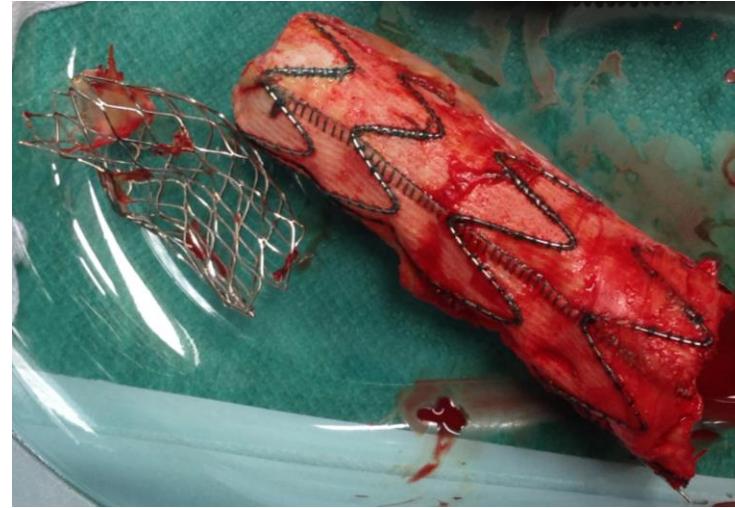


What I have removed from the aorta... My experience with explantation and endotra...



Michael Jacobs, Maastricht, the Netherlands and Aachen, Germany

Late graft explants in endovascular aneurysm repair

Eric J. Turney, MD, Sean P. Steenberge, MS, Sean P. Lyden, MD, Matthew J. Eagleton, MD,
Sunita D. Srivastava, MD, Timur P. Sarac, MD, Rebecca L. Kelso, MD, and Daniel G. Clair, MD,
Cleveland, Ohio

Conversion 0.8-5.9%

Mortality 0-28.5%

Infection highest mortality

Conversion to Open Repair After Endografting for Abdominal Aortic Aneurysm: A Review of Causes, Incidence, Results, and Surgical Techniques of Reconstruction

Konstantinos G. Moulakakis, MD¹; Ilias Dalainas, MD¹; Spyridon Mylonas, MD²;
Triantafilos G. Giannopoulos, MD¹; Efthimios D. Avgerinos, MD¹; and
Christos D. Liapis, MD¹

Comparison of treatment strategies for thoracic endograft infection

Konstantinos G. Moulakakis, MD, Spyridon N. Mylonas, MD, Constantine N. Antonopoulos, MD,
John D. Kakisis, MD, George S. Sfyroeras, MD, George Mantas, MD, and Christos D. Liapis, MD, FACS,
Athens, Greece

55 thoracic endograft preservation	mortality 82%
41 thoracic endograft explantation	mortality 46%

Conclusions: Endograft preservation seems not a durable option. It can be offered to patients who refuse surgery or as a palliative option or bridging procedure for severely ill patients. Compared with antibiotic therapy alone, antibiotic therapy followed by drainage and repair of the fistula may control the sepsis, providing, however, mainly a temporary benefit. The presence of fistula is a predictor of dismal outcome. Endograft explantation remains the “gold standard” of treatment. The mortality rate of surgical conversion is much higher in the presence of fistula. (J Vasc Surg 2014;60:1061-71.)

Secondary surgical procedures after endovascular stent grafting of the thoracic aorta: Successful approaches to a challenging clinical problem

Evaldas Girdauskas, MD,^a Volkmar Falk, MD, PhD,^a Thomas Kuntze, MD,^a Michael A. Borger, MD, PhD,^a Andrej Schmidt, MD,^b Dierk Scheinert, MD, PhD,^b and Friedrich W. Mohr, MD, PhD^a

Surgical correction of failed thoracic endovascular aortic repair

Journal of
Vascular Surgery®

Stephan Langer, MD,^a Gottfried Mommertz, MD,^a Thomas A. Koeppel, MD,^a

Geert W. H. Schurink, MD,^b Rüdiger Autschbach, MD,^c and Michael J. Jacobs, MD,^{a,b}

