

B O R D E A U X

PERSPECTIVES

Friday, June 17, 2022

My most didactic/ nightmarish cas and my most promising and innovative technique

ORGANIZATION

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CONTACT & INFORMATION

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Endoprothèse Fenêtrée : Dissection & Perforations.

Prof Michel Bartoli
Hopital la Timone, Marseille



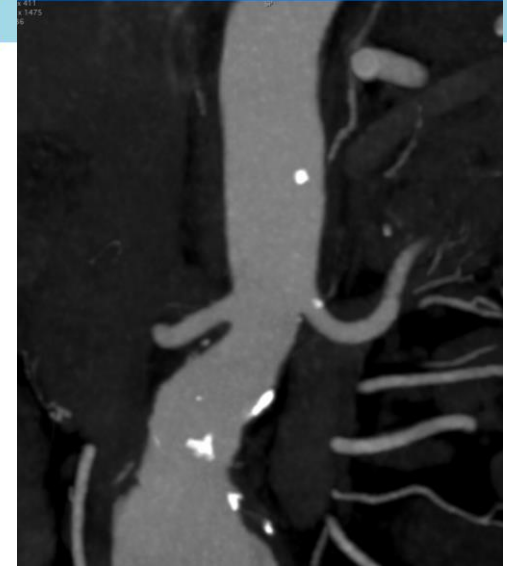


The case

81 yo man, with a 53 mm juxtarenal aneurysm extended to both primitive iliac artery

34 mm right iliac max diameter

28 mm left iliac max diameter



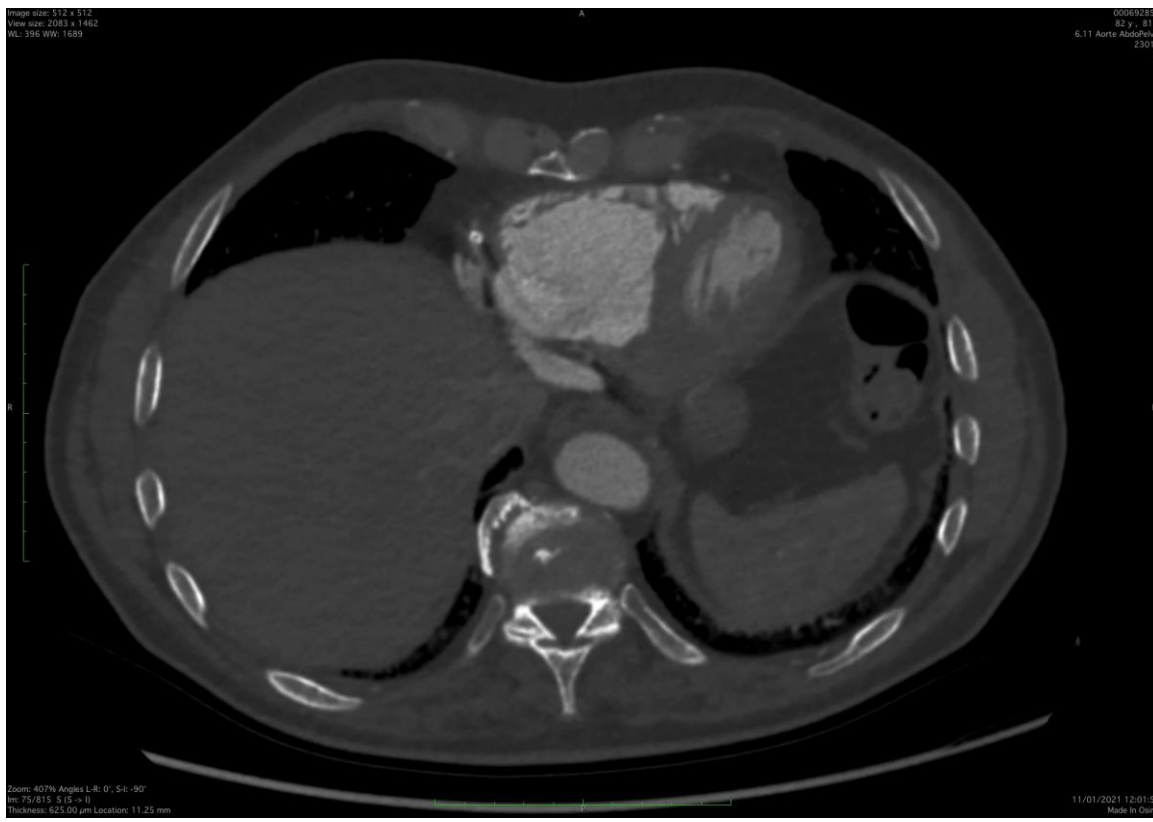
Comorbidities: coronary disease (stents)

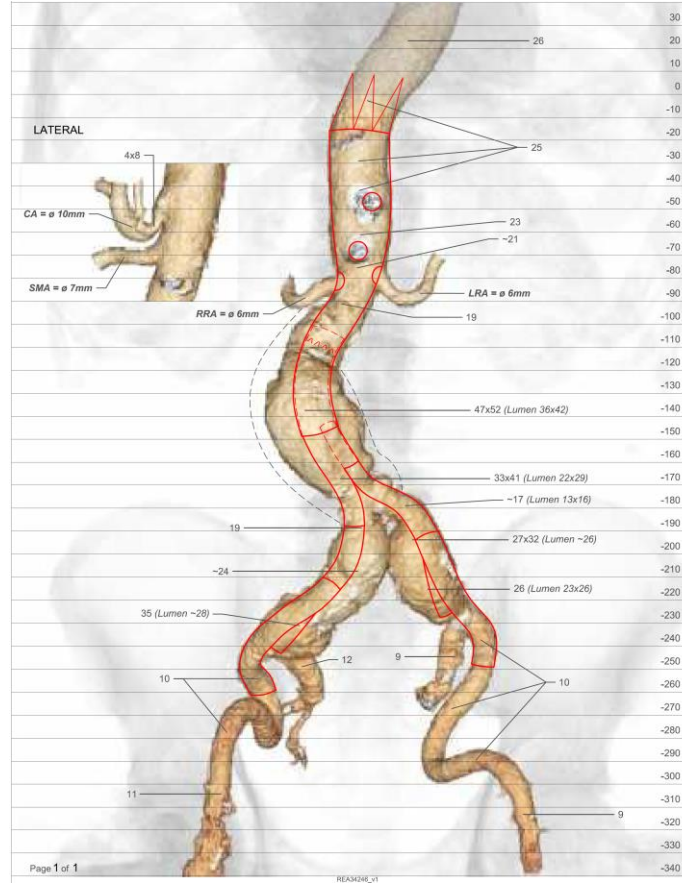
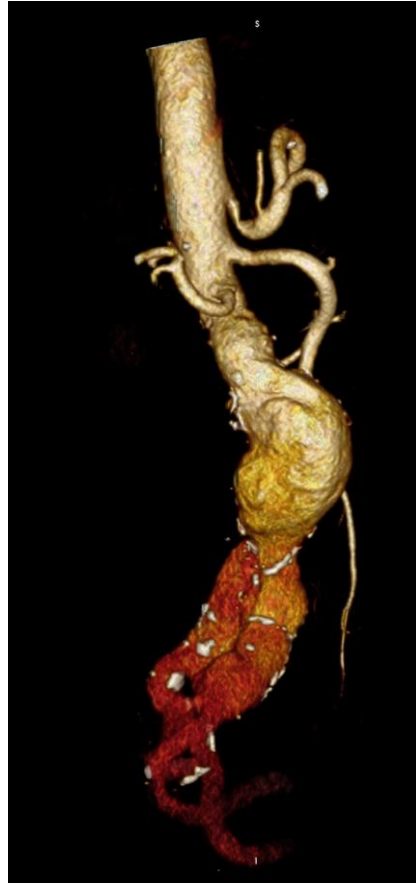
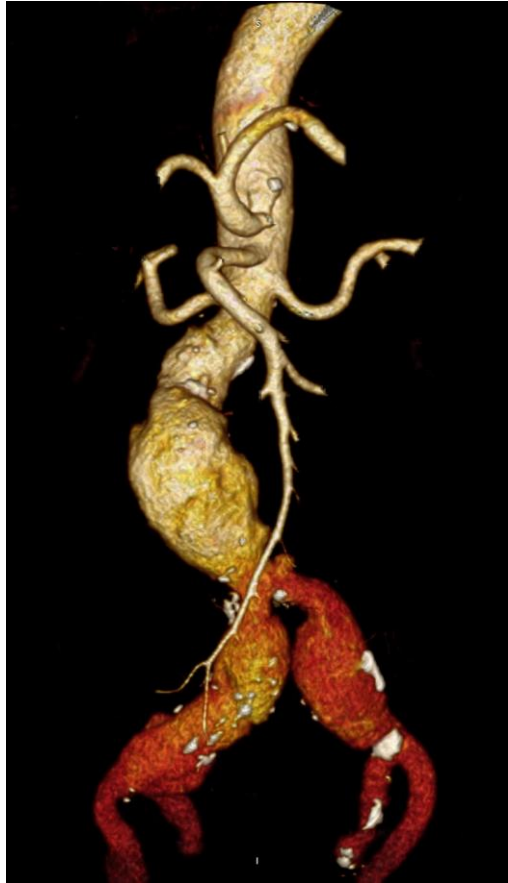
Echocardiography, EF: 63%,

