HIGH OUTPUT CARDIAC FAILURE DUE TO IATROGENIC ILIAC-CAVAL FISTULA, TREATED WITH AORTO ILIAC RECONSTRUCTION DOUBLE BARREL STENT GRAFT

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Disclosure

Speaker name: 

.......Andrea Pellegrin....................

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
Clinical History

- 80yo F Patient underwent intralaminar microdiscectomy for a large L4-L5 right discal hernia.

- Since the immediate post-operative, there was an onset of unclear symptoms: right side backache, renal failure, hematuria; ultrasound showed peritoneal and pleural effusion. Diagnosis was initially postulated as hemolitic anemia.

- At the 5th post-operative day with progressively worsening conditiontions patient was ammited to ICU with hepatic failure, severe hypoxemia and shock due to high output cardiac failure.
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Angio-CT showed a large fistula between right iliac artery and IVC; the right common iliac artery (RCIA) fistula point was closer than 1cm to the aortic bifurcation.
bilateral 8Fx24cm introducer sheat
Aortic radius = 6mm

Aortic area = $\pi \times (6\text{mm})^2 = 113\text{mm}^2$

9mm stent graft = $\pi \times (4.5\text{mm})^2$
= $64\text{mm}^2$

$64\text{mm}^2 + 64\text{mm}^2 = 128\text{mm}^2$
13% oversize
Double barrel stent graft
Covera 9x80mm
Relining
Covera 9x60mm
Clinical History

• In the next few days the patient quickly recovered, with a 48hr angio-CT showing complete exclusion of the iliac-caval fistula, then subsequently discharged at 15th day.
1 month CTA follow-up
pre-procedural

1mo f/u
Take home messages

• Aorto-caval and iliac-caval fistula are a rare entity: atypical symptoms may be misleading and late diagnosis may contribute to their significant mortality/morbidity.
  • backache
  • high output cardiac failure
  • bilateral pedal edema (venous hypertension in the lower half of body)
  • hepatic failure
  • renal insufficiency (reduced renal blood flow)
  • hematuria
  • continuous bruit in the abdomen

• Stent graft treatment with less <1cm of intact artery could be unsuccessful: and aorto iliac reconstruction could be a bailout solution.
References


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