

# **Salvage open aortic repair after failed endovascular treatment of aortoiliac occlusive disease**

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# Disclosures

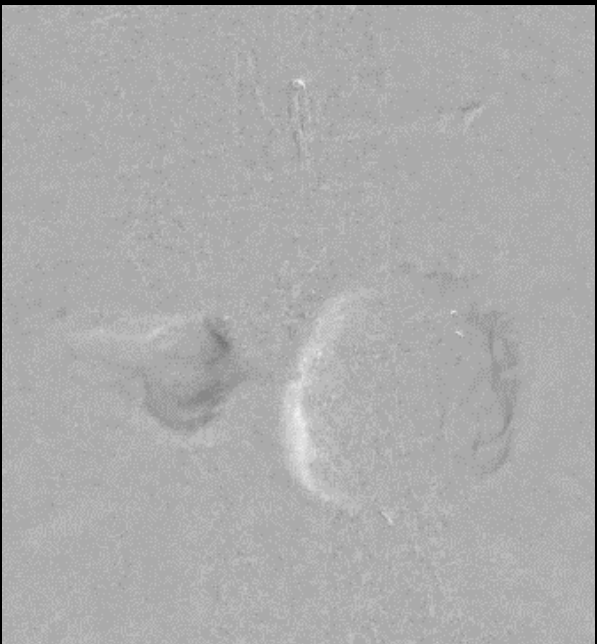
- We have no actual or potential conflict of interest in relation to this program/presentation.
- We will not be discussing products that are investigational or not labeled for use under discussion.