Negative stress test,

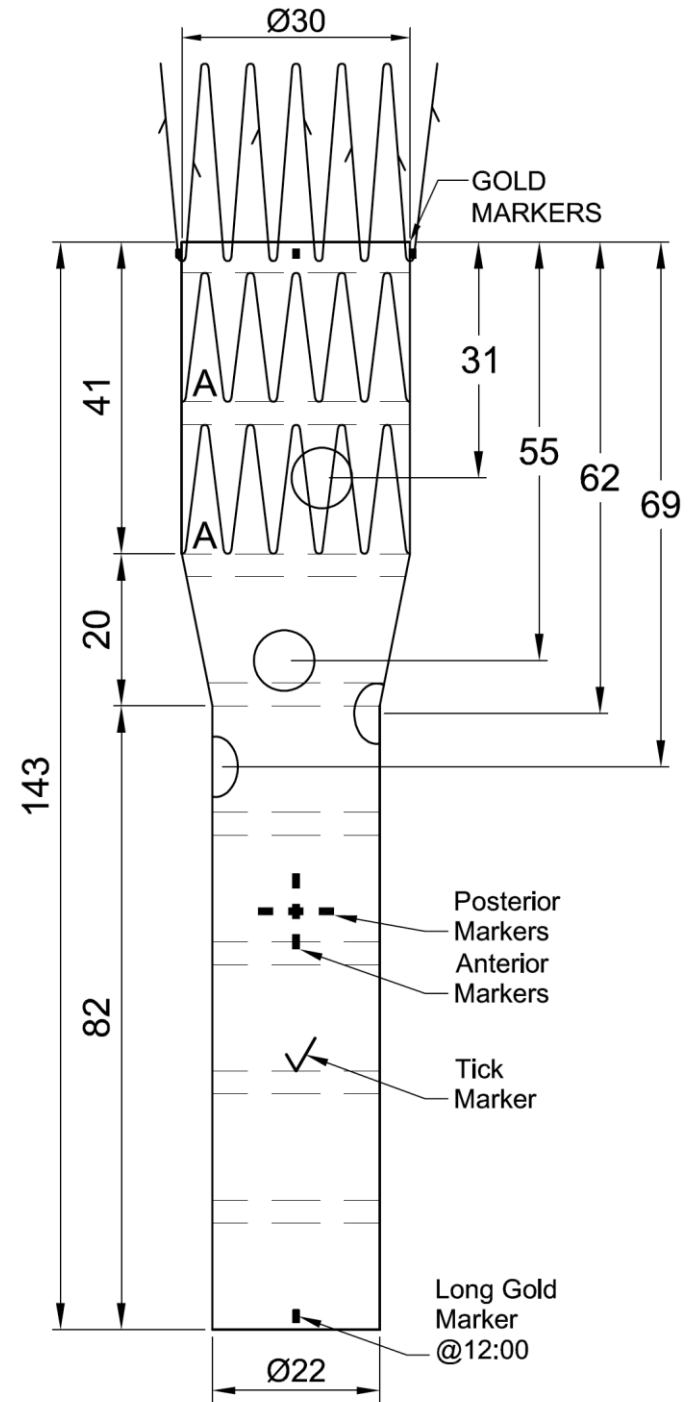
Spirometry normal for the age







Four fen + Z-Bis on both side



B O R D E A U X PERSPECTIVES 2022



June Friday 17

Image size: 750 x 750
View size: 1477 x 1462
WL: 128 WW: 256

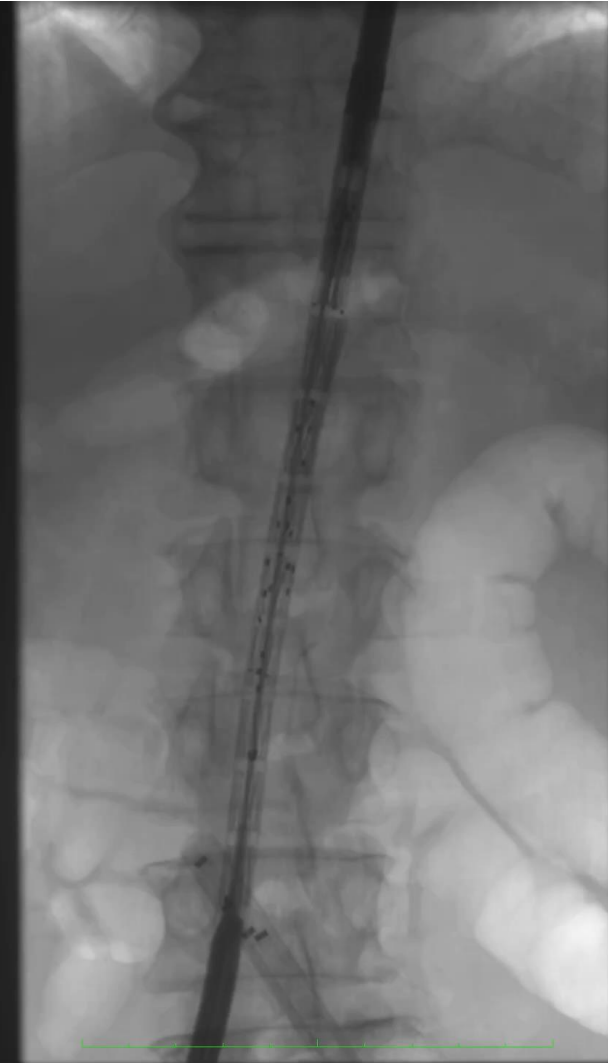


H01-56595375
82 y , 81 y
FENETREE
0
1

25/05/2021 09:20:12
Made In OsiriX

Zoom: 197%
Im: 1/10
Position: HFS

Image size: 750 x 750
View size: 1477 x 1462
WL: 604 WW: 981



H01-56595375
82 y , 81 y
FENETREE
0
1

26/05/2021 09:20:12
Made In OsiriX

Zoom: 197%
Im: 1/10
Position: HFS

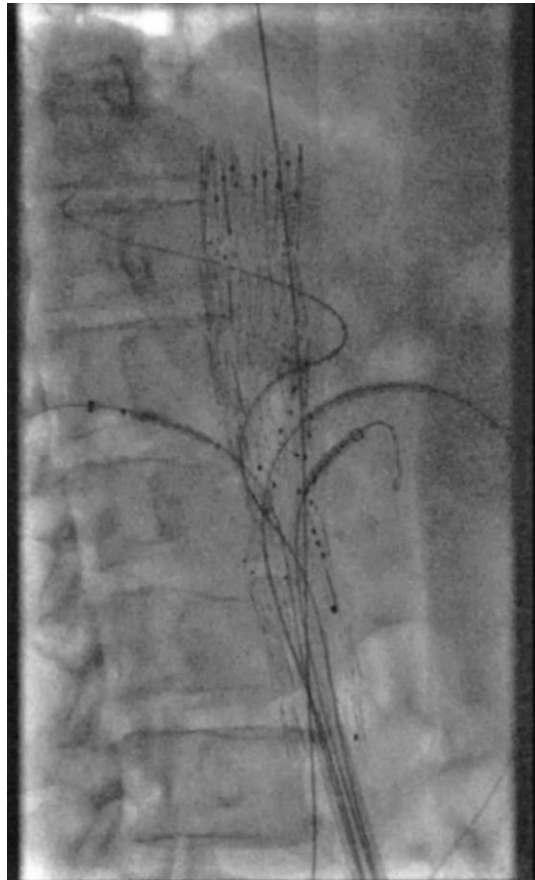
**Start:
9H20**

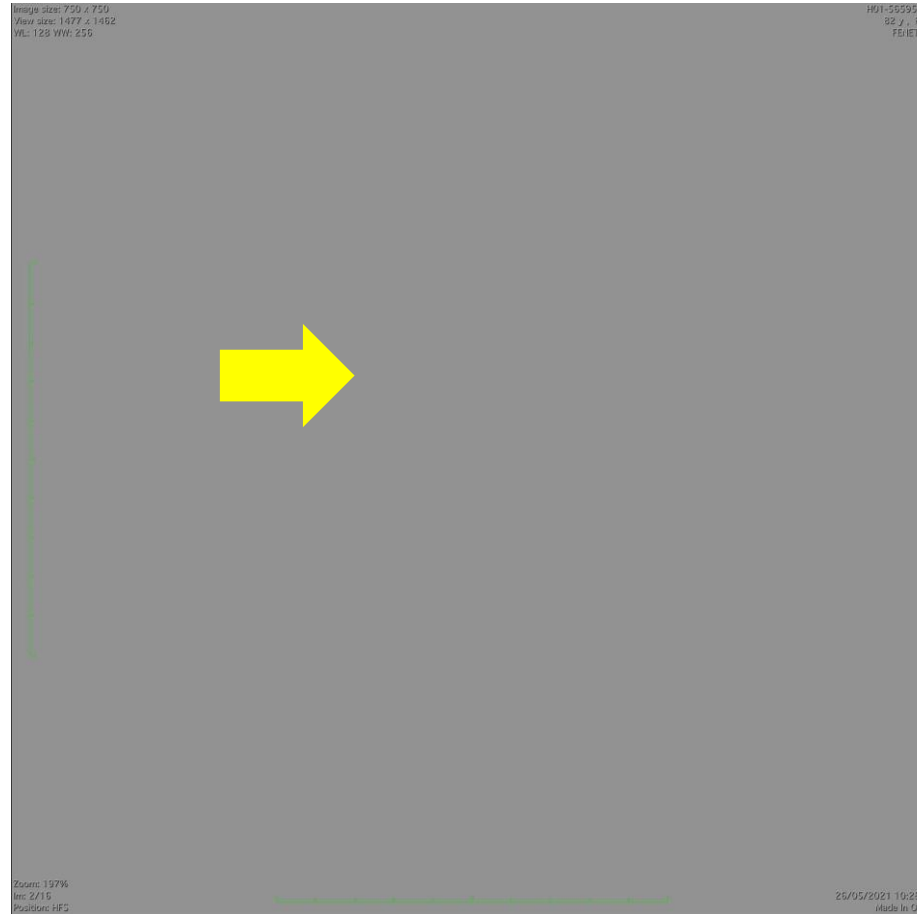


Front



Profil





Patient hemodynamically stable

No embolisation material immediately available

Decision to continue the procedure

FAST !!!



