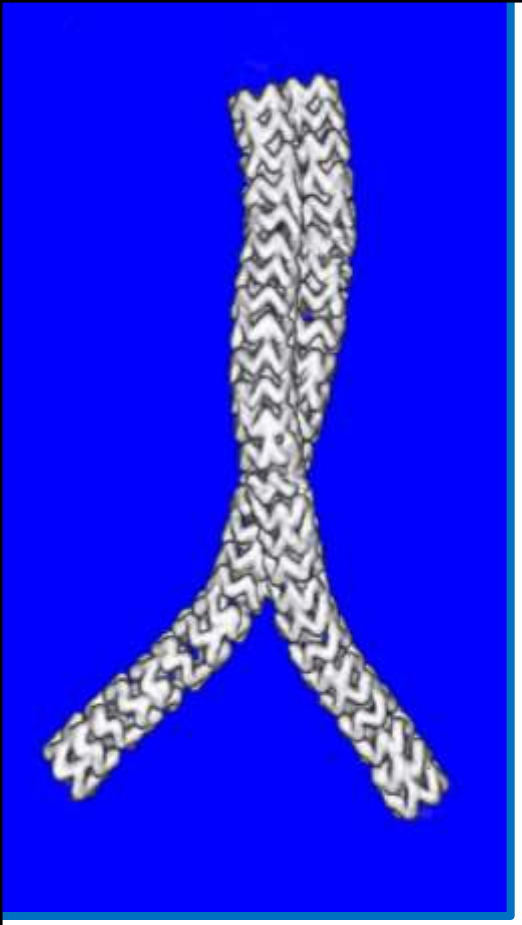

A High Surgical Risk Patient with an AAA, Bilateral Common Iliac Aneurysms, and Bilateral Hypogastric Ectasies.

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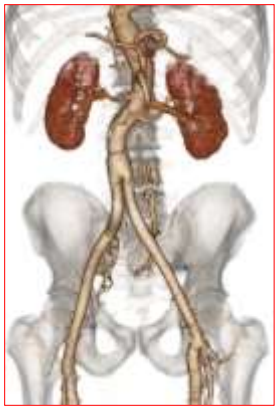
Disclosure

I don’t have any potential conflict of interest

There are many possible options of treating iliac aneurysms:



First – Traditional, surgical bypass.

Second – Alternative, endovascular procedures:

- **The embolization of hypogastric artery** and inserting a stent-graft

- **ZBIS, branched stent-graft** limited by anatomical conditions

-**EIB - Excluder Iliac Branch**

- **“Sandwich iliac”**

Case description:

Mr B. J. aged 65,

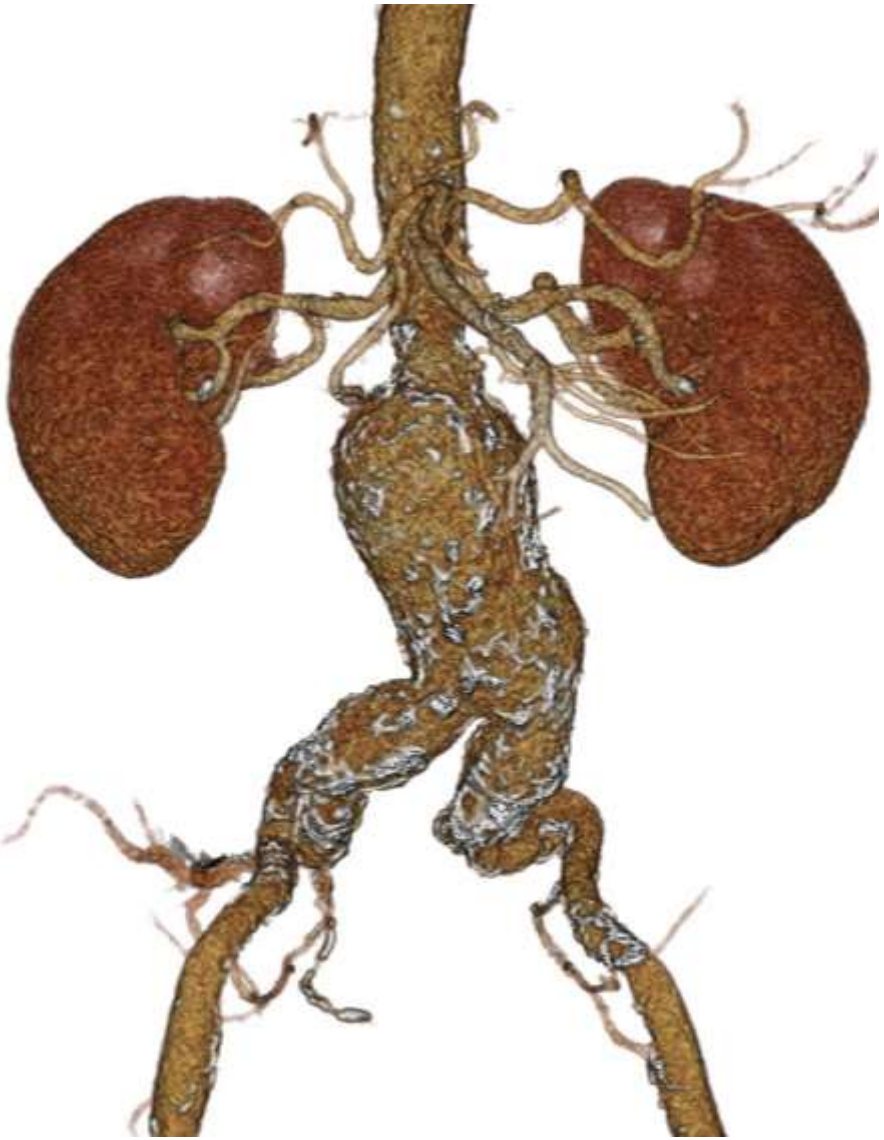
High surgical risk patient.