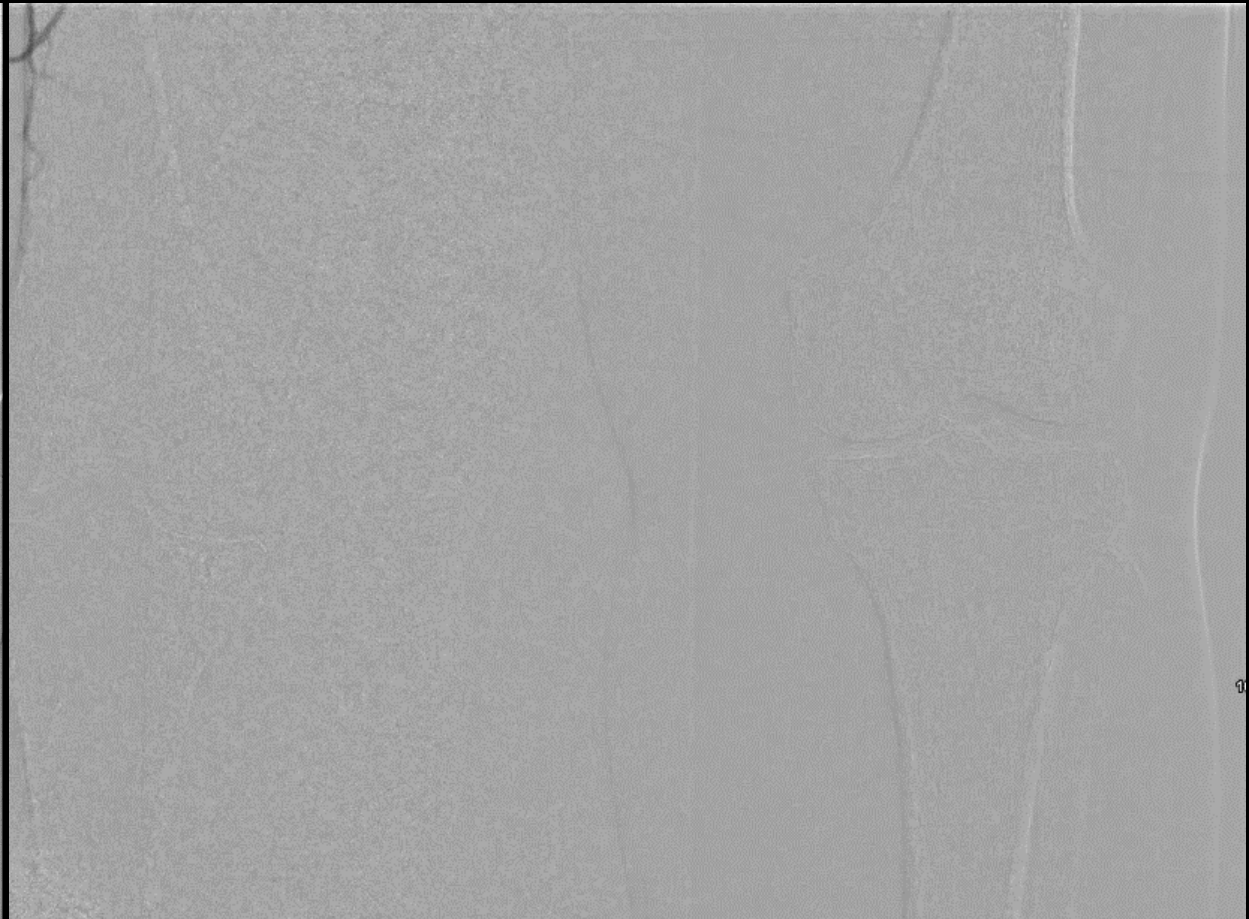
# Introduction

- Severe aortoiliac occlusive disease is a relative contraindication for endovascular repair
- It is associated with early procedure-related complications and late reinterventions
- Aortobifemoral bypass remains the gold standard procedure with excellent durability for isolated advanced aortoiliac occlusive disease (TASC D)

# Case 1

- 72-year-old female with rest pain
- PMH: PAD, spinal stenosis, DM, CAD, HTN, HLD
- PSH: aortoiliac occlusive disease s/p endovascular repair with aortoiliac stenting, bilateral SFA stenting, left common femoral endarterectomy, left carotid endarterectomy, cardiac stents, bilateral renal artery stents, hip replacement, L5-S1 discectomy
- SH: quit smoking 17 years ago, social etOH
- Rx: aspirin, clopidogrel, atorvastatin





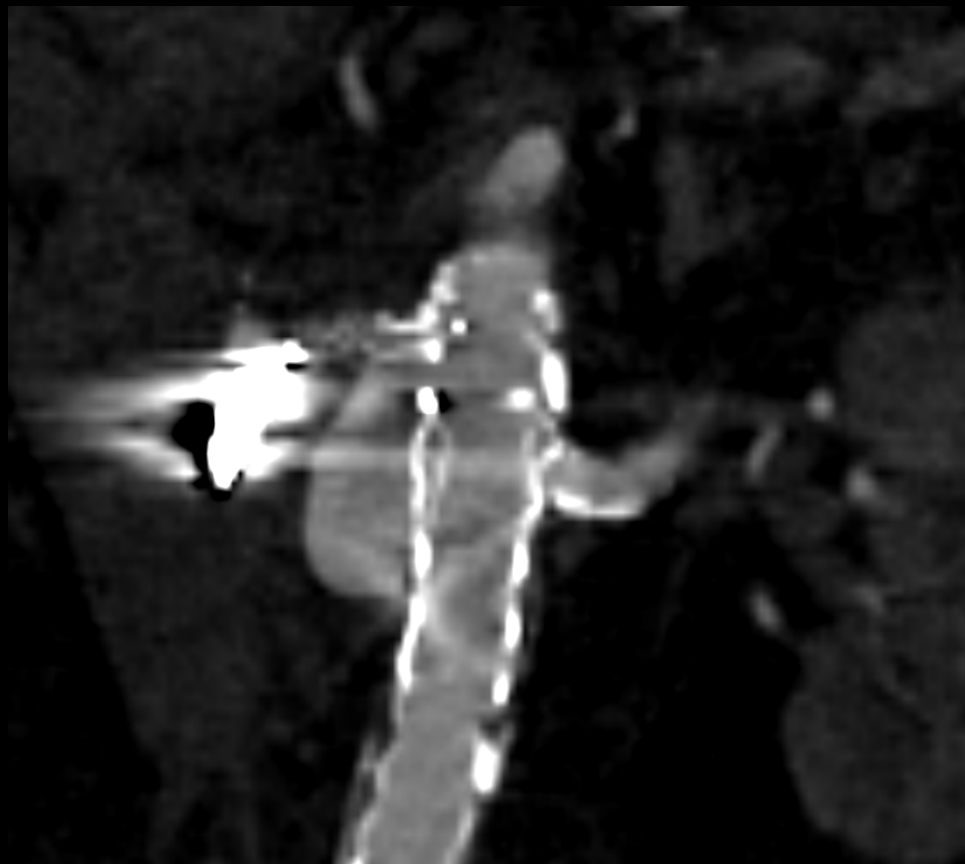
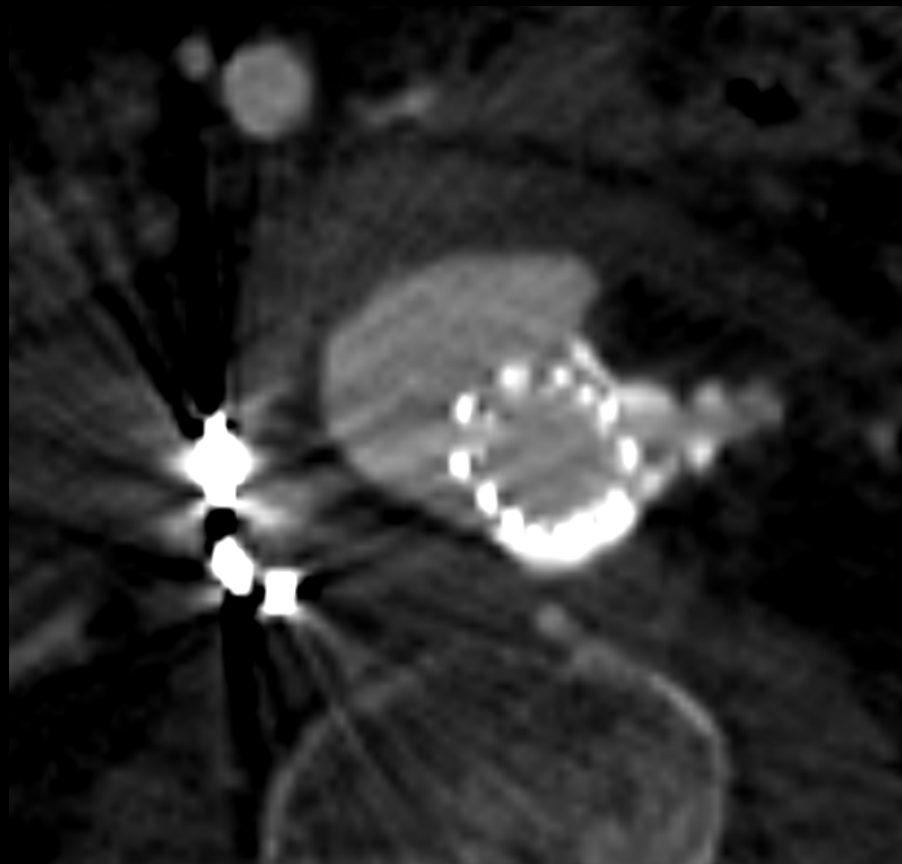
# Case 1

