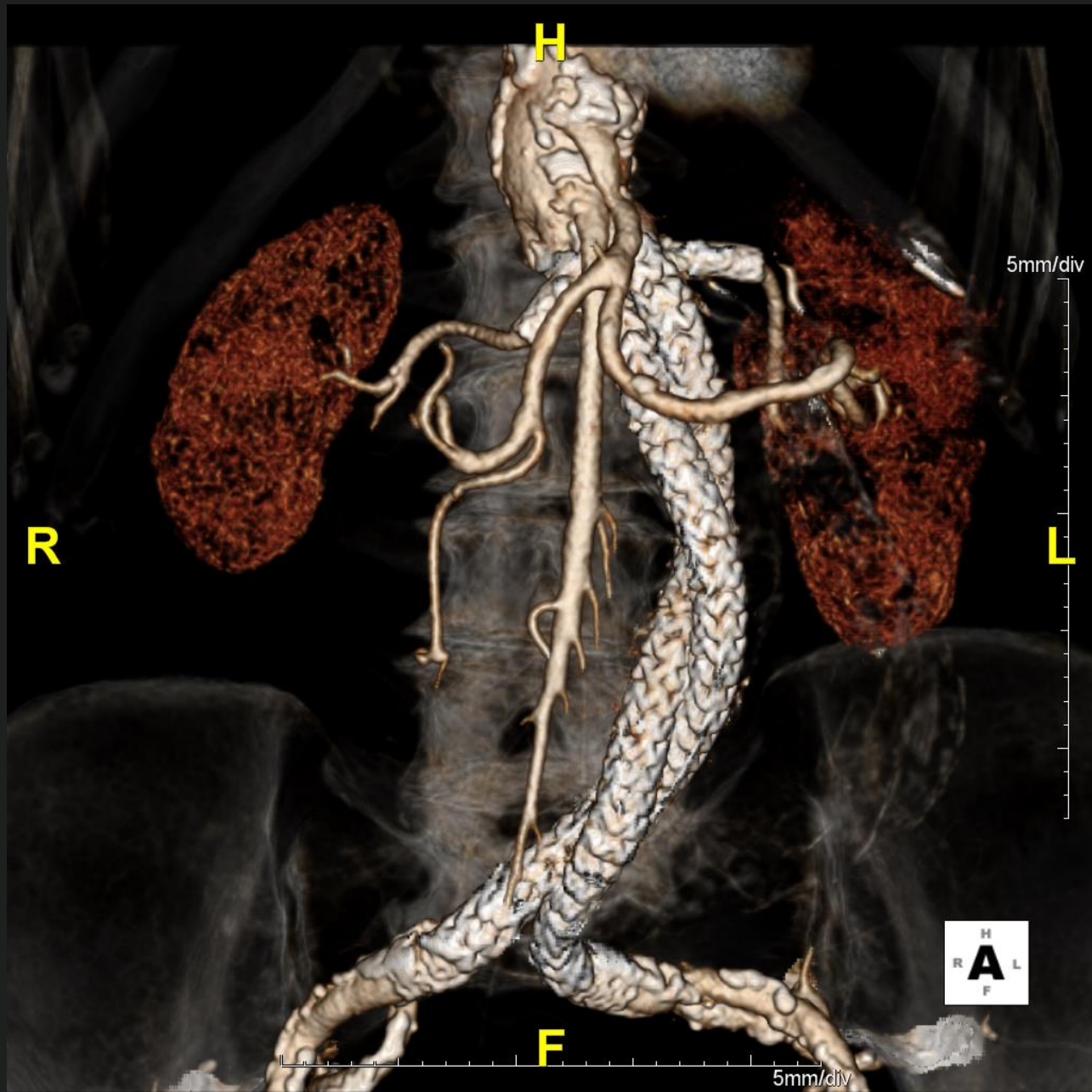
24
(16x38)

