Hybrid Intercostal Artery Bypass for TAAA Repair

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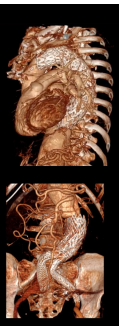
Acute Aortic Arch Dissection (2012)

- **(53-yo)** presented with acute dissection of **aortic arch** and **multiple visceral malperfusion**
- Underwent endo-fenestration (didn't work)
- Retrograde Iliac-SMA bypass and left nephrectomy for wire injury and hemorrhage
- Open abdomen and resection of 170 cm small bowel + gallbladder

Acute Aortic Arch Dissection (2012)

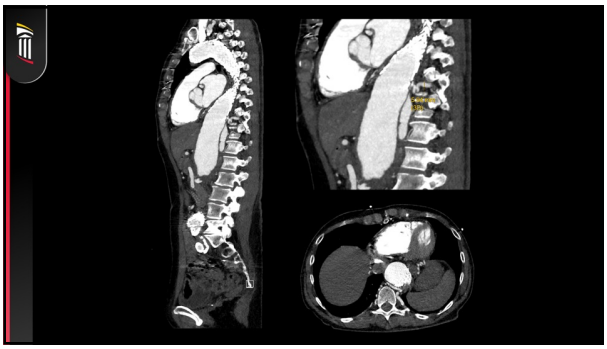


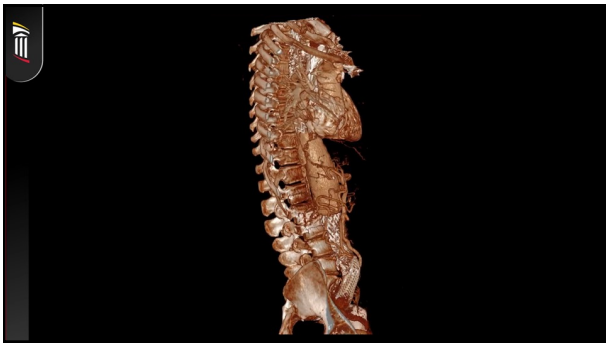
Hybrid aortic arch repair (2015)

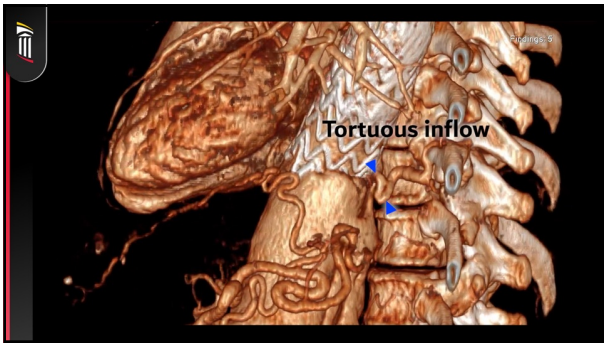
- Debranching with *bilateral CCA-SCA bypasses* followed with ascending aorta to *bilateral CCAs bypass and TEVAR*

EVAR for infra renal aneurysm (2016)

- Endologix and CTAG







Rationale for the Procedure

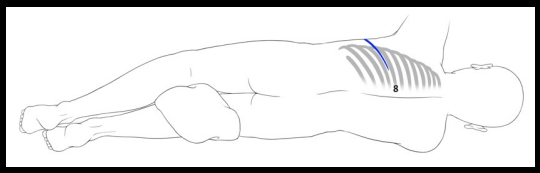
- Both SCAs bypasses are occluded, and VAs are retrograde flow
- Left hypogastric artery is coiled

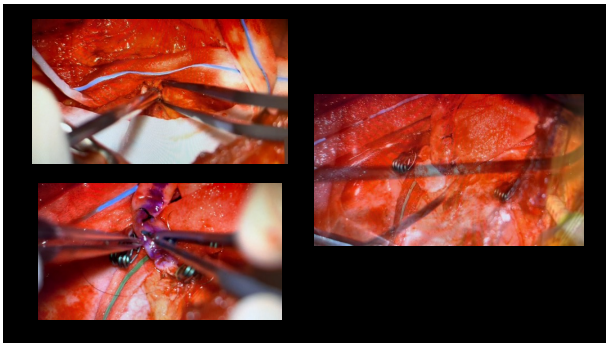
High risk cord ischemia

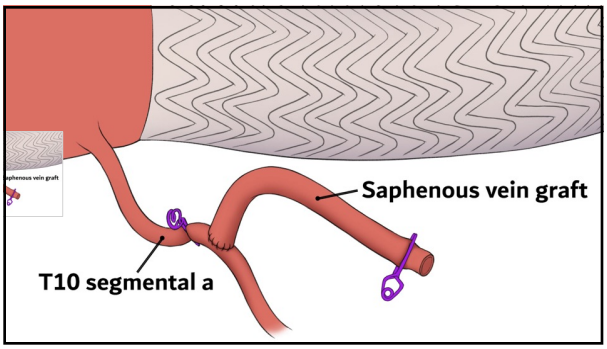
- Tortuosity of T10 segmental artery makes it unfavorable target for endovascular stent

