

Endovascular Treatment of Malperfusion Syndrome in Aortic Dissection

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Endovascular Treatment of Malperfusion : Aortic Stent Graft Cases

변O M/58

- Chief Complaint : back pain, left chest pain, right leg pain
 3 days ago
- Past History : HT(+), DM(+) Hyperlipidemia(-), CVA(-)
- Social History : Smoking (+)
- ► ABI : 0.2 / 0.9
- ≻ Hb : 9.8





Assessment

1. Aortic Dissection with Malperfusion syndrome

Plan?

- 1. Aortic stent graft
- 2. Fenestration
- 3. Femoral femoral bypass operation

Endovascular Treatment Indication of Type B Aortic Dissection

Acute, Complicated AD

- 1. Rupture
- 2. Branch vessel ischemia
 - (Carotid, Celiac, SMA, Renal, Distal aorta, CIA)
- Chronic AD, with Aneurysm formation

Endovascular Technique of Type B Aortic Dissection

- Selective Stenting
- Fenestration































Follow up CT after 1 year



Follow up CT after 1 year















Malperfusion : Common Iliac Artery





M/46

Malperfusion : Left Carotid Artery



M/50

Malperfusion : Distal aorta, both CIA





Endovascular Treatment of Malperfusion : Fenestration Cases



Endovascular Treatment of Malperfusion : Fenestration Cases





Endovascular Treatment in Patients with Complicated Type B Aortic Dissection and Malperfusion Syndrome: Mid Term Results from PNUH

Background



Endovascular Treatment for Complicated ABAD

Endovascular Treatment for Malperfusion Syndrome

JACC 2008, J Vasc Surg 2013.

Objectives

 Effect and Safety of Endovascular Treatment in patients with Complicated Type B Aortic
 Dissection with malperfusion syndrome from single center registry.

Methods



Patients with Aortic Dissection with Malperfusion Syndrome

(Dec. 2009 to Mar. 2013), n=15 at our hospital





Results

Baseline characteristics



Procedure outcomes

	N=15 (%)
Approach (Perclose)	10 (66.6%)
Deployment of stent graft	7 (46.6%)
Selective Stenting	Treating lesion, n=19
Celiac artery stenting	3 (15.8%)
Renal artery stenting	6 (31.6%)
lliac artery stenting	6 (31.6%)
Common carotid artery stenting	2 (10.5%)
Left subclavian artery stenting	1 (5.2%)
Distal abdominal aorta stenting	1 (5.2%)
Fenestration technique	1 (5.2%)

Clinical outcomes



Conclusion

 Endovascular Treatment for complicated Type B aortic dissection and malperfusion syndrome was a Safe procedure with Good mid-term Clinical Outcome.





Thank you from my heart



INSTEAD Trial : Nienaber CA et al. : Circulation. 2009;2519-2528.

Table 1. Outcomes at 2 Years

	Medical Therapy Alone (n = 68)	TEVAR (n = 72)	P Value
Survival	95.6 ± 2.5%	88.9 ± 3.7%	0.15
Freedom from Aorta- Related Mortality	97.0 ± 2.0%	94.4 ± 2.7%	0.44
Freedom from Progressive Aortic Disease	72.5 ± 5.5%	77.2 ± 5.0%	0.65

Table 2. Cumulative Events at 2 Years

	Medical Therapy Alone (n = 68)	TEVAR (n = 72)	P Value
Secondary nterventions	22.1%	18.1%	0.74
Adverse Events			
Persistent Paraplegia/ Paraperesis	1.4%	2.8%	0.90

Safety of SCA sacrifice : Check Brain MRI & A

