

CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE
CONTROVERSIES & UPDATES IN VASCULAR SURGERY

JANUARY 19-21 2017

MARRIOTT RIVE GAUCHE & CONFERENCE CENTER

PARIS, FRANCE



ENDOVASCULAR TREATMENT OF LERICHE SYNDROME: THE KEYS TO SUCCESS

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Disclosure

Speaker name:

...SONIA RONCHEY.....

- I have the following potential conflicts of interest to report:
- Consulting
- Employment in industry
- Shareholder in a healthcare company
- Owner of a healthcare company
- Other(s)
- I do not have any potential conflict of interest

Society for Vascular Surgery practice guidelines for atherosclerotic occlusive disease of the lower extremities: Management of asymptomatic disease and claudication

Society for Vascular Surgery Lower Extremity Guidelines Writing Group: Michael S. Conte, MD, (Co-Chair),^a Frank B. Pomposelli, MD, (Co-Chair),^b Daniel G. Clair, MD,^c Patrick J. Geraghty, MD,^d James F. McKinsey, MD,^e Joseph L. Mills, MD,^f Gregory L. Moneta, MD,^g M. Hassan Murad, MD,^h Richard J. Powell, MD,ⁱ Amy B. Reed, MD,^j Andres Schanzer, MD,^k and Anton N. Sidawy, MD, MPH,^l *San Francisco, Calif; Boston, Mass; Cleveland, Ohio; St. Louis, Mo; New York, NY; Tucson, Ariz; Portland, Ore; Rochester, Minn; Lebanon, NH; Hershey, Pa; Worcester, Mass; and Washington, D.C.*

- 5.7. For patients with **diffuse AIOD** (eg, extensive aortic disease, disease involving both common and external iliac arteries) undergoing revascularization, we suggest **either endovascular or surgical** intervention as first-line approaches. Endovascular interventions that may impair the potential for subsequent AFB in surgical candidates should be avoided.

(grade II lev B)

The CERAB technique: tips, tricks and results

The Journal of Cardiovascular Surgery 2016 June;57(3):343-9

Kim TAEYMANS, Peter GOVERDE *, Katrien LAUWERS, Paul VERBRUGGEN

Seven-Year Approach Evolution of the Aortoiliac Occlusive Disease Endovascular Treatment

Ann Vasc Surg 2015; ■: 1-9

Holta Kasemi,^{1,2} Mario Marino,^{1,2} Carlo Patrizio Dionisi,³ Costantino Luca Di Angelo,¹ and Gian Franco Fadda,¹ Nuoro, Rome and Lecce, Italy

J Vasc Surg. 2013 Feb;57(2):399-405. doi: 10.1016/j.jvs.2012.08.108. Epub 2012 Dec 7.

Chimney grafts preserve visceral flow and allow safe stenting of juxtarenal aortic occlusion.

Bin Jabr A, Sonesson B, Lindblad B, Dias N, Resch T, Malina M.

J Cardiovasc Surg (Torino). 2014 Apr 15. [Epub ahead of print]

Endovascular management of total juxtarenal aortic occlusive disease in high-risk patients: technical considerations and clinical outcome.

Mangialardi N¹, Ronchey S, Serrao E, Fazzini S, Alberti V, Orrico M, Kasemi H.

Intern Med. 2015;54(8):921-4. doi: 10.2169/internalmedicine.54.2920. Epub 2015 Apr 15.

Successful endovascular treatment for high take off aorto-iliac occlusive disease.

Nomura A¹, Nagashima M, Tomoi Y, Tosaka A, Soga Y.

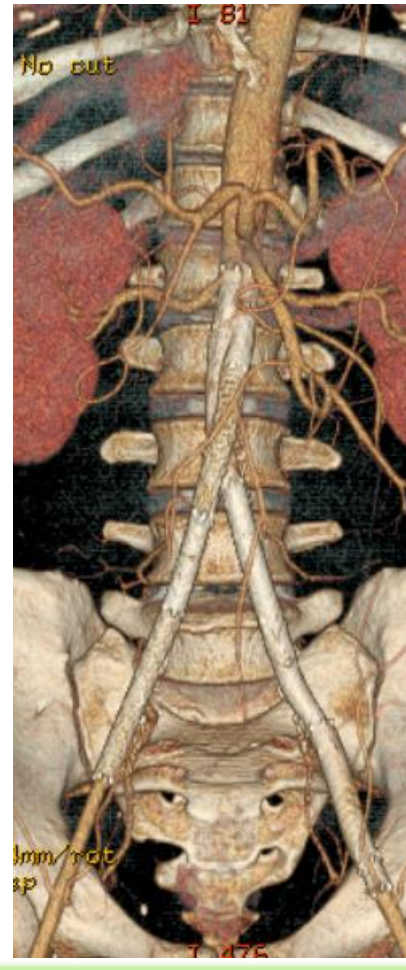
Treatment of Aortoiliac Occlusive Disease with the Endologix AFX Unibody Endograft

T.S. Maldonado ^{a,*}, G.G. Westin ^a, O. Jazaeri ^b, M. Mewissen ^c, M.M.P.J. Reijnen ^d, A.J. Dwivedi ^e, H.E. Garrett, Jr. ^f,

CERAB

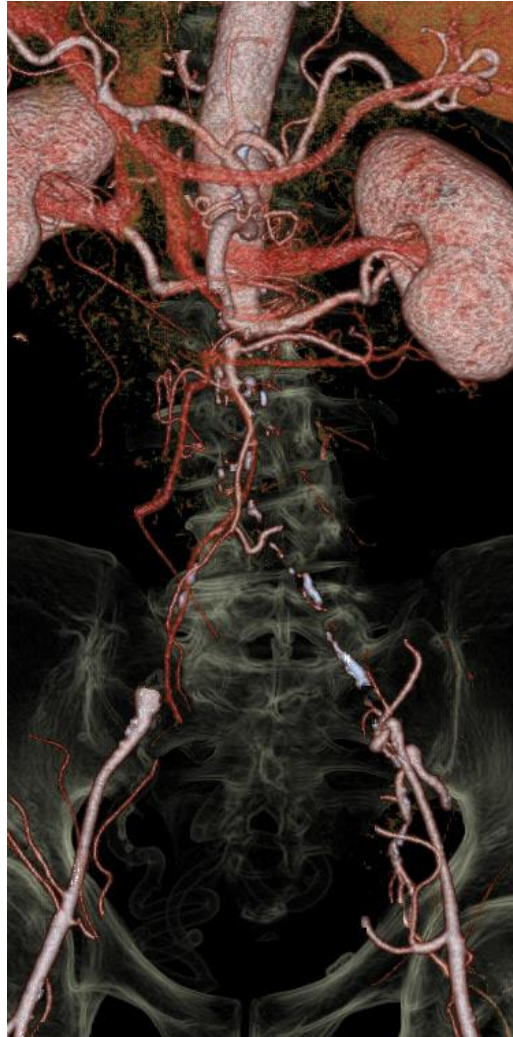
HUGGING BM STENTS
OR COVERED STENTS

CHIMNEY

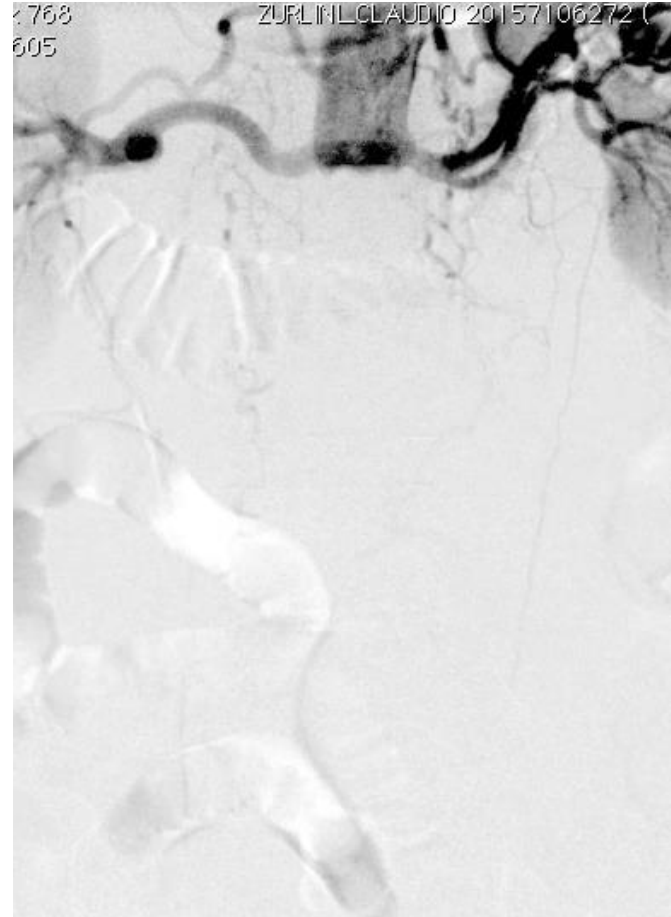
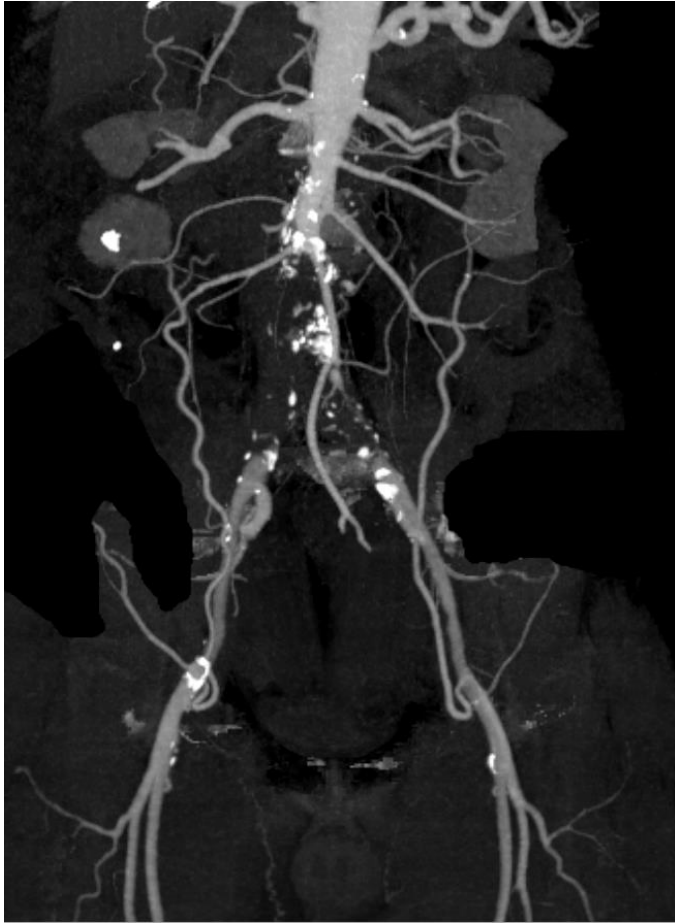