207

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

Chimney-EVAS



Postoperative
Abdominal XR



CT-angiogram 6 weeks



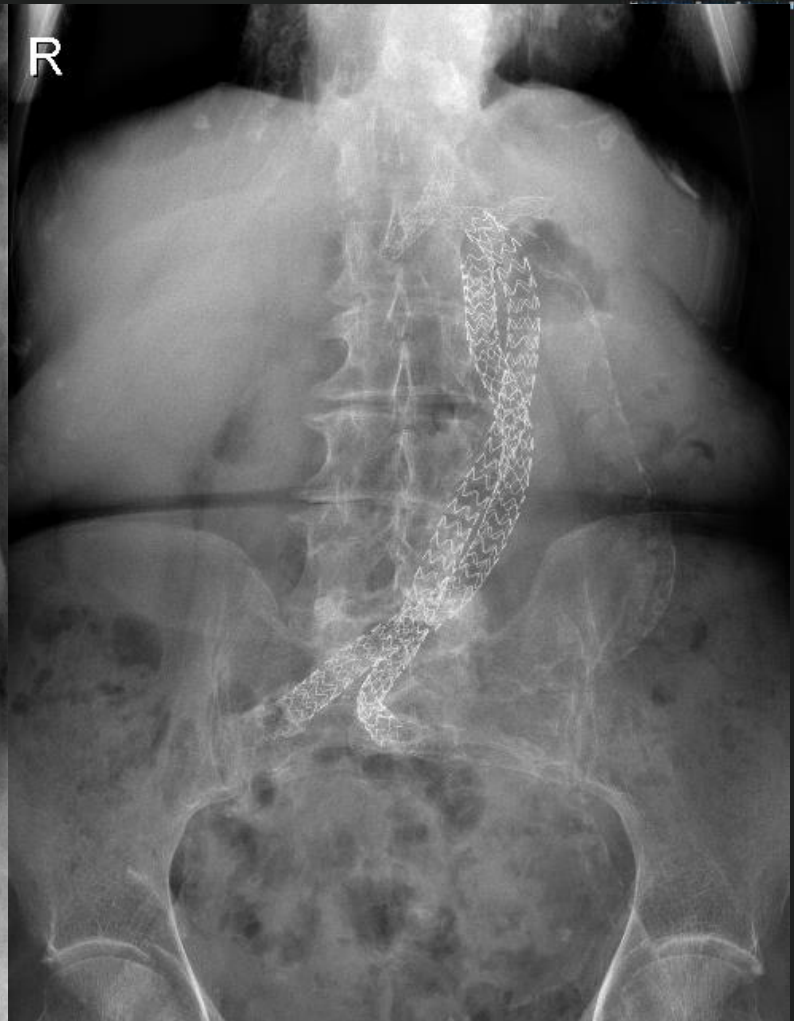
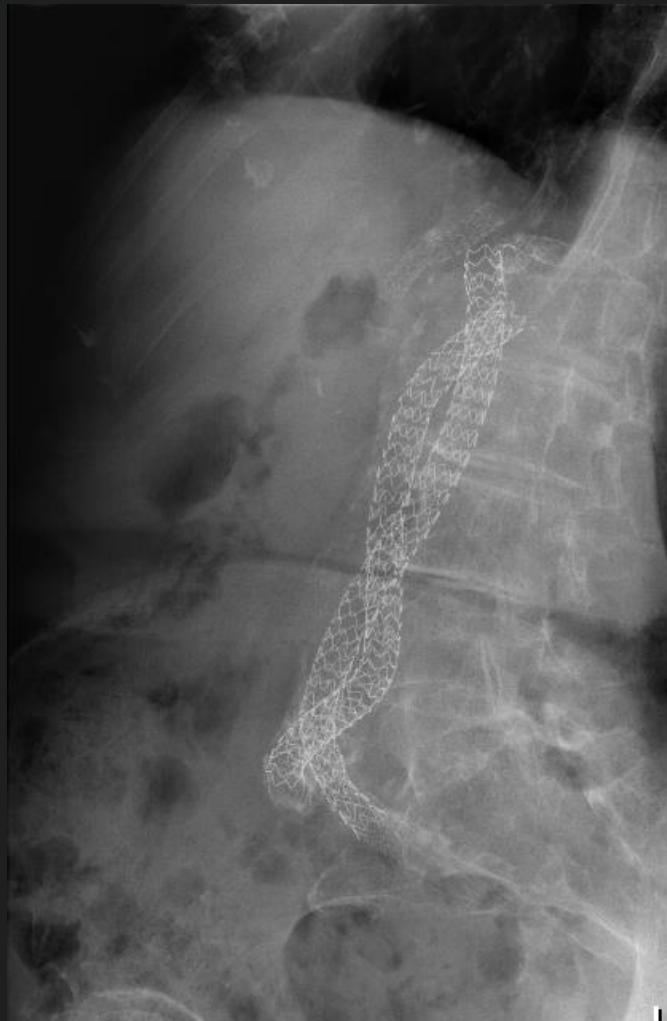
CT-angiogram 6 weeks