Aachen, Germany; and Maastricht, The Netherlands

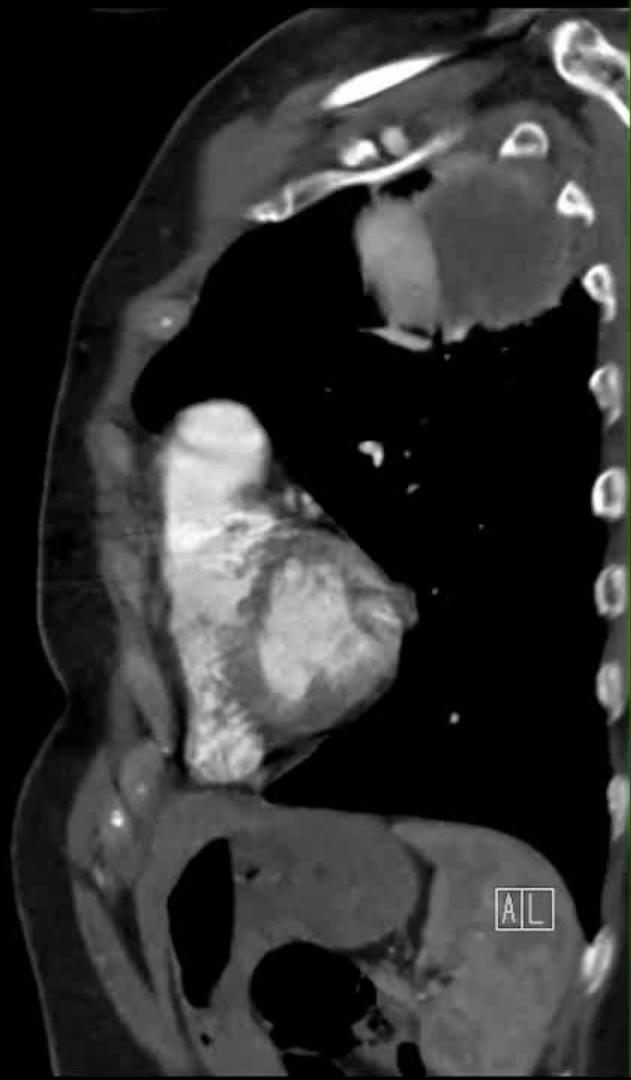


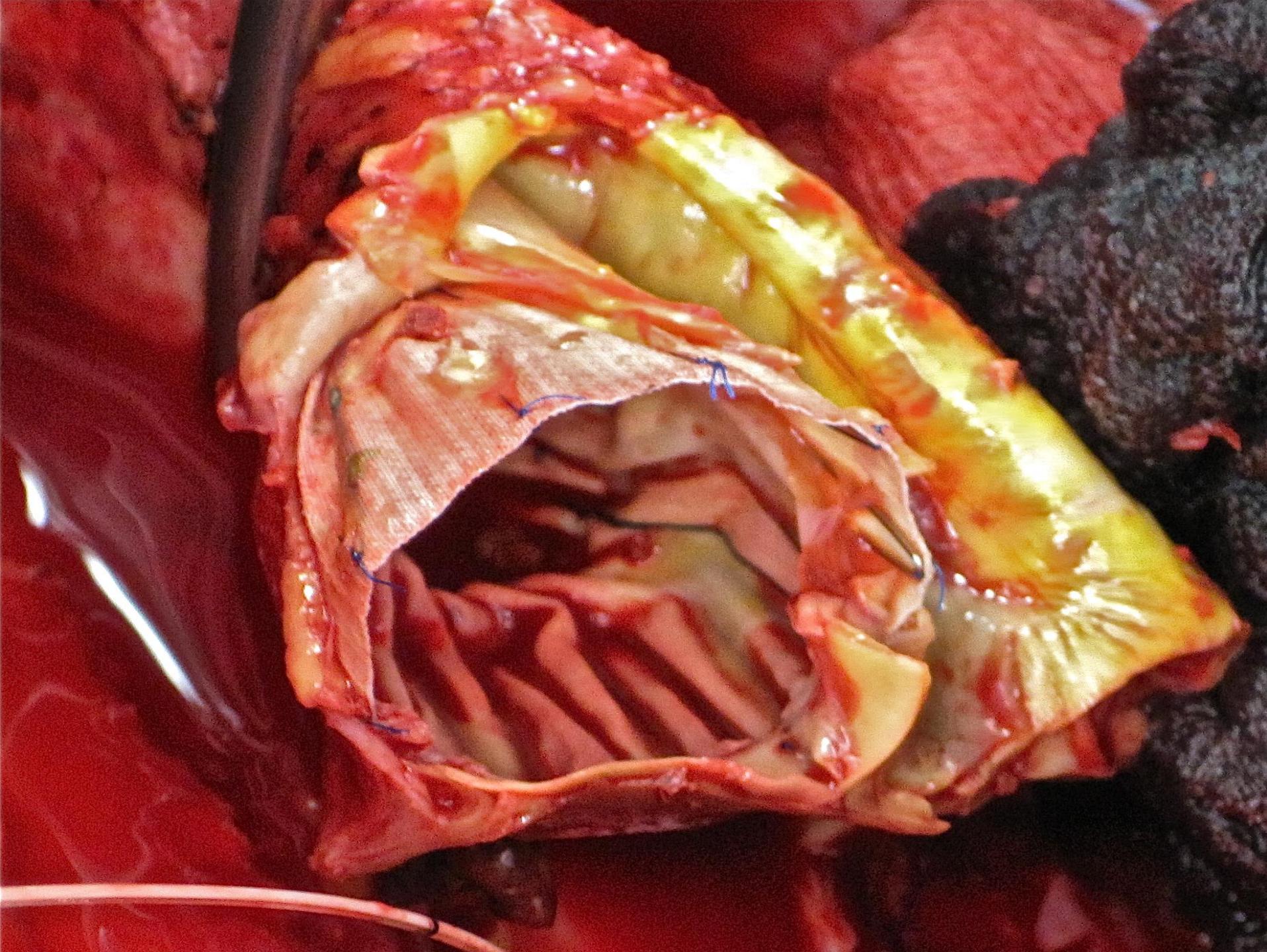
Main indications for conversion

- Endoleak type 1a/b (post dissection, stiff septum)
- Growing aneurysm in TCD, no endoleak detectable
- Embolization (thrombus/trash)
- Endograft infection
- Aorto bronchial fistula
- Aorta esophageal fistula

