Bail out method with Outback® for the false lumen insertion of the frozen elephant trunk for Type A dissection

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Disclosure

Speaker name: Shiro Onozawa

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
55 yo man with Acute Type A dissection

[Operation Method]
Total arch replacement + Frozen elephant trunk
J-graft SHIELD NEO® 26mm+
Open Stentgraft (J Graft FROZENIX® FRZX-27120)

[pump-oxygenator]
[brain protection]
Post operative

- normal systemic pressure
- Increased Lactate (max 22)
- almost Auria
- increased transaminase

Dx: False lumen insertion of the FET
① rt femoral approach
② Confirmation of true lumen with TEE and IVUS
③ Wire insertion from false to true lumen with OUTBACK
PTA of intimal flap
⑤ TEVAR with CTAG®
(313115)
bailout methods for misplacement of FET

① open surgery

② Endovascular surgery

a) Aortic intimal fenestration
b) TEVAR
Aortic septotomy to optimize landing zones during thoracic endovascular aortic repair for chronic type B aortic dissection

Shinichi Fukuhara, MD, a Minhaj S. Khaja, MD, MBA, b David M. Williams, MD, c Xhorlina Marko, MD, c Bo Yang, MD, PhD, a Himanshu J. Patel, MD, a and Karen M. Kim, MD, MSc a
② Endovascular surgery
b) TEVAR
Endovascular fenestration of aortic dissection membrane after failed frozen elephant trunk procedure

Jan Raupach, Vendelin Chovanec, Veronika Kozakova and Jan Vojacek

Urgent endovascular fenestration of the dissection flap between the TL and FL was performed 18 h postoperatively (Video 2). A 6-Fr Outback® Elite Re-Entry Catheter (Cordis, Miami, FL, USA) was used to puncture the dissection flap 2 cm above the coeliac trunk. A 30x200-mm Valiant™ Thoracic Stent Graft (Medtronic, Minneapolis, MN, USA) was placed from the coeliac trunk up to the middle of the FET prosthesis to support the fenestration site, stabilize the dissected aorta and improve filling of the visceral arteries.

Figure 2: (A) Follow-up computed tomography angiography 8 months later showing (B) regression of a thrombosed false lumen in the descending aorta and (C) good perfusion of visceral arteries.
Conclusion

The misplacement of FET in the false lumen was recovered by bail out procedure with OutBack®.

The Endovascular repair for this condition could be effective.