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## Treatment Of Narrow True Lumen In Chronic Aortic Dissection Using i-BEVAR E-nside OTS Endograft :

### How Does IVUS Help

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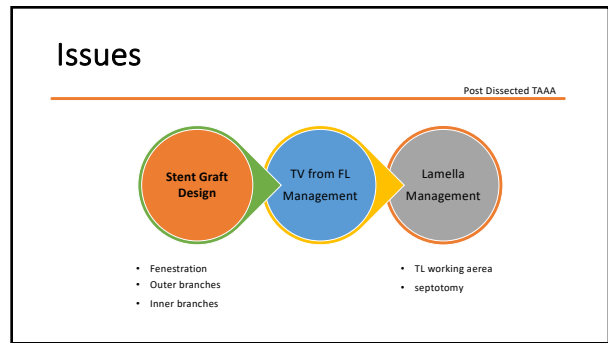
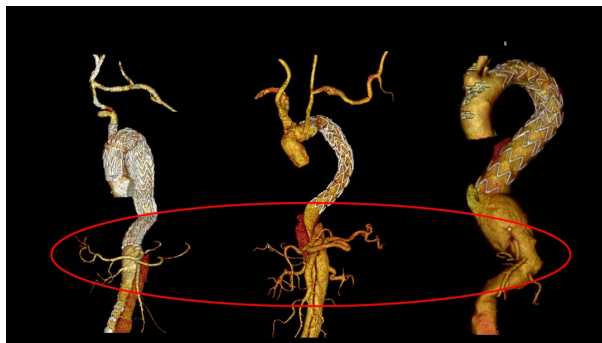
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## Disclosure

No, nothing to disclose

X Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Terumo Aortic	X	X						
Medtronic	X	X						
Philips	X	X						



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## F/BEVAR for Post-Dissection TAAA

Multicenter Study | J Vasc Surg. 2024 Aug;60(2):336-343. doi: 10.1016/j.jvs.2024.03.073. Epub 2024 Mar 11.

### Medium-term outcomes of EXTra-design engineering inner-branch ENDografts for the treatment of complex aortic aneurysms from a multicenter collaboration

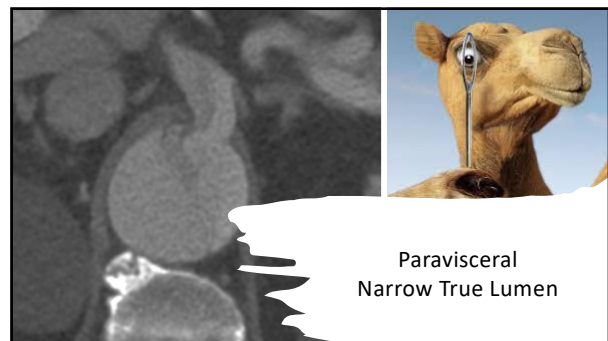
Said Abbasi<sup>1</sup>, Hany Zayed<sup>2</sup>, Paolo Frigatti<sup>3</sup>, Federico Furlan<sup>4</sup>, Gioele Simone<sup>5</sup>, Giacomo Ierina<sup>6</sup>, Wladaw Kuczyński<sup>7</sup>, Maher Fattoum<sup>8</sup>, Mosthe Halaik<sup>9</sup>, Daniel Silverberg<sup>7</sup>, Panos Gkoutzios<sup>4</sup>, Prakash Saha<sup>2</sup>; EXTENT Collaborators

**Fenestrated and Branched Endografts for Post-Dissection Thoraco-Abdominal Aneurysms: Results of a National Multicentre Study and Literature Review<sup>25</sup>**

Enrico Gallo<sup>10</sup>, Gianluca Faggioni<sup>11</sup>, Damiano Melissano<sup>12</sup>, Anton Paganò<sup>13</sup>, Giacomo Ierina<sup>14</sup>, Luca Benaglia<sup>15</sup>, Gioele Simone<sup>16</sup>, Massimo Lenti<sup>17</sup>, Carlo Pratesi<sup>18</sup>, Roberto Chiesa<sup>19</sup>, Mauro Gargiulo<sup>20</sup>; On behalf of the Italian Multicentre Fenestrated and Branched (IMFB) Study group

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Gallo E et al. EVES 2022  
Mohamed A. Abbasi et al. 2023  
Abbasi S. et al. JVS 2023 & 2024



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### Paravisceral Narrow True Lumen

TL <25 mm

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### E-side Endograft

- Commercially available in 2020
- 4 i-Branches
- The first Pre-Cannulated
- OFF-THE-SHELF

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### Why E-nside in AD?