- TECHNICAL DEMANDING
(LOW RISK OF FAILURE < 5%)
- RISK OF RENAL/VISCERAL
EMBOLIZATION

RELATED TO THE OCCLUSION LEVEL



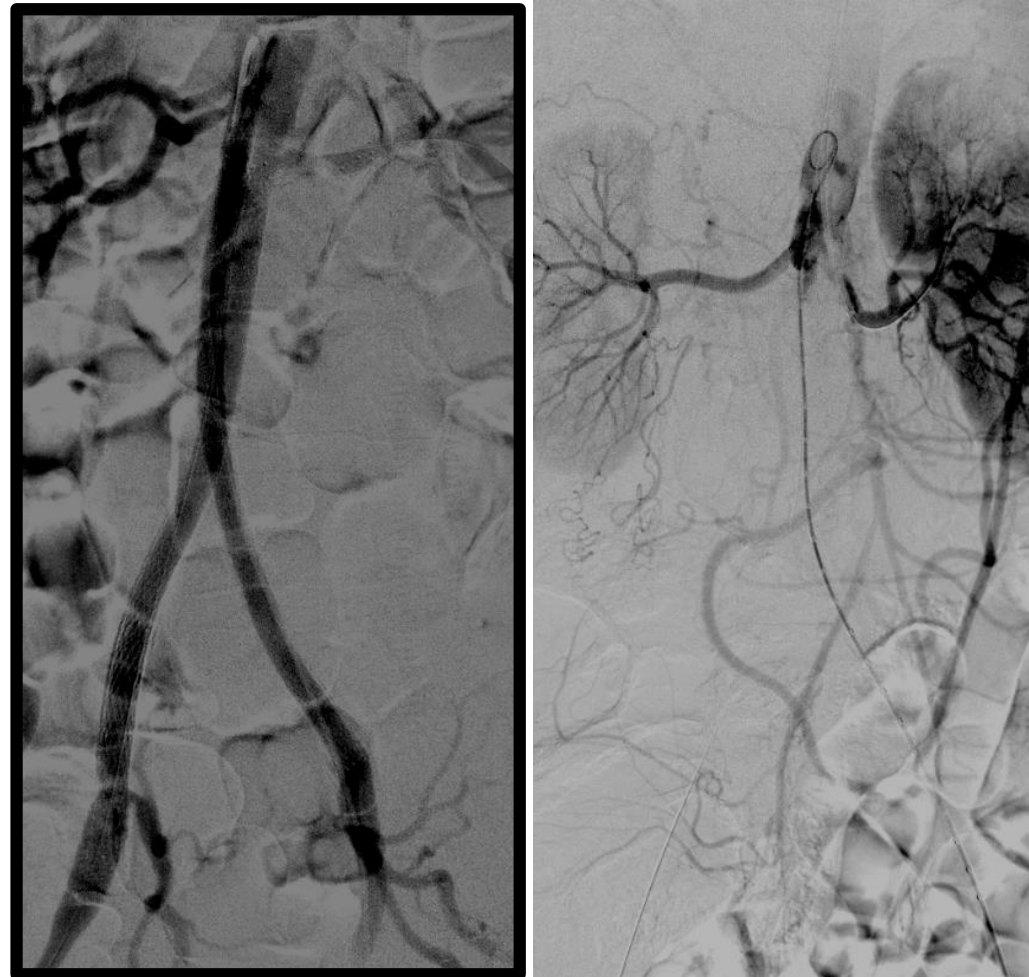
RELATED TO THE PRESENCE OF RECENT THROMBUS



3 MONTHS AFTER

HIGH WITH NO PRECAUTION

2 RENALS

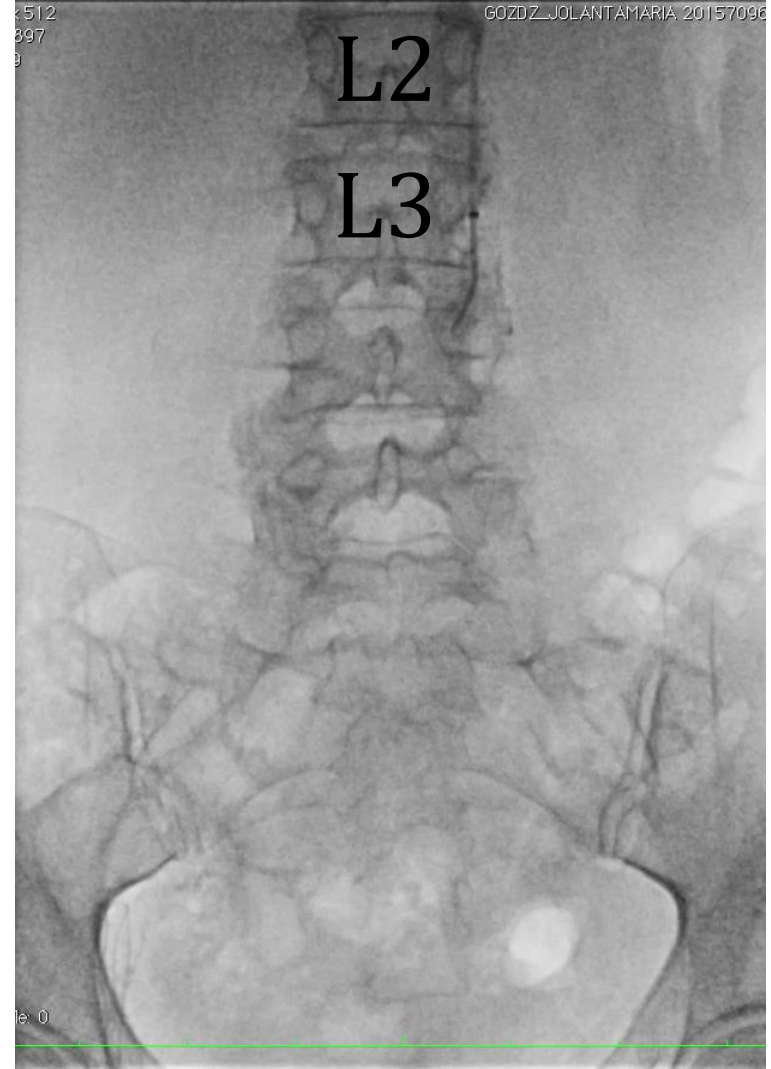
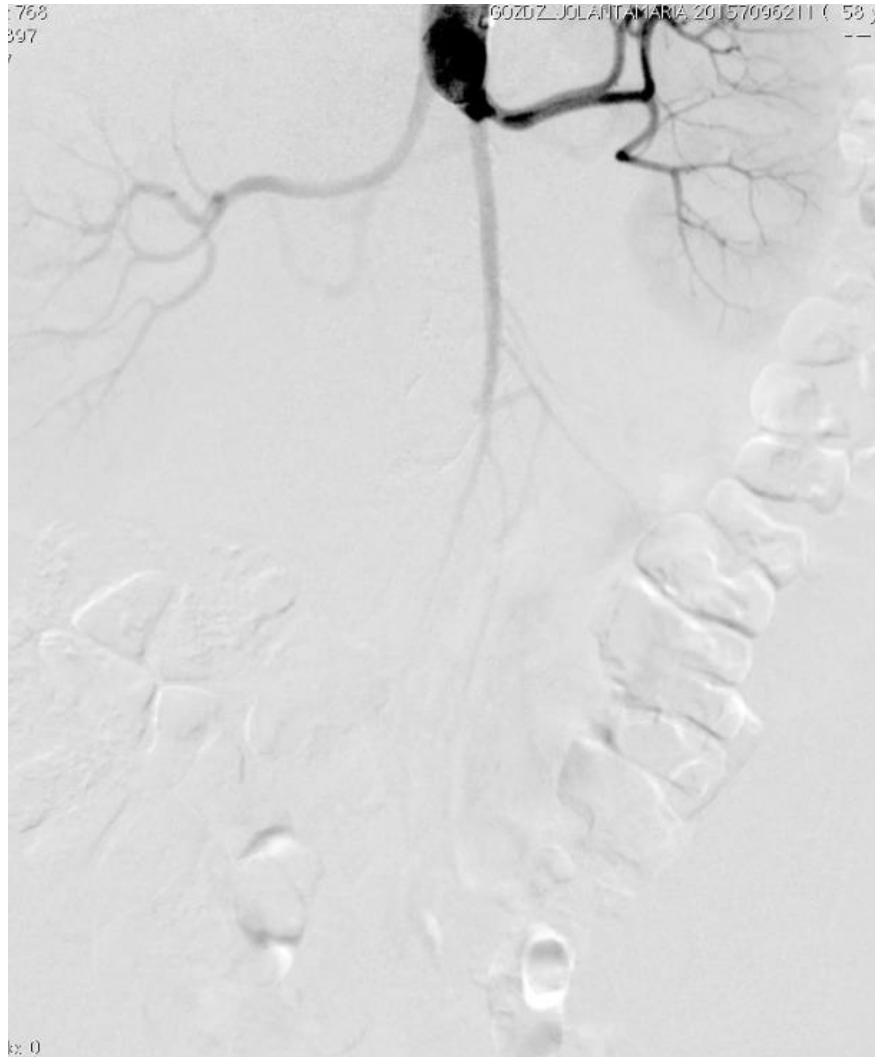


