

B O R D E A U X

**PERSPECTIVES 2019**

November  
Friday 29



# Mon Cas Catastrophe

*Michel Bartoli  
Marseille France*





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## Disclosure

Speaker name:

MICHEL BARTOLI.....

I have the following potential conflicts of interest to report:

Consulting *cook medical*

Employment in industry

Shareholder in a healthcare company

Owner of a healthcare company

Other(s)

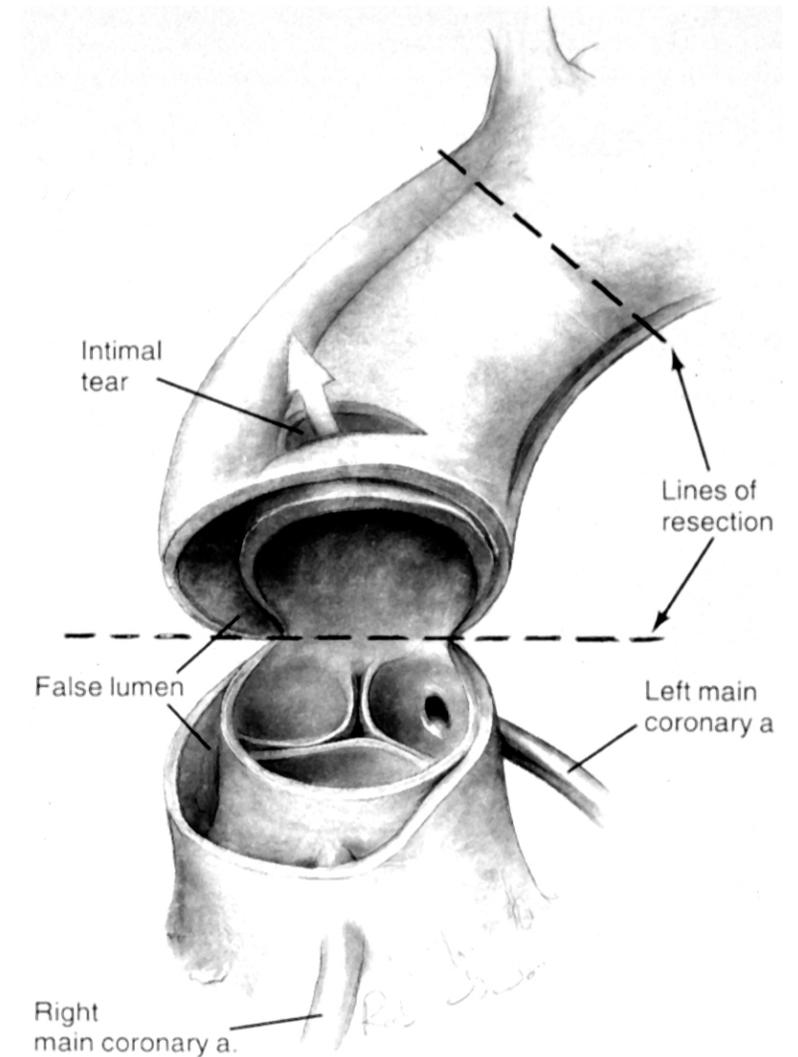
I do not have any potential conflict of interest

# Case: Dissection Aortique de Type A

Homme de 85 ans, tabagique 100 PA

## DOULEUR THORACIQUE BRUTAL

- BPCO
- AIT ou AVC ancien régressif
- Cancer du colon opéré en 2013 avec lobectomie pulmonaire pour métastase
- Récusé il y a 2 ans pour un anévrisme de l'aorte ascendante avec IAO compte tenu de l'âge et de l'état respiratoire
- Récusé pour une chirurgie de dissection aortique aigue



# A systematic review of primary endovascular repair of the ascending aorta

Corbin E. Muetterties, MD,<sup>a</sup> Rohan Menon, BS,<sup>b</sup> and Grayson H. Wheatley III, MD,<sup>c</sup> Philadelphia, Pa; Washington, D.C.; and Nashville, Tenn

Journal of Vascular Surgery  
January 2018

**148 patients**

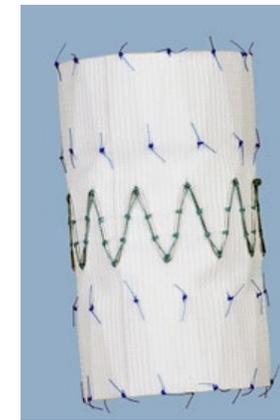
50% de dissections de type A aigue

## Accès

Fémoral	62%
Trans apical	14%
Carotide	13%
Axillaire	7%

## Les séries:

	N=	Dissections
Chang, 2007	7	7
Preventza, 2014	7	0
Bernardes, 2014	7	2
Roselli, 2015	21	9
Tsilimparis, 2016	10	5
Li, 2017	15	15

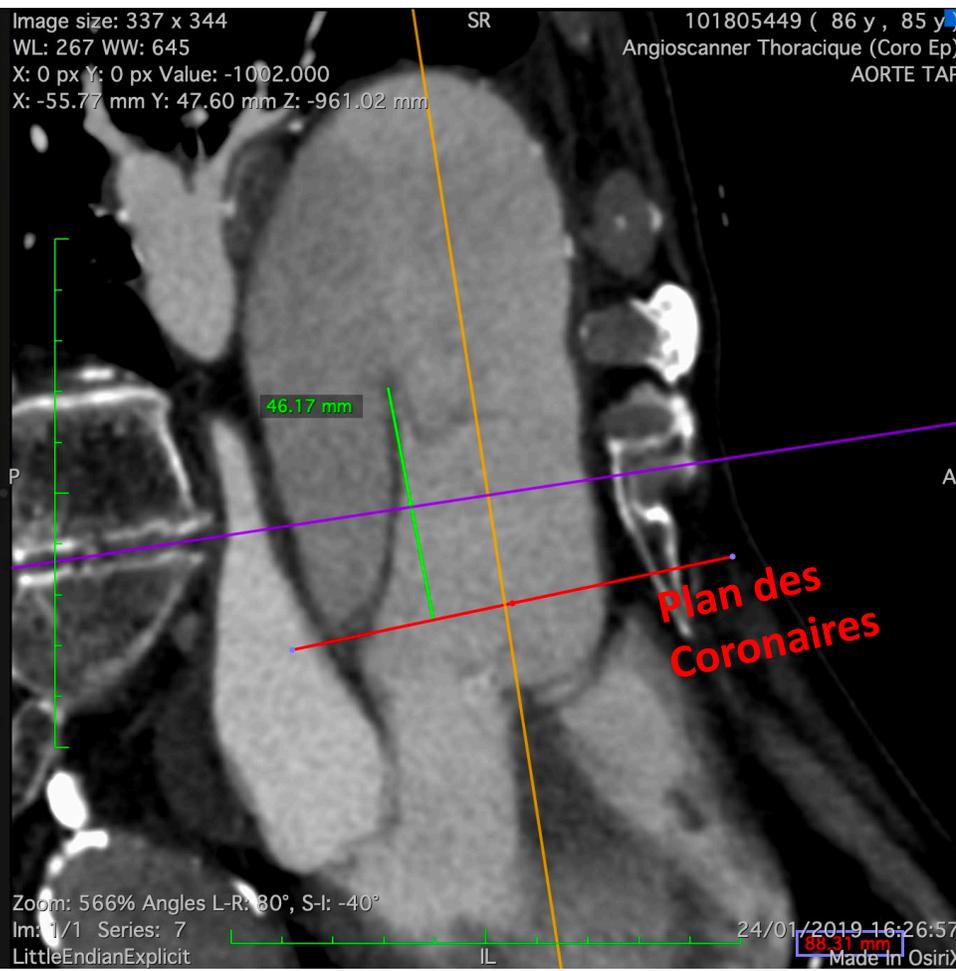
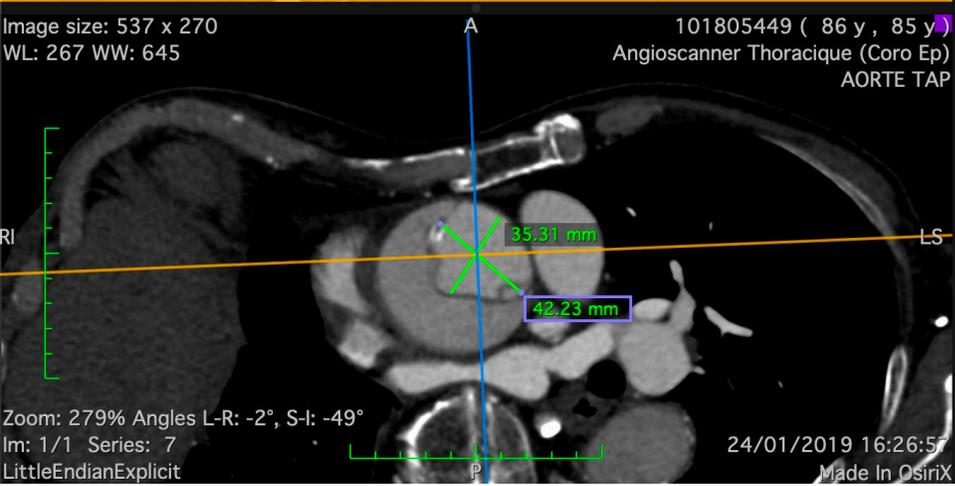
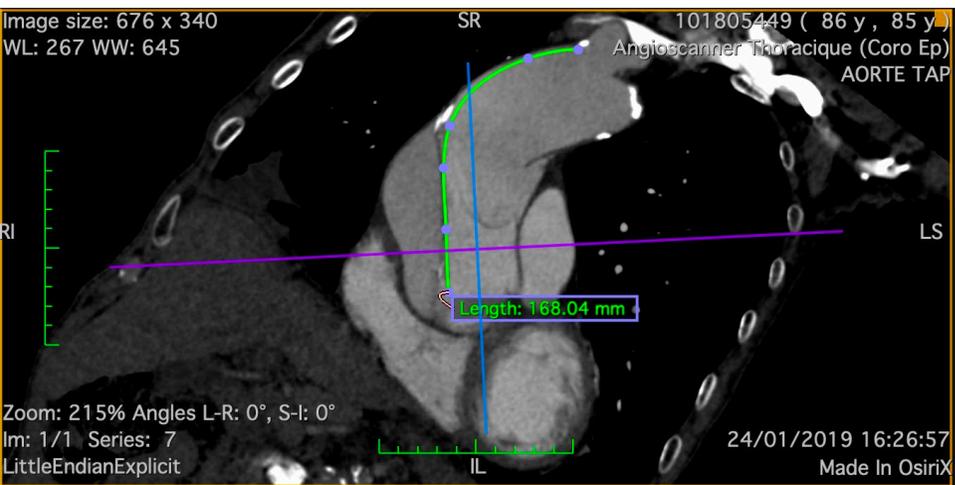


