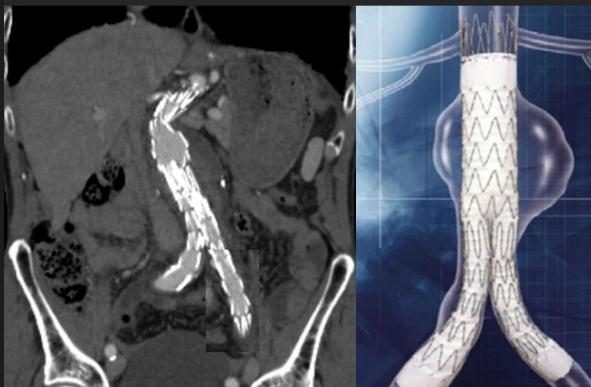


## ➤ Patient History

- 67-year-old man
  - Chief complaint : left thigh pain (onset: 6 month ago)
  - Past History
    - Tb destroyed lung in 1987
    - Triple A, EVAR in 2006
- astrix  
cilostazol  
bisoprolol  
pitavastatin

### ➤ Zenith Graft Stent (Cook)



### ➤ Ankle Brachial Index

R-Bra.		L-Bra.	
SYS	132	SYS	134
MAP	103	MAP	107
DIA	79	DIA	74
PP	53	PP	60

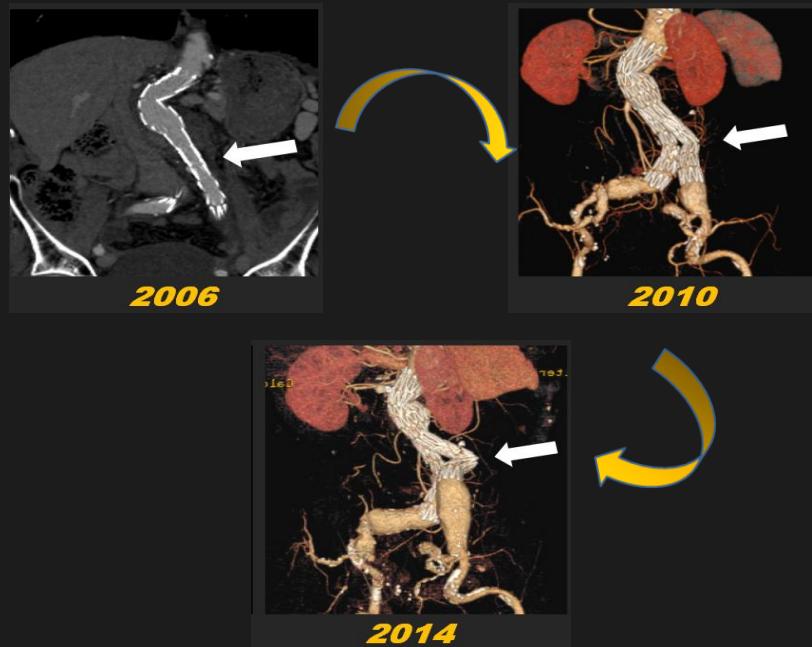
R-Ank.		L-Ank.	
*SYS	148	*SYS	119
*ABI	1.06	*ABI	0.86
*baPWV	1383	*baPWV	1293

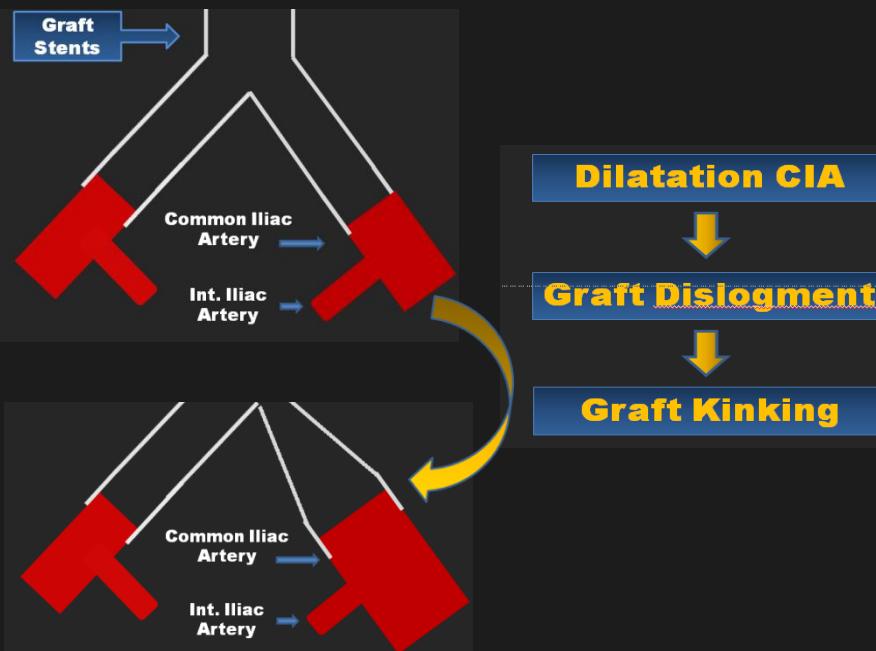
R-Toe		L-Toe	
SYS	107	SYS	80
TBI	0.80	TBI	0.60

❖ **ABI. Lt**  
➔ **0.86**

## ➤ Serial Change of Stent Graft



## ➤ Mechanism of Graft Stent Kinking



## ➤ Endovascular Repair of Kinking

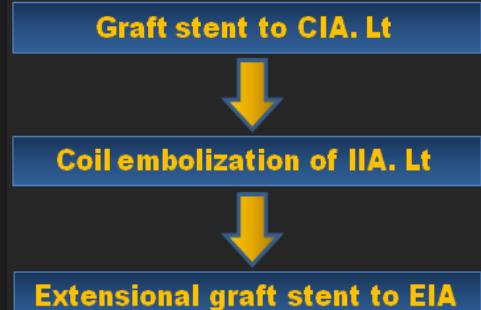
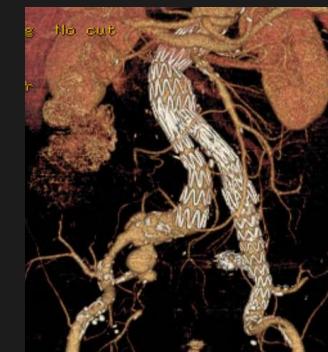
### ❖ Conformability for Kink Resistance



Endurant (Nitinol)

- Stent Shape
- Gap Width

### ❖ Procedure Order



## ➤ Summary

- Incidence : Etiology
  - First generation : mild kinking upto 50% in vanguard type
  - Second generation : 3~10%
- Causes
  - severe aortoiliac tortuosity
  - endograft conformability
  - migration of graft stent
  - native vessel remodeling after EVAR
- Treatment Options
  - PTA with stenting (Palmaz, Nitinol, etc), additional Graft Stent Operation (Bypass surgery)
- Our case illustrates the crucial importance of radiological long-term follow-up of patients with EVAR