DYNAMIC AORTIC IMAGING: GOLD STANDARD FOR EVALUATING ENDOLEAKS TECHNICAL REQUIREMENTS AND HOW TO MAKE IT HELP IN DIAGNOSIS AND TREATMENT

Alan B Lumsden FACS, FRCS Edin (hons) Chairman Cardiovascular Surgery, Walter W Fondren III Chair Medical Director, Houston Methodist DeBakey Heart and Vascular Center

Methodist



THE IMAGING CONTINUITY

Methodist

Dynamic CT / MRA

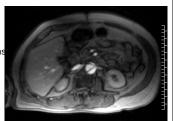
- · Diagnostic Imaging
- Disease detection and monitoring
 C or MRA C/A/P
 L5mm slices
- · Pre op Imaging
 - · Designed to specifically aid in therapy
- · Intra op Imaging
 - · Optimized to execute on the procedure
- · Follow up Imaging
- CT or MRA Delayed imaging
 USS, contrast agents

 Monitor outcome of intervention
- · Troubleshooting for reintervention
 - · Specific to the complication
- Anatomical Imaging
 - · Cinematic Rendering

DYNAMIC CT FOR A DYNAMIC PROCESS



- · No one would accept static imaging for heart valve disease, ASD, evaluation of ischemic disease
- · Why would we accept static imaging for dissection/endoleak
- · Whenever flow dynamic, flow patterns are part of the disease process.
- · Limitation has been availability
 - MRA additional expertise
 - CTA more generally applicable



DEVELOPING THE CONCEPT.

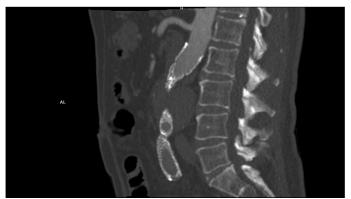


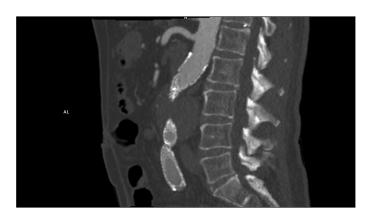
- Static CV imaging is "ONE VIEW"
- Dynamic imaging for dynamic disease processes
- Heart valve evaluation real time echo/MR
- Need to see flow and its dynamic interaction with disease or Brach

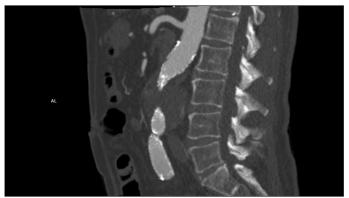


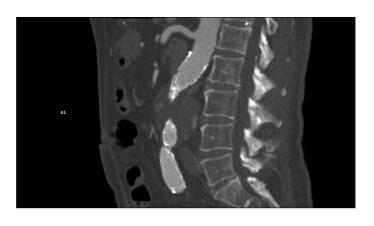


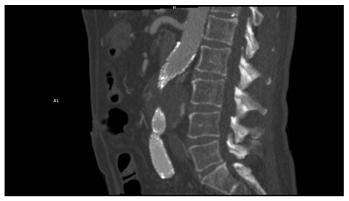


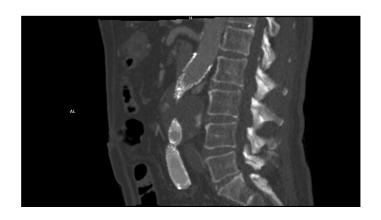


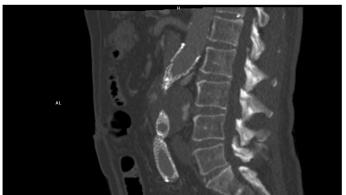


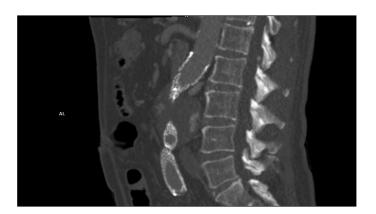












| namic CTA | Metholist LEADING MEDICIN |
|---------------|--------------------------------------|
| Triphasic CTA | Dynamic CTA |
| 3 | 12 (11-13) |
| 120 kV | 80 kV |
| Total abdomen | Endograft only |
| 100 ml | 75 ml |
| | Triphasic CTA 3 120 kV Total abdomen |

