

DURABILITY OF ENDOVASCULAR REPAIR OF THE AORTIC ARCH WITH THE NEXUS™ AORTIC ARCH STENT GRAFT SYSTEM



**PATIENT INFORMATION**

A 75-year-old male patient underwent emergency surgery for acute Type A aortic dissection repair.



**REASON TO TREAT**

Residual dissection and 63 mm aortic aneurysm following the ascending surgical repair. Patient was unfit for open surgical re-intervention, so the decision was made for a suitable endovascular treatment.



**DEBRANCHING**

16 December 2015: Extra-anatomic reconstruction with right common carotid artery to left subclavian artery bypass 6 weeks prior to the NEXUS™ implantation.



**TEVAR IMPLANTATION DESCENDING THORACIC AORTA**

8 February 2016: Distal entry tear closed with a covered TEVAR stent graft at position of NEXUS™ procedure distal landing zone.



**NEXUS™ IMPLANTATION**

27 February 2016: The endovascular procedure was uneventful and successful implantation of the NEXUS™ Aortic Arch Stent Graft System was performed.



**PROCEDURAL OUTCOME**

The patient was discharged and followed up with the hospital's standard of care. The 39-month follow-up computed tomography angiography illustrated the stable exclusion of the false lumen (Figure 2).



**COMMENTS**

“The 39-month follow-up shows stability of the aortic diameter at the proximal landing zone level: such a result has a particular value considering the forces which physiologically act on the ascending aorta. I think that beside the clear advantages in terms of reduction of the stroke risk, durability and stability in the longer term is another strength point of this device.”



Professor Nicola Mangialardi  
San Camillo Hospital  
Rome, Italy



Professor Sonia Ronchey  
Filippo Neri Hospital  
Rome, Italy



Dr. Matteo Orrico  
San Camillo Hospital  
Rome, Italy

Figure 1.

Residual dissection and aortic enlargement after open ascending aorta replacement as seen on the coronary computed tomography angiogram.

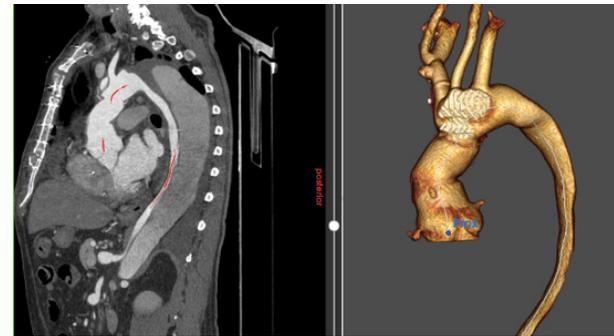
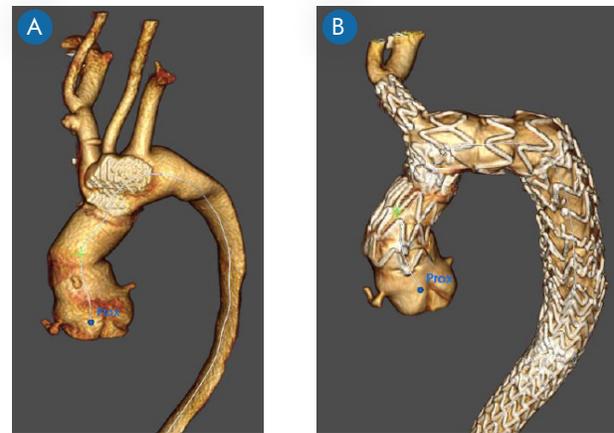


Figure 2.

3 dimensional reconstructions generated from the pre-operative (A) and 42 months follow up (B) computed tomography angiography.



San Camillo Hospital & Filippo Neri Hospital  
Rome, Italy