RESULATS précoce	
Mortalité liée à l'aorte	5%
Fuite de type I	18%
Conversion	3%
AVC	3%

## CONCLUSIONS

Despite the absence of a dedicated stent graft for the ascending aorta, at present, patients with a range of ascending aortic diseases are being successfully treated by endovascular technologies. Surgeons are currently

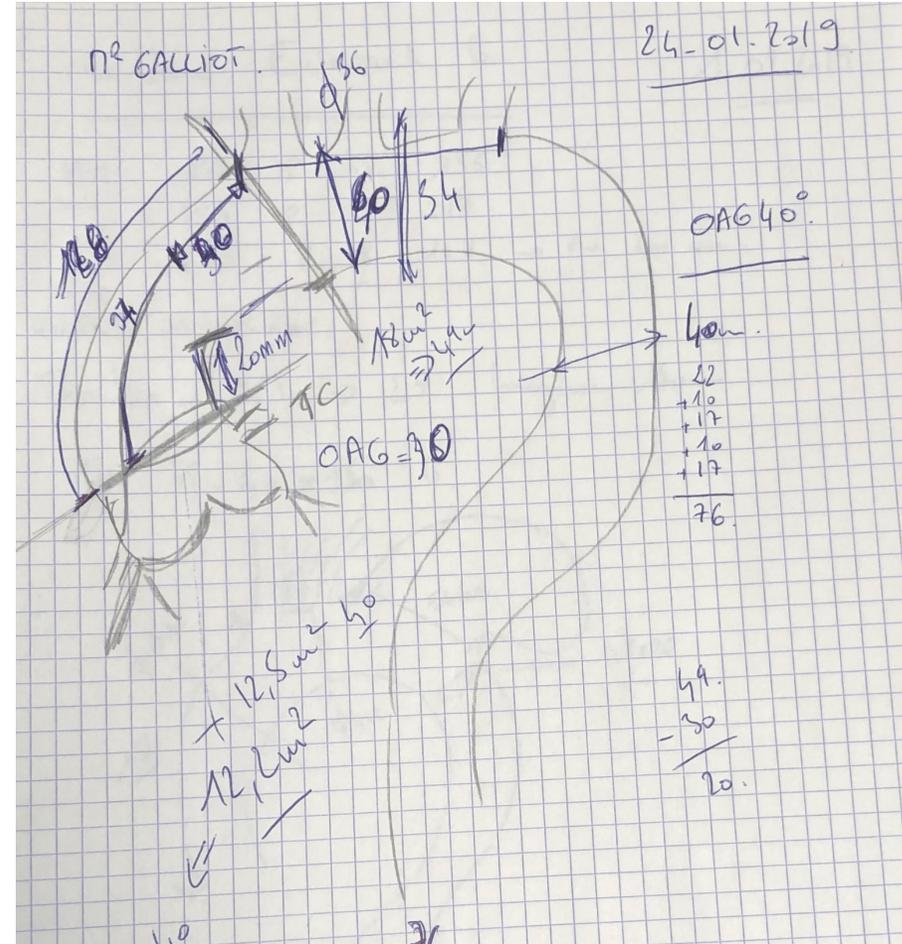
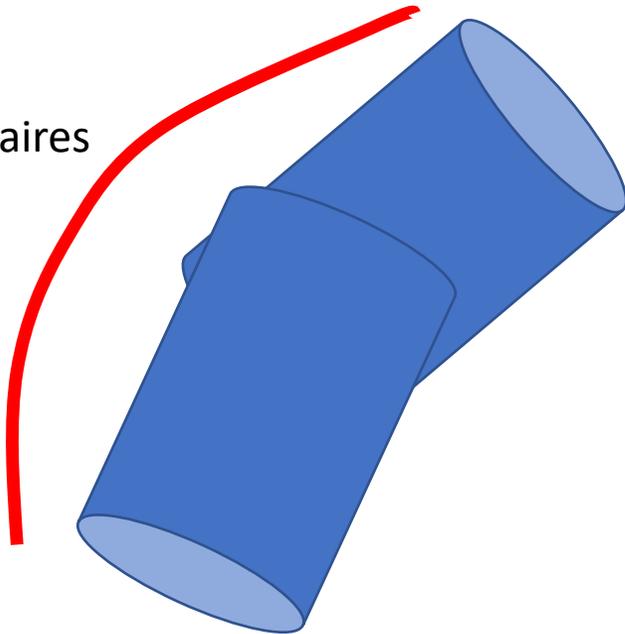




