

KEY OPINION LEADERS (KOL) FORUM

Case submission

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20.01.25

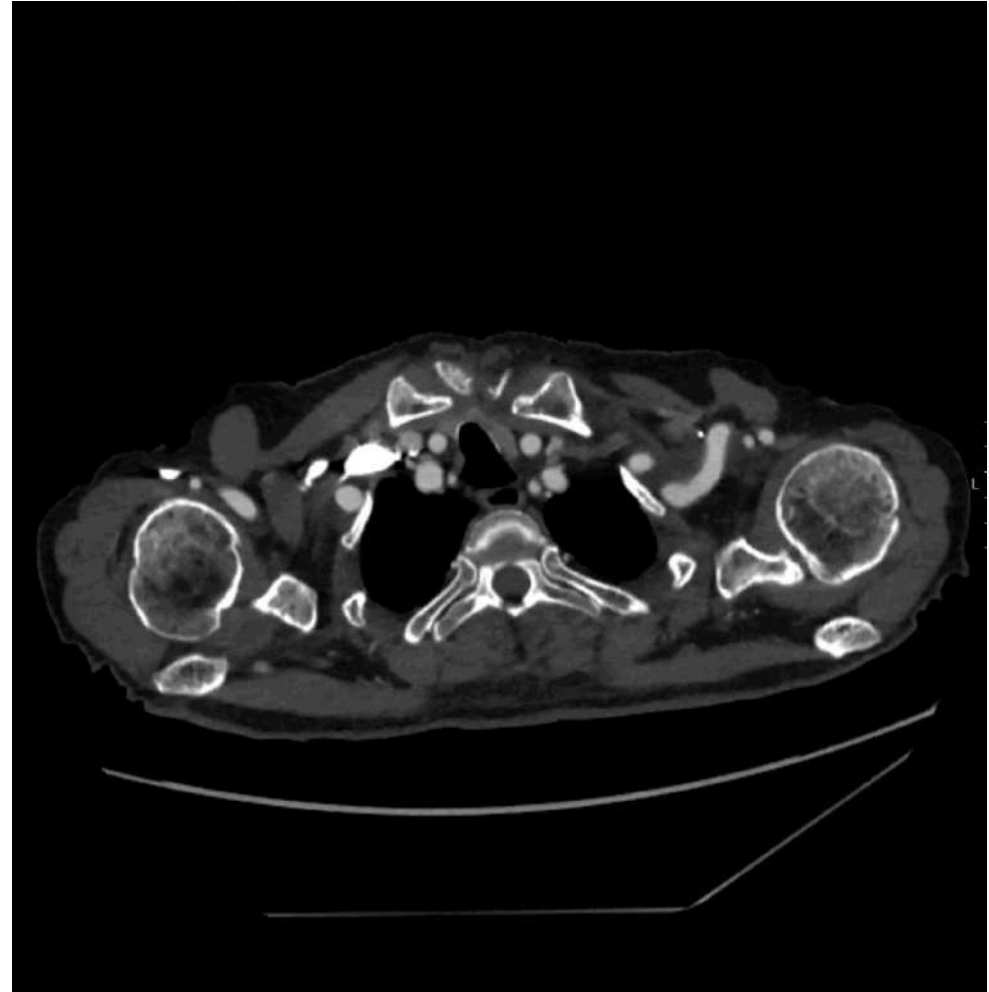
1. ABOUT THE PATIENT

- **72-year-old male**
- Past medical history: Hypothyroidism, CHD with previous **CABG** and **SAVR**
- Previous **TEVAR** and **left carotid-axillary bypass** for asymptomatic chronic type B aortic dissection in 2023