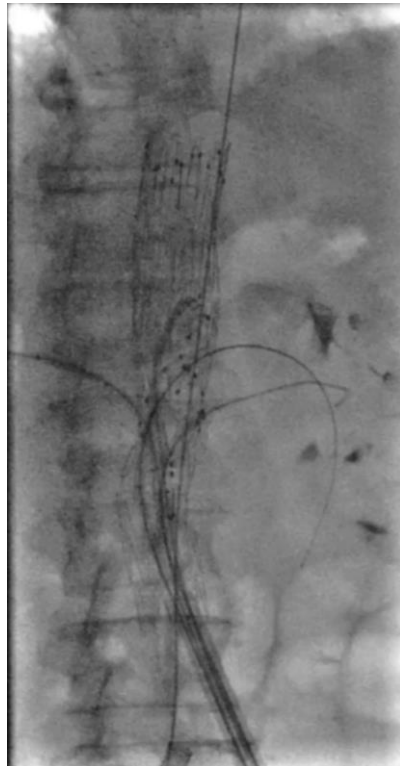
Start 9H20, bleeding 10:28

10:14



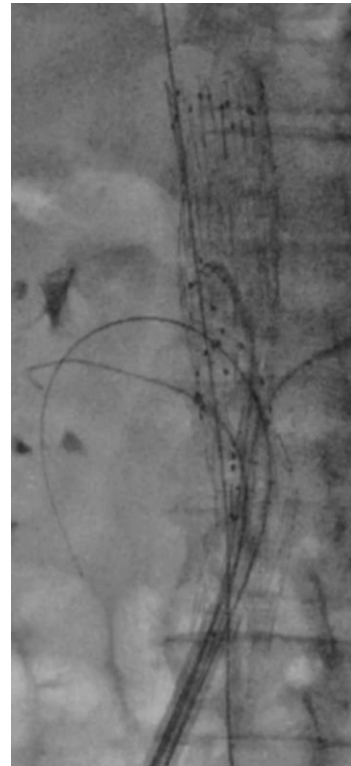
SMA

10:39



LRA

10:50



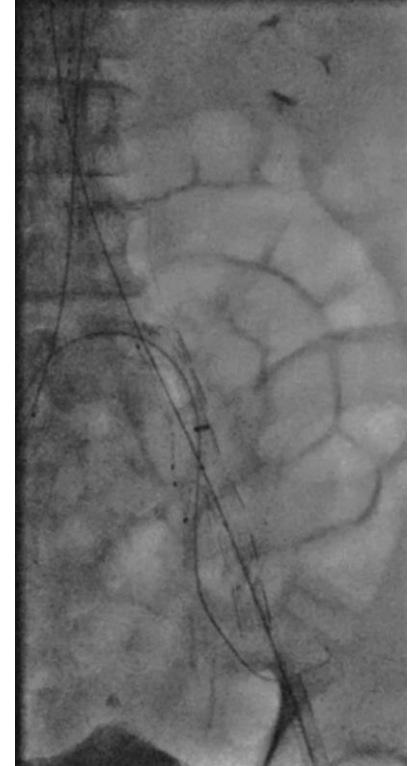
RRA

11:06



RIIA

11:34



LIIA



12:12

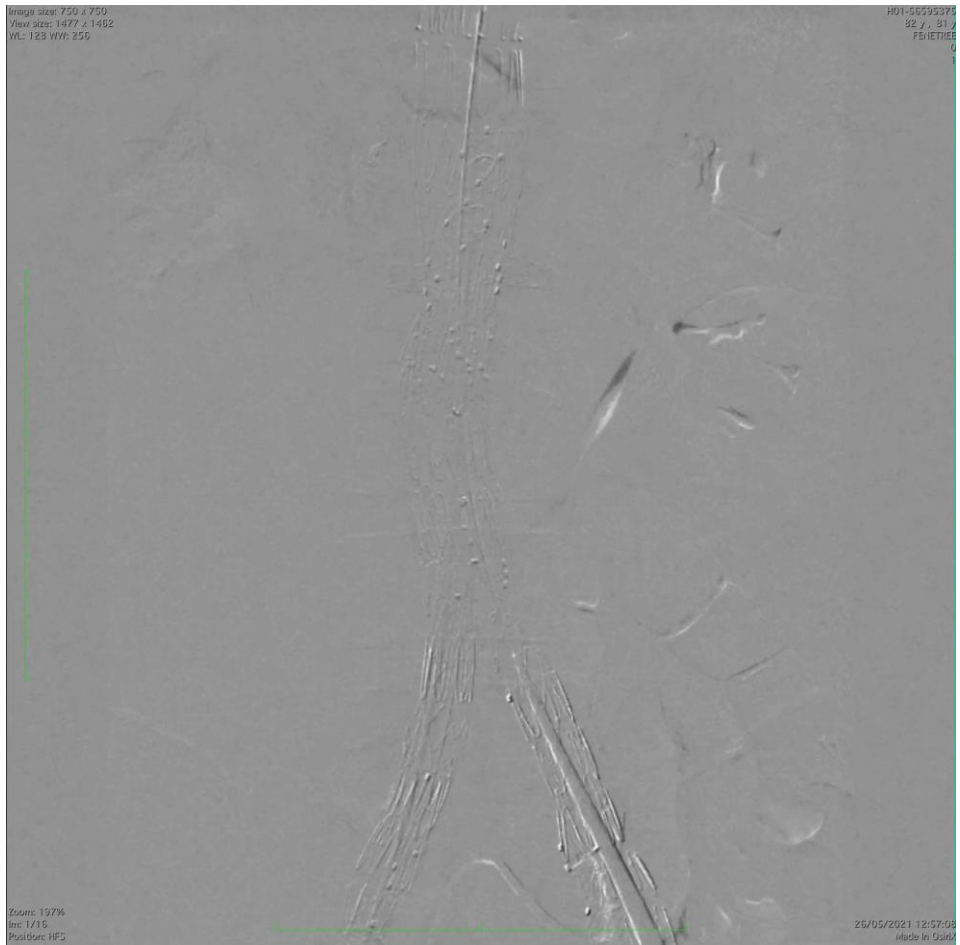