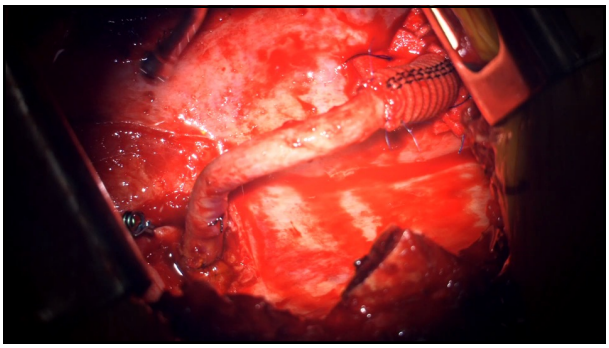
Patient Positioning

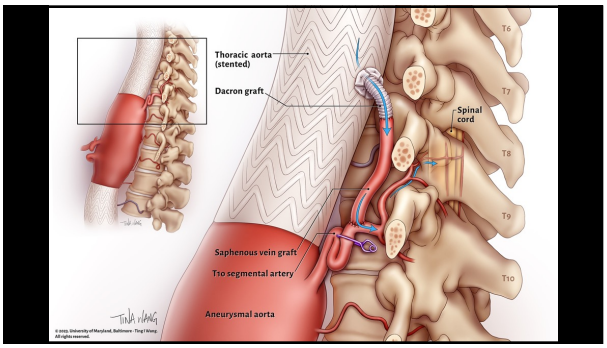
- Right decubitus position
- 8th intercostal incision





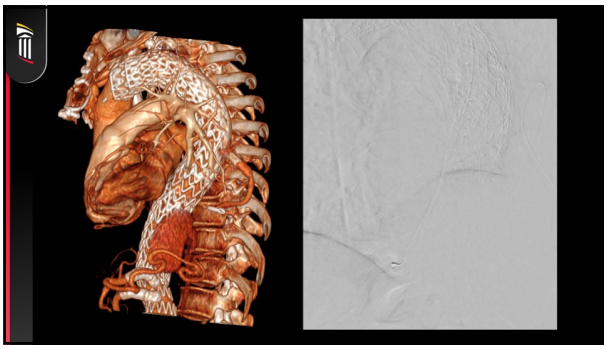


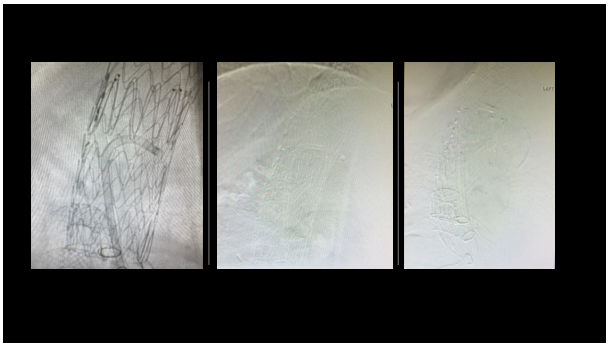


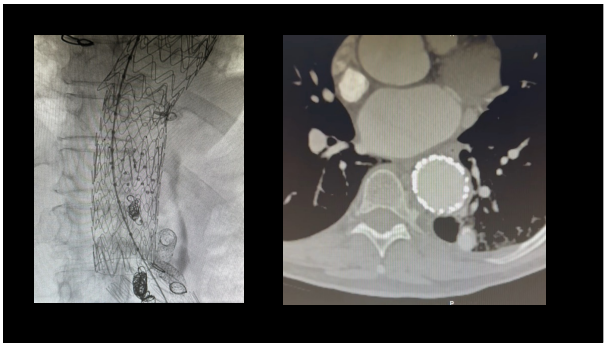


Immediate Clinical Outcome

- 2 days post surgery, patient underwent 3 vessels BEVAR treatment of remaining untreated aortic segment
- No spinal cord ischemia
- Neurologically intact







Clinical Outcome

- No objective or subjective signs of weakness in lower extremities
- Complete remodeling of TAA