

CHRONIC DISSECTION PATIENT RECEIVES GROUNDBREAKING MINIMALLY INVASIVE TREATMENT IN TRIOMPHE CLINICAL STUDY

PATIENT INFORMATION

A 56-year old male with history of coronary artery disease, hypertension, hyperlipidemia, previous MI, and previous tobacco use, underwent repair of a Type A aortic dissection with a 30mm Valsalva gelweave graft in 2019.

REASON TO TREAT

Follow-up CT scans of the arch note that the aortic arch had grown significantly over the past year and a half. The aortic arch was measuring 5.2cm in its greatest dimension. Due to the rapid enlargement and the patient's young age, the patient was scheduled for treatment with NEXUS as part of the TRIOMPHE Study.

STAGE 1 DEBRANCHING

A right common carotid artery, left common carotid artery, left subclavian bypass was surgically performed two days before the index procedure.

STAGE 2 NEXUS IMPLANTATION

NEXUS, with an optional distal extension, was successfully implanted during an uneventful procedure with an optimal outcome, at total device time of 89 minutes.

PROCEDURAL OUTCOME

One month follow-up CT shows a stable position of NEXUS and no endoleak identified.

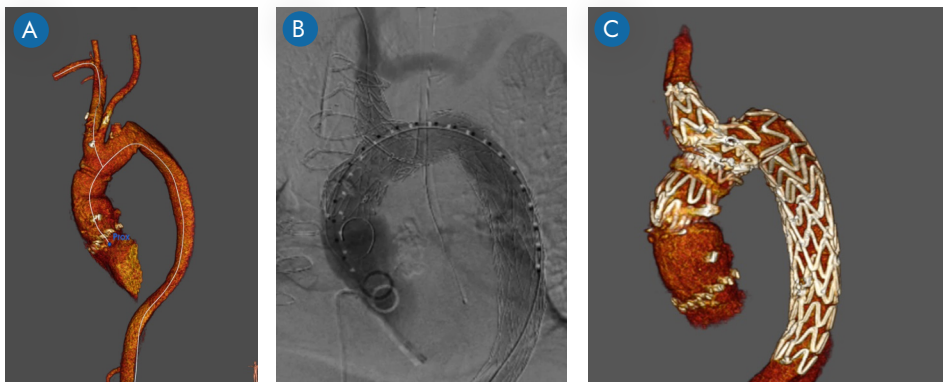


FIGURE A: Pre-op three-dimensional reconstruction shows anatomy with true lumen.

FIGURE B: Intra-operative angio, post implant.

FIGURE C: Post-op three dimensional reconstruction shows NEXUS position at 30 days.

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“Aortic arch repair is customarily one of the most technically difficult areas to repair. As with most aortic arch procedures, the patient involved had a previous open aortic arch repair and was not suitable for another large invasive procedure. We are pleased that **The Christ Hospital is able to offer an alternative minimally invasive solution** to patients to avoid large open repairs of their aortic arch.”

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