

Applicability And Results Of Cook t-Branch OTS Endograft In Complex Ruptured AAAs: Advantages And Limitations

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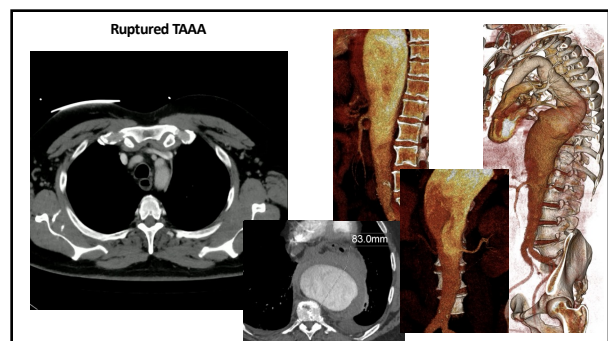
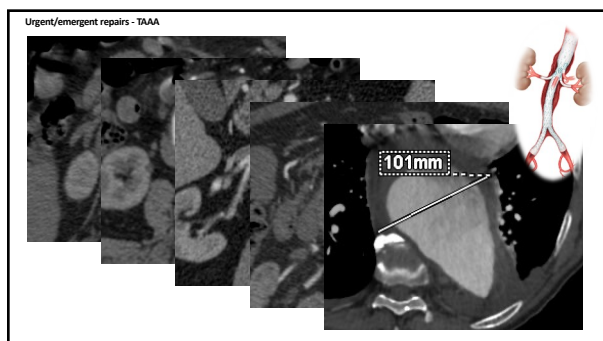
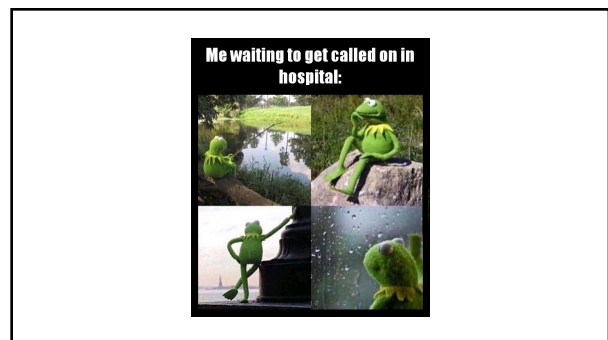
Disclosure
 Speaker name:
 Ciro Ferrer

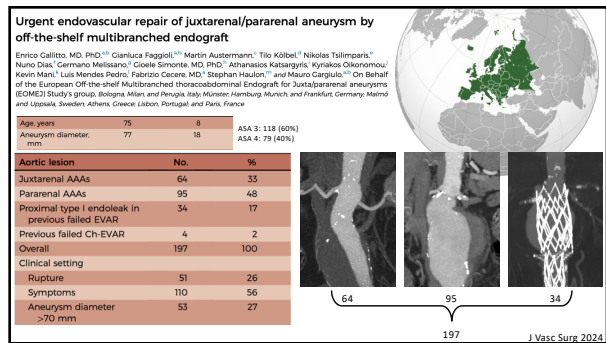
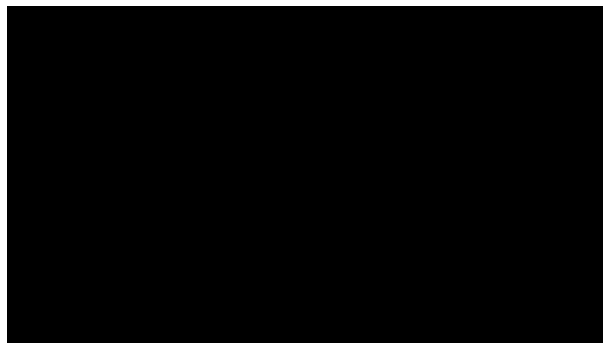
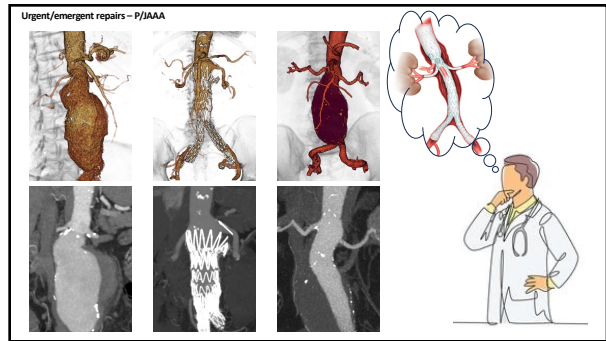
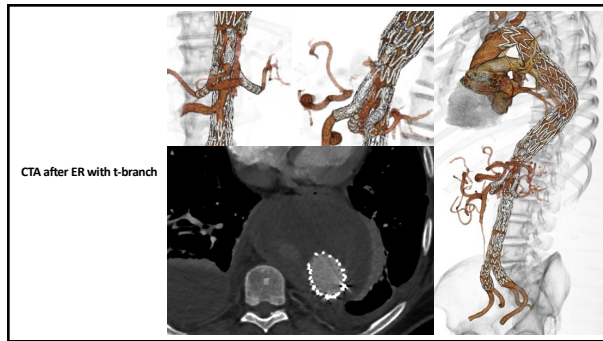
Proctoring and/or speaking fees from:

- Cook Medical
- Gore & Associates
- Terumo Aortic
- Boston Scientific

Custom-made devices
 ... ideal solution to fit patient's needs

- ❖ Minimum aortic coverage
- ❖ Outer/inner br and fen
- ❖ Accessory arteries sparing
- ❖ Previous open/endo repair
- ❖ Low profile

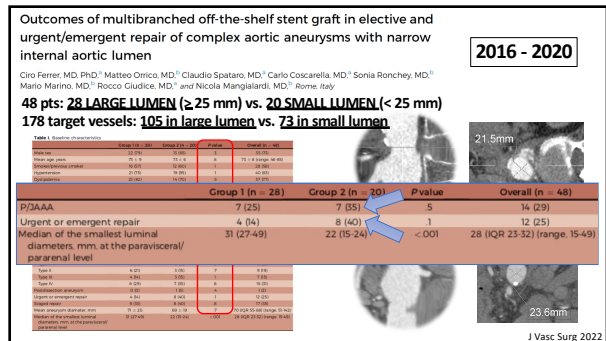


Urgent endovascular repair of juxtarenal/pararenal aneurysm by off-the-shelf multibranched endograft

Enrico Gallitto, MD, PhD^{1,2}, Gianluca Faggioni^{1,3}, Martin Austermann¹, Tilo Kölbl^{1,4}, Nikolas Tsilimparis¹, Nuno Dias¹, Germano Melissano¹, Gioele Simone¹, MD, PhD¹, Athanasios Katsargiris¹, Kyriakos Okonkomi¹, Kevin Man¹, Luis Mendes Pedro¹, Fabrizio Cecere¹, MD¹, Stephan Hasler¹, and Mauro Cergullo¹. On Behalf of the European Off-the-shelf Multibranched Thoracoabdominal Endograft for Juxta/pararenal aneurysms (EOMED) Study's group, Bologna, Milan and Perugia, Italy; Münster, Hamburg, Munich and Frankfurt, Germany; Mainz and Uppsala, Sweden; Athens, Greece; Lisbon, Portugal; and Paris, France

	Overall, No (%)
Technical success	182 (92)
Overall SCI	21 (11)
Permanent paraplegia	12 (6)
30-day/in-hospital mortality	22 (11)

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Outcomes of multibranched off-the-shelf stent graft in elective and urgent/emergent repair of complex aortic aneurysms with narrow internal aortic lumen
 Ciofalo MD PhD, Melloni Orsini MD, Claudio Sestini MD, Carlo Coccarolla MD, Sonia Ronchey MD, Mario Marino MD, Rocco Guadice MD, and Nicola Mangalardi MD, Rome, Italy

EARLY RESULTS

	Group 1 (n = 28)	Group 2 (n = 20)	P value	Overall (n = 48)
Technical success	27 (96)	19 (95)	1	46 (96)
Median hospitalization time, days	5.5	5.6	1	5.7 (range, 4-11)
Intensive care unit stay, days	2.1	2.2	1	2.1 (range, 1-5)
In-hospital mortality	4 (14)	1 (5)	4	5 (10)
Stroke	2 (7)	0 (0)	6	2 (4)
Respiratory insufficiency	1 (4)	1 (5)	1	2 (4)
Mycobacterial infection	1 (4)	0 (0)	1	1 (2)
Elective in-hospital mortality	3 (10)	0 (0)	8	3 (6)
SCI	3 (10)	0 (0)	2	3 (6)
Transient	3 (10)	0 (0)	2	3 (6)
Permanent	0 (0)	0 (0)	1	0 (0)
Stroke	0 (0)	0 (0)	1	0 (0)
Renal function deterioration	3 (10)	2 (10)	0.7	5 (10)
Transient dialysis	3 (10)	0 (0)	2	3 (6)
Permanent dialysis	0 (0)	0 (0)	1	0 (0)
Target vessel primary patency	105 (100)	73 (100)	1	178 (100)
Type III endoleak	1 (4)	1 (5)	1	2 (4)
Type II endoleak	6 (21)	3 (15)	5	11 (23)
Early reinterventions	1 (4)	1 (5)	1	2 (4)
Reversing of SAA for type Ic endoleak	1 (4)	0 (0)	1	1 (2)
Local plugging of superficial branch for type II endoleak	0 (0)	1 (5)	4	1 (2)