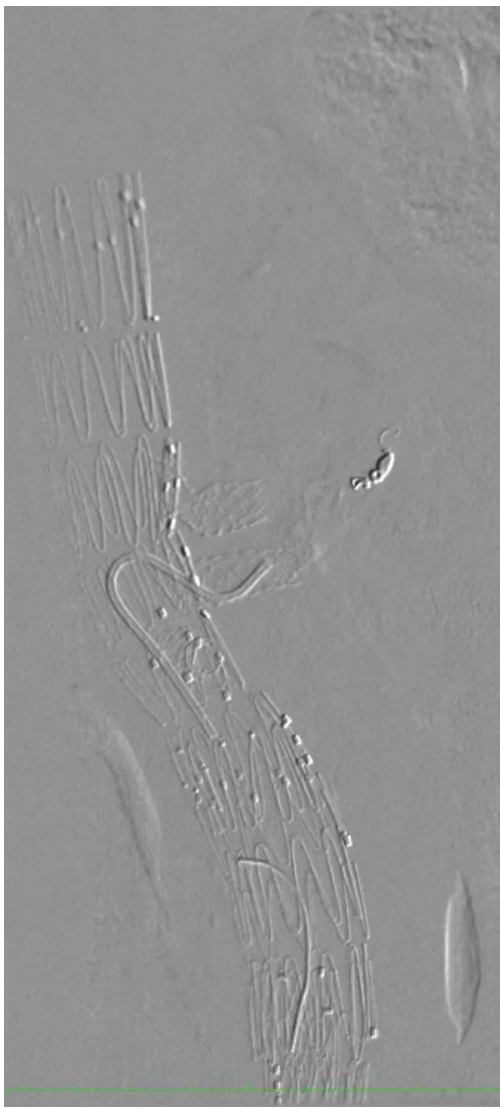
12:52

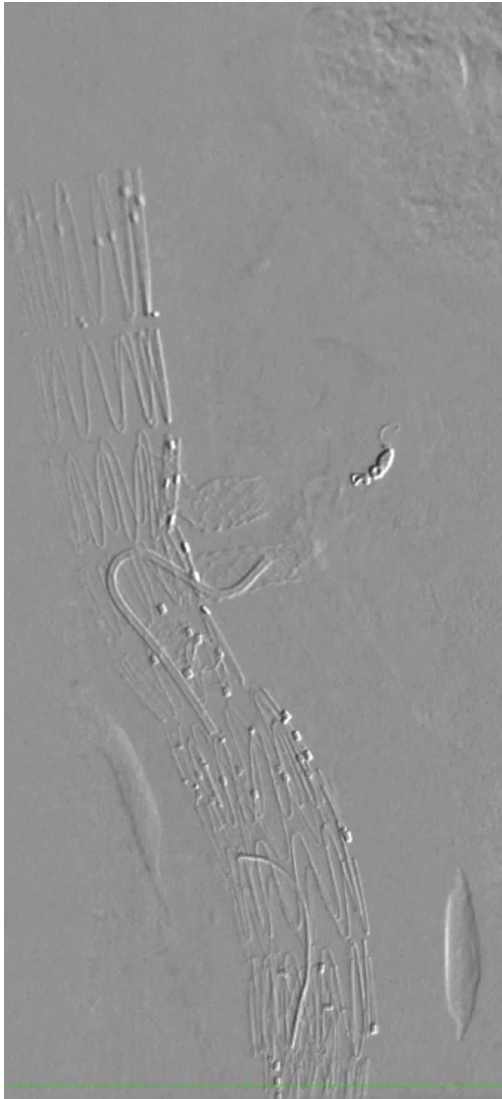




12:57



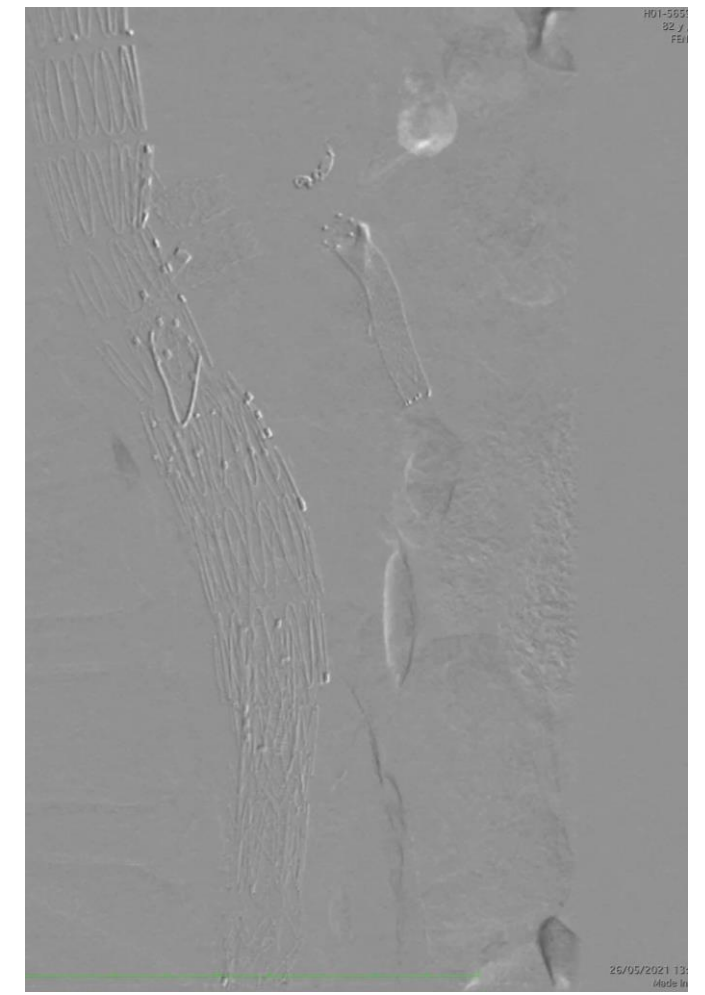
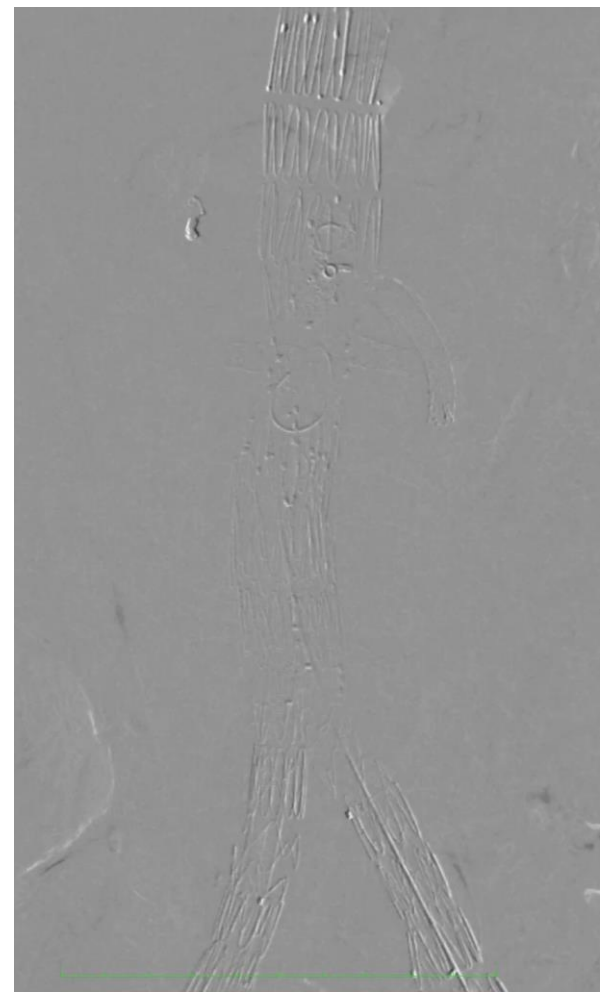
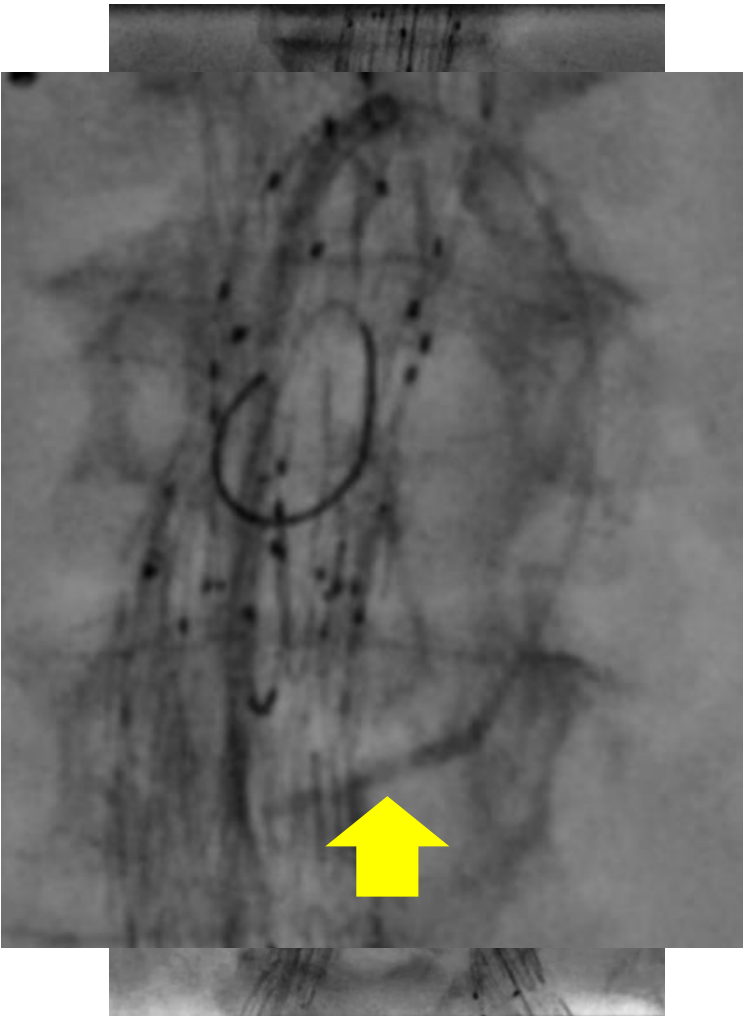




Stent bard 7*40, 1cm below the covered stent



13:36