# Matériel Endo

- ZTAD 46-97
- ZTAP 42-173
  - Recoupe de la prothèse pour diminuer la longueur

L=128  
 des coronaires  
 au TABC



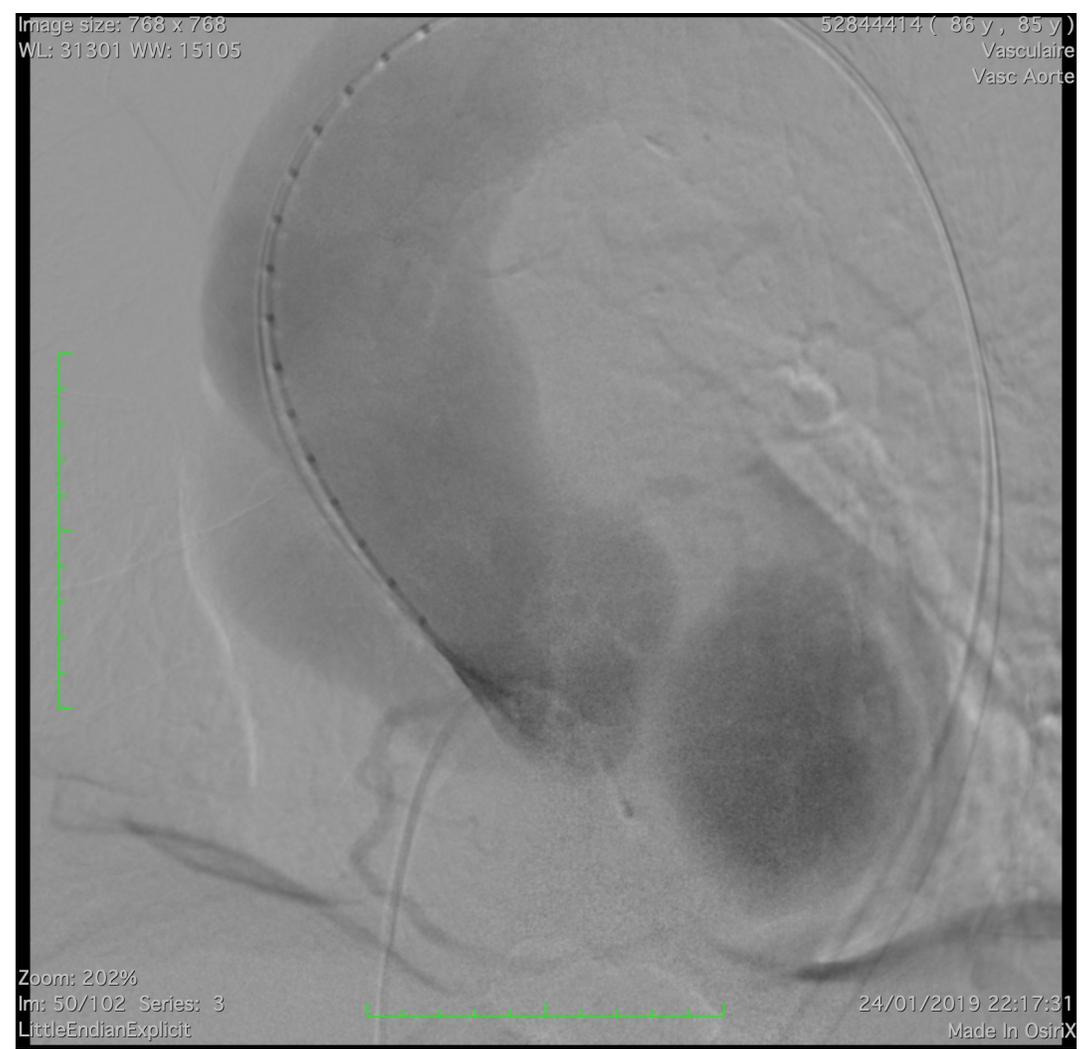
# Comment Avoir un Cas Catastrophe

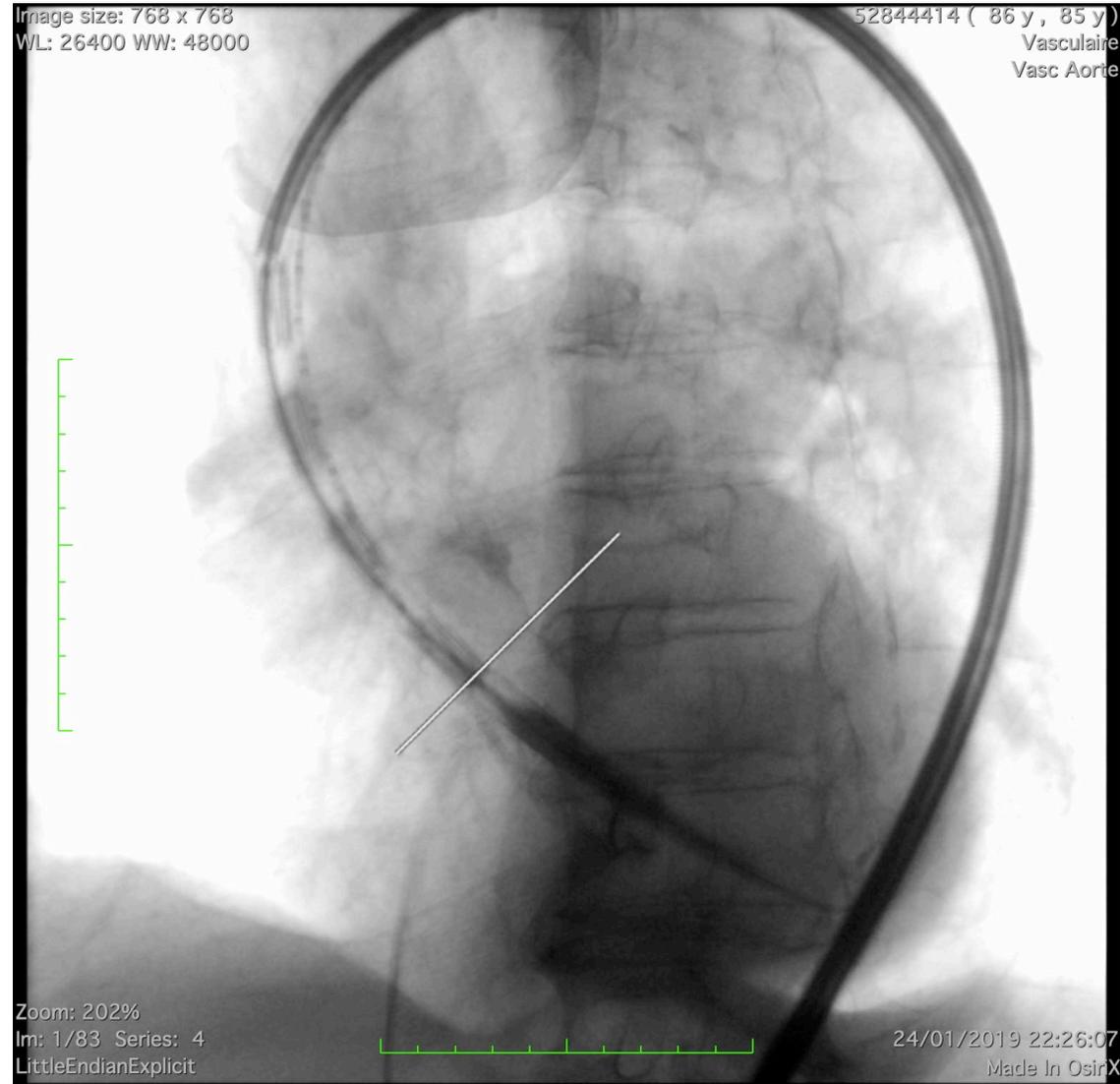
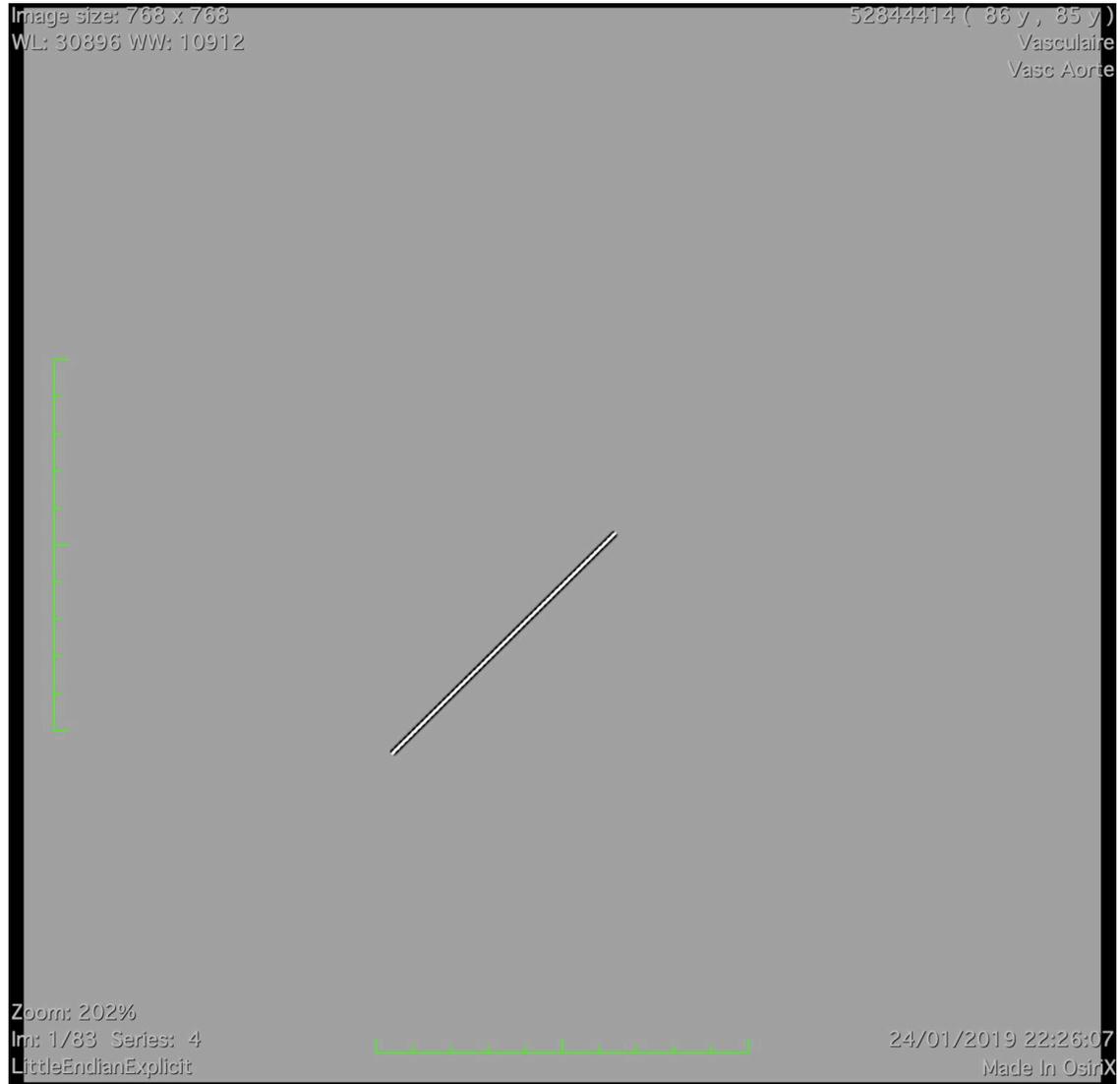
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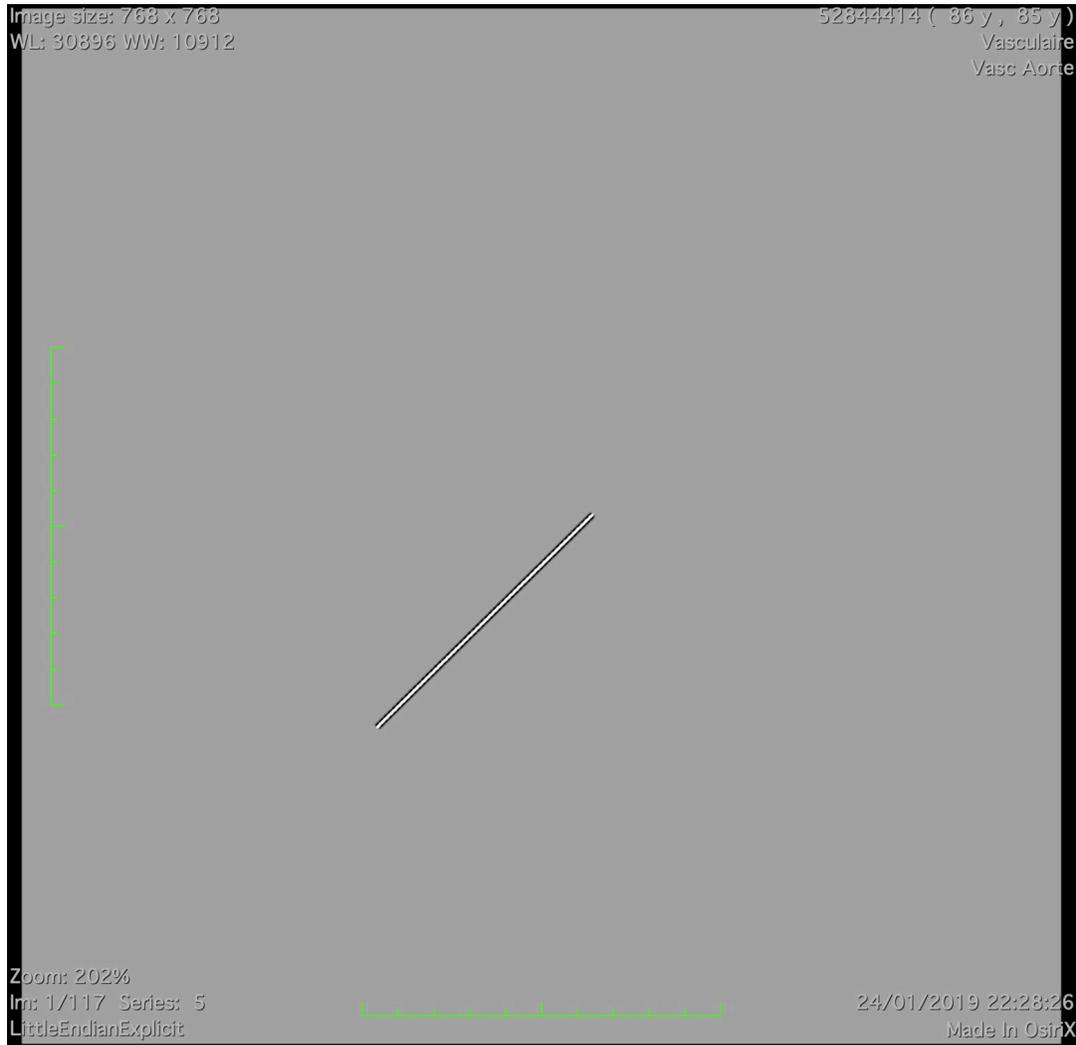
- Préparation rapide -> URGENCE
- Faible expérience -> 1° cas
- Imagerie inadaptée -> CIOS ALPHA 2
- Absence de matériel dédié -> Home made



