NEXUS™ | AORTIC ARCH STENT GRAFT SYSTEM

CASE STUDY

HIGH-RISK PATIENT WITH PROGRESSIVE DISSECTION RECEIVES SUCCESSFUL TREATMENT IN TRIOMPHE STUDY

PATIENT INFORMATION

A 74-year-old male with a history of hypertension, hyperlipidemia, congestive heart failure, and AFib had a previous aortic and vascular intervention for Type A dissection post repair and hemi-arch in August 2020.

REASON TO TREAT

Patient presented to an outside hospital with bilateral flank and lumbar back pain. Chest CTA showed progressive Type A dissection and aneurysmal degeneration of descending thoracic aorta. The outside hospital turned down patient for surgery due to the progressive Type A dissection and the high-risk nature of another open operation. The patient was transferred to UAB for surgical evaluation for treatment with the NEXUS™ Aortic Arch Stent Graft System as part of the TRIOMPHE Study.

STAGE 1 DEBRANCHING

Right-to-left, carotid-to-carotid bypass was performed with an 8mm Fusion Bioline ringed graft tunneled in a retropharyngeal manner. The left carotid-to-subclavian artery bypass was performed with an 8mm non-ringed Fusion Bioline graft.

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 66 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

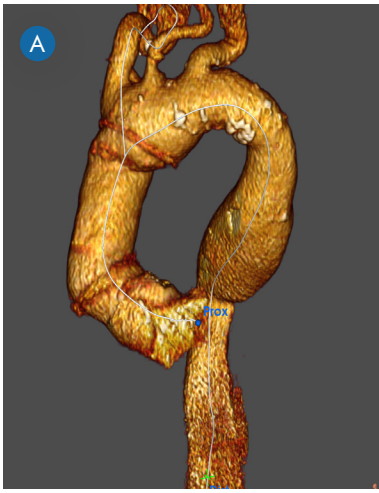


Figure B.

Intra-operative angio, post implant

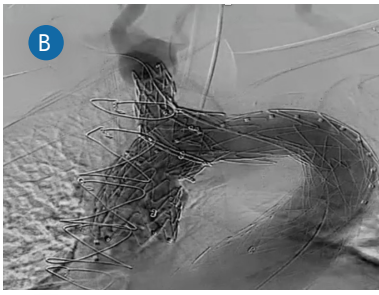
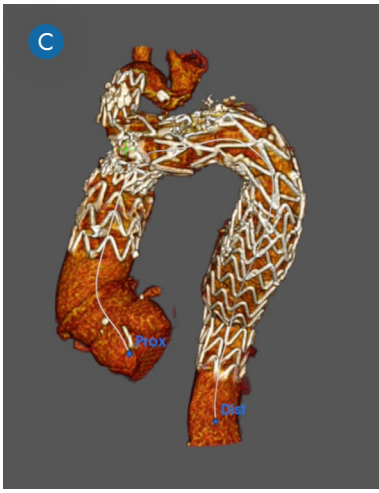


Figure C.

Post-op three dimensional reconstruction shows NEXUS™ position at 30 days



COMMENTS

"It is an honor to be able to provide hope to patients through a minimally invasive option for a condition that can otherwise only be treated with major open surgery."

Adam Beck, MD

University of Alabama at Birmingham
Birmingham, Alabama

Adam Beck, MD
Vascular Surgeon

Kyle Eudailey, MD
Cardiothoracic Surgeon