1 VISCERAL

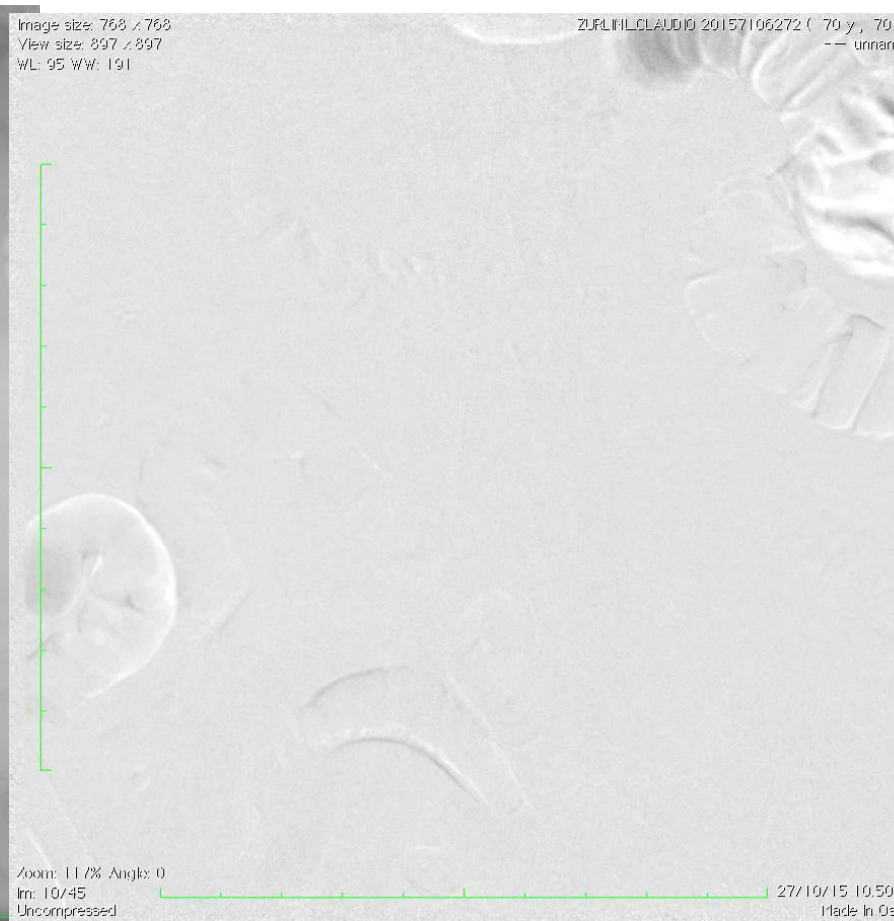
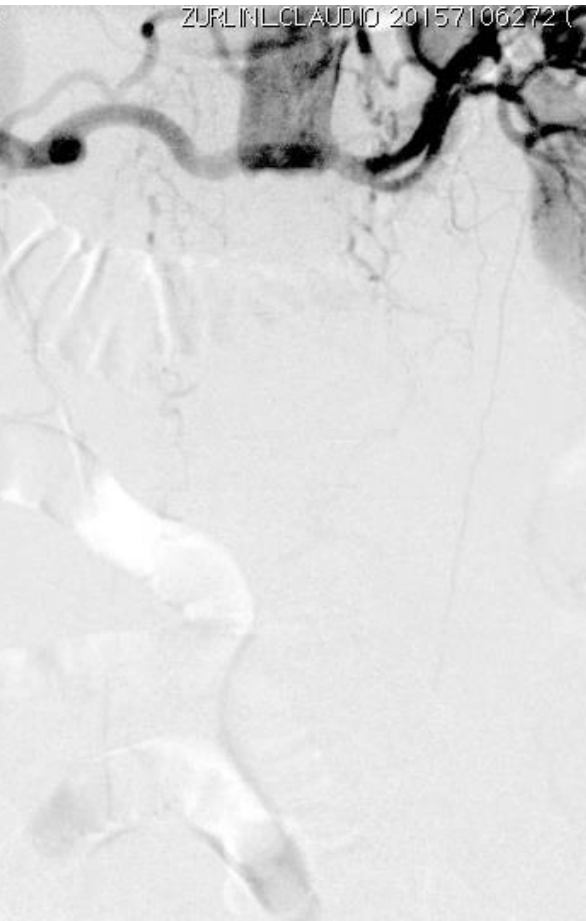


