

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.



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.



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.



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



Adam Beck, MD
Vascular Surgeon



Kyle Eudailey, MD
Cardiothoracic Surgeon

Figure A.

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

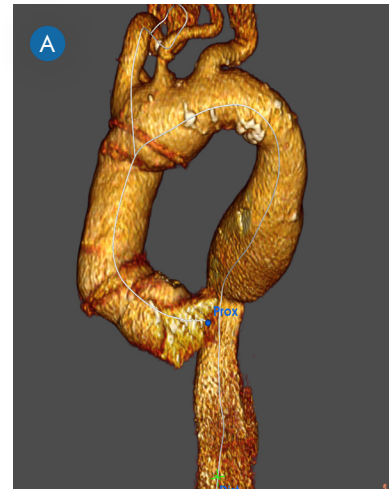


Figure B.

Intra-operative angio, post implant

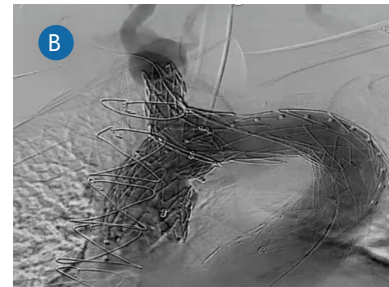
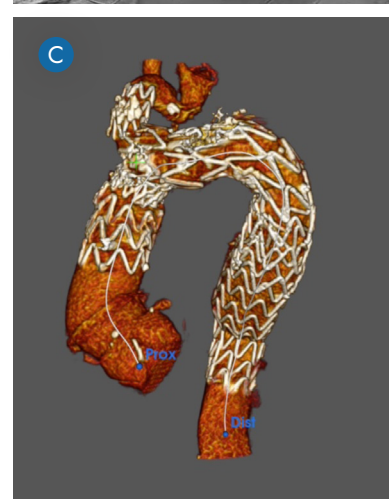


Figure C.

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



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