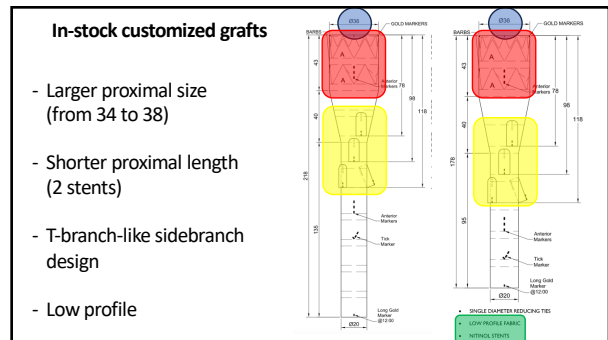
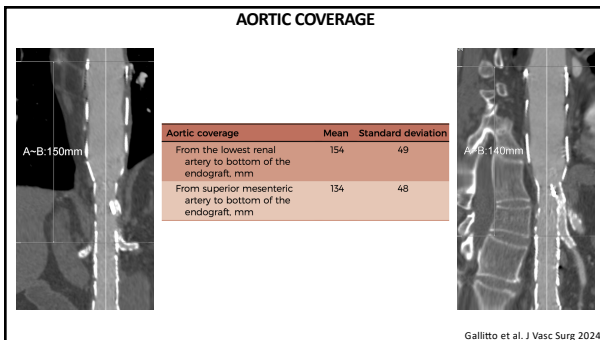
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Outcomes of multibranched off-the-shelf stent graft in elective and urgent/emergent repair of complex aortic aneurysms with narrow internal aortic lumen
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LATE RESULTS

	Group 1 (n = 26)	Group 2 (n = 19)	P value	Overall (n = 45)
Mean clinical follow-up, months	38	27	0.8	38 (range, 1-63)
All-cause mortality	2 (8)	2 (10)	1	4 (9)
Supraventricular tachycardia	0 (0)	1 (5)	5	1 (2)
Stroke	1 (4)	0 (0)	6	1 (2)
Lung cancer	1 (4)	0 (0)	6	1 (2)
Cardiac arrest after aortic arch branched endovascular repair	0 (0)	1 (5)	5	1 (2)
Acute related mortality	3 (12)	1 (5)	5	4 (9)
T-branch-related mortality	0 (0)	0 (0)	1	0 (0)
Neurologic complications	1 (4)	0 (0)	6	1 (2)
Cardiac complications	0 (0)	1 (5)	5	1 (2)
Respiratory complications	0 (0)	0 (0)	1	0 (0)
Renal complications	0 (0)	0 (0)	1	0 (0)
Mean imaging follow-up, months	35	34	1	34 (range, 1-60)
Type III endoleak	0 (0)	1 (5)	5	1 (2)
Type II endoleak	3 (12)	2 (10)	1	5 (11)
Late reinterventions	2 (8)	2 (10)	1	4 (9)
Distal aortic extension (without endoleak)	0 (0)	1 (5)	5	1 (2)
Distal aortic extension (with endoleak)	1 (4)	0 (0)	6	1 (2)
Pericatheter embolization of type II endoleak	1 (4)	0 (0)	6	1 (2)
Reversing of LSA for type I endoleak	0 (0)	1 (5)	5	1 (2)
Target vessel primary patency	104/105 (99)	72/75 (96)	1	176/178 (99)
Branch instability	2/105 (2)	2/75 (3)	1	4/178 (2)

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Conclusion

- The use of the Cook t-Branch is safe and effective in the urgent/emergent treatment of complex AAA
- Aortic coverage and SCI remain reasons for concern
- «In-stock semi custom-made» solutions with reduced length and lower profile represent today a viable option for ruptured complex AAA