LESSON LEARNED

RECANALIZATION FROM ABOVE WITH SHEATH INSIDE THE LESION



RECENT THROMBOSIS IS A RISKY SITUATION



RETROGRADE RECANALIZATION

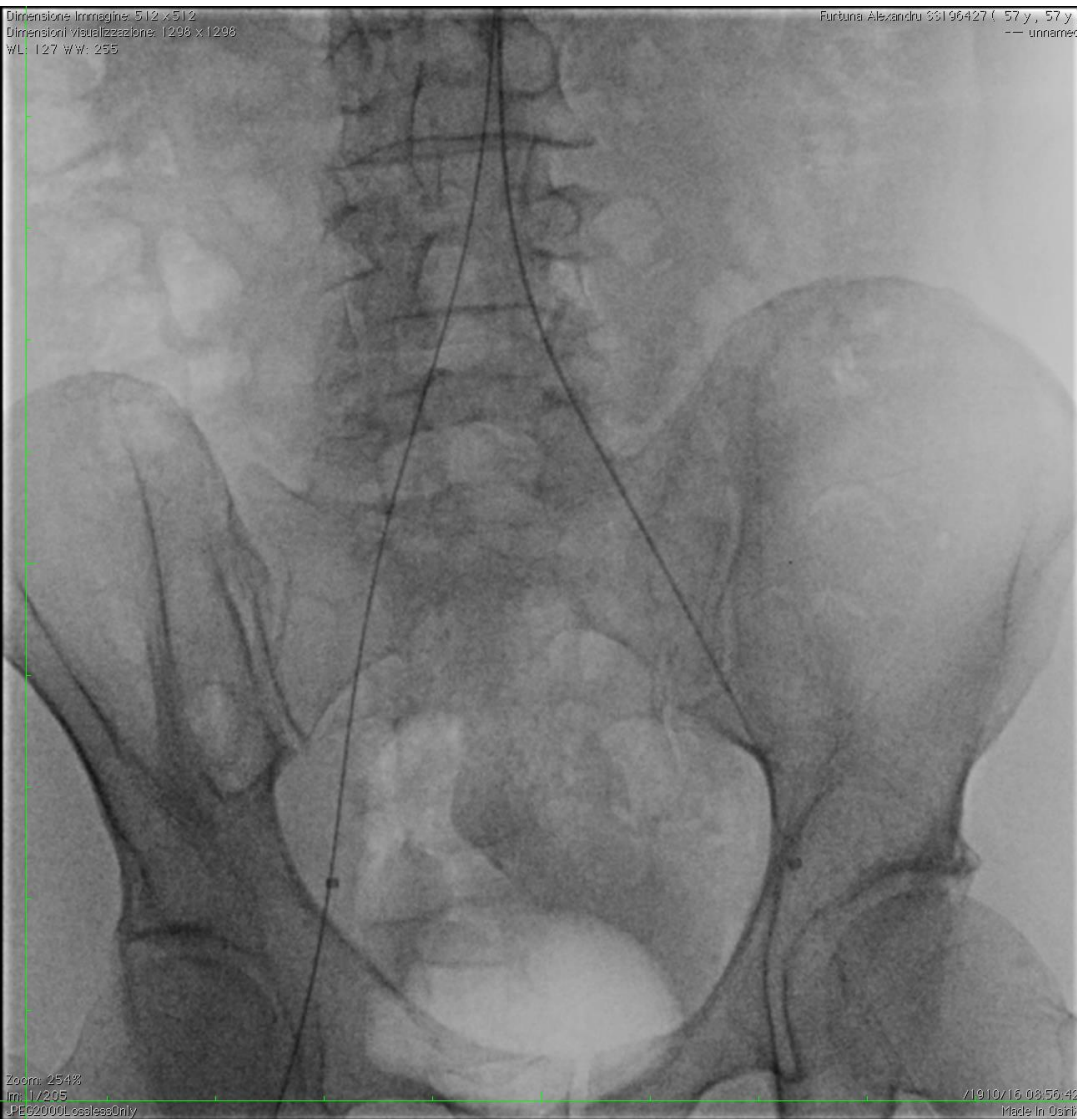
Not recommend



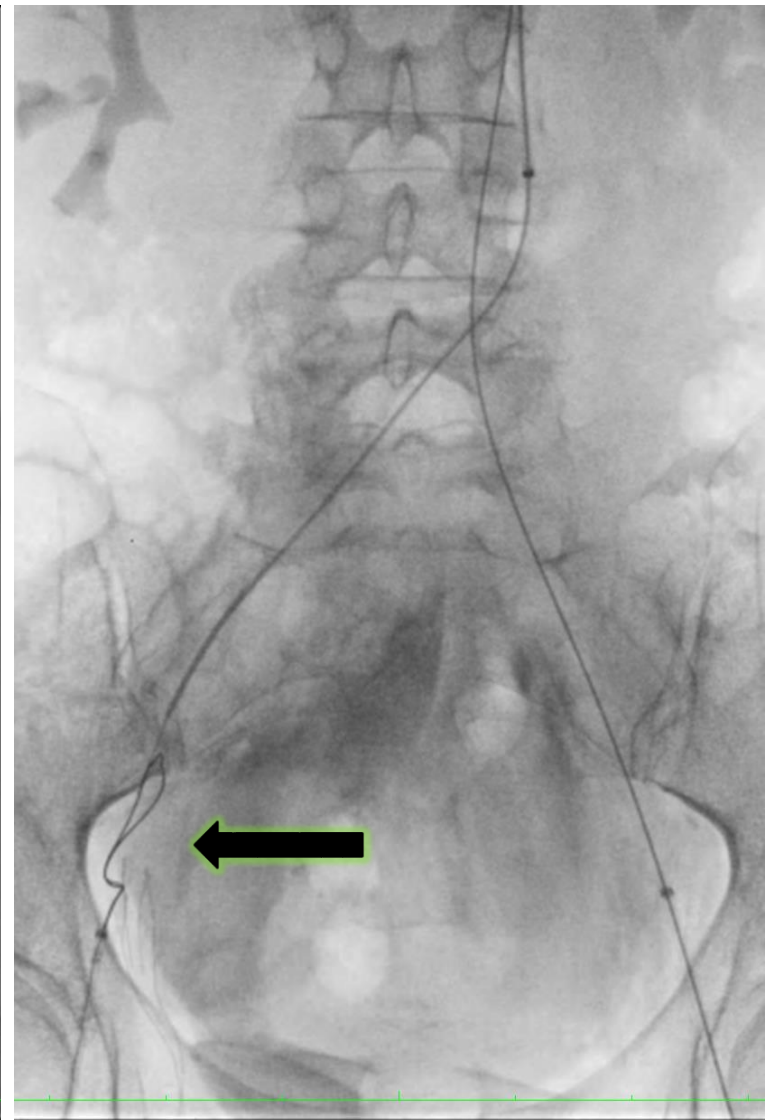
Only when feasible
intraluminally with a
0.014 wire



...RECUPERATE THE WIRE FROM BELOW



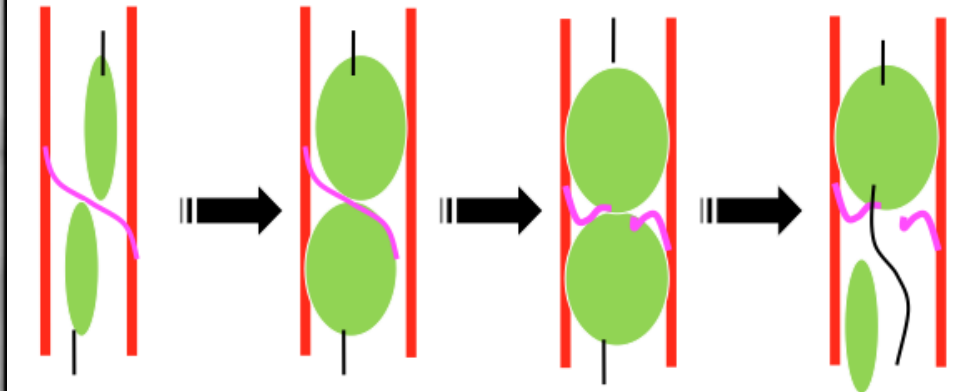
CANNULATING THE SHEATH



GOOSE-NECK

....FACILITATE DISTAL RE-ENTRY...

RENDEZ-VOU TECHNIQUE



FEMORAL ARTERY INVOLVEMENT

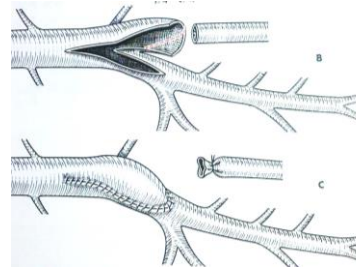
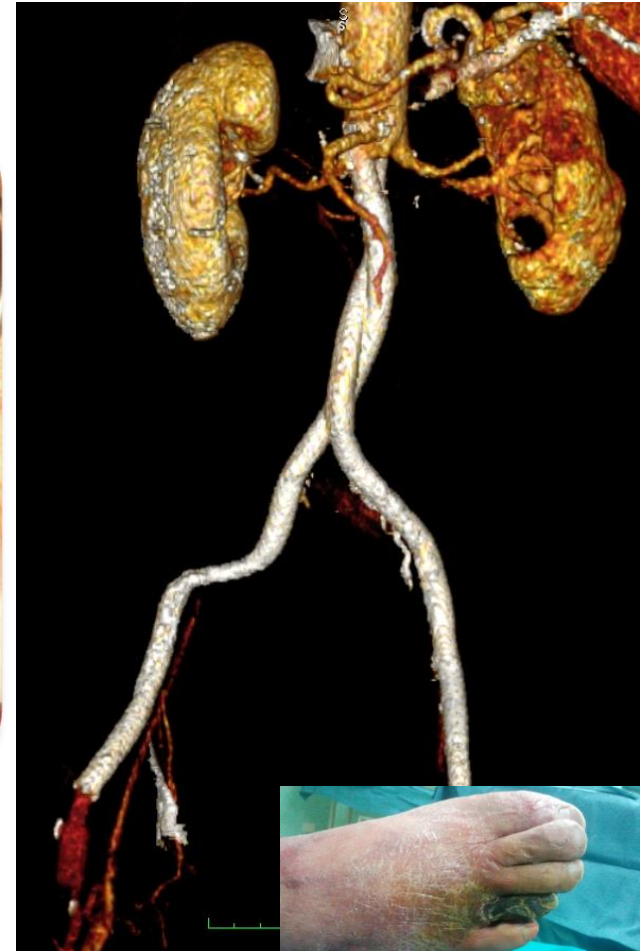
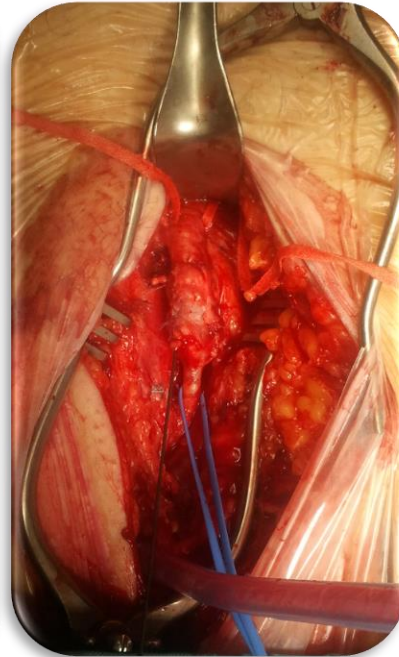
OCCLUSION CLOSE TO THE CFA