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### 1. inner-Branches

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### 2. Off The Shelf

Sac >7cm ++

Category	Percentage
Adherence	14%
Non-Adherence	86%

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### 3. Pre-Cannulated

FLEXOR FOR CT

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### International Multicenter Registry

1st Podium

- Policlinico Universitario A. Gemelli IRCCS, Roma
- IRCCS Ospedale Policlinico San Martino, Genova
- Azienda-Ospedale Università di Padova, Padova
- Ospedale Molinette, Torino
- Ospedale di Treviso, Treviso
- Ospedale Riuniti, Ancona
- Azienda Ospedaliera Santa Croce e Carle, Cuneo
- Ospedale di Mestre, Venezia
- Ospedale San Gerardo, Monza
- Athens Medical Center, Atene
- Aretaeio Hospital Nicosia, Cipro
- Ospedale universitario di Berna, Berna
- Universitätsklinikum Tübingen, Tübingen

**13 European Centers**

2020-2024

International Multicenter Registry - Under Review

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### End-Points

**Primary Endpoints**

- Technical success
- Major adverse events (MAEs)
- Intraoperative endoleaks (ELs)
- Early mortality

**Secondary Endpoints**

- Overall Mortality
- Aortic-related mortality
- Aortic-Related Reintervention
- ELs during follow-up

International Multicenter Registry - Under Review

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### Study Population

	n=34	%
Male	30	88.2
Mean age ± SD	66 y	± 9.8
Active smoker	10	29.4
Dyslipidemia	20	58.8
Hypertension	30	88.2
Diabetes	7	20.6
BPCO	8	23.5
Connective Disease	5	14.7
Previous Type A AD	18	52.9

International Multicenter Registry - Under Review

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### Anatomical Features

	mm	SD
Maximum aortic diameter	61.4	±10.9
TL minimum diameter	18.3	±7.7
TL min diameter (paravisceral)	24.5	±12.5
Mean visceral arteries from FL	1	±1
Minimum iliac access diameter	12.8	±9.8

International Multicenter Registry - Under Review

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### Intraoperative Results

	n=34	%
Technical success	33	97.1
Major adverse event	0	0
Intraoperative death	0	0
Endoleak	9	26.5
Type I	0	0
Type II	9	26.5
Total operating time, mim	300	215-373

International Multicenter Registry - Under Review

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### Early Results

	n=34
30-day mortality	2 (5.9%)
Paraplegia	3 (8.8%)
Stroke	2 (5.9%)
Pulmonary complications	2 (5.9%)
Cardiac complications	0 (0%)
Acute Kidney Injury	2 (5.9%)
Early reinterventions	3 (8.8%)

International Multicenter Registry - Under Review

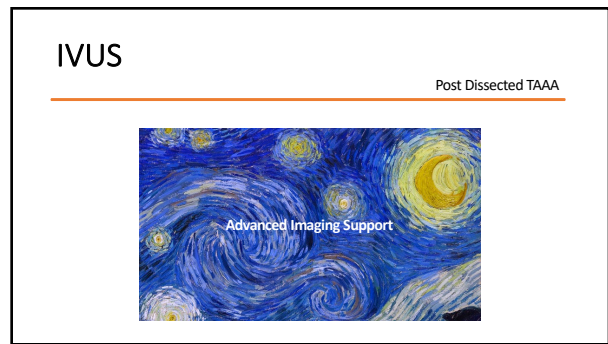
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### Mid-Term Results

	n=32
Mortality	1 (3%)
Aortic-related mortality	0 (0%)
TV Occlusion	4 (12%)
TV Instability	4 (12%)
Reintervention	5 (15%)
Endoleak I-III	1 (3%)
Endoleak II	8 (27%)
FL Thrombosis	16 (50%)

**FOLLOW UP**  
Follow-Up  
15.1 ± 7.5 months

International Multicenter Registry - Under Review



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### Technical Advantages

**IVUS PD-TAAA**

- True Lumen Identification
- Target Vessels Visualization
- Tear identification
- Lamella Evaluation

**How Does IVUS Help?**

**TIPS & TRICKS**

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### Confirm to be in True Lumen

**IVUS PD-TAAA**

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### Target Vessels Visualization

**IVUS PD-TAAA**

**TIPS & TRICKS**

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### Re-Entry Tear Identification

**IVUS PD-TAAA**

**TV from FL**

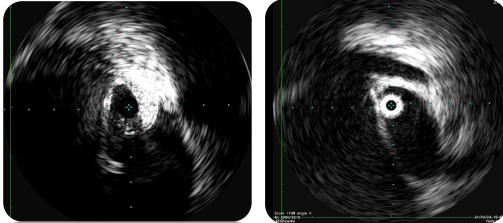
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### Lamella Dynamic Evaluation

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FOR SUCCESS

IVUS  
PD-TAAA




Mobile Lamella      Stiff Lamella

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### Conclusion

- Safe & Effective
- Accetable E&M term results
- Long-term follow-up!
- IVUS in PD-TAAA is an important tool



E-nside in PD-TAA with NTL

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*Thank you*

Gemelli