A moi  
Perspectives  
2019



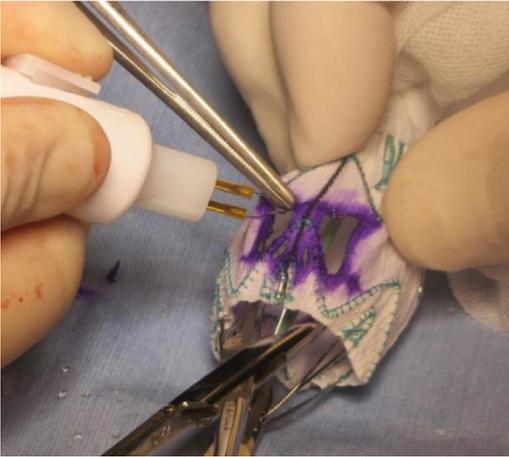


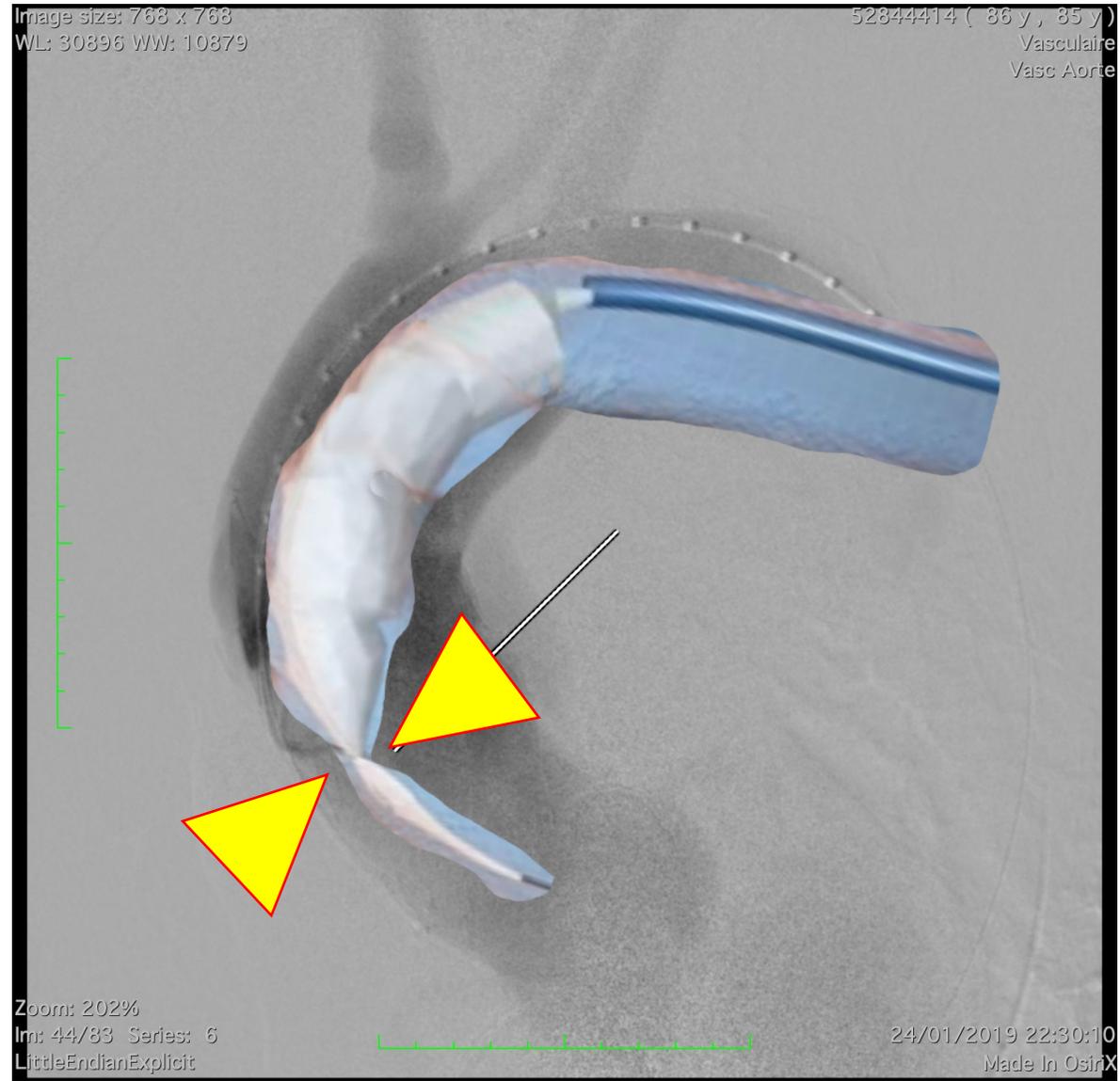
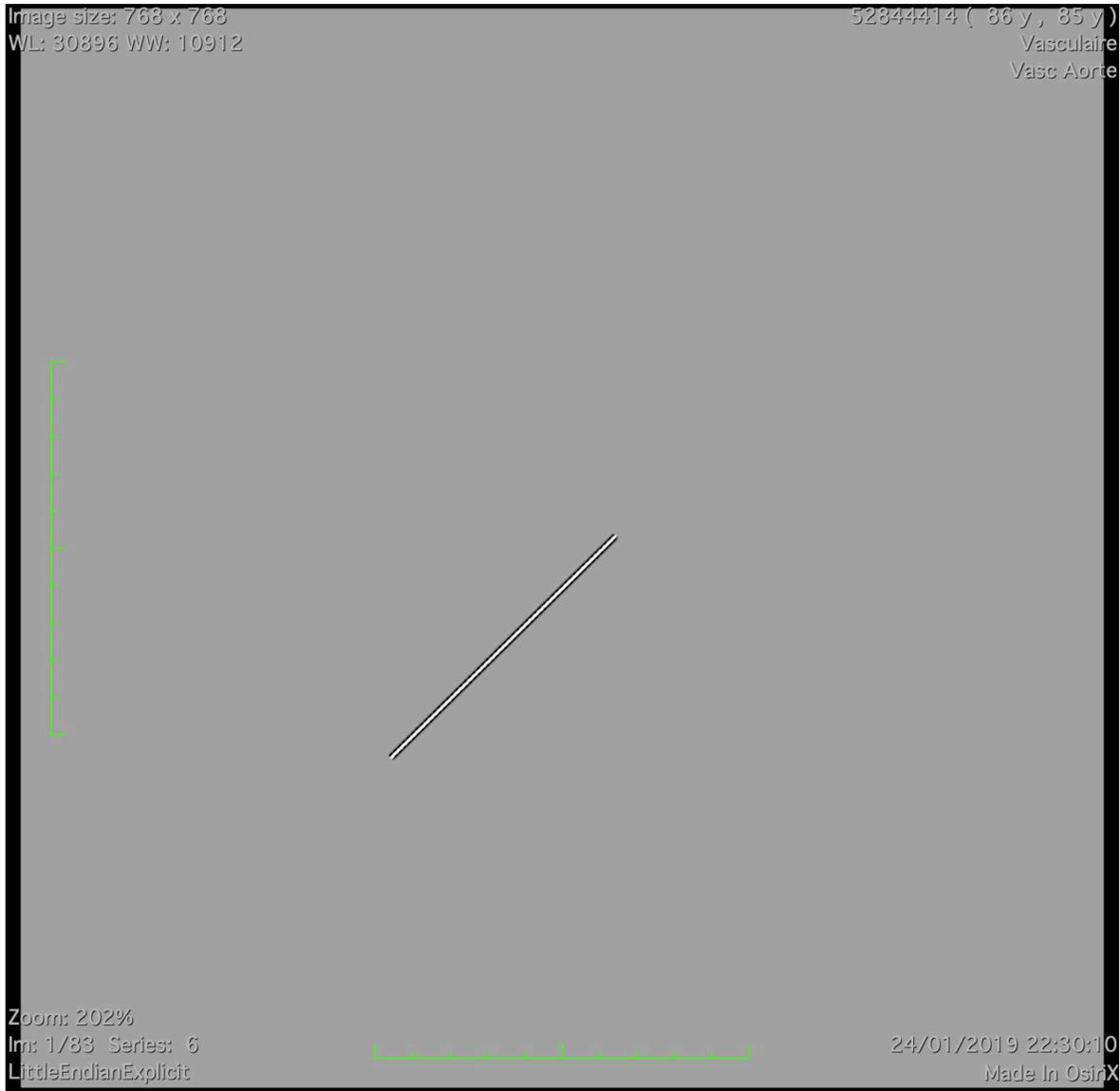