Open surgery without explantation

- Retrograde type A dissection
- Endoleak (no source) and growing aneurysm







R

H

5mm/div

L



F

5mm/div

R

H

L

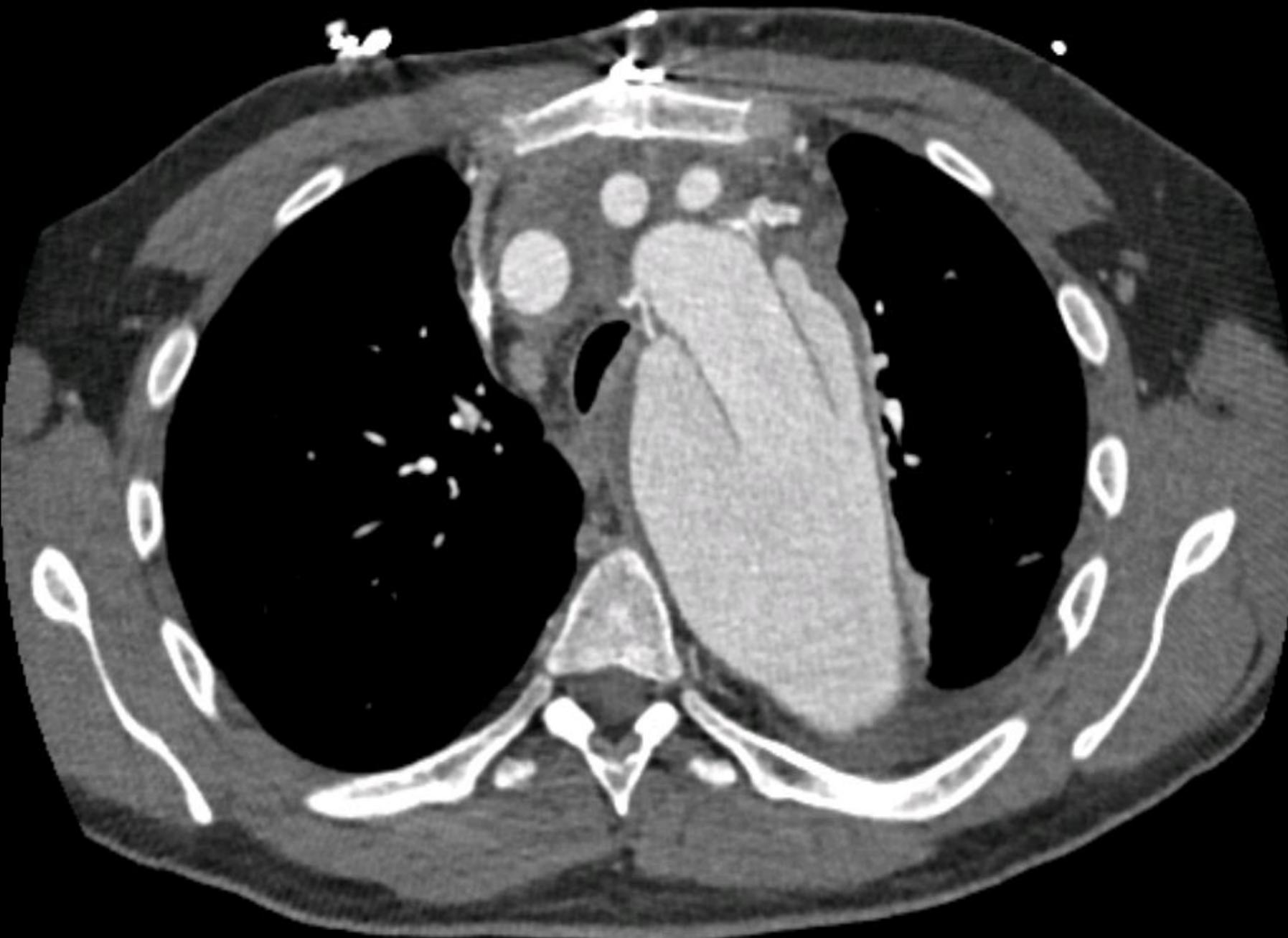
F

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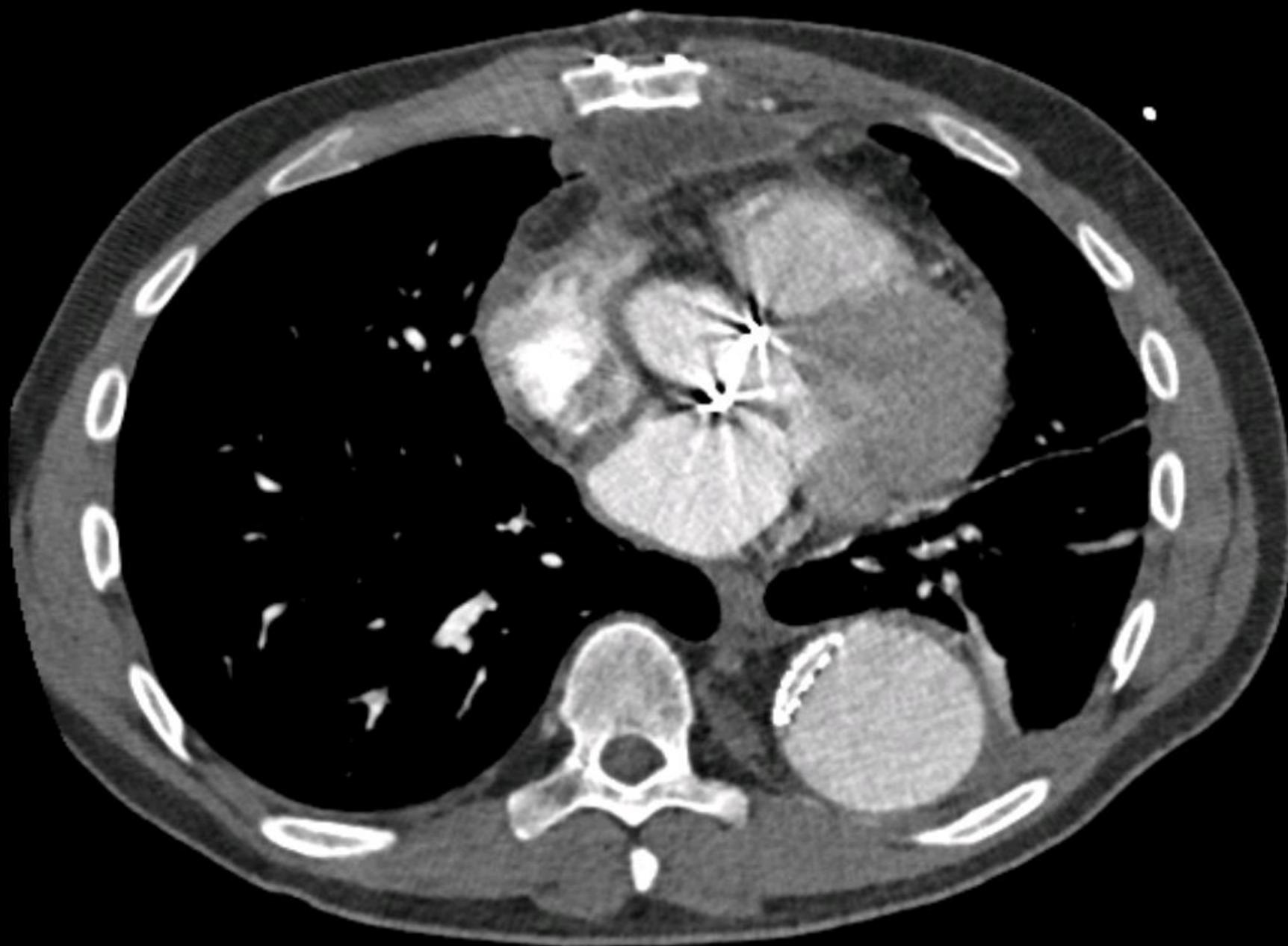
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