NEXUS™ | AORTIC ARCH STENT GRAFT SYSTEM

CASE STUDY

PATIENT WITH PREVIOUS OPEN ARCH REPAIR RECEIVES MINIMALLY-INVASIVE DISSECTION REPAIR

PATIENT INFORMATION

A 56-year-old female with history of uncontrolled hypertension, hyperlipidemia, breast cancer, COPD, asthma, morbid obesity, and previous tobacco use. Underwent repair of an acute Type A aortic dissection with a 28 mm Terumo Vascutek gelweave graft with aortic root replacement in 2017.

REASON TO TREAT

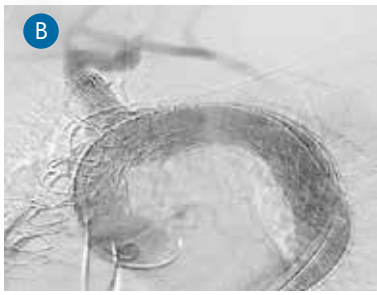
Patient had a 5.2 cm proximal descending aorta on post-op CTA on 8/17/17 with an increase in size to 5.7 cm on 1 month follow-up. TEVAR was recommended in September 2017, but patient was lost to follow-up. Patient presented to the ER in February 2021 with right-sided chest pain. CTA demonstrated increase size of mid-descending thoracic aorta (4.9 cm x 4.7 cm) compared to previous (3.5 cm x 3.7 cm). Due to enlargement and symptoms, she was scheduled to be treated with the NEXUS™ Aortic Arch Stent Graft System as part of the TRIOMPHE Study.

Figure A.

Pre-op three-dimensional reconstruction shows anatomy with true lumen

Figure B.

Intra-operative angio, post implant



STAGE 1 DEBRANCHING

A right common carotid artery to left common carotid artery, left subclavian bypass was surgically performed 3 days before the index procedure.

Figure C.

Post-op three dimensional reconstruction shows NEXUS™ position at 6 months

STAGE 2 NEXUS™ IMPLANTATION

NEXUS™, with an optional distal extension, was successfully implanted during an uneventful procedure with an optimal outcome, at a total device time of 88 minutes.

PROCEDURAL OUTCOME

Six month follow-up CT showed a stable position of NEXUS™ and no endoleak identified.

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ENDOSPAN™

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