

## BAILOUT IMPLANTATION OF A NEW SINGLE-BRANCHED STENT GRAFT FOR THE AORTIC ARCH

CIBIN ET AL. ANN THORAC SURG 2020



### PATIENT INFORMATION

74-year-old male, COPD, previous MI, right nephrectomy (Ca), Diabetes Mellitus, Dyslipidemia, Button Bentall + Hemi Arch for Acute Type A Dissection



### REASON TO TREAT

Pseudoaneurysm of the left posterolateral side of the ascending aorta at the level of the distal anastomosis illustrating significant increase and compression of the pulmonary artery (Fig. 1). Due to risk of fistulization into the pulmonary artery, the patient was scheduled for urgent pseudoaneurysm exclusion with NEXUS™.



### DEBRANCHING

A right common carotid artery, left common carotid artery, left subclavian artery bypass was surgically performed and six days later, to allow complete recovery from the bypass surgery, the endovascular procedure was carried out.



### NEXUS™ IMPLANTATION

NEXUS™ was successfully deployed during an uneventful procedure with an optimal outcome lasting 150 minutes with 42 minutes of fluoroscopy.



### PROCEDURAL OUTCOME

Due to an uneventful and minimally invasive procedure, the patient was able to be **discharged 7 days post op**. Six month follow up CT angiogram (Fig 2) shows stable position of NEXUS™ and **total exclusion of the anastomotic pseudoaneurysm**.



### PHYSICIANS PUBLISHED COMMENTS

Cibin et al<sup>1</sup> stated "Owing to their ready availability, single-branch off-the-shelf aortic arch endovascular prostheses are a **valid option** in case of urgent and emergent cases."

"A combined operation, bypass, and endovascular procedure at the same time, although technically feasible, would be long and with less neurologic control than a staged approach."

1. Giorgia Cibin, MD, Augusto D'Onofrio, MD, Michele Antonello, MD, Cosimo Guglielmi, MD, Franco Grego, MD, and Gino Gerosa, MD. Bailout Implantation of a New Single-Branch Stent Graft for the Aortic Arch - Ann Thorac Surg 2020;110:e371-3

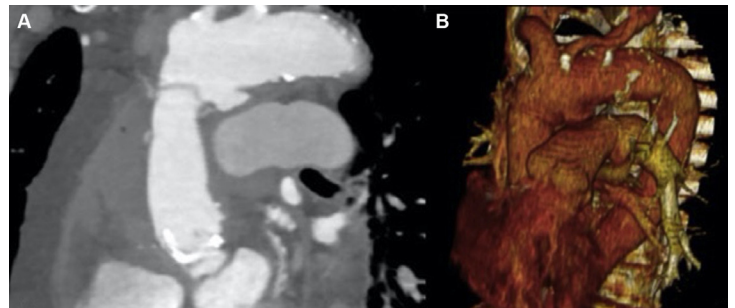


Figure 1.

(A) Computed tomography angiogram shows aortic arch pseudoaneurysm at the level of the distal anastomosis.

(B) Three-dimensional reconstruction shows compression on the pulmonary artery.

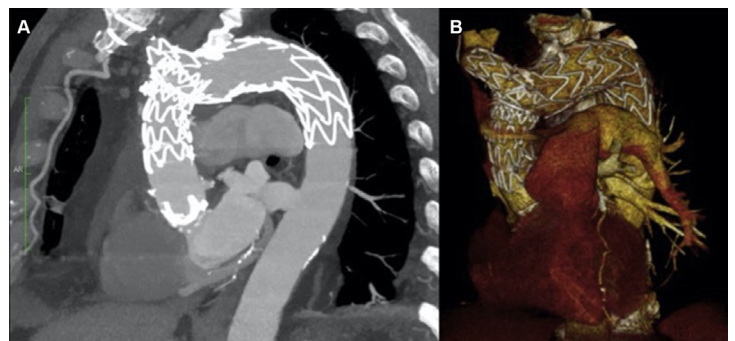


Figure 2. Six-month computed tomography angiogram control.

(A) Lateral view shows good positioning of the aortic arch endograft with complete exclusion of the pseudoaneurysm.

(B) Three-dimensional reconstruction shows complete aortic arch exclusion and side branch in innominate artery.



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