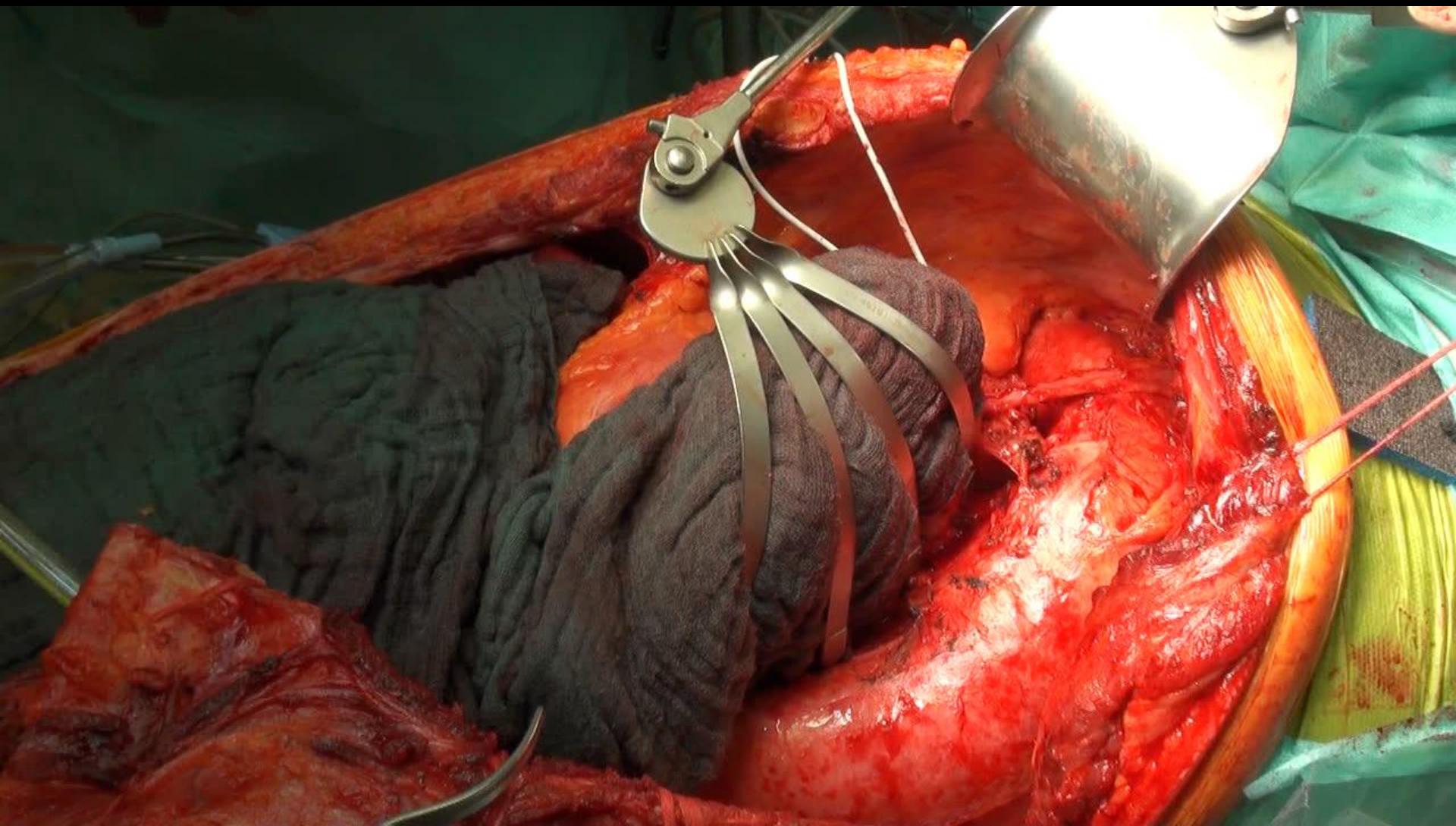
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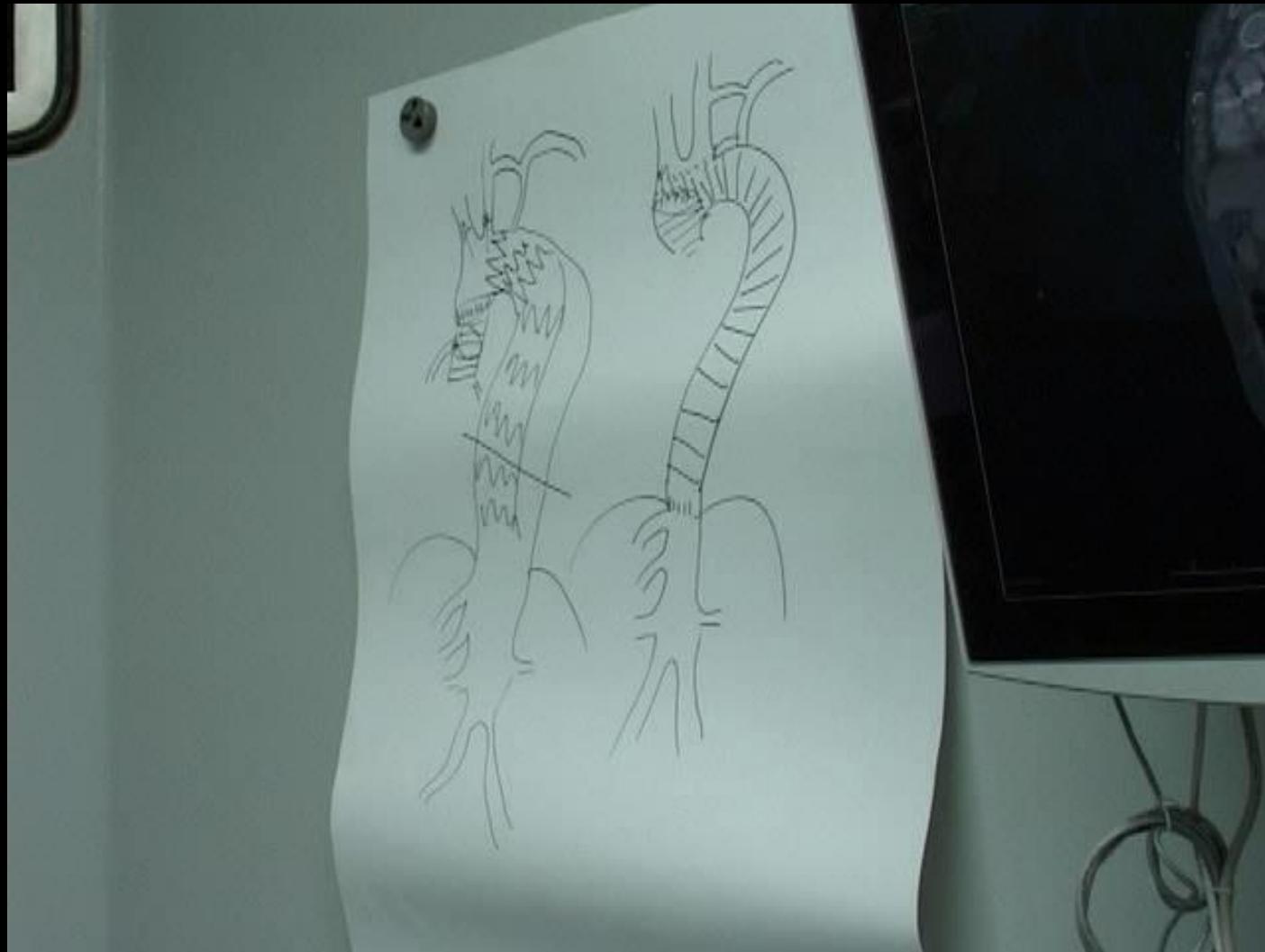