SFA puncture
DFA puncture



FEMORAL ARTERY INVOLVEMENT

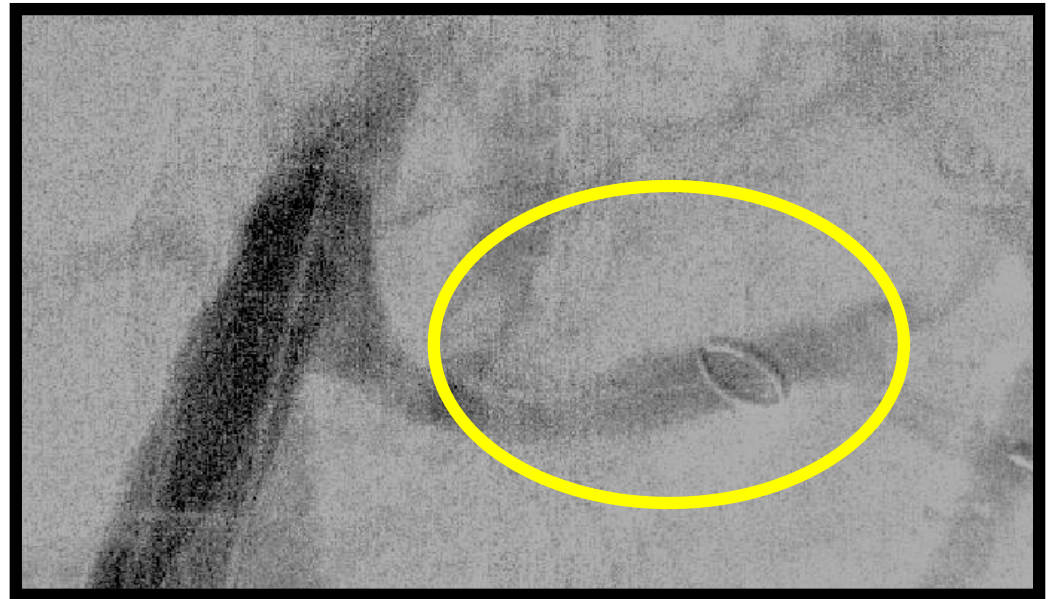


Hybrid surgery
SFA patch

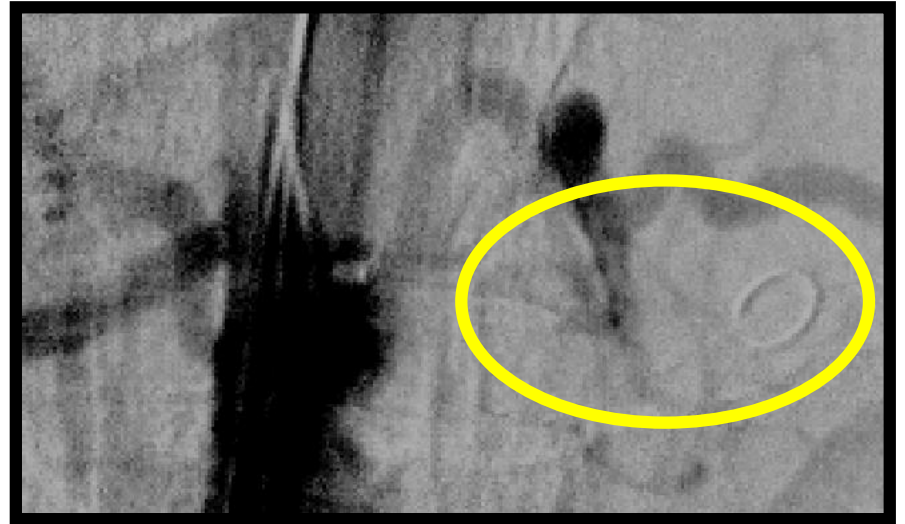
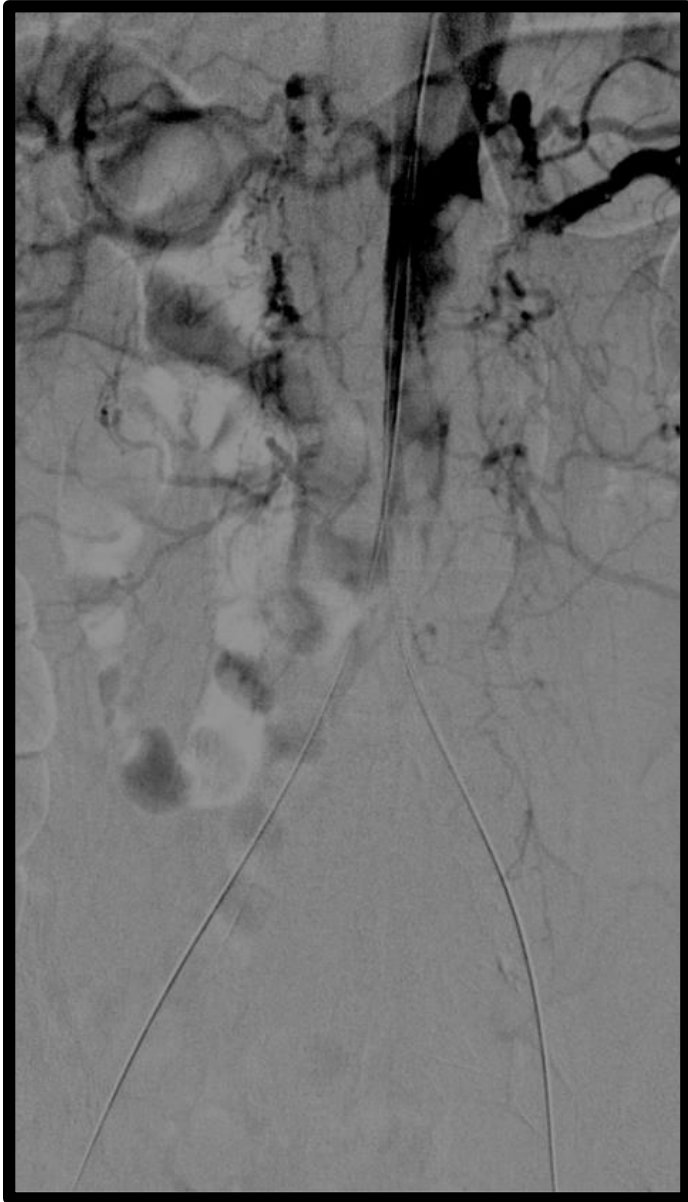
THE WIRE FROM ABOVE IS EXCHANGED WITH ONE FROM BELOW



RENAL ARTERIES PROTECTION FILTERS: ONE RENAL (MISALIGNED)



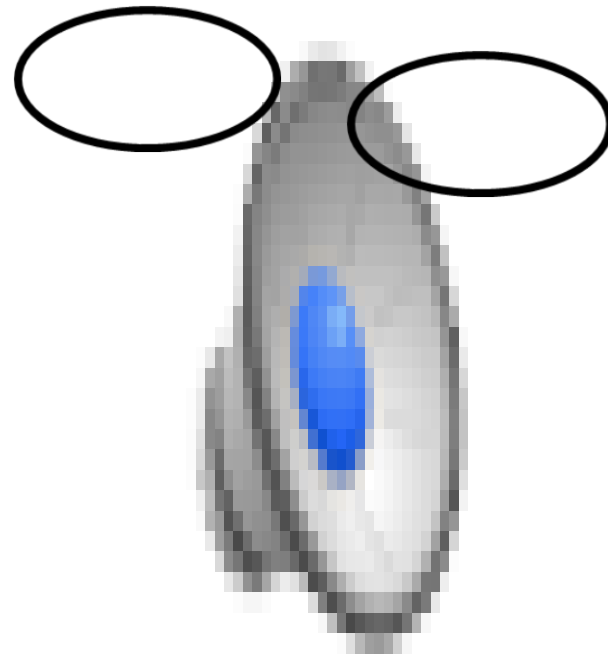
RESCUE



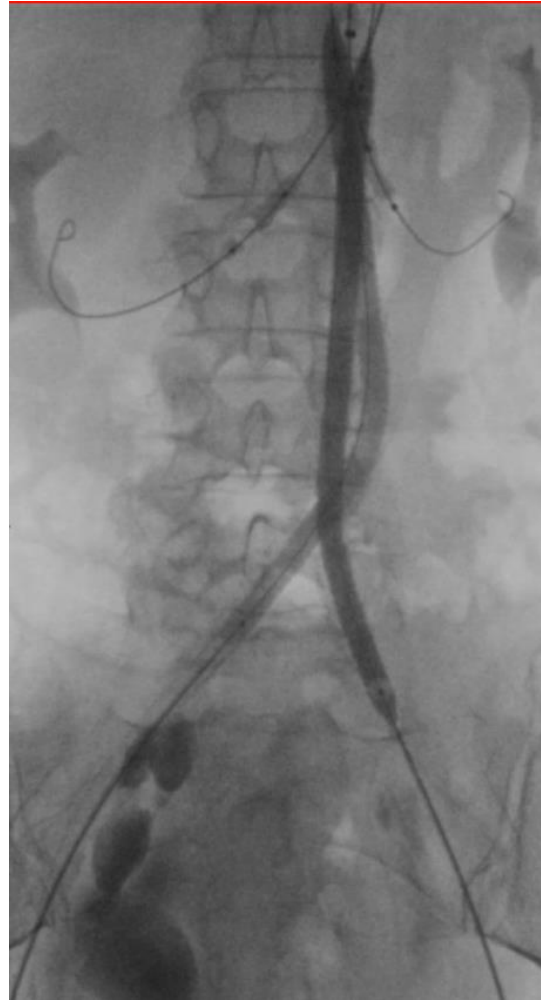
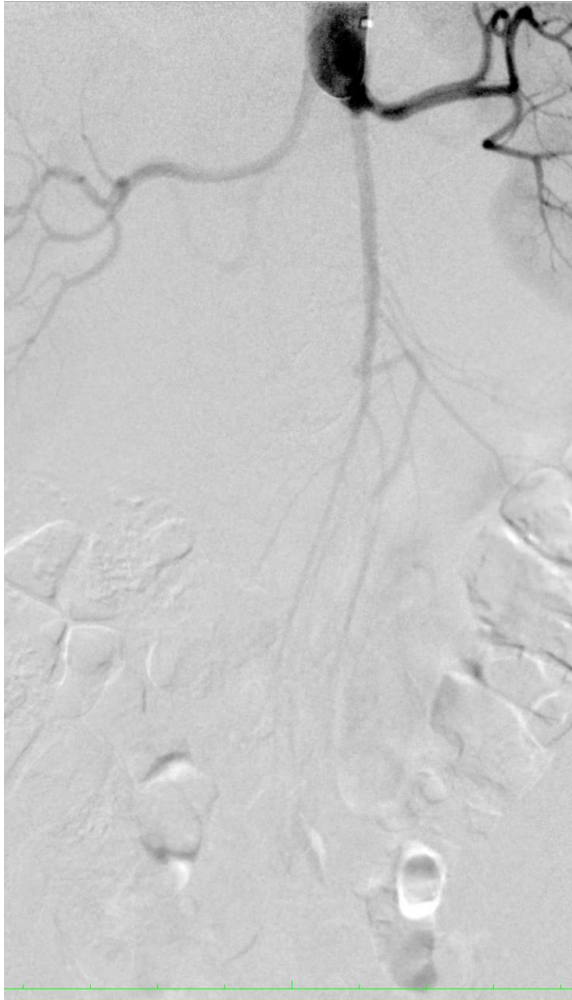
RESCUE