Comorbidity:

Respiratory insufficiency
Coronary disease
PAD

Risk factors:

Smoking
Hypercholesterolemia



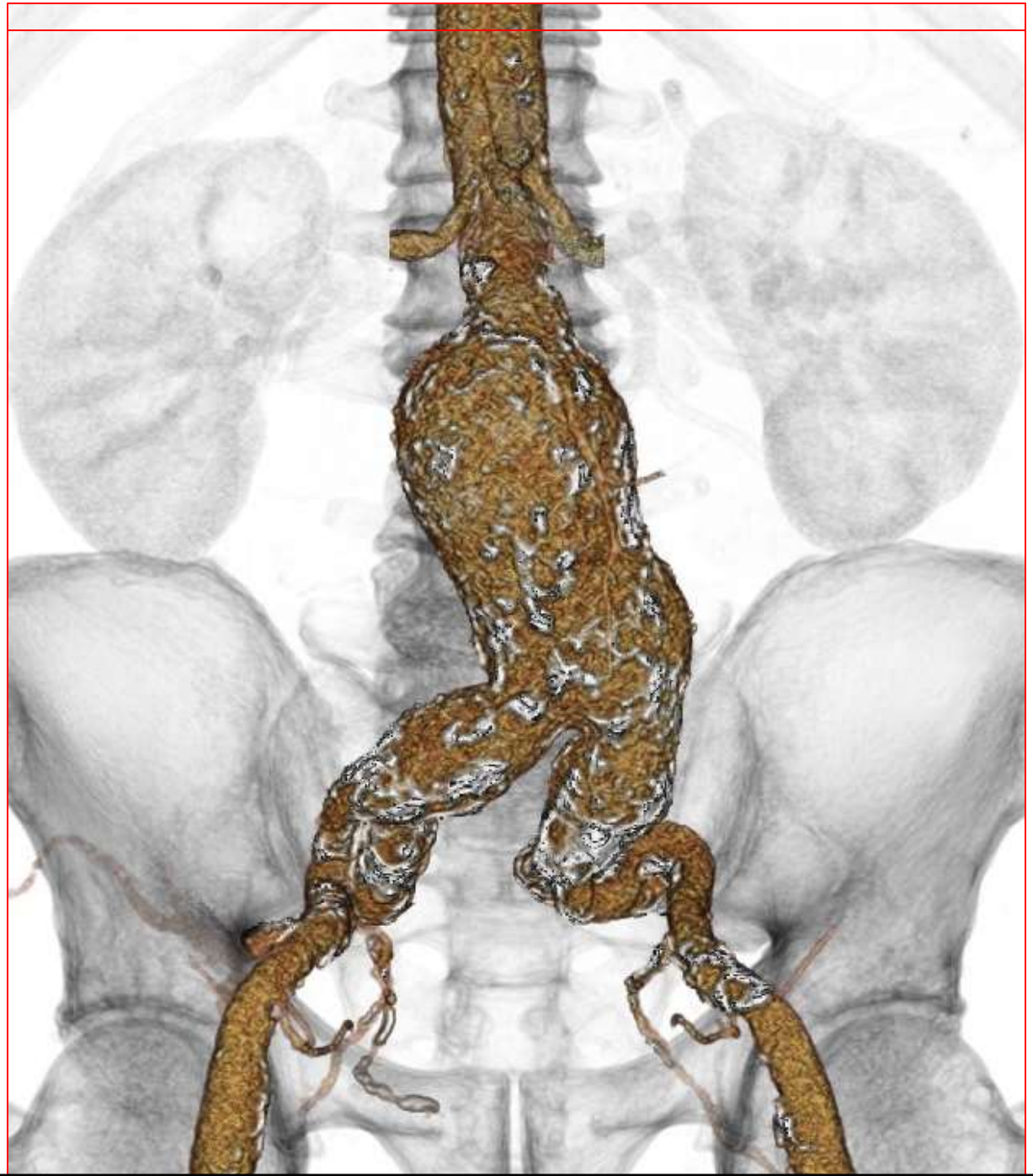
An AAA of 63mm in diameter