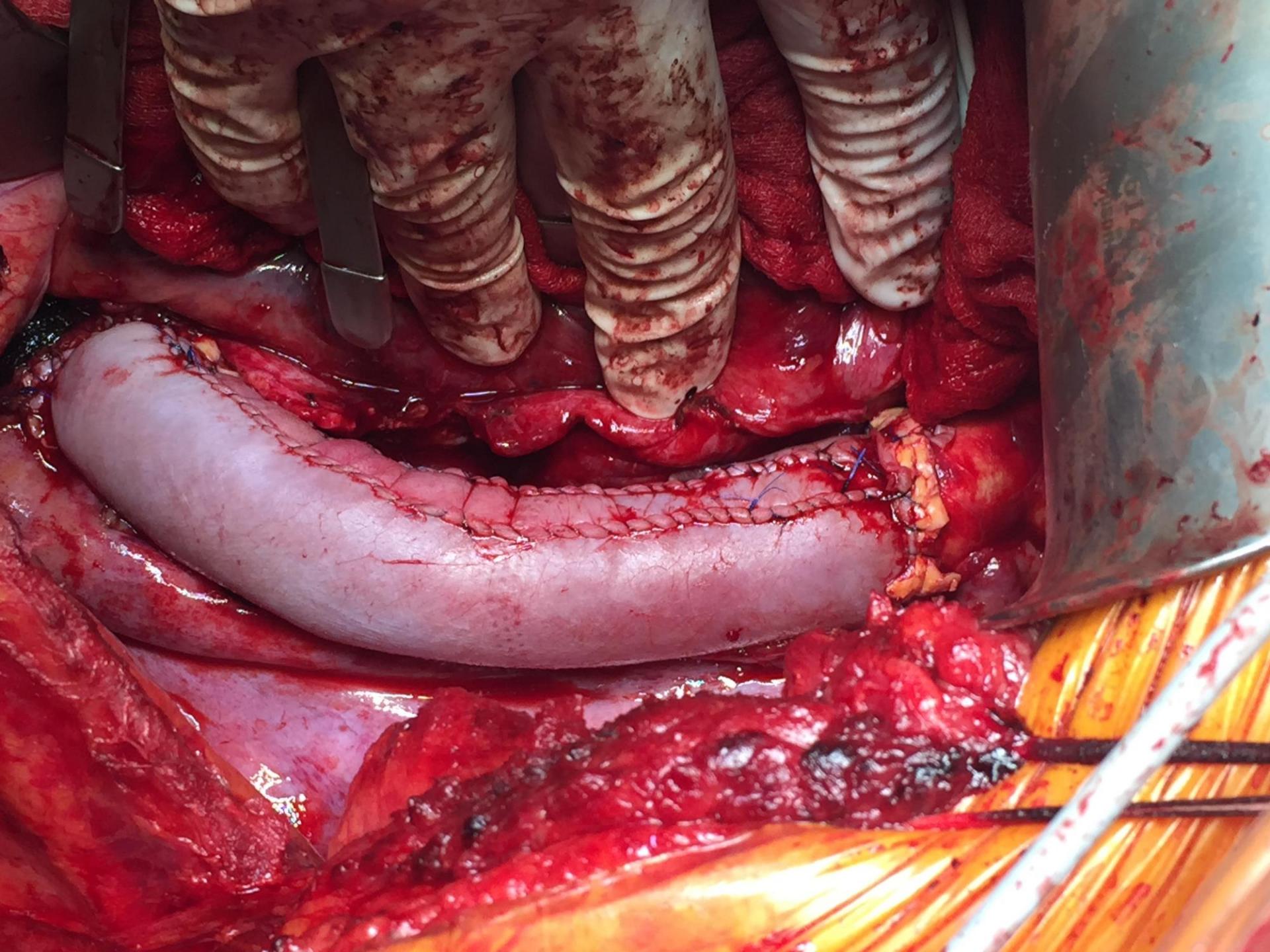


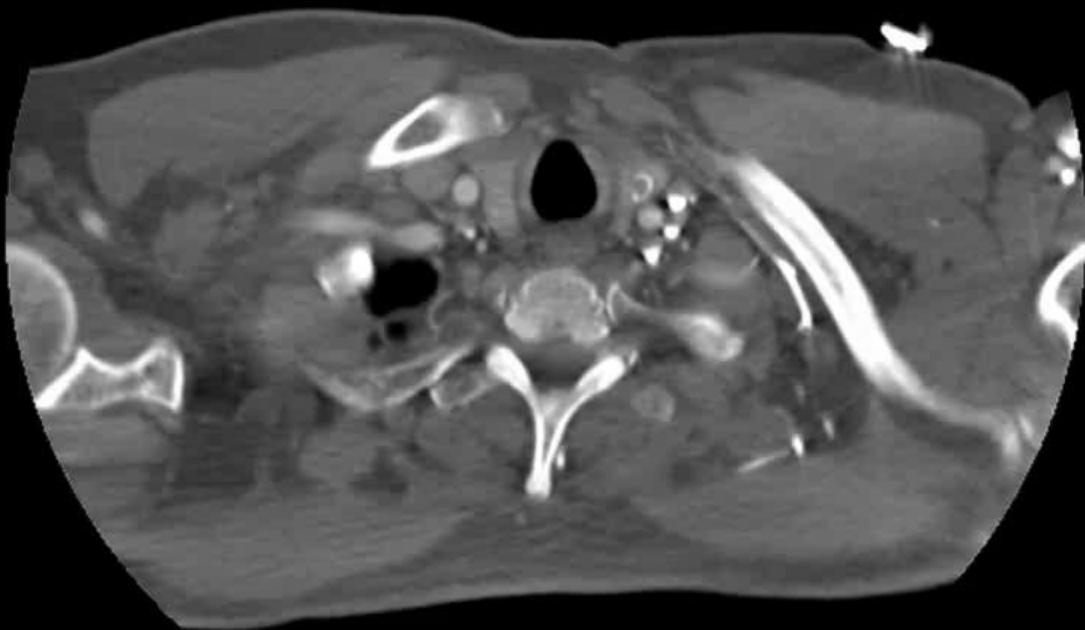