RENAL ARTERIES PROTECTION FILTERS: BOTH RENALS

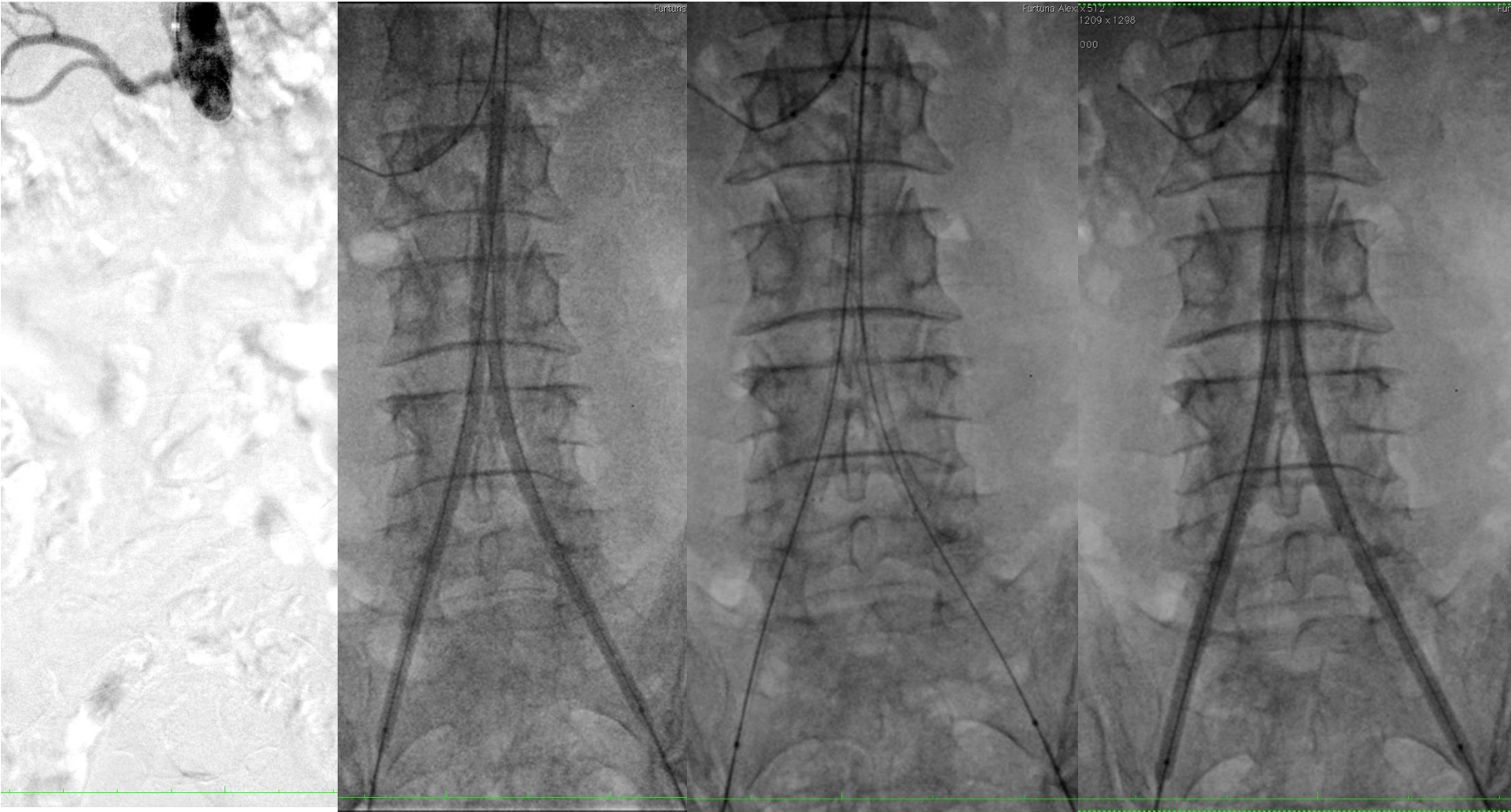


RENAL ARTERIES PROTECTION BALLOONS: BOTH RENALS



TWO SHEATHS FROM ABOVE

SOLITARY KIDNEY → BALLOON!!



RENAL ARTERIES PROTECTION PROXIMAL ANGIOPLASTY



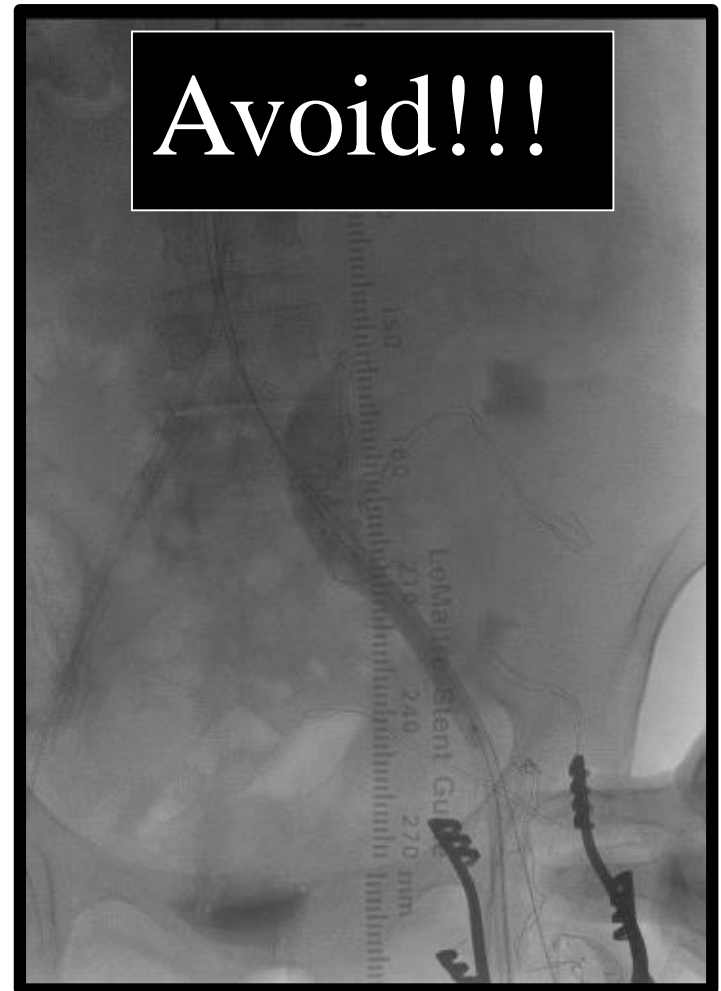
➤ Suboptimal to reduce thrombus squeezing (7-8 mm balloon)

DISTAL ANGIOPLASTY

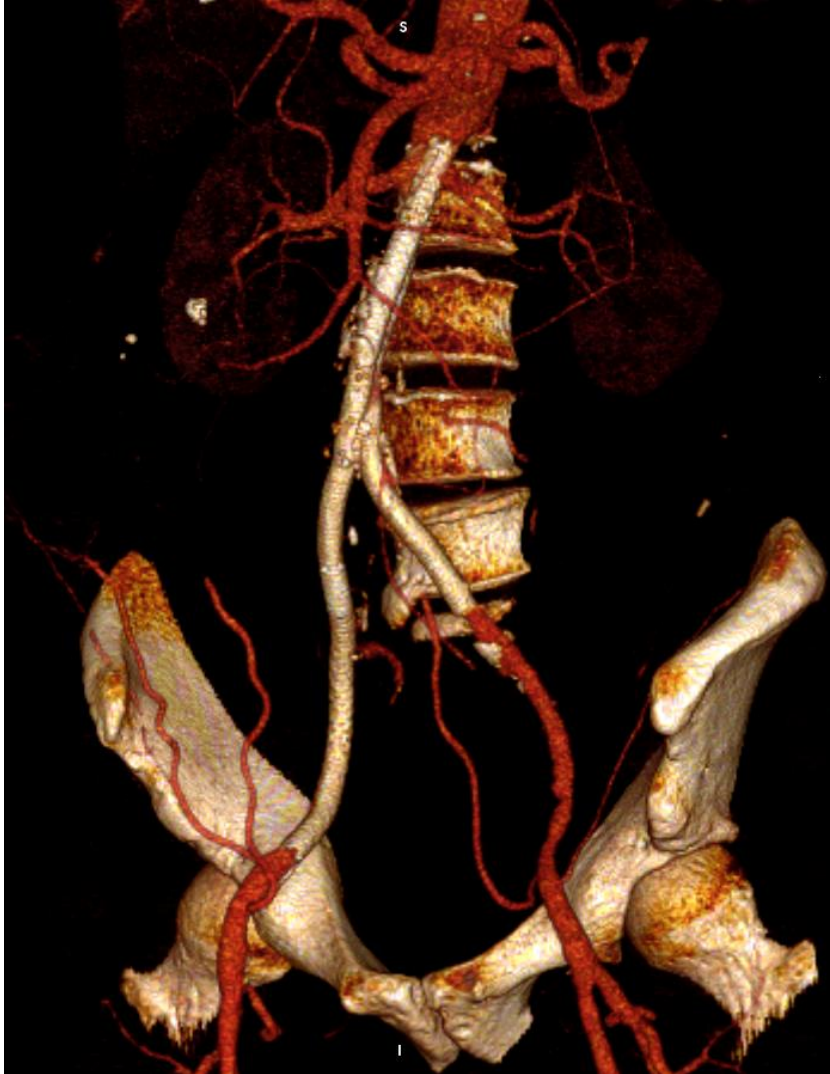
Suboptimal



to avoid rupture

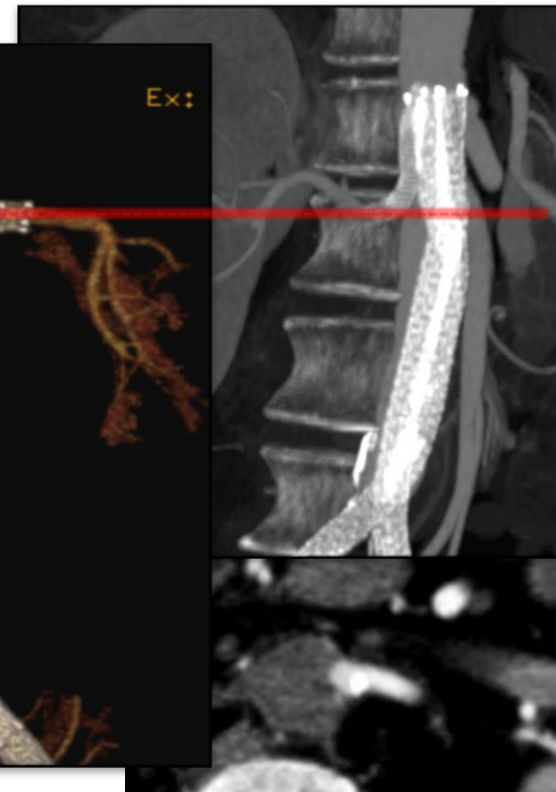
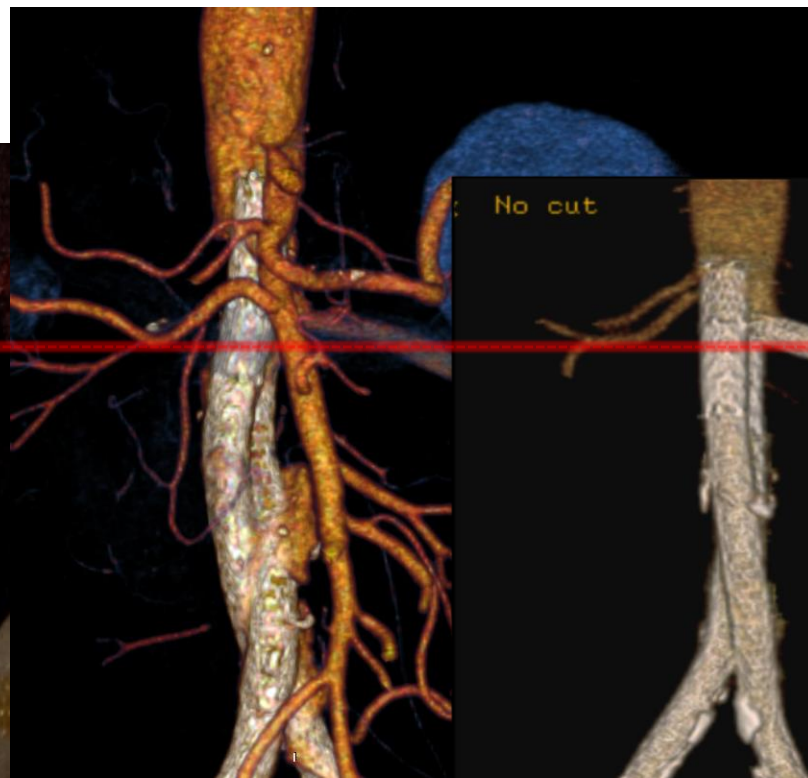