**Comment avoir un cas catastrophe  
penser qu'on a fini avant la fin !**

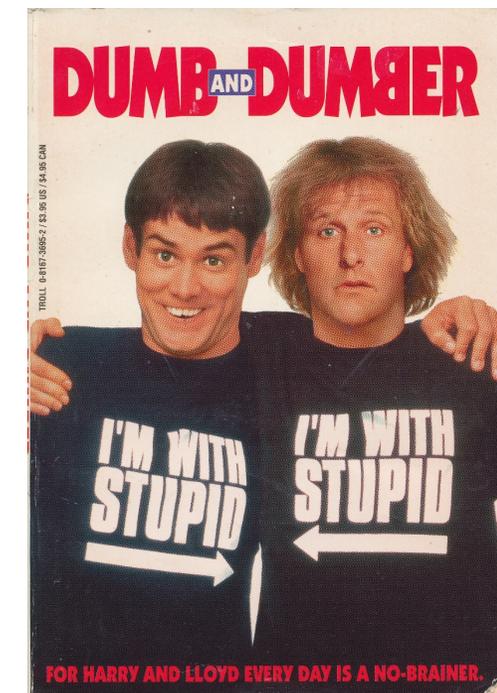
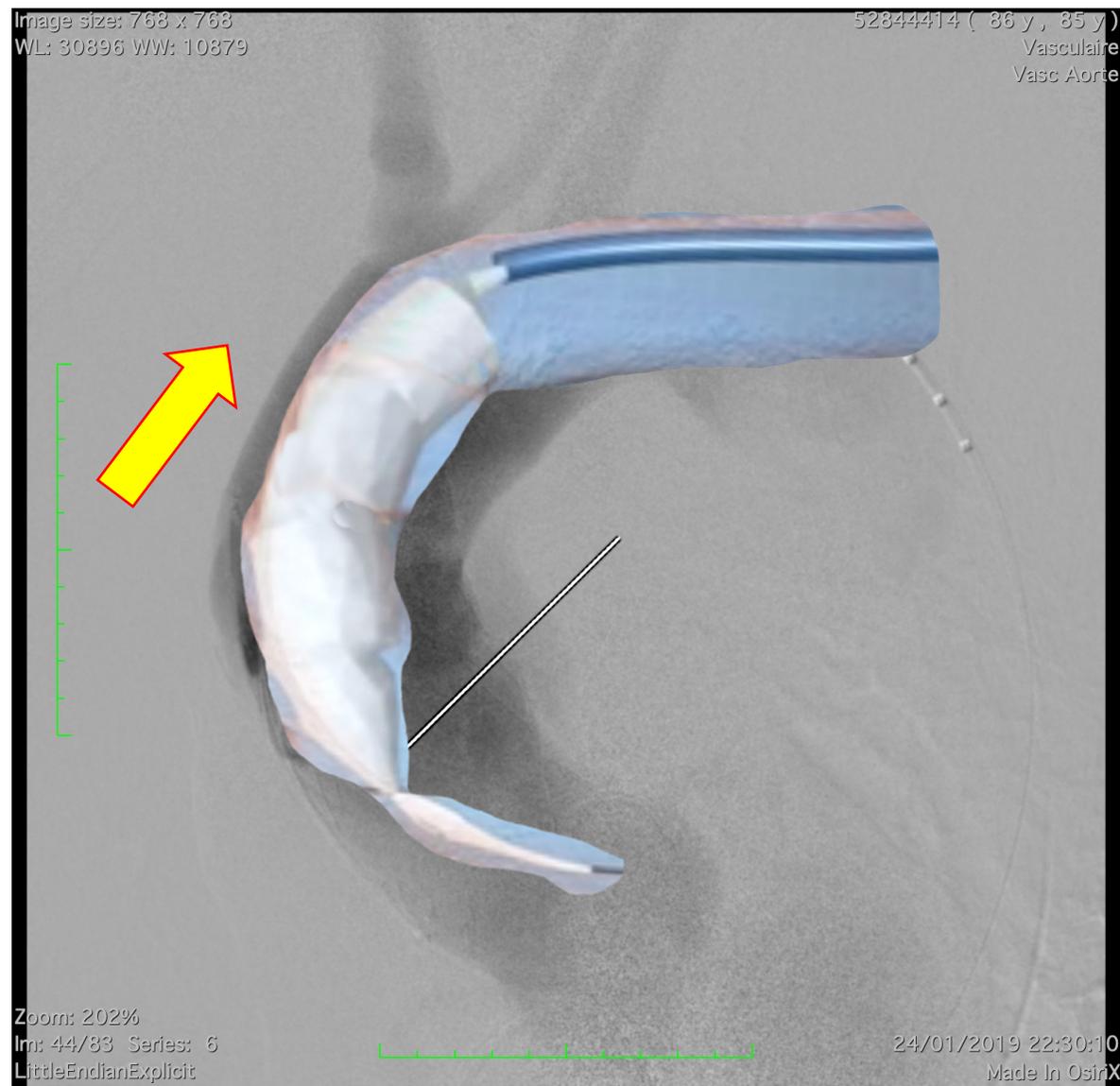