End of the procedure at 14:00, a 5 hours procedure

time of scopy: 1h 44 min

PDS: 252 Gy.cm²

kerma: 1754 Gy

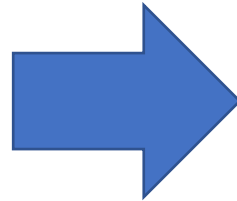
Contrast: 367 cc

Extubation in the OR



But

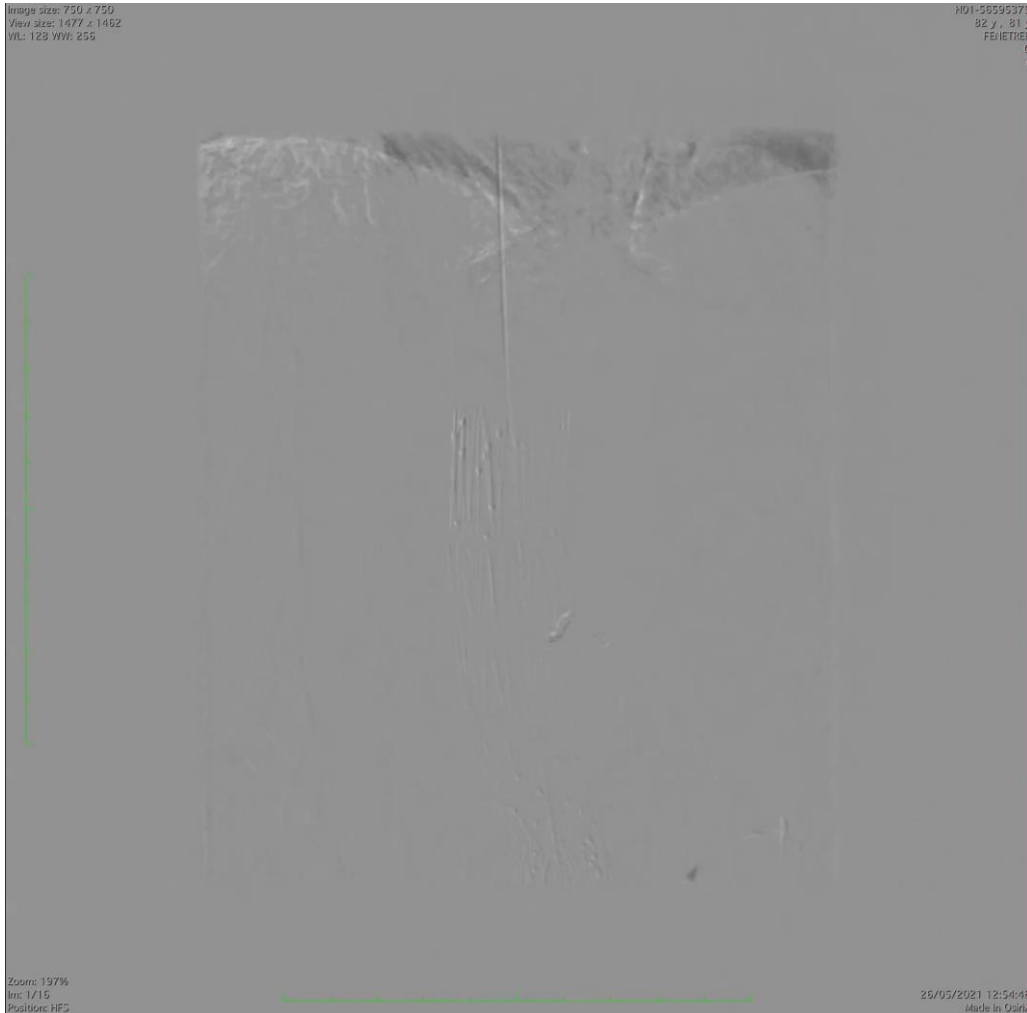
**In Recovery room,
abdominal pain
low blood pressure
abdominal tenderness**