RENAL ARTERIES PROTECTION HUGGING BARE STENTS



One shot proc
6F sheath
< thrombus dislodg

RENAL AA PATENCY → 8/19 PTS



2

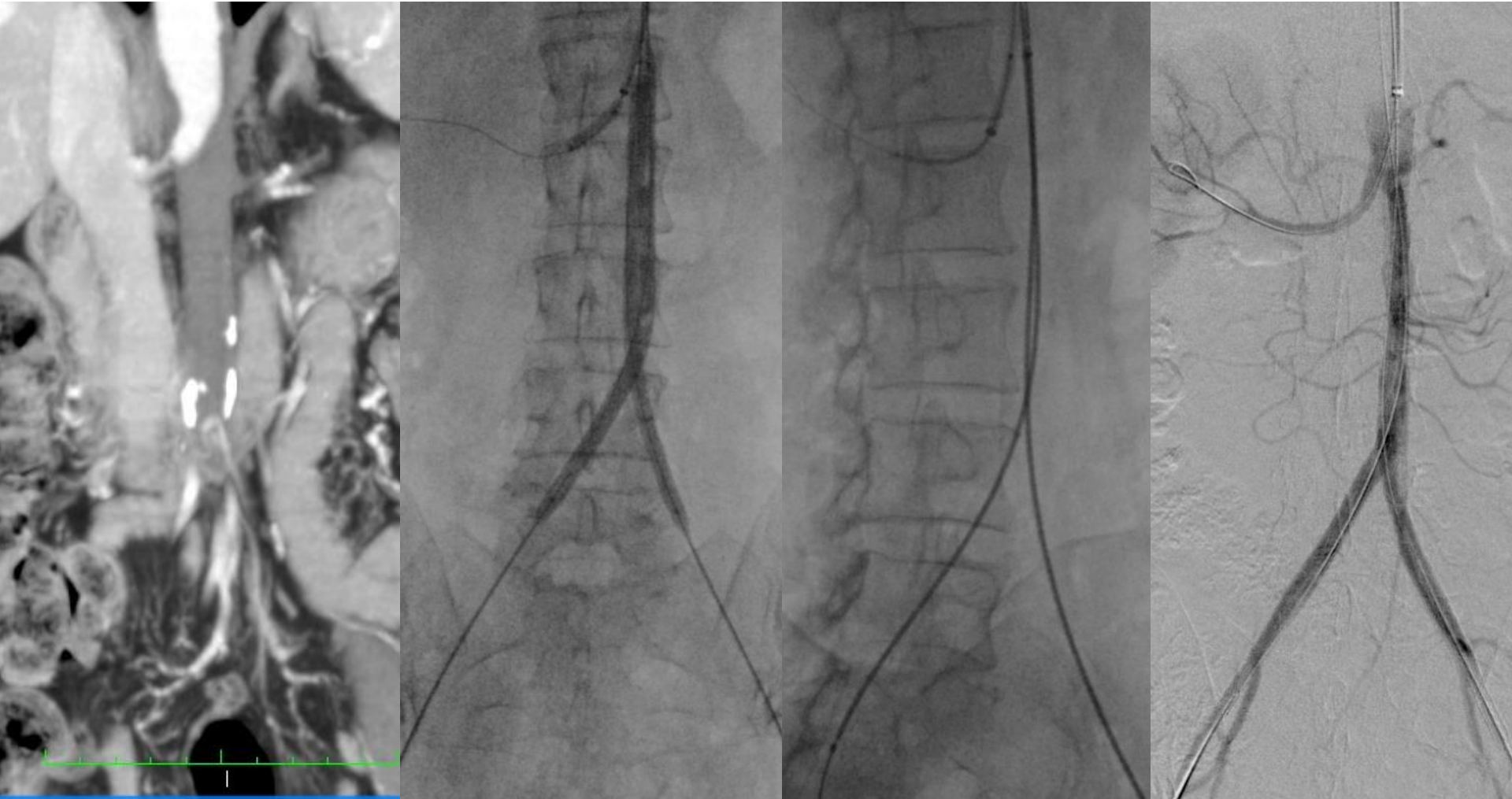
2

4 (1 BILAT)

OpenCell-STENTS ABOVE THE RENALS OR
ASSOCIATED RENAL STENTING OR CHIMNEY

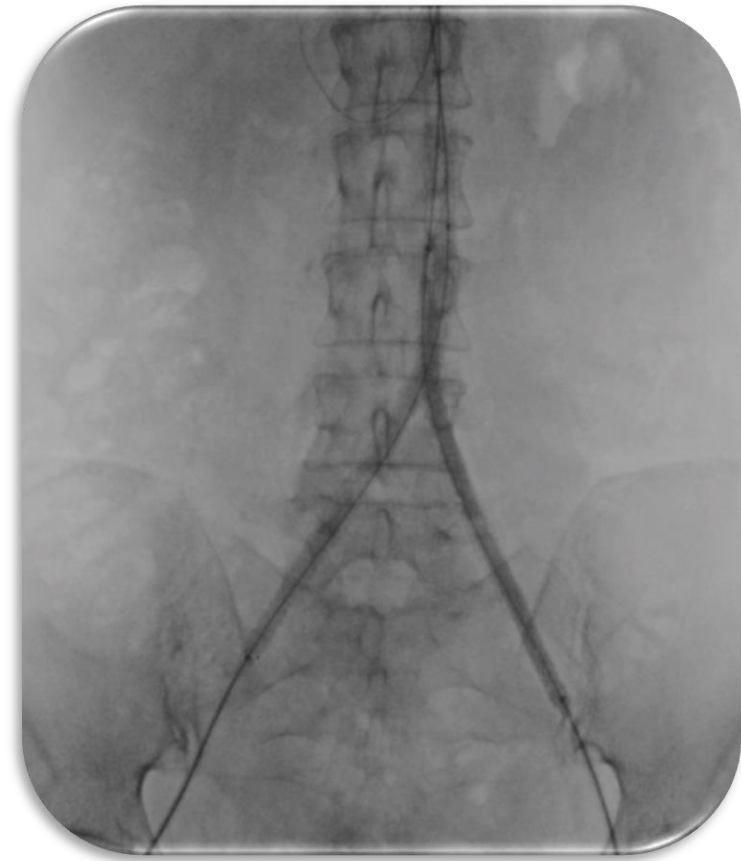
RENAL ARTERIES PROTECTION

BALLOON: SOLITARY KIDNEY → CHIMNEY

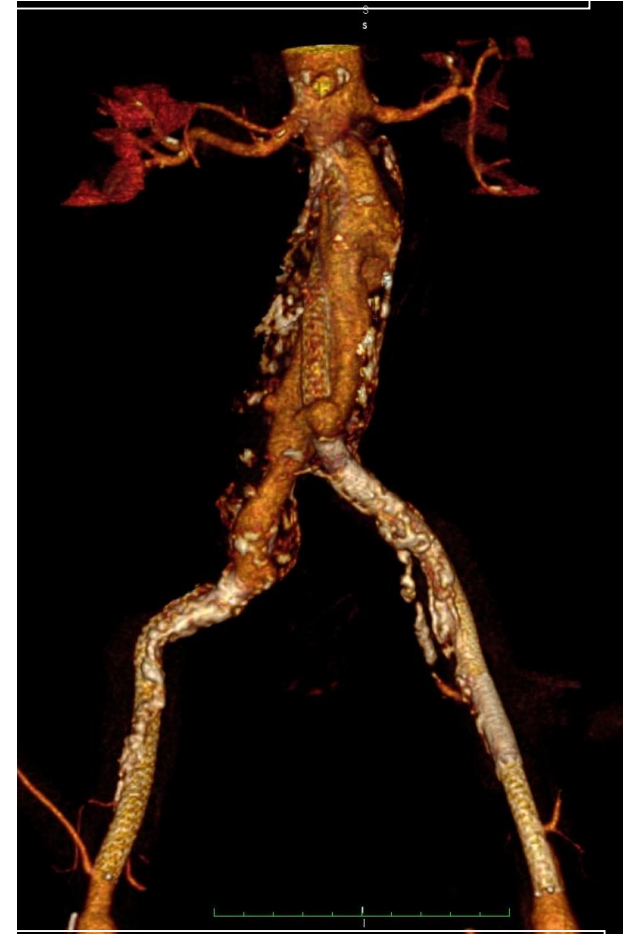
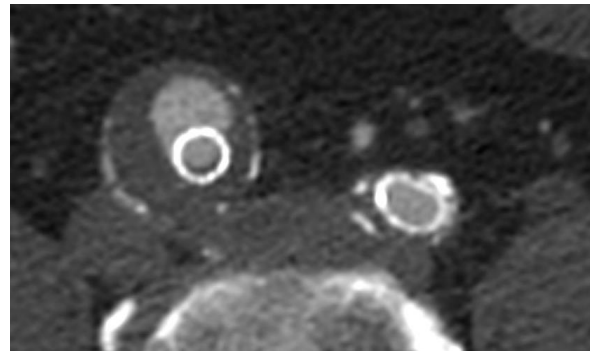
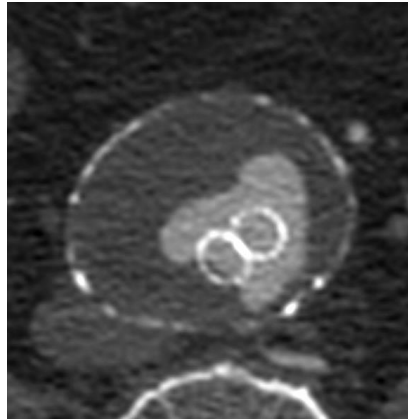
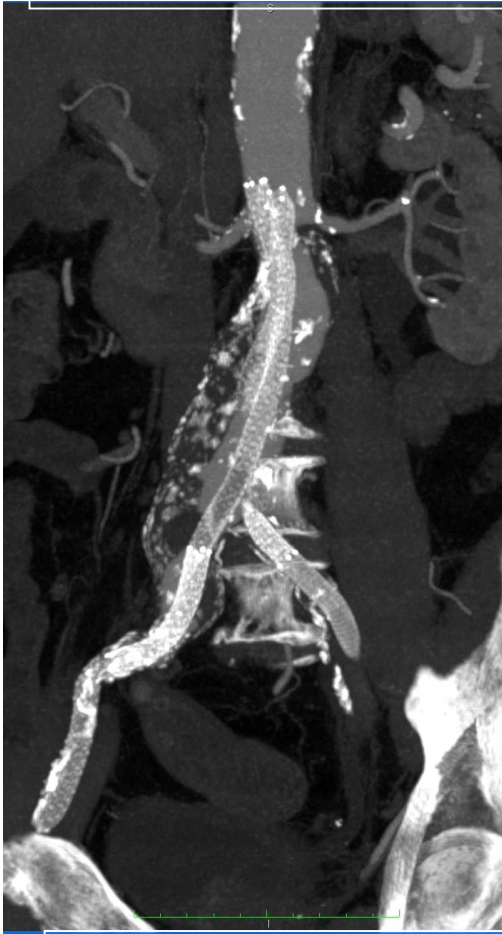