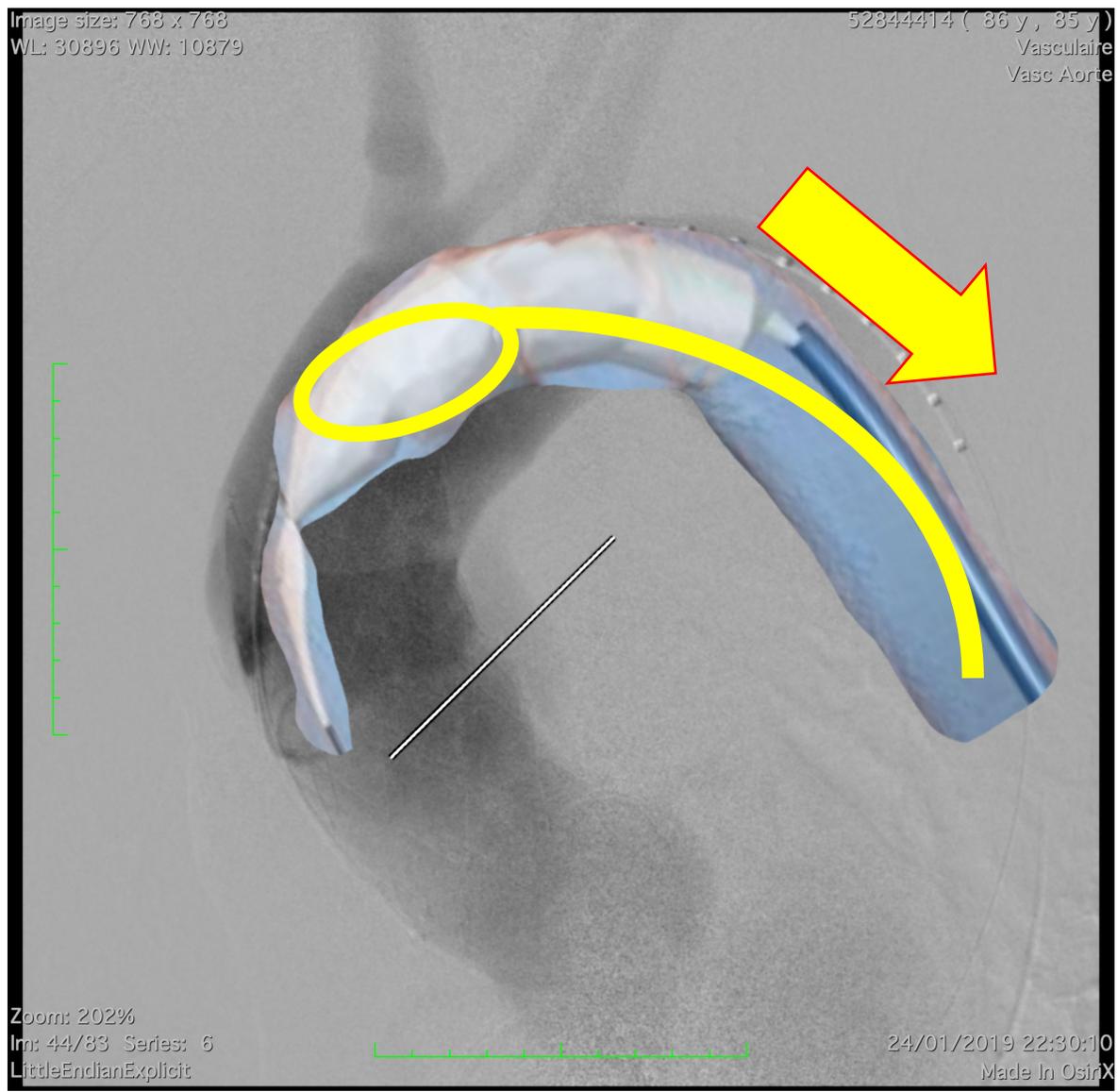
# Prothèse Home Made



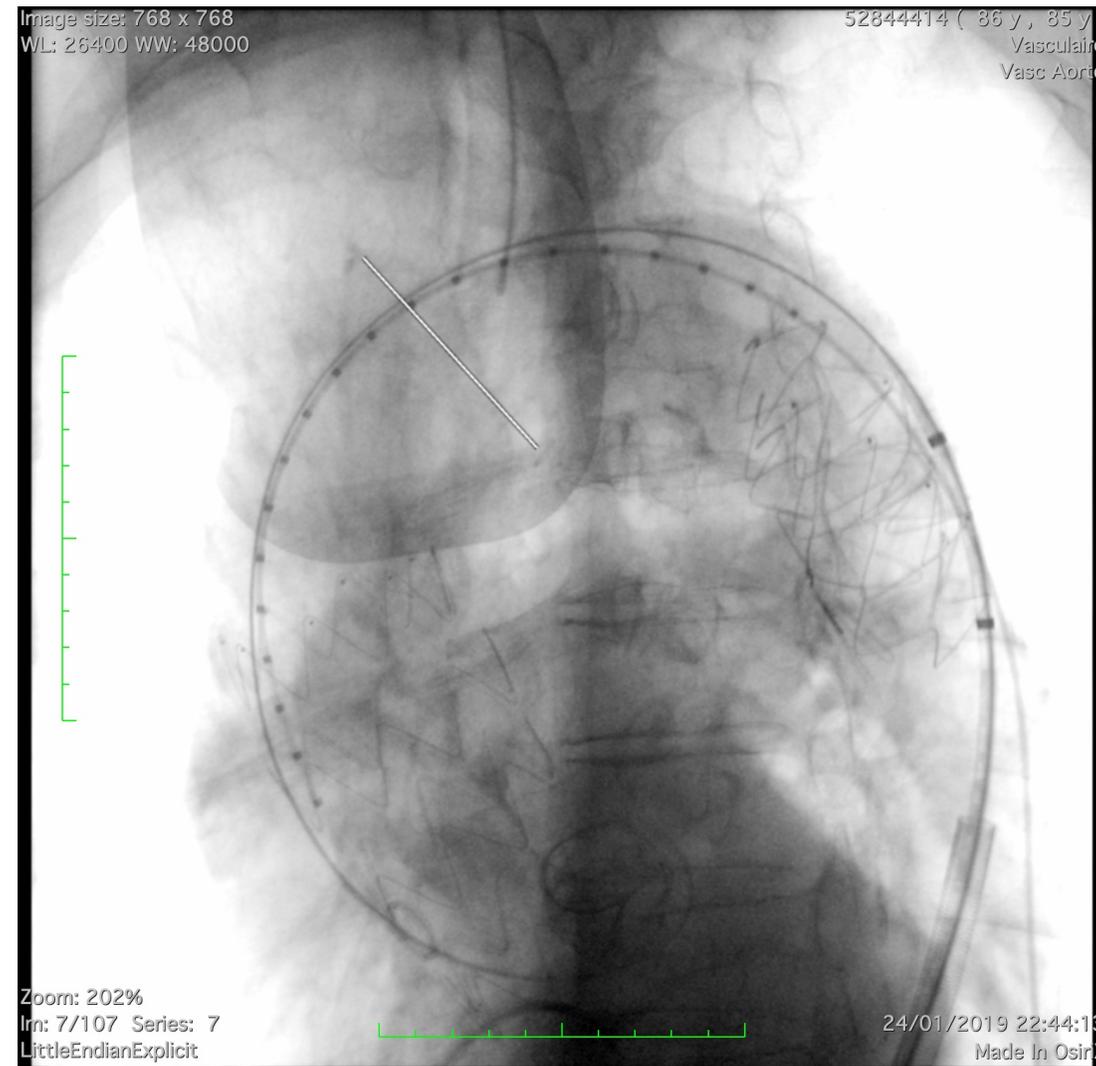
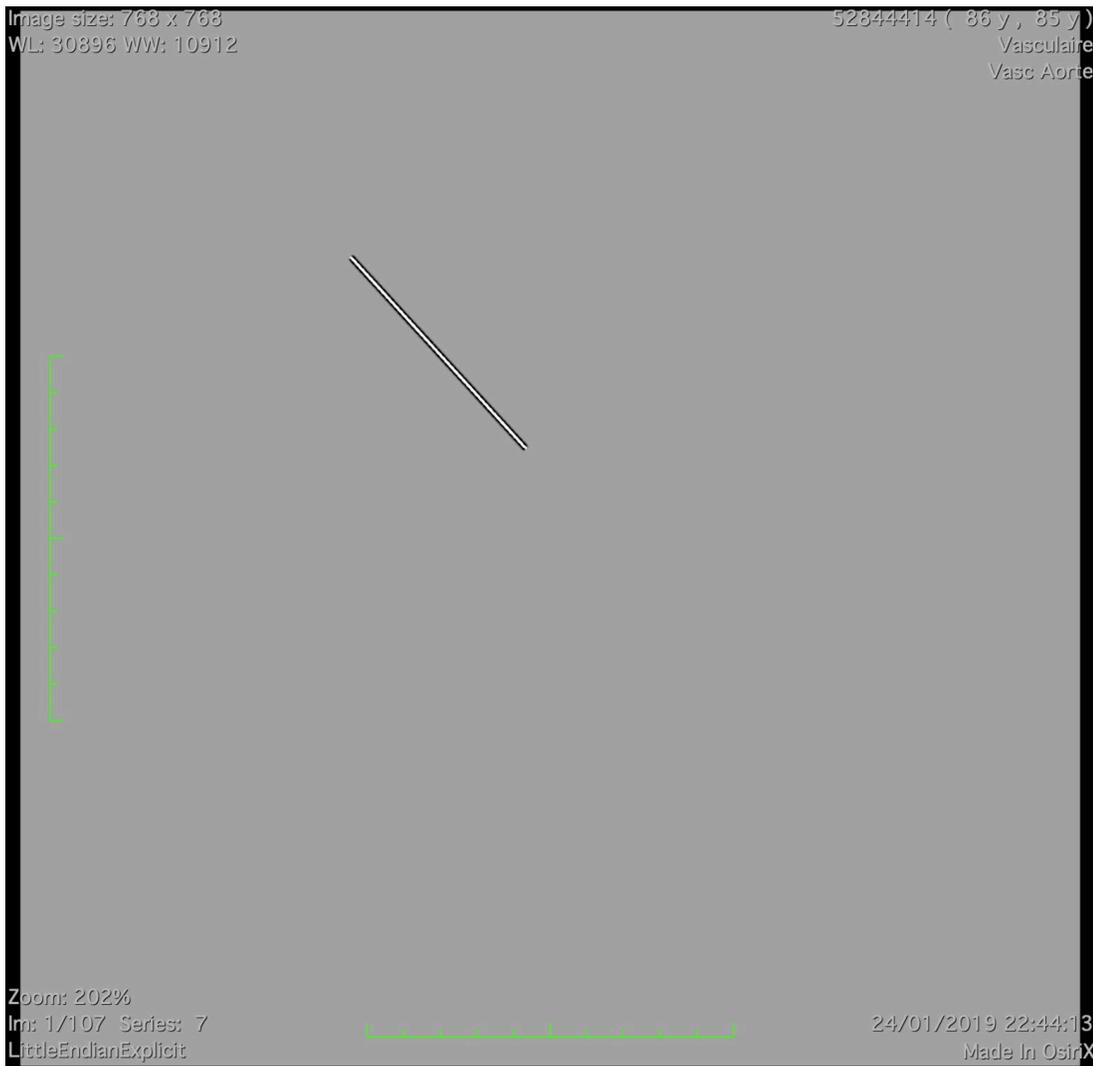


# Pace OFF





**OH! HISSE**  
**CENSURÉ**

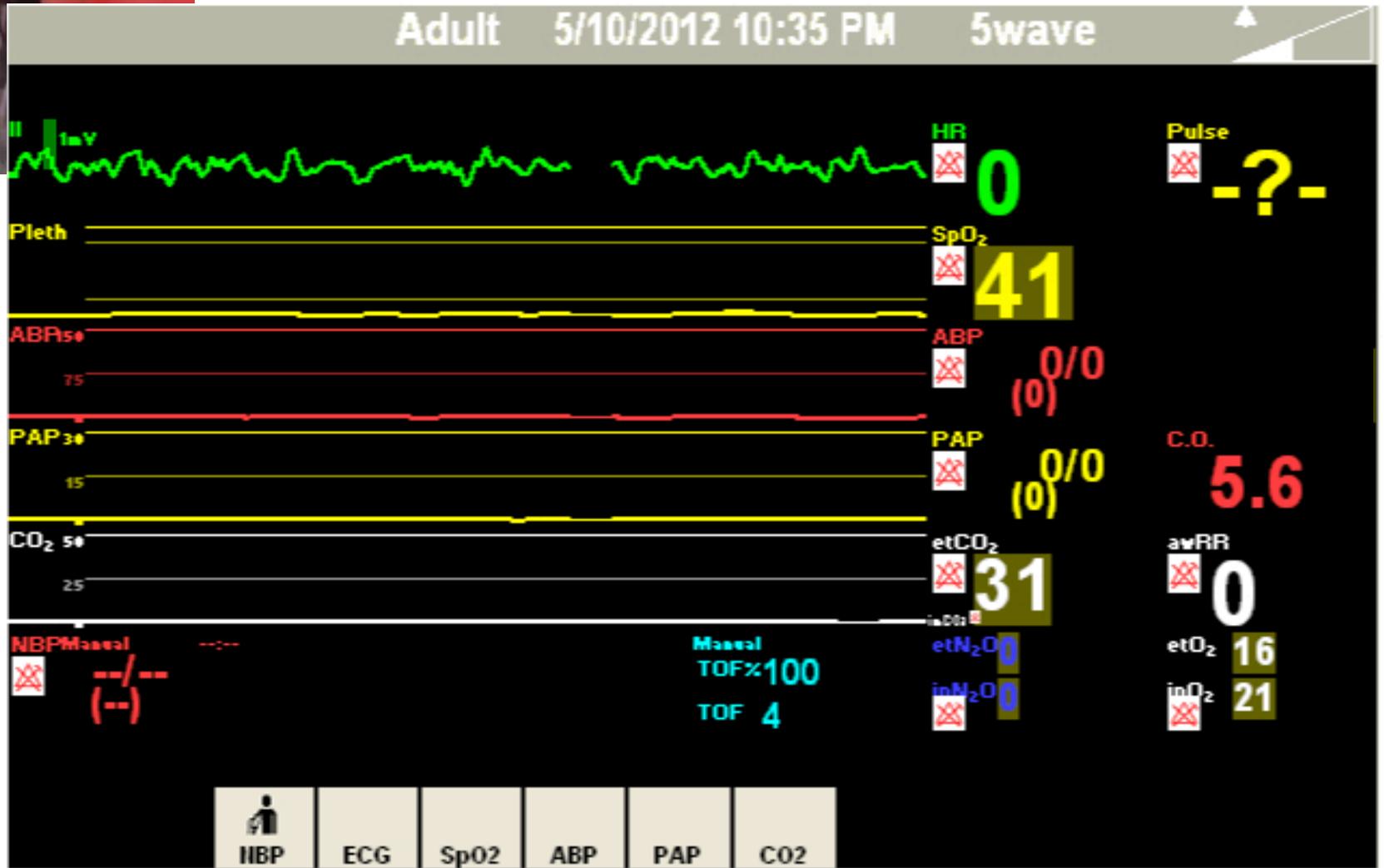


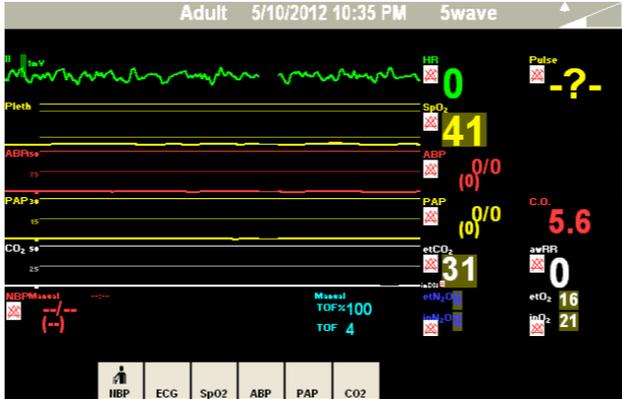
ZTAP 42\_173 pour couvrir l'endoprothèse



