Iatrogenically complicated type B aortic dissection with huge aneurysm

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)
- I do not have any potential conflict of interest
Endovascular Repair of Type B Aortic Dissection
Long-term Results of the Randomized Investigation of Stent Grafts in Aortic Dissection Trial

Christoph A. Nienaber, MD, PhD; Stephan Kische, MD; Hervé Rousseau, MD, PhD; Holger Eggebrecht, MD; Tim C. Rehders, MD; Guenther Kundt, MD, PhD; Aenne Glass, MA; Dierk Scheinert, MD, PhD; Martin Czerny, MD, PhD; Tilo Kleinfeldt, MD; Burkhart Zipfel, MD; Louis Labrousse, MD; Rossella Fattori, MD, PhD; Hüseyin Ince, MD, PhD; for the INSTEAD-XL trial

The risk of all-cause mortality (11.1% versus 19.3%; \( P=0.13 \)), aorta-specific mortality (6.9% versus 19.3%; \( P=0.04 \)), and progression (27.0% versus 46.1%; \( P=0.04 \)) after 5 years was lower with TEVAR than with optimal medical treatment alone. Landmark analysis suggested a benefit of TEVAR for all end points between 2 and 5 years; for example, for all-cause mortality (0% versus 16.9%; \( P=0.0003 \)), aorta-specific mortality (0% versus 16.9%; \( P=0.0005 \)), and for progression (4.1% versus 28.1%; \( P=0.004 \)); Landmarking at 1 year and 1 month revealed consistent findings. Both improved survival and less progression of disease at 5 years after elective TEVAR were associated with stent graft induced false lumen thrombosis in 90.6% of cases (\( P<0.0001 \)).

Conclusions—In this study of survivors of type B aortic dissection, TEVAR in addition to optimal medical treatment is associated with improved 5-year aorta-specific survival and delayed disease progression. In stable type B dissection with suitable anatomy, preemptive TEVAR should be considered to improve late outcome.

Negative results - Aortic and aneurysmal

Endovascular graft deployment in the false lumen of type B dissection

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Abstract

Objective: Thoracic endovascular aortic repair (TEVAR) is particularly indicated in a patient with complicated type B dissection. The object of this communication is to report a case of deployment of the endograft in the false lumen, to propose a protocol in order to prevent it and discuss the possible surgical options when this complication has occurred. Methods: A case of complicated acute type B dissection is described where the endovascular prosthesis was positioned in the false lumen. The literature on the subject is briefly reviewed for the insertion techniques and conversion to surgery. Results: The occurrence was recognized and treated with replacement of the entire aorta from the sinotubular junction to a level of the eighth thoracic vertebra under deep circulatory arrest with selective antegrade cerebral perfusion. Conclusions: TEVAR for complicated type B dissection should be carried out according to a precise and stepwise protocol in institutions familiar with all the different options of conversion to open repair.
Case report

Reverse Frozen Elephant Trunk Procedure for Rescue of a Thoracic Stent-Graft in the False Lumen


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Letters to the Editor

Thoracic Endovascular Repair for Chronic Aortic Dissection with Distal Landing in the False Lumen

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Case report

Successful endoluminal rescue of an endovascular graft unintentionally deployed in the false lumen of Stanford type B aortic dissection

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Which approach would be most appropriate?
Confirmation of true lumen

- Fluoroscopic guidance
- Angiography
- Transesophageal echography
- Intravascular ultrasound
Conclusion

The true lumen must be confirmed exactly to prevent unwanted desperate complication.
THANK YOU
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