**Laparotomy:
Spleen bleeding
-> splenectomy**



12:54





After the splenectomy the patient go the intensive care

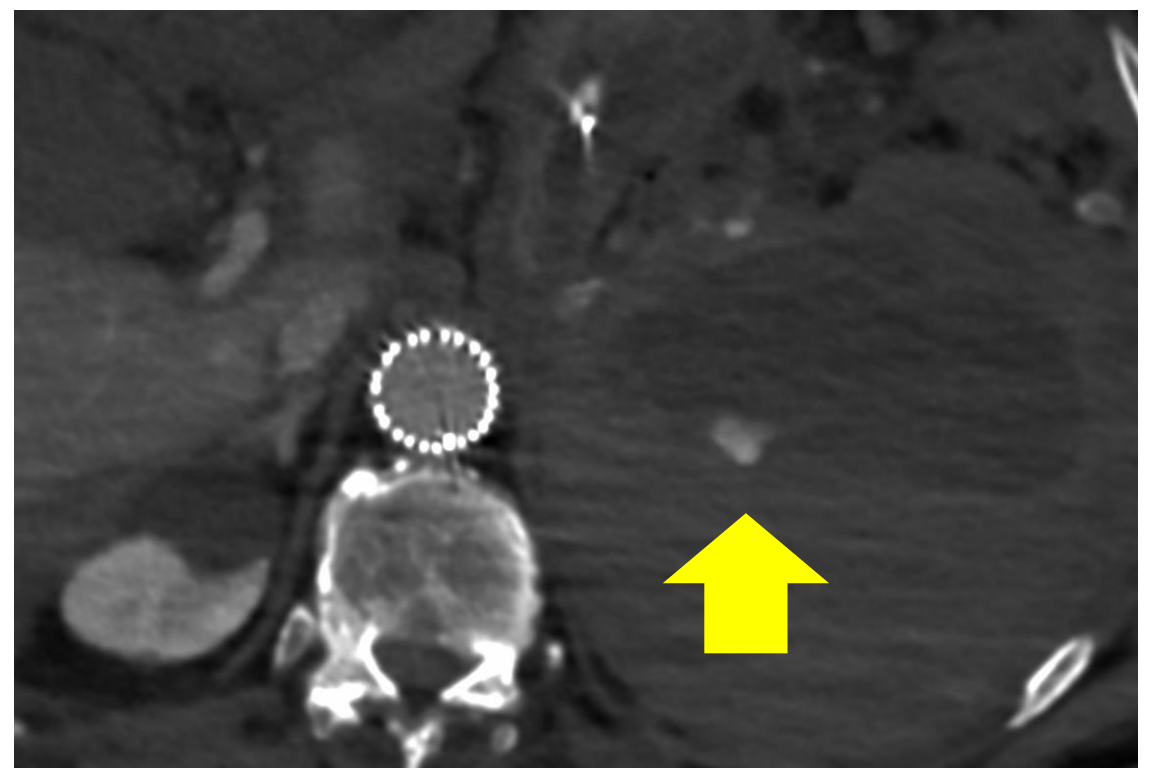
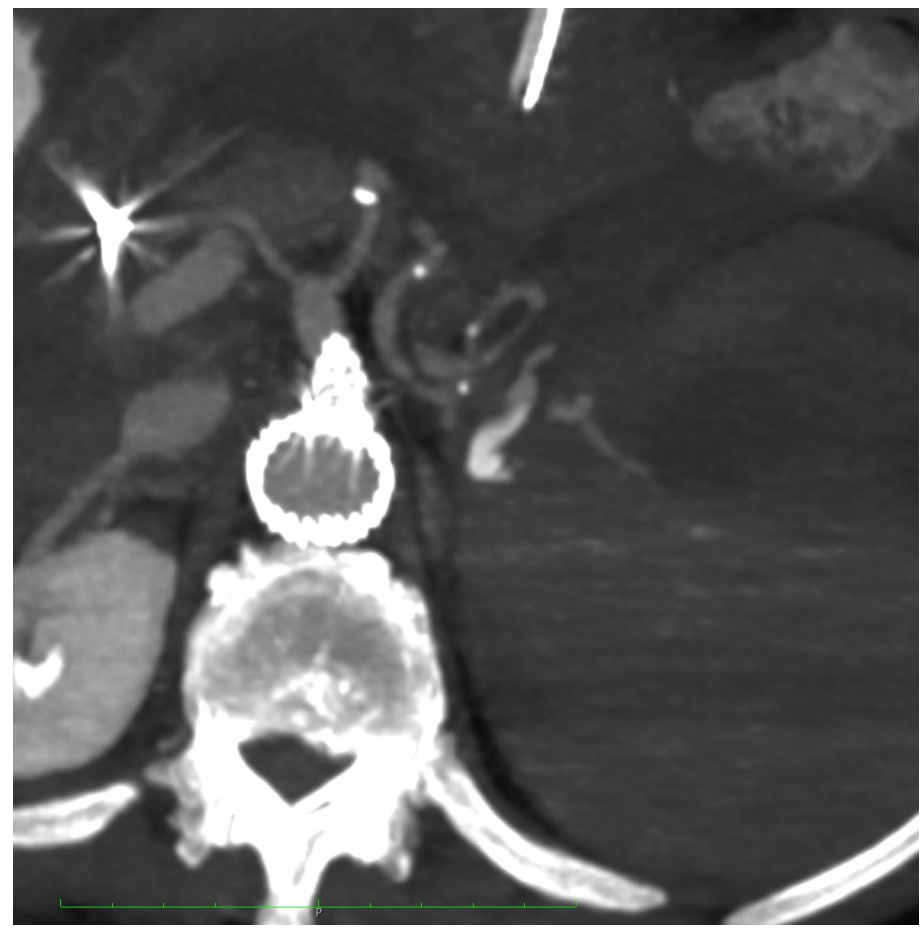
But

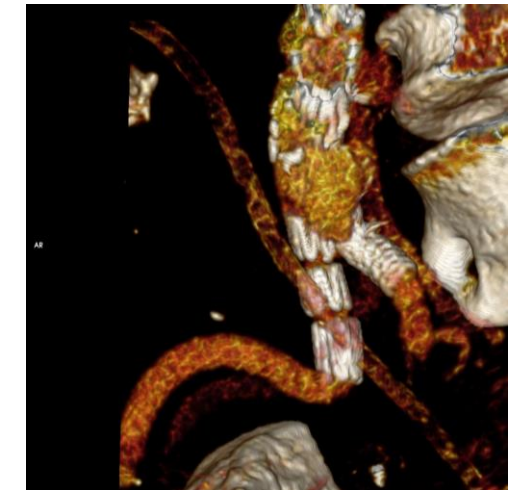
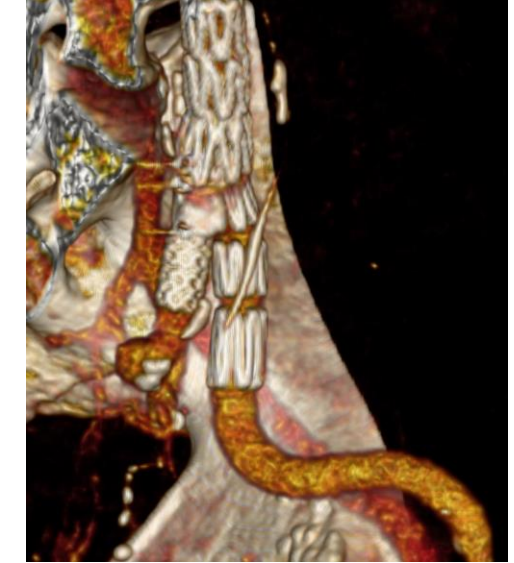
The next day,