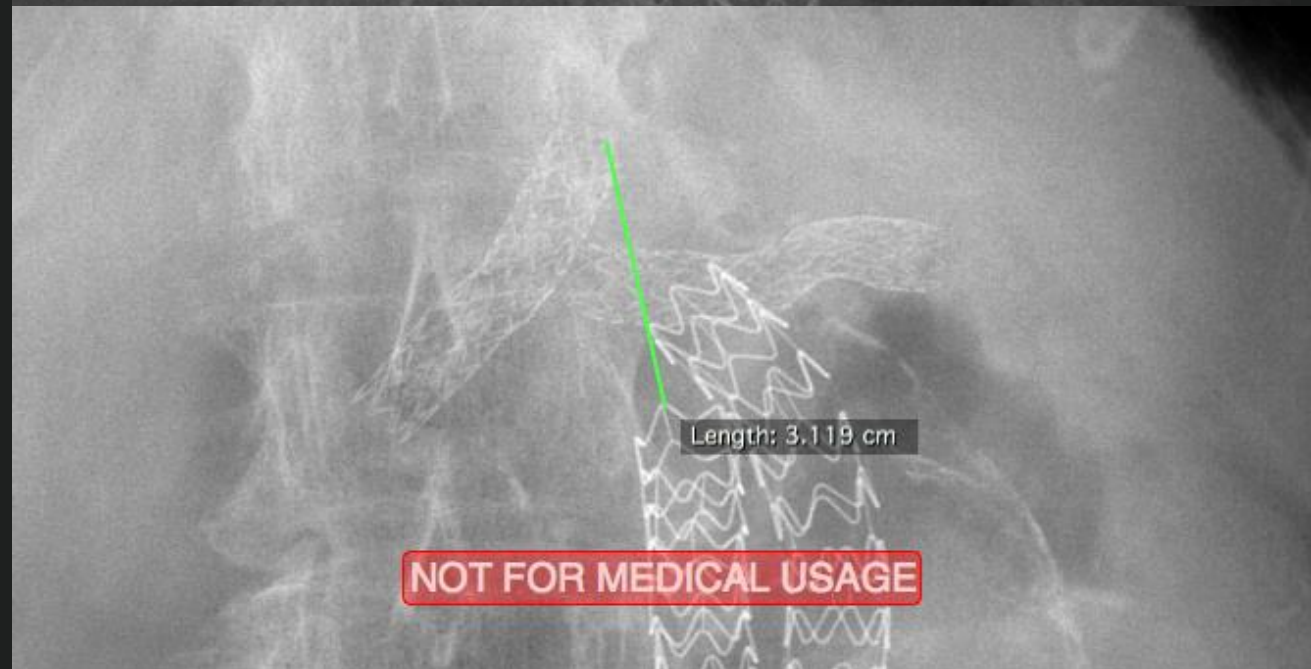
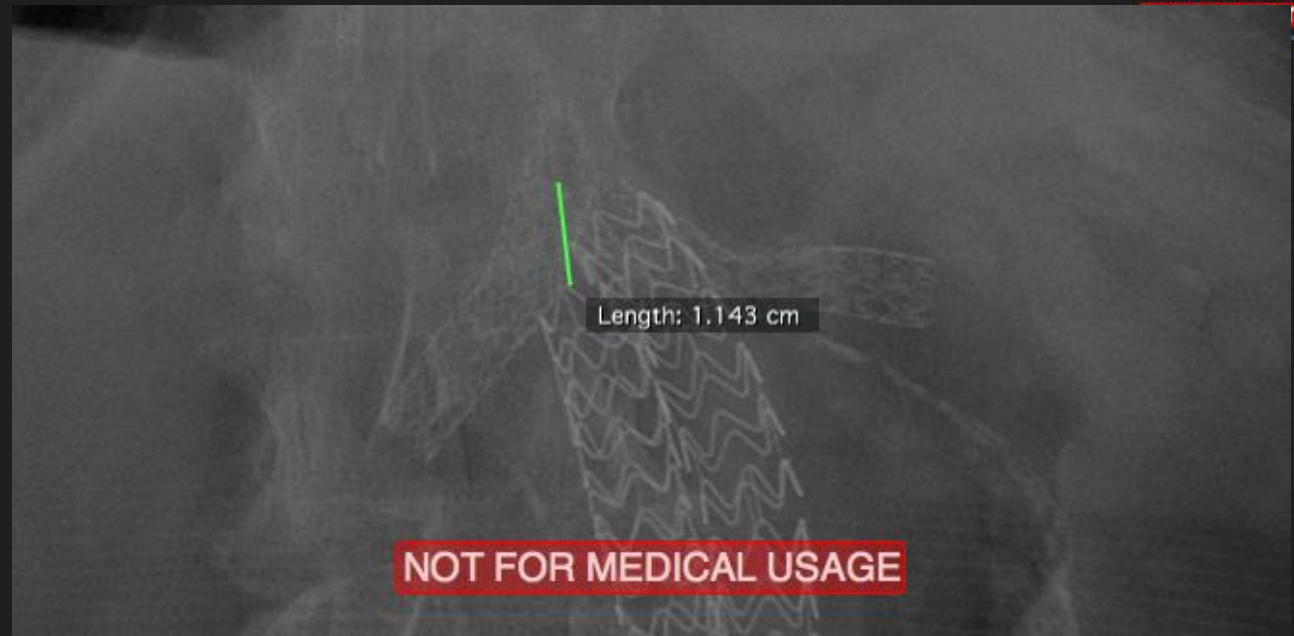
6 months