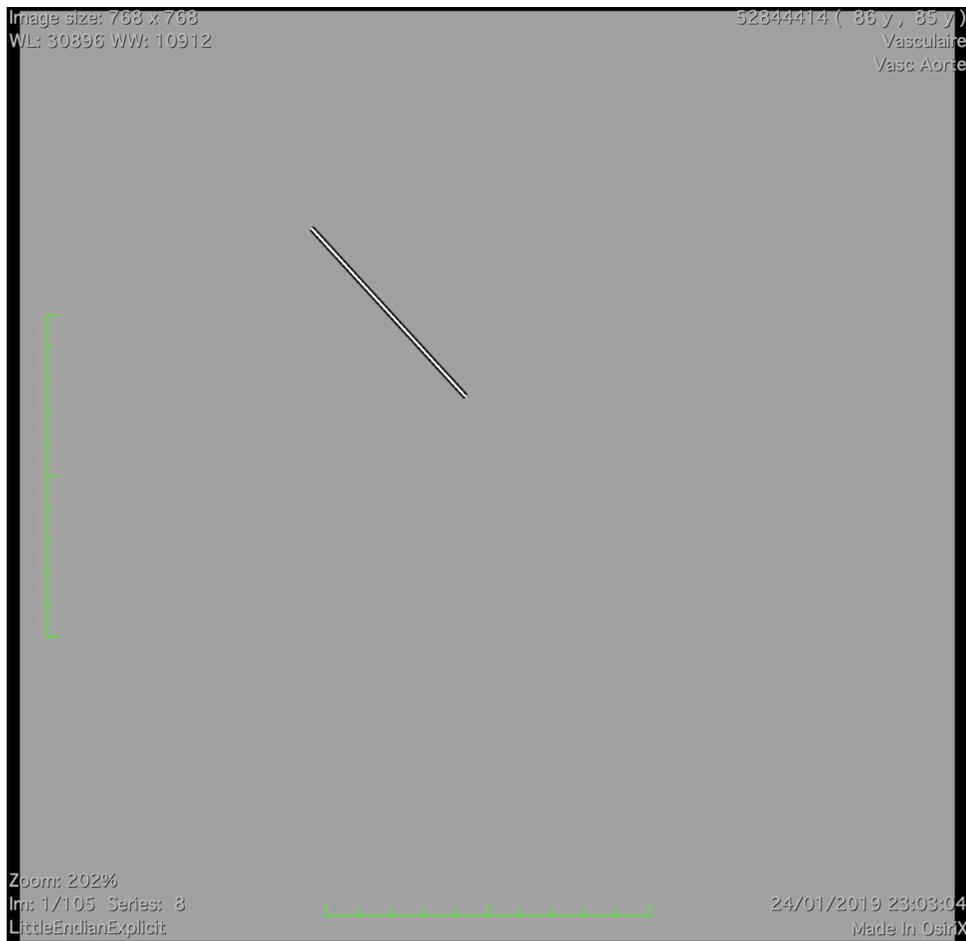
HOUSTON

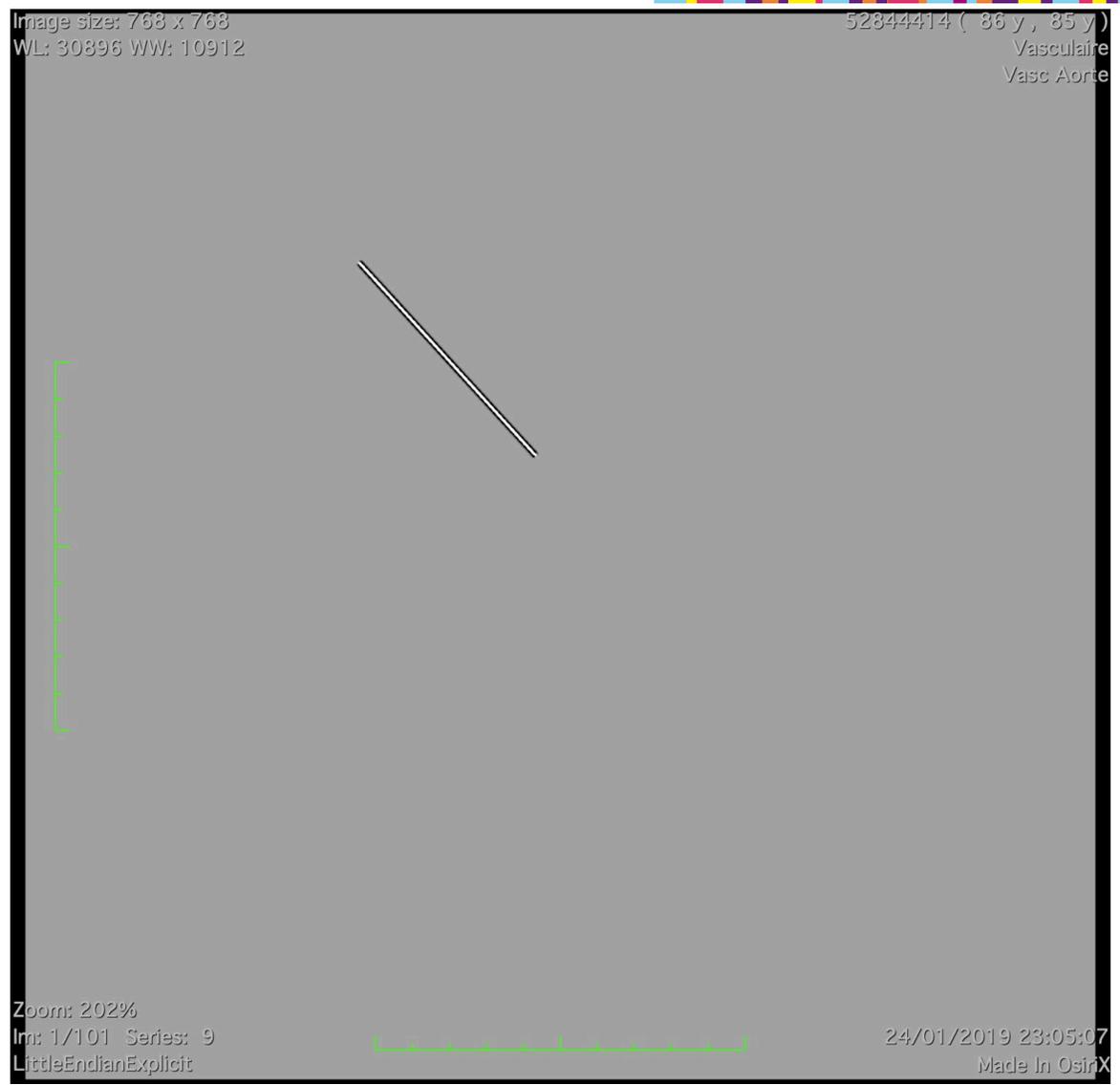
WE HAVE A PROBLEM...



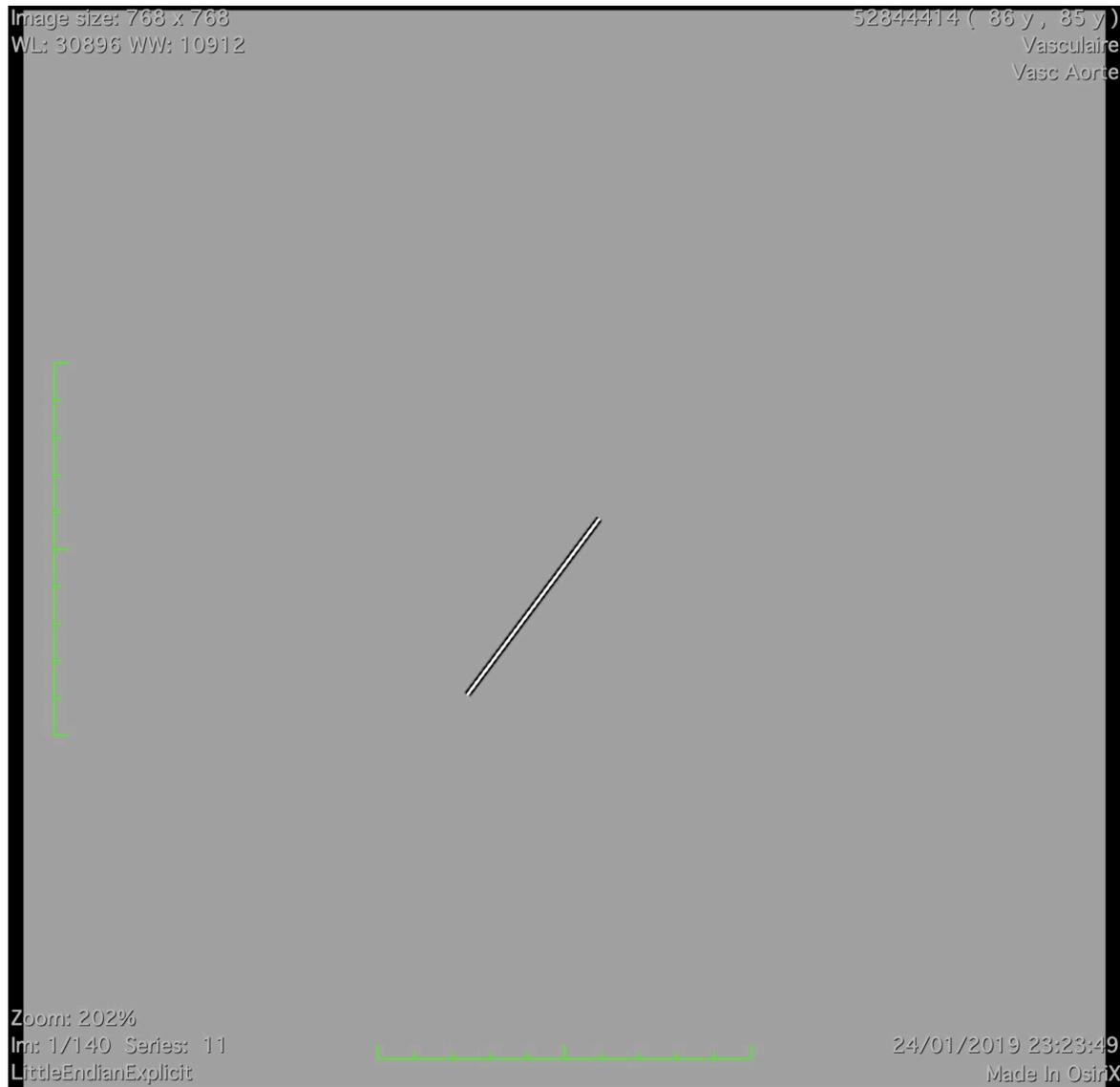


POURQUOI,  
POURQUOI,  
POURQUOI ?