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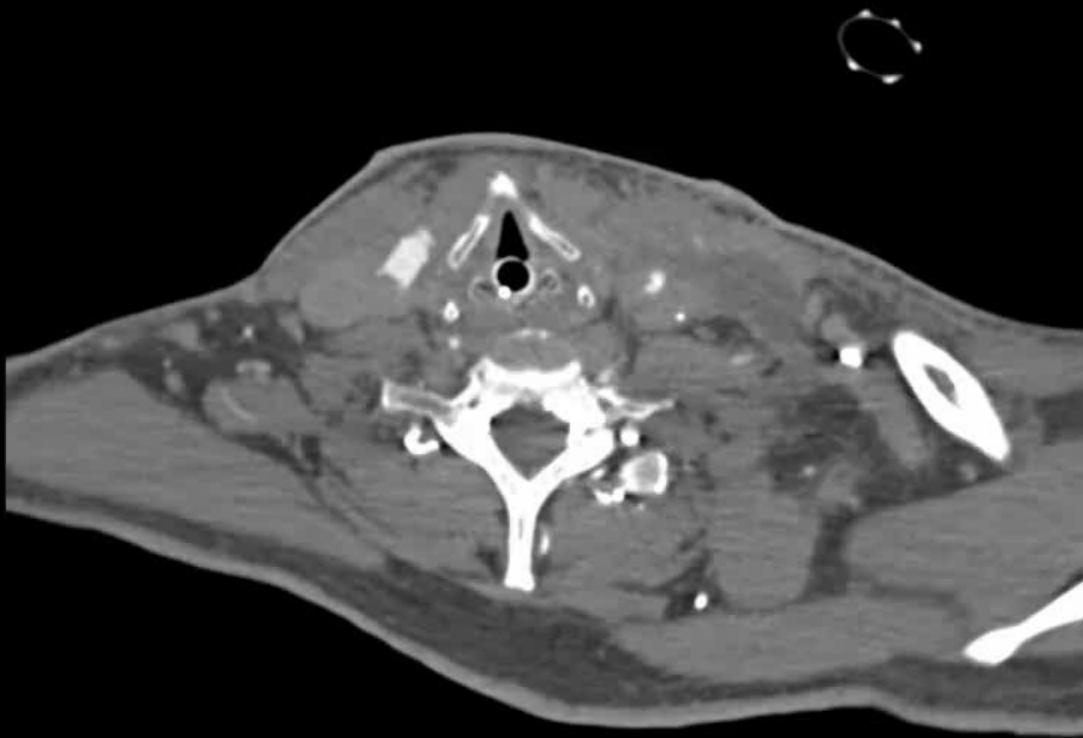