- Retroperitoneal pararenal aortic endarterectomy with right eversion renal endarterectomy was performed
- Bilateral renal artery stents and aortic endografts were explanted
- Reconstruction was performed with an aortobifemoral bypass with a left aortorenal bypass.
- Postoperatively, the patient had biphasic ankle doppler signals.
- Hospital course was complicated by pneumonia and AKI requiring HD for 3.5 weeks. The patient was discharged to a rehabilitation facility off dialysis 4 weeks after the index procedure.

## Case 2

- 77-year-old man with history of end-stage renal disease on hemodialysis underwent aortic stenting for severe aortic stenosis at an outside institution, complicated by a juxtarenal contained rupture. He was transferred to us with symptomatic pseudoaneurysm, abdominal and back pain.
- PMH: DM, CAD, CVA with right-sided hemiparesis, HTN, HLD, PAD, ESRD on HD
- PSH: CABG, carotid endarterectomy, RUE AVF, RLE bypass
- SH: quit smoking over 30 years ago, denies EtOH
- Rx: simvastatin, clopidogrel, insulin







# Case 2

- Retroperitoneal approach
- Aortotomy with explanation of the aortic stents and coils
- The aortic rupture at the posterior aspect of the aorta near the origin of the right renal artery
- Patch closure not successful and dacron interposition graft repair with a suprarenal proximal anastomosis
- Hospital course complicated by hypotension, nonsustained ventricular tachycardia and progressive metabolic acidosis, respiratory failure requiring re-intubation with increasing pressor requirements. Patient sustained cardiopulmonary arrest with ROSC. After discussion with the family the patient made DNR.

# Discussion

- Endovascular techniques are being utilized increasingly for aortoiliac occlusive disease due to advancements in techniques, the evolution of stent-grafts, and increasing operator experience
- Though long-term durability is uncertain, endovascular approach has many early advantages
- Significant concerns remain about stent complications, stent thrombosis, and aortic wall injuries.
- Proper patient selection is important to avoid complications
- Salvage of endovascular complications is associated with increased risk of severe perioperative adverse events

*Thank you*