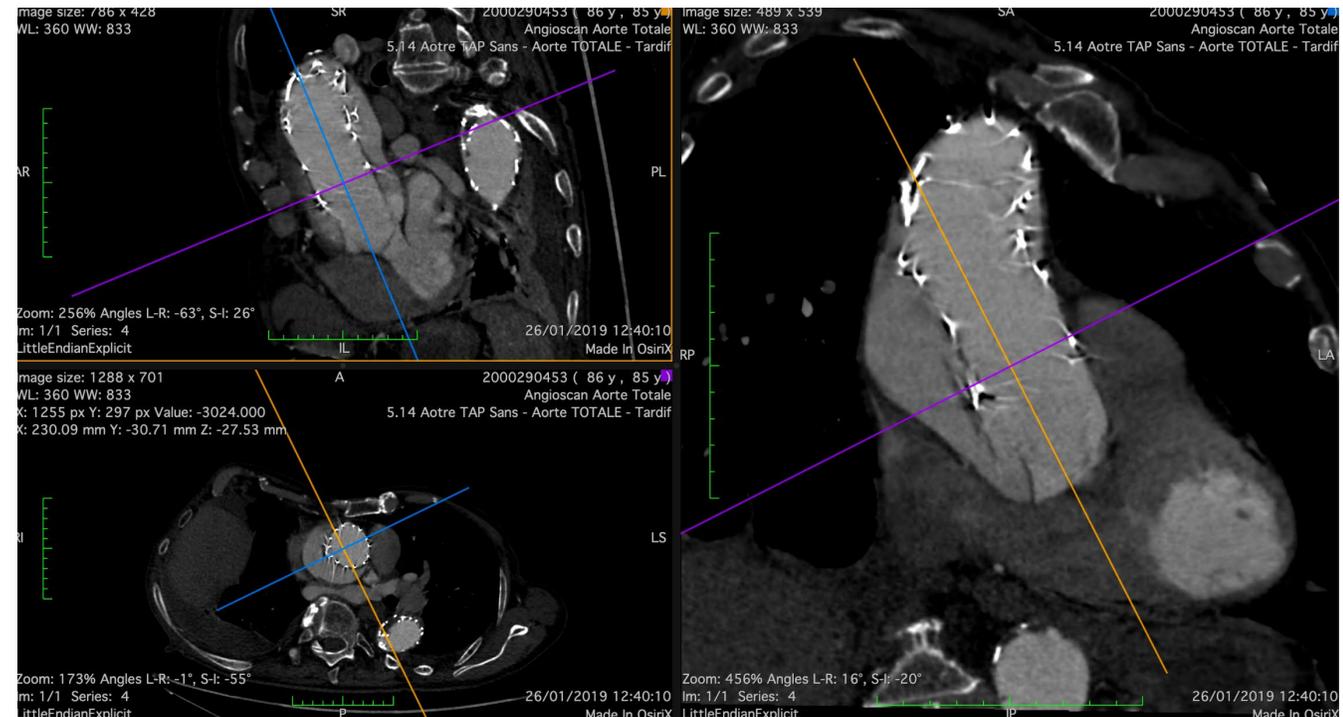
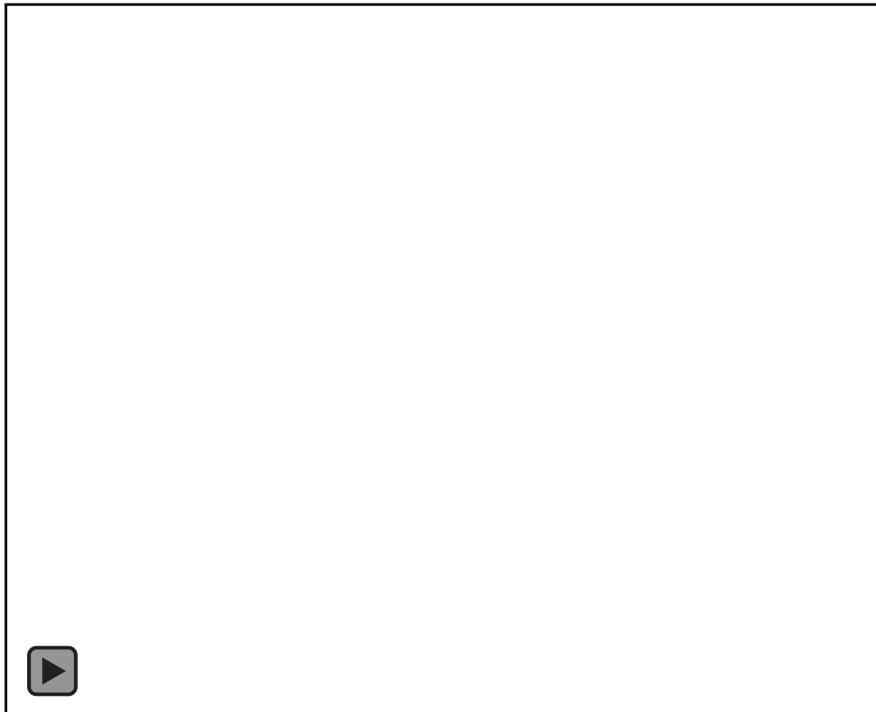


# ZTA 42-94

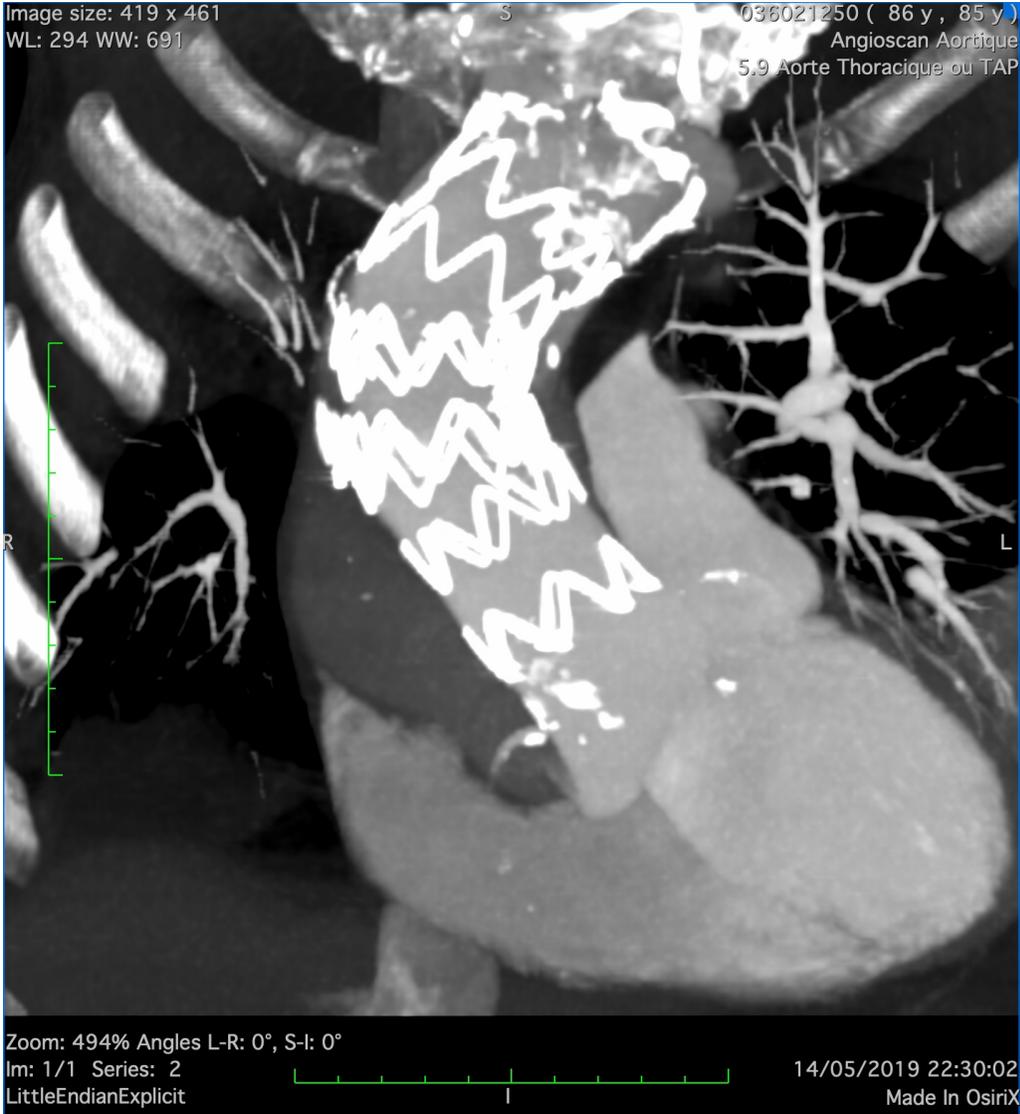


# Réveil

- Pas d'AVC, pas d'infarctus, plus de douleur thoracique passage en USC
- Scanner de contrôle 48H après
- Sortie à J6 pour son domicile



# A 3 mois







# Conclusions

- Never give-up
- Nous sommes aux débuts du traitement endovasculaire des dissections de type A
- Il est impératif de disposer du matériel adapté



Je vous remercie

(19) **United States**  
 (12) **Patent Application Publication**  
**Tang**

(10) **Pub. No.:** US 2014/0316513 A1  
 (43) **Pub. Date:** Oct. 23, 2014

**EndoRoot™**

(54) **HEART VALVE AND ENDOVASCULAR GRAFT COMPONENTS AND METHOD FOR DELIVERY**  
 (71) Applicant: **Gilbert H.L. Tang**, New York, NY (US)  
 (72) Inventor: **Gilbert H.L. Tang**, New York, NY (US)  
 (21) Appl. No.: **14/255,853**  
 (22) Filed: **Apr. 17, 2014**

**Related U.S. Application Data**

(60) Provisional application No. 61/854,035, filed on Apr. 17, 2013, provisional application No. 61/854,036, filed on Apr. 17, 2013.

**Publication Classification**

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*A61F 2/852* (2006.01)  
*A61F 2/07* (2006.01)  
 (52) **U.S. Cl.**  
 CPC . *A61F 2/852* (2013.01); *A61F 2/07* (2013.01);  
*A61F 2002/826* (2013.01)  
 USPC ..... **623/1.16**

(57) **ABSTRACT**

A medical device including a valve member with an elongate tubular portion with at least one aperture disposed in a side-wall at a location between the proximal and distal ends, and a plurality of leaflets; a first endovascular graft coupled to the valve member; and a second endovascular graft coupled to the first endovascular graft; and an expandable anchor member coupled to the second endovascular graft.

