Open repair of thoracoabdominal aortic aneurysm type IV with physician-modified endograft using a new modified branch-first technique with an axillary perfusion branch: first case report in Colombia

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Disclosure

Speaker name: Viviana Orozco-Martin

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
Thoracoabdominal aortic aneurysm (TAAAs)

Perioperative mortality open repair (OR) 4-16% and complications as acute renal failure, paraplegia, myocardial infarction.

A new modified “branch-first” TAAA open repair with axillar perfusion branch using a physician-modified (PM)
Case

• 63-Y Male
• Three-day lumbar pain radiating to right iliac fossa
• Abdominal pulsatile mass
• CT scan: Crawford IV TAAA

Open surgery
Physician-modified graft

• Planning
• PM creating five branches according to the exact position of visceral vessels
Perfusion branch

- Axillary artery – Dacron graft anastomosis (Perfusion branch)
- PM graft
Sequential debranching

- Thoracoabdominal incision
  
  Celiac trunk (23 min)
  SMA (23 min)
  LRA (22 min)

- Proximal and distal clamp
- Aneurismal sac opened

RRA (28 min)
- Iliac (42 min)
  • Proximal aortic anastomosis
• Discharged on the 7th day
Take home message

• New modified branch-first technique using PM graft with axillary perfusion branch
  1. Reducing the need for kidney cooling and right renal ischemia time.
• 2. It did not require cardiopulmonary bypass or aortic cannulation.
• 3. Good outcome
Thank you all
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