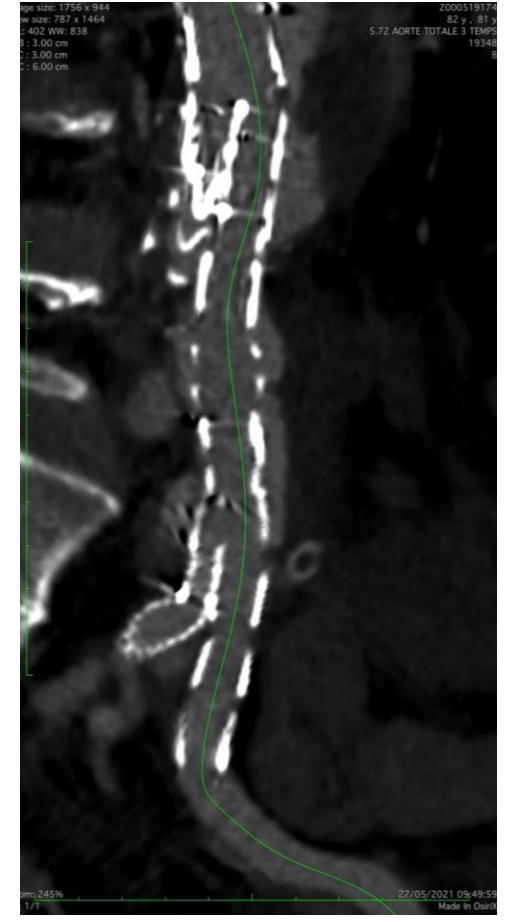
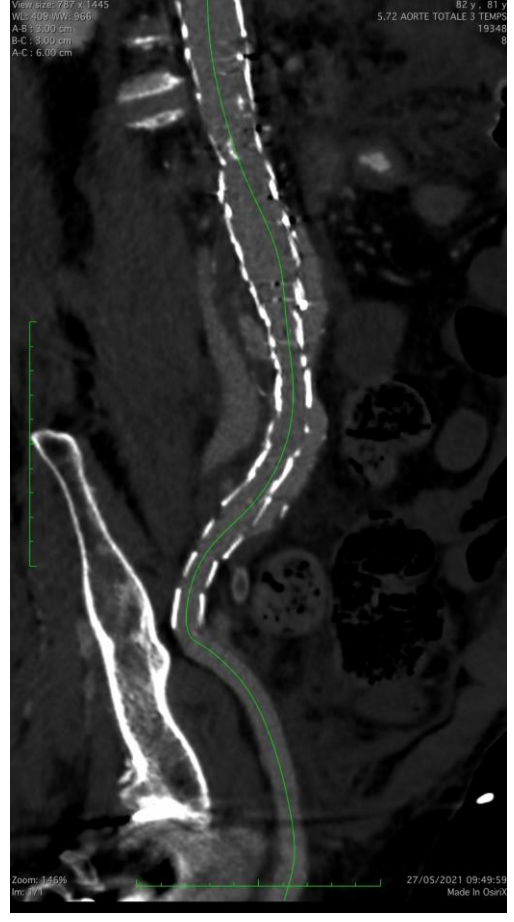
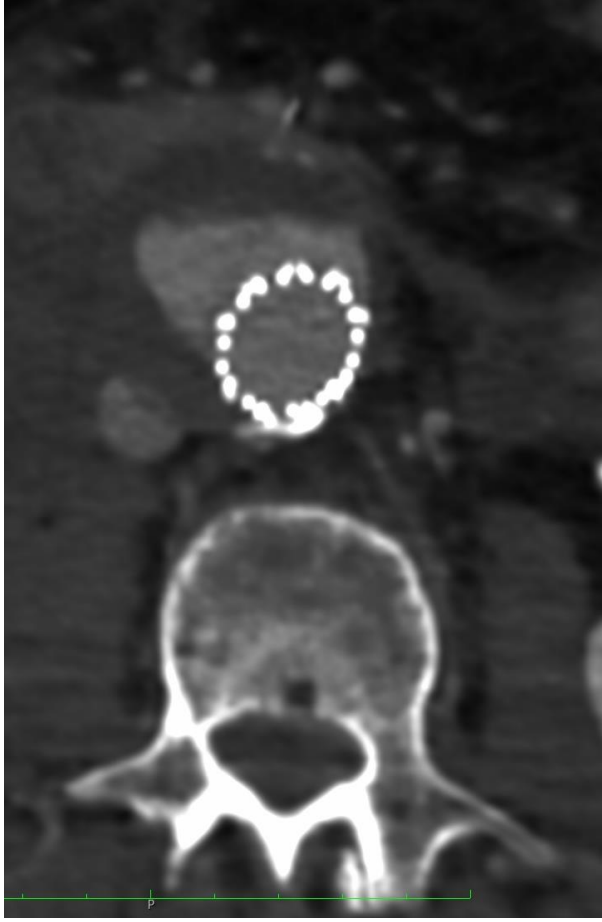
Bleeding from the drainage
Low blood pressure

