Usefulness of Andrastents for dilation of different vessels

Introduction

- Recently new cobalt-chromium, balloon-expandable, nonpremounted stents – namely Andrastents XL and XXL (Andromed GmbH, Germany) were introduced into clinical practice.
- We have applied them from June 2009.

17 y old girl with bicuspid aortic valve with Turner syn. ReCoA (after end to end surgery in neonatal period).

Andrastents – own experience in 91 pts

<table>
<thead>
<tr>
<th>Age (y)</th>
<th>No of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoA / ReCoA - 46/7 pts</td>
<td>8-65</td>
</tr>
<tr>
<td>RVOT 12 calcified homograft / 7 native before PAVTI (Melody/Edwards)</td>
<td>11-40</td>
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<tr>
<td>LPA/RPA 4 cong./12 postsurg.</td>
<td>6-64</td>
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<tr>
<td>SVC iatrogenic stenosis</td>
<td>7,5</td>
</tr>
<tr>
<td>Fontan Tunnel postsurgical</td>
<td>17</td>
</tr>
<tr>
<td>Stent in IAS (complex CHD)</td>
<td>19</td>
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</tbody>
</table>

Twenty years old man after correction of TOF with pulmonary homograft

- A) Prestenting of RVOT with Andrastent before planned Melody implantation (AS-39XL, balloon BIB 20 mm).
- B) After Melody Valve Implantation inside Andrastent.

Stenosis of SVC

7,5 y old boy after double surgical correction of DORV with symptomatic iatrogenic SVC stenosis

COMPLICATIONS

ANEURYSM - 34 years old man with CoA:
A) Before stent implantation
B) Six month after Andrastent implantation (aneurysm - red arrow)
C) After covered stent implantation

RESULTS

- All procedures were successful, except two.
  + 2 stent migration: 1 in RVOT in cong. absence of PV & 1 in LPA
  + No fracture of the stents during procedure and in follow-up!
- Follow-up:
  - from 0.1 – 5.2 (mean 3.3) years
  - 3 pts lost from f-up

Conclusions

Andrastents XL and XXL are very good therapeutic option for the treatment of stenosed great vessels. This stents combined high biocompatibility, radial strength and flexibility without stent fractures in follow-up.

REFERENCES

J. Bialkowski, M. Szkutnik, R. Fiszer, J. Glowacki, M. Zembala „Percutaneous dilatation of coarctation of the aorta, stenotic pulmonary arteries of homografts, and stenotic superior vena cava using Andrastents XI and XXL.” Kardiologia Polska 2011; 69, 1213-1219