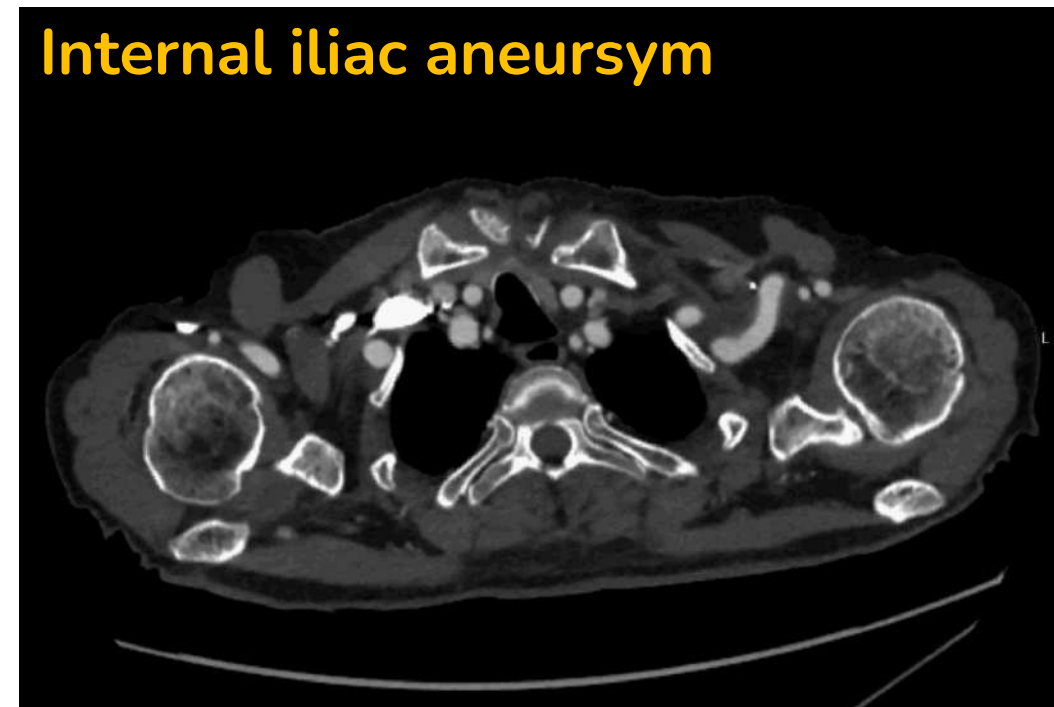
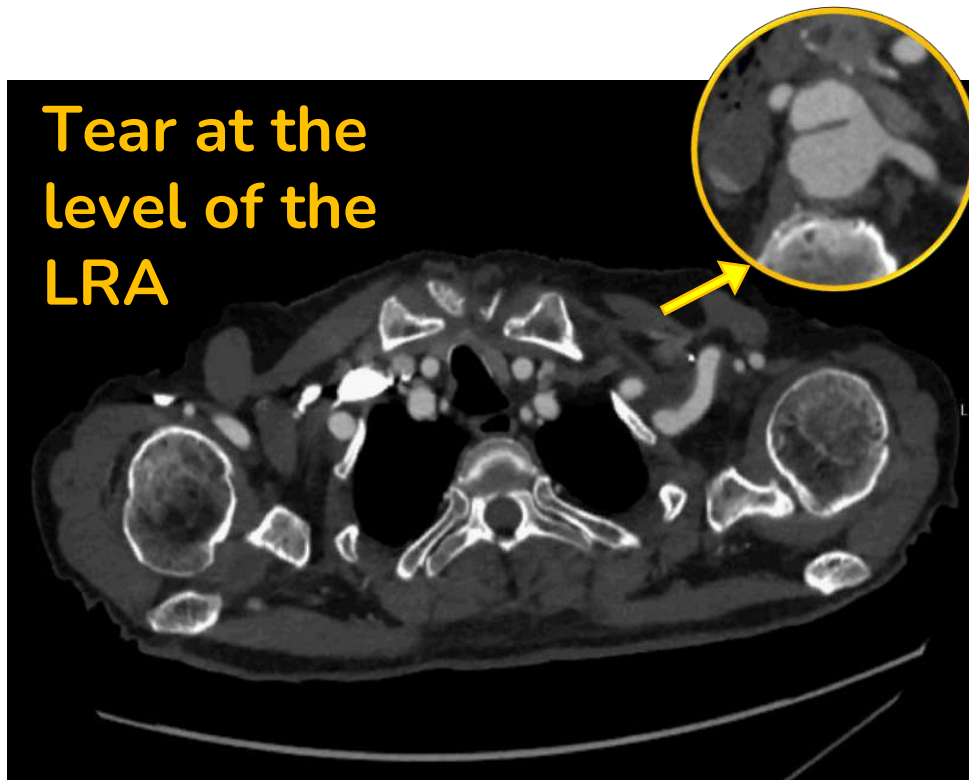
2. DISCUSSION

- **Residual false lumen perfusion** with entry tear near the left renal artery origin at 6-month follow-up
- Diameters: DTA 54 mm, infrarenal 40 mm, left iliac artery 35 mm



Main issues:

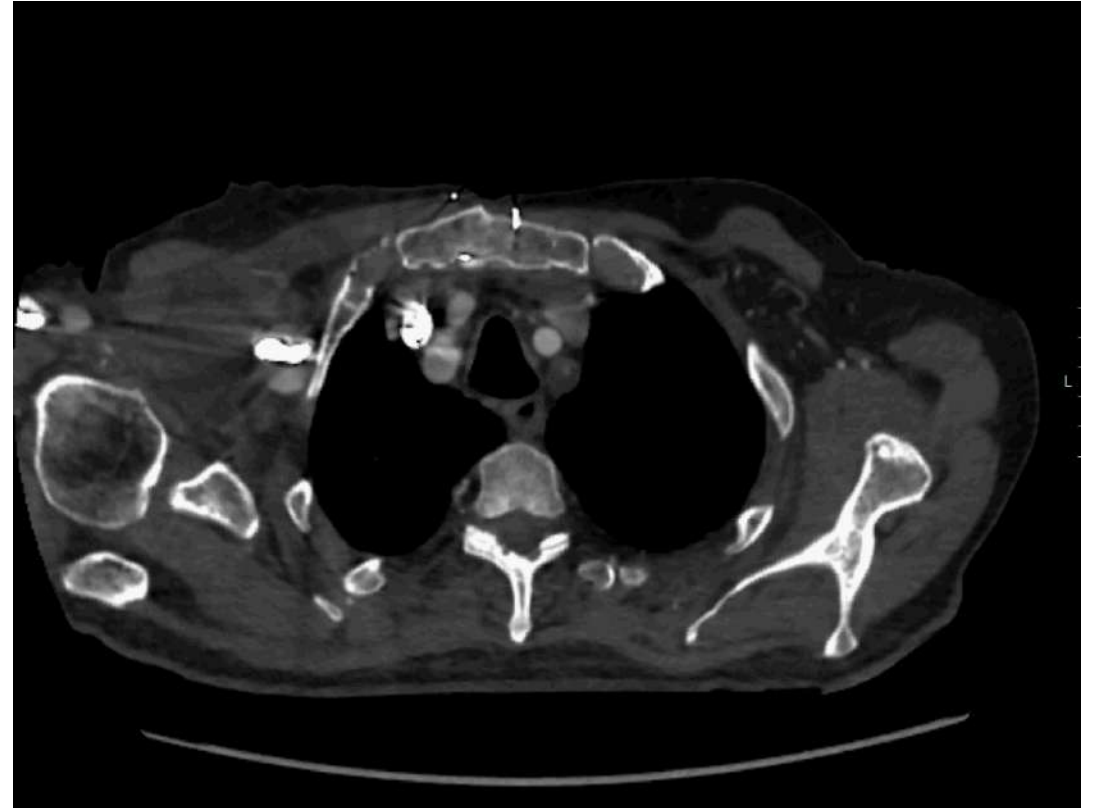
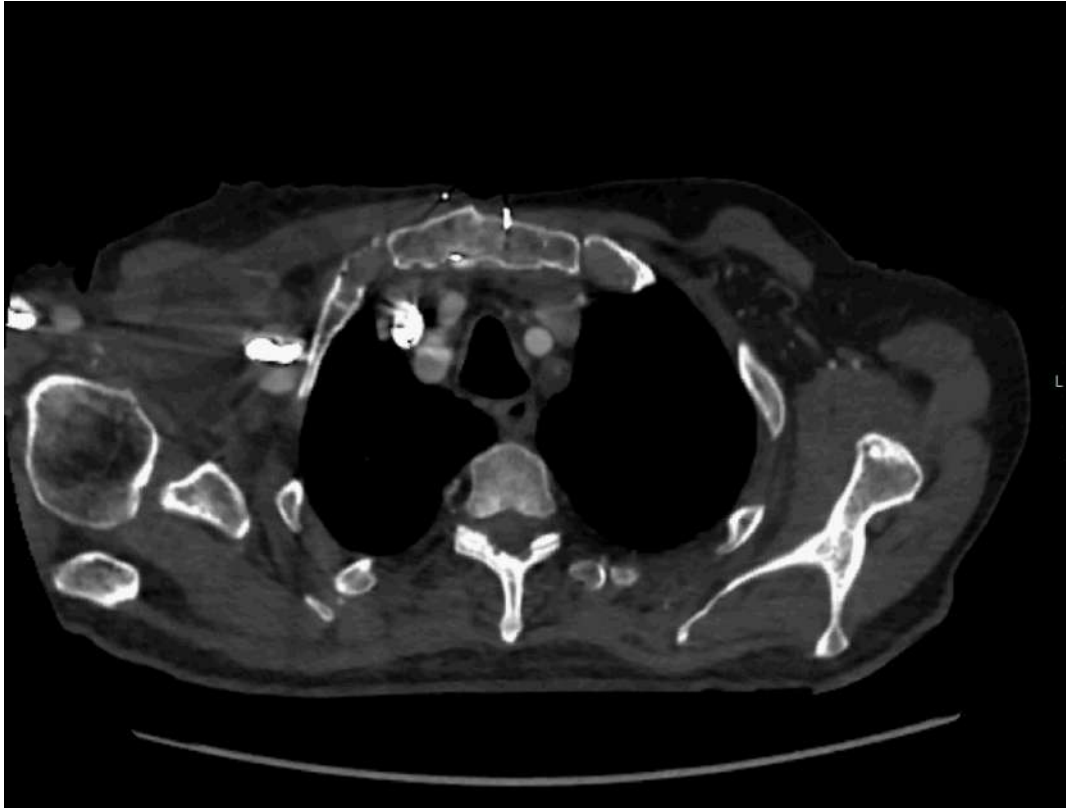
- Narrow aortic true lumen (10 mm)
- Left internal iliac aneurysm with entry tear at the bifurcation
- Dissected femoral artery with entry tear at the bifurcation



4. TREATMENT

1. Left internal iliac artery embolisation
2. Transcatheter Electrosurgical Septotomy
3. Branched/EVAR CMD
4. Bilateral Iliac extension with coverage of the left internal iliac artery
5. Left femoral artery reconstruction





February 2023

CABG + SAVR

During preop exams findings of

→ **post-dissection type II TAAA**

April 2023

Zone 2 TEVAR + left carotid-axillary BP

→ **residual FL perfusion with narrow TL in the visceral aorta**

August 2024

SEPTOTOMY + B/EVAR

7. CONCLUSIONS & QUESTIONS

Other options when the true lumen is (too) narrow?