1 year



In detail



In detail





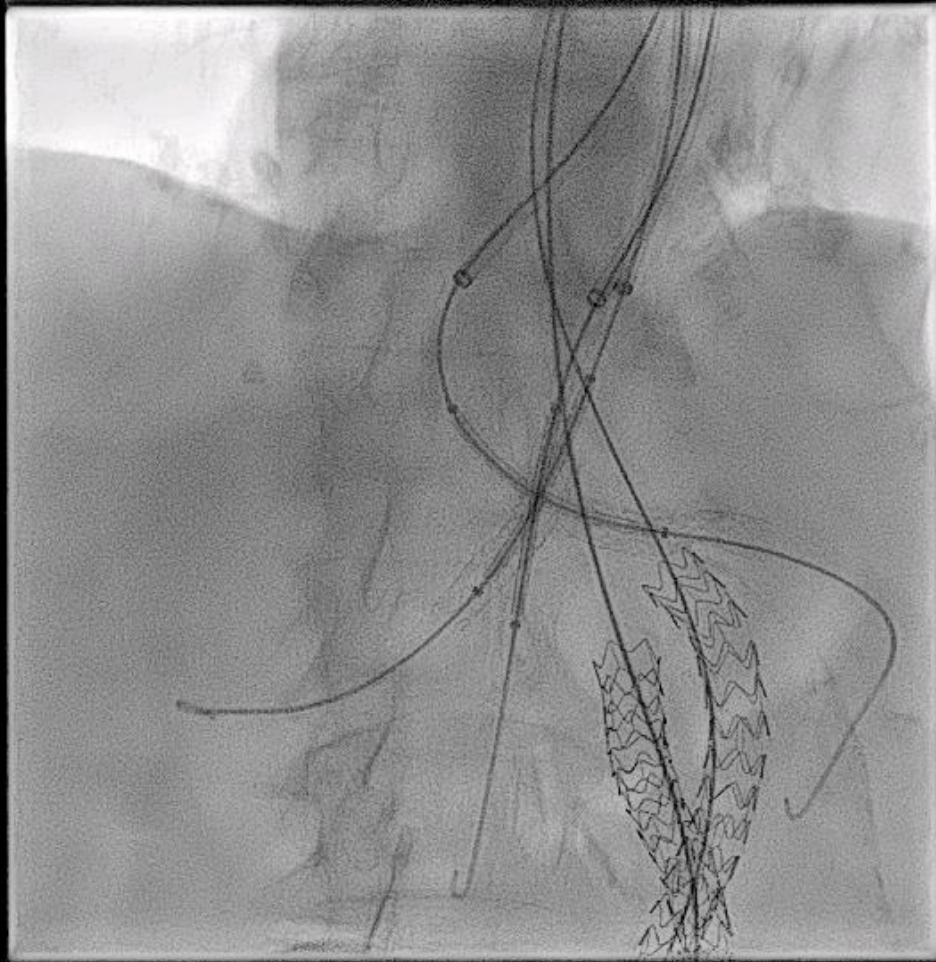
We have a situation!

- 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