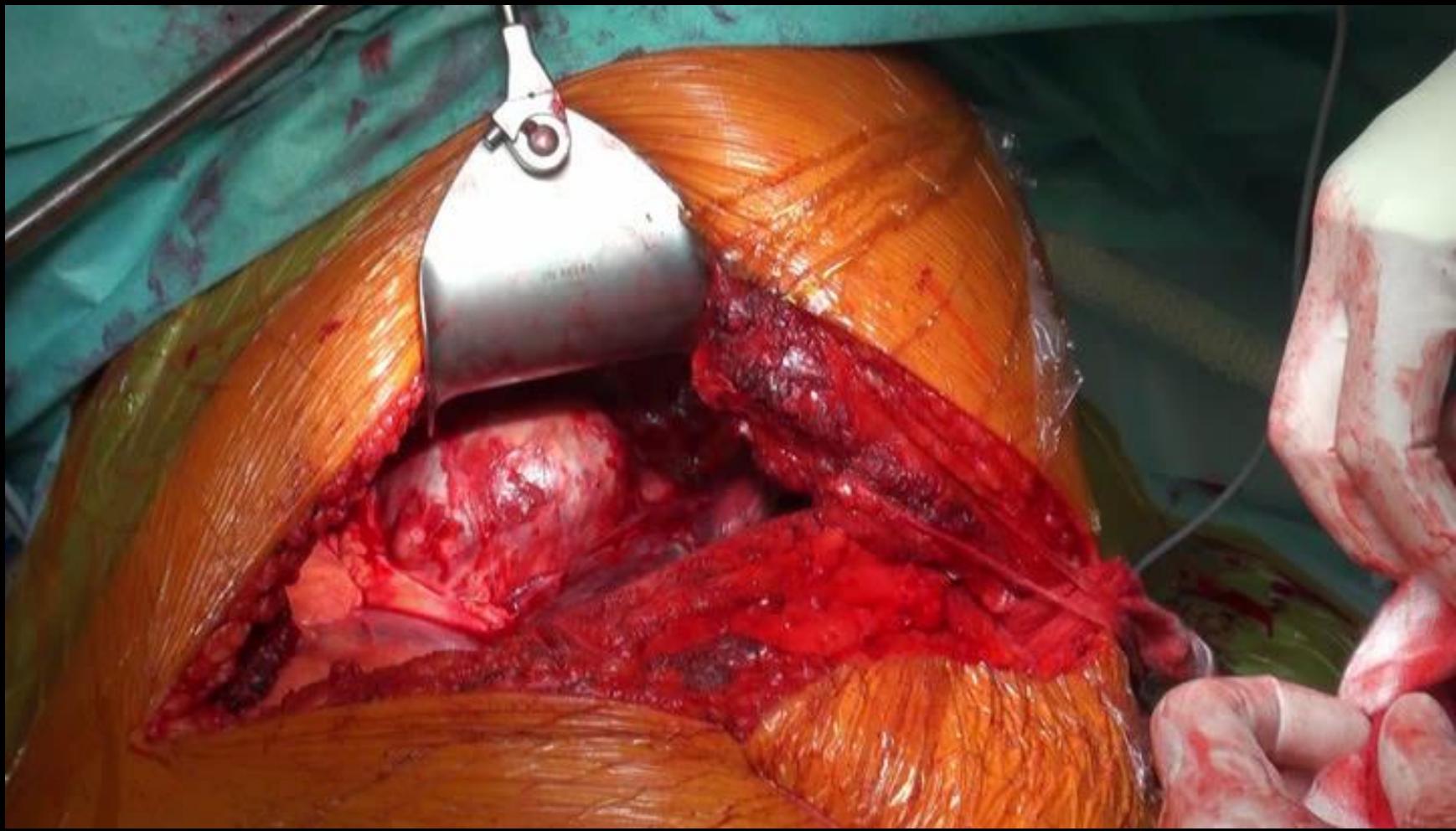














Main indications for conversion, if no endovascular measures are feasible

- Endoleak type 1a/b (post dissection, stiff septum)
- Growing aneurysm in TCD, no endoleak detectable
- Embolization (thrombus/trash)
- Endograft infection
- Aorto bronchial fistula
- Aorta esophageal fistula
- Complex surgery, extensive surgical protocol
- Centralization!