

VEITH SYMPOSIUM
Connecting The Vascular Community

5 years Results of STABILISE Technic in Aortic Dissection : Should it be the Treatment of Choice ?

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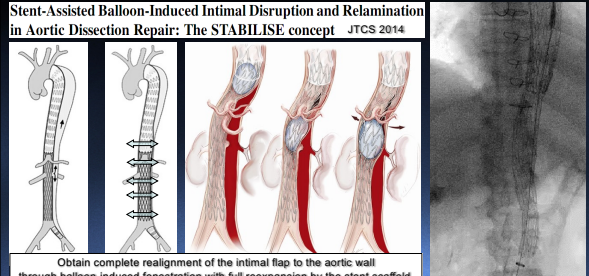
Disclosure

Speaker name: **Jean-Marc ALSAC**

- Speaker, Proctor for Educational Training
 - TERUMO AORTIC
 - WL GORE & Associates
 - COOK Medical
- Annual Research Grant
 - MEDTRONIC
 - TERUMO AORTIC

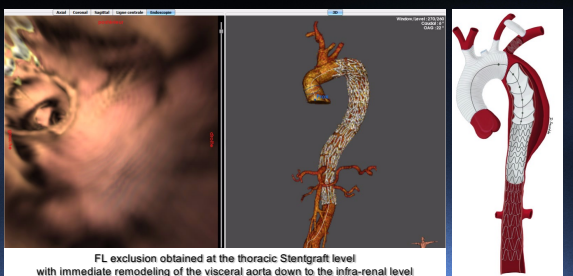
STABILISE Concept

Stent-Assisted Balloon-Induced Intimal Disruption and Relamination in Aortic Dissection Repair: The STABILISE concept JTCS 2014



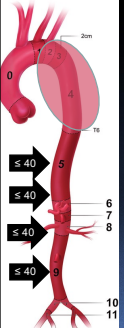
Obtain complete realignment of the intimal flap to the aortic wall through balloon-induced fenestration with full reexpansion by the stent scaffold.

Benefits = Immediate Remodeling

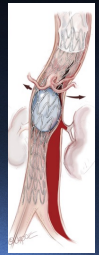


FL exclusion obtained at the thoracic Stentgraft level with immediate remodeling of the visceral aorta down to the infra-renal level

Anatomical Limitations


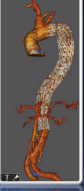


- Diameter of segments 5 to 9 \leq 40 mm
 - Allow complete reapposition to the aortic wall
 - Distal sealing zone as high as possible
 - Ideally : Stentgraft 36/200 + Bare Stent 36/180
- No Thrombus in the False Lumen
 - Avoid Embolic Risk due to Thrombus Mashing
- Might Require Collateral Visceral Stenting
 - Avoid or Treat remaining Static Malperfusion



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SOS Aorte Program


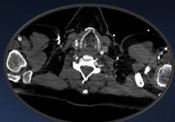
- Since 2010 = 15 years > 900 AD
- 60 AD / year (40 type A / 20 type B)
- 1st STABILISE patient in 2013

180 Patients Treated with STABILISE

- 77 Type A : 24 Acute / 52 Chronic
- 103 Type B : 81 Acute / 22 Chronic
- Including 17 Connective Tissue Diseases

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N=180 STABILISE Global Cohorte


- 143 ♂ / 37 ♀ - 59 yo ± 12 – 17 CTD =14 Marfan / 2 LD / 1 EDS
- 97% of Technical Success
- 30% of associated visceral stenting
- 56 visceral arteries stented / 722 = 8%
- IH & 30 day Mortality 3.3 % / Paraparesia 1.7% / Stroke 1.1%
- Mean follow-up = 43 months ± 30
- 6 patients LTF – 97% in the follow-up program

N=180 STABILISE Global Cohorte




- 3,3 % All Causes Mortality at 5 years
- 2.2 % Aortic Related Mortality at 5 years
- 8.8 % of Aortic reintervention at 5 years
 - 3.8% Proximally at the ascending and arch level (n=7)
 - 2.8% Distally at the infra-renal level (n=5)
 - 2.2% Collateral stenting or LSA embolization (n=4)

STABILISE in Acute TBAD N=81



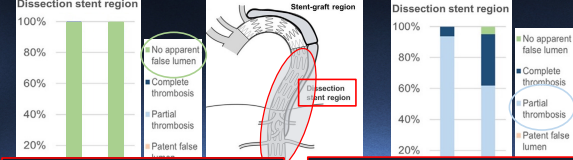
- 64 ♂ / 16 ♀ - 59 yo ± 14 – 9 Marfan / 1 EDS
- 98,8 % of Technical Success
- 30% of associated visceral stenting
- 27 visceral arteries stented / 323 = 8%
- IH & 30 day Mortality 2.5 % / Paraparesia 3.7 % / Stroke 2.5%
- Mean follow-up at 51 months ± 24
- 3 patients LTF – 96% in the follow-up program

STABILISE n=81

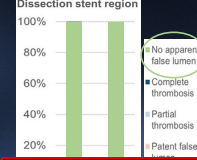
- 3 % Aortic Related Mortality at 5 y
- 6.5 % All Causes Mortality at 5 y
- 16 % of Aortic Reintervention at 5 y

STABLE II n=58

- 3 % Aortic Related Mortality at 5 y
- 31 % All Causes Mortality at 5 y
- 30 % of Aortic Reintervention at 5 y

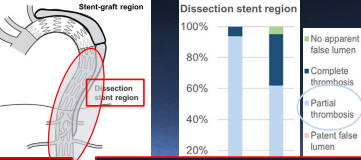


Dissection stent region




95 % present Stabilized aorta at the diameter of the Uncovered stent at 5 y

Dissection stent region



61.9 % present Increasing diameter in the Uncovered stent region at 5 y

Conclusions on STABILISE Technic



- **STABILISE Technic :**
 - Indicated in **Suitable Anatomies** : Ø Z5 to Z9 ≤ 40 mm / No Thrombus in FL
 - Efficient to treat **Acute & Chronic, Type A & B** Aortic Dissections
 - With Low Post-op Mortality & **Excellent 5 years Clinical Outcomes**
 - **Immediate Remodelling** Induced at the Acute Phase
 - Seems to **Protect** both **Thoracic & Visceral Aorta** from later Aneurysmal Progression
 - **Decreases the need for Complex Aortic reinterventions** & the rate of Mortality at 5 years
 - **Better** than any other treatment as BMT, TEVAR or PETTICOAT (STABLE II)
 - Especially in cases of High Risk Young Patients (including Connective Tissue Disease)