OPEN FIRST VIABAHN, THEN AORTIC STENTS

COVERED STENT USED FOR ILIAC LESIONS

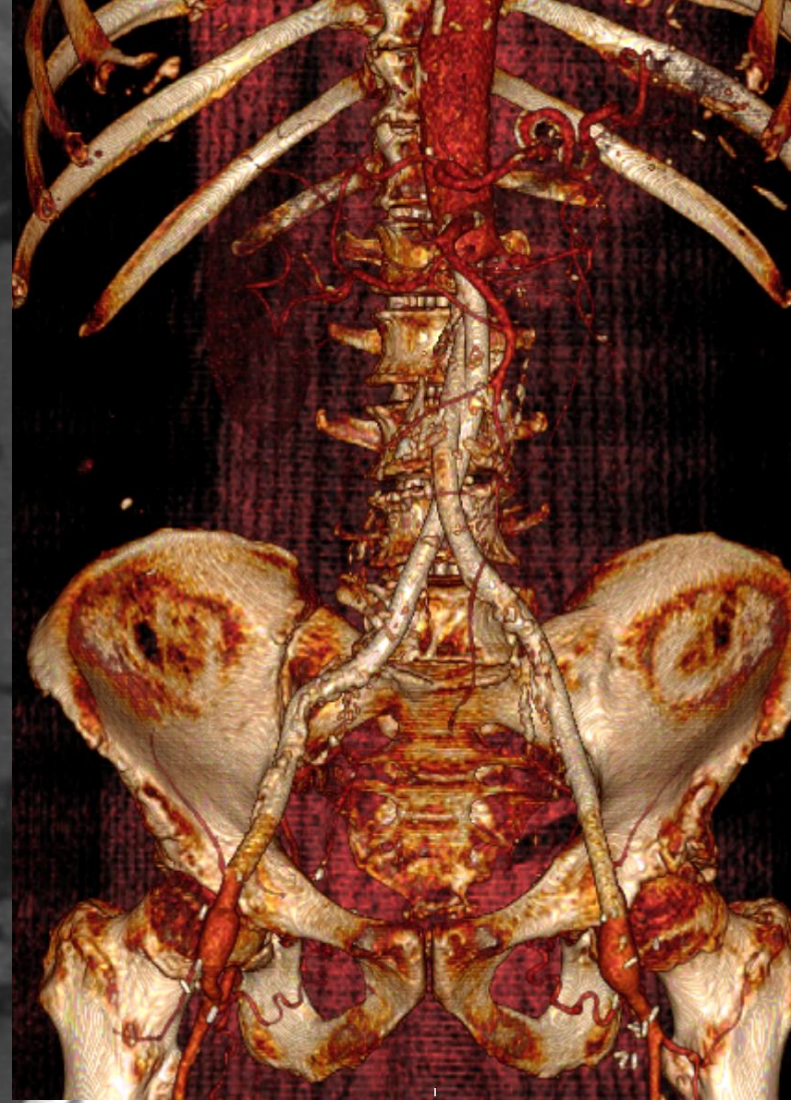
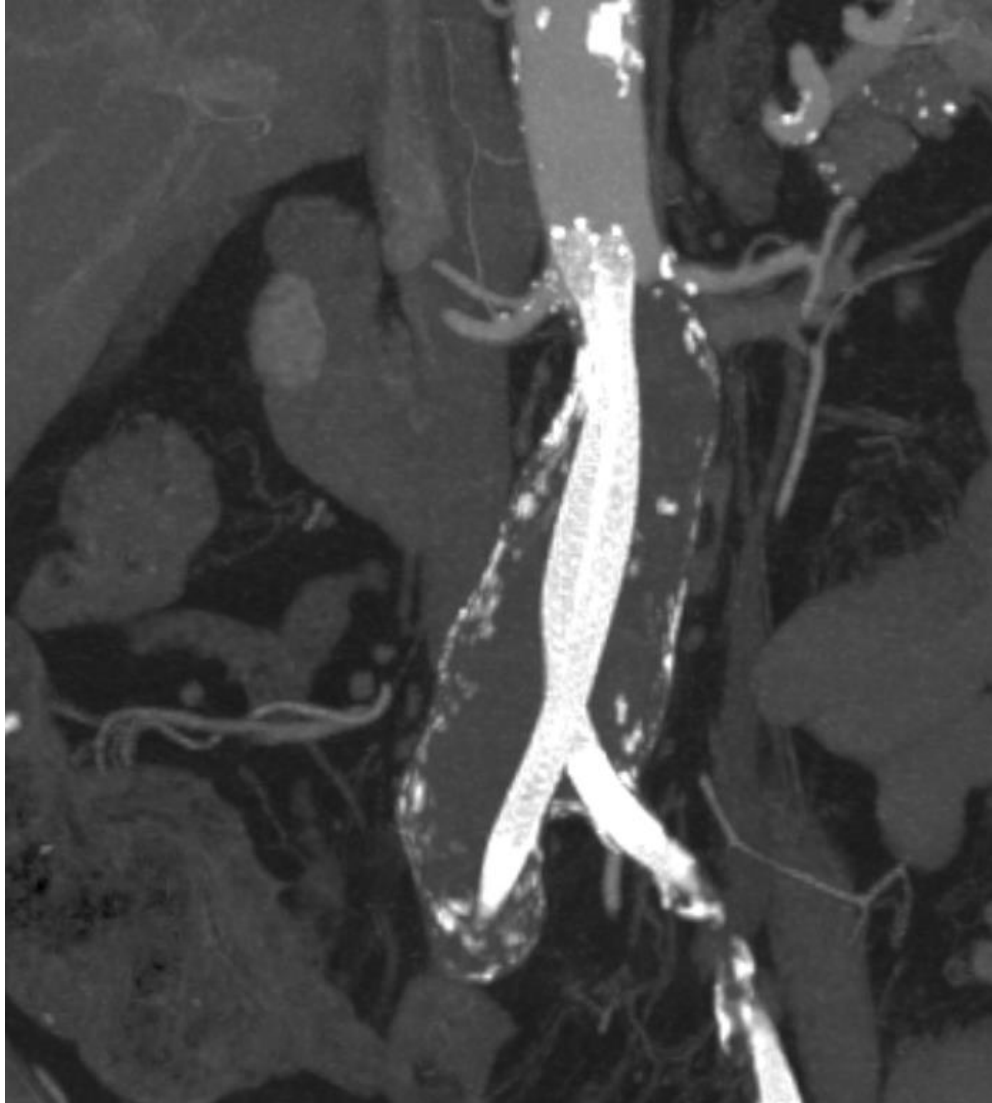


COVERED STENT BETTER FOR ANEURYSMS



ANEURYSM REPERFUSION AT 3 YRS

RELYNING WITH VIABAHN



Leriche Syndrome 19 PTS

FEB 2010 – OCT 2016

IMMEDIATE RESULTS

- **Death** 0
- Embolization 3
- Retroper haemat (high puncture) } 1
- ARF (temporary dialysis) } 1
- Stent occlusion *(treated) 1*

Leriche Syndrome 19 PTS

FEB 2010 – OCT 2016

EMBOLIZATION

3/5 2010-2011 (2 TREATED)

filter (single) 1

wire 1

0/14 2011-2016

filter (single 3) 6

balloon (single 4) 8

LATE RESULTS 19 pts

follow-up 49.6 mths (2- 80 mths)



- Death 3 15.7%
(6/24/41 mths unrelated)
- Prim patency 89.5%
- Sec patency 94.7%
- Ren art patency 100%
- AAA reperfusion (viabahn)

CONCLUSIONS

- RECANALIZATION IS FEASIBLE
- SOME PRECAUTIONS ARE NECESSARY
 - RECANALIZE WITH THE SHEATH INSIDE LESION
 - PROTECTIVE MEASURES FOR RENALS
 - SUBOPTIMAL ANGIOPLASTY
 - IF THROMBUS PASSES THE ARTERIES → CHIMNEY
- LONG TERM RESULTS ARE GOOD

**THANK YOU FOR
THE ATTENTION**