

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.”



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Figure 1.

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

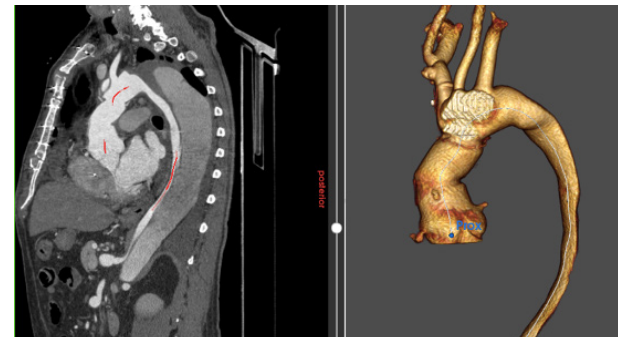
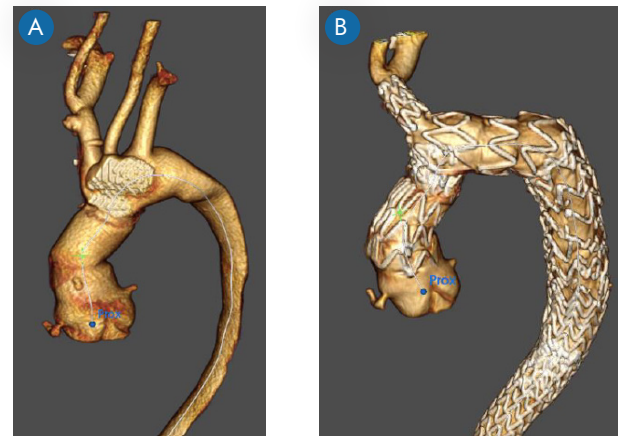


Figure 2.

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



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