EVAR for Extremely Angulated Proximal Neck

Nam Yeol Yim MD., Jae Kyu Kim MD.
Radiology
Chonnam National University Hospital.
Gwangju. KOREA
Disclosure

Speaker name: Nam Yeol Yim MD.

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
Patient

- 79/F
- Low back pain (3d)
- HTN (40yrs)

- Incidentally detected AAA at outside clinic
CT

Thrombosed fusiform An. Max diameter = 6.3cm
Severely angulated proximal neck
Heavily calcified bilateral common iliac arteries
Abdominal Angiography
EVAR
Repositioning
Use of Balloon

SG detached again!
Palmaz Stent
Stent-graft extension

B) Renal artery occlusion

Limb occlusion

Extend proximal sealing with Aortic Extender from Medtronic
Stent-graft extension

After placement of SG we have tried to recapture of top-cap and pull out delivery system
Result

Follow up CT after 3ms
Lessons from case

• In severely angulated proximal neck, push up of stent-graft could impossible even though we used re-constrainable device.

• Correction of proximal beak which can cause flow disturbance is challenging, so we need to understand various method to manage it.
EVAR for Extremely Angulated Proximal Neck

Nam Yeol Yim MD., Jae Kyu Kim MD.
Radiology
Chonnam National University Hospital.
Gwangju. KOREA