-> ct scan



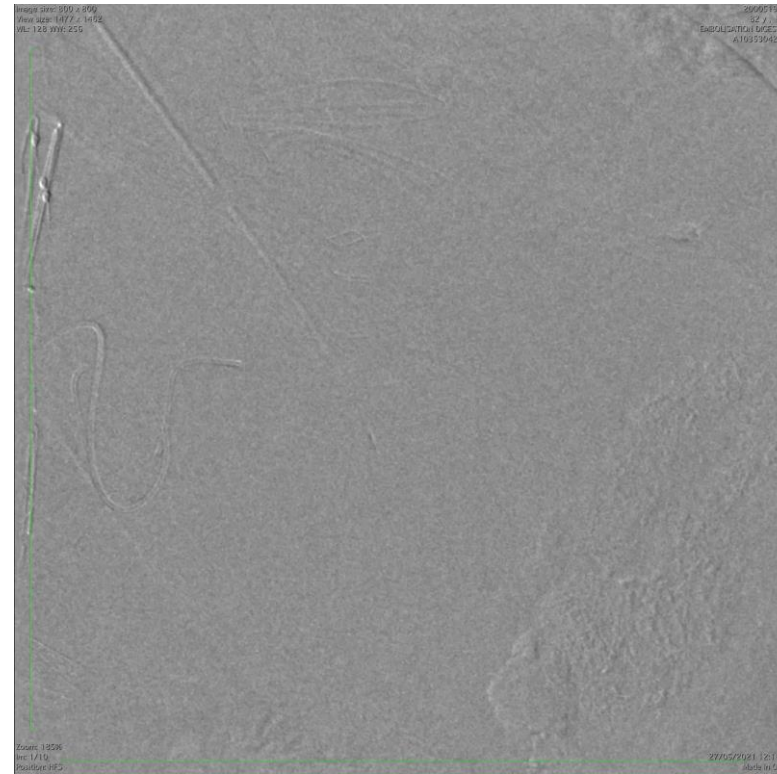








Day 2, Embolisation #2





Posterior pancreatic artery





The same day new laparotomy, due to unstable hemodynamic

- > left colectomy**
- > decaillotage**

Day 4

- >second look**
- > additionnal transverse colectomy**

Discharge at day 35 in rehab

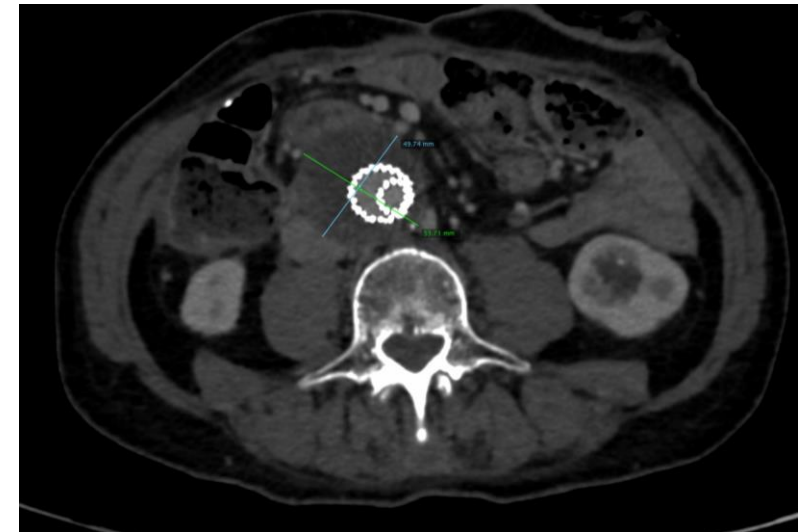


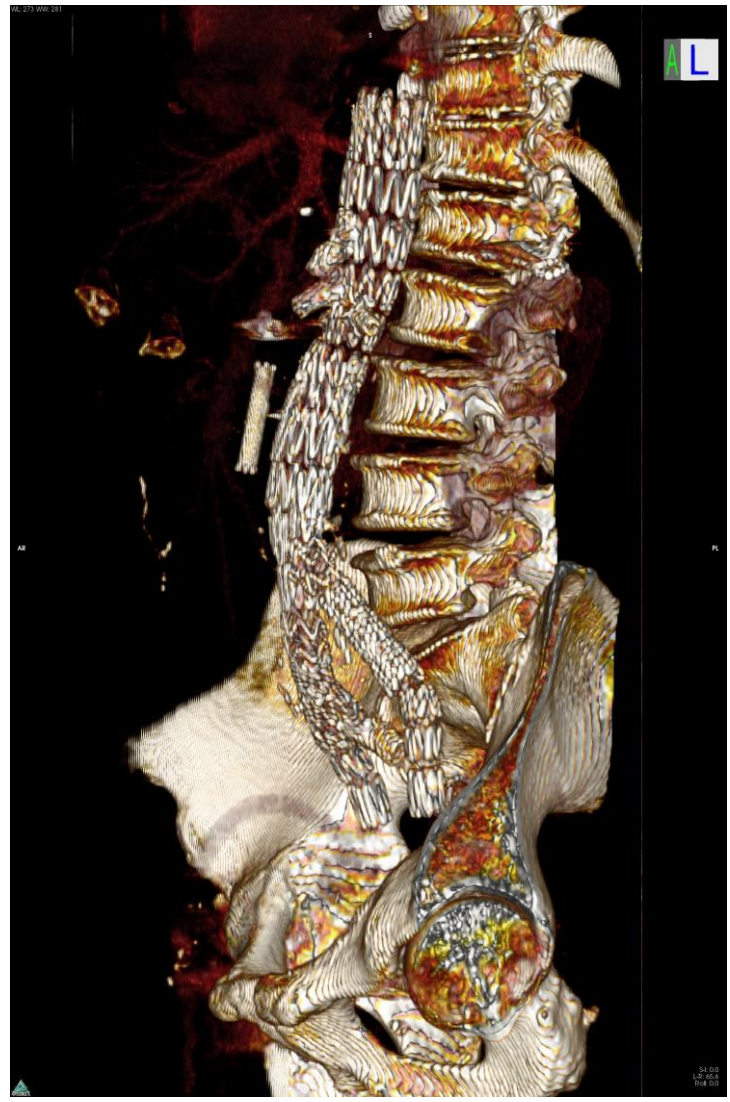
3 months patient still alive

-> the colic continuity is reestablished

1 year later,

aneurysm stable 53*49, no endoleak





1 an



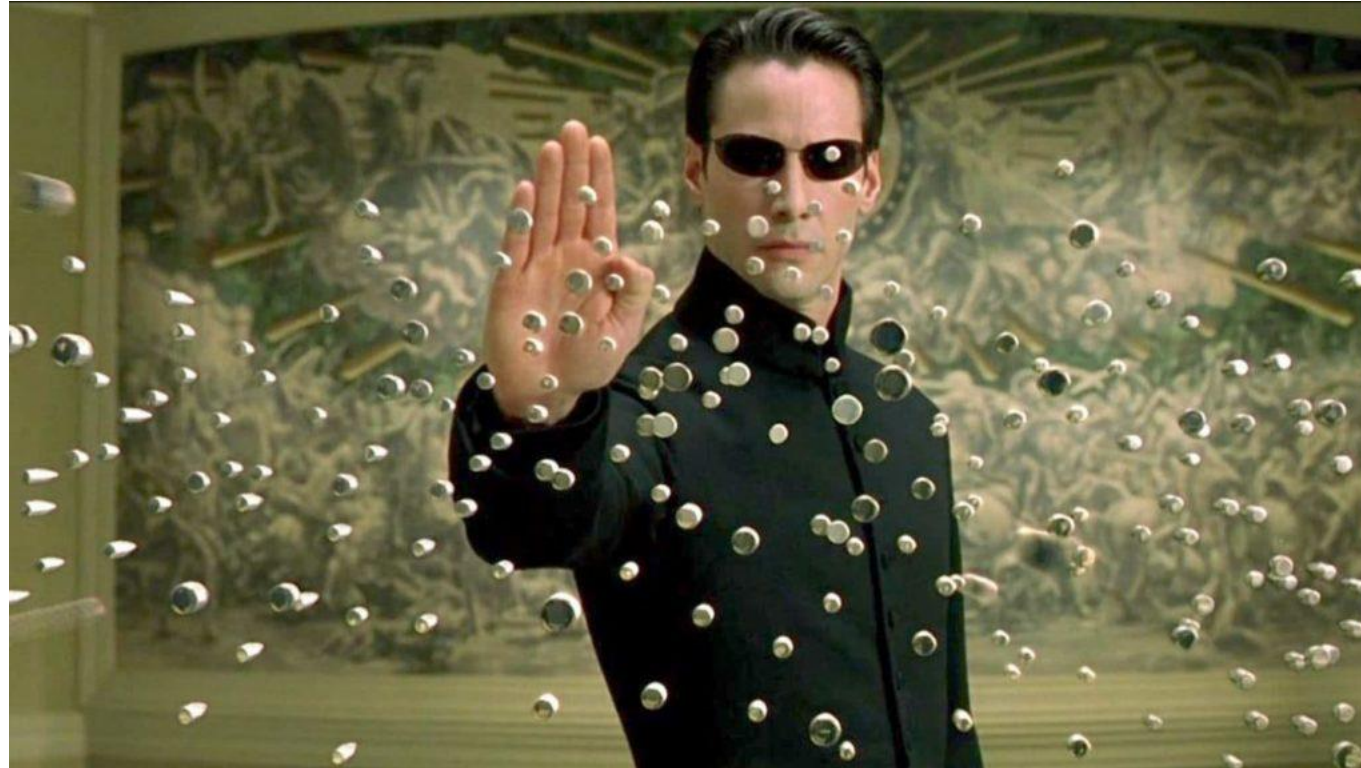
Take Home message

Vascular surgeon should be able to perform embolization during such complex procedure, with available material

Fenestrated stent graft procedure could be a very complex procedure

During procedure all the angiogram should be analyzed closely

Never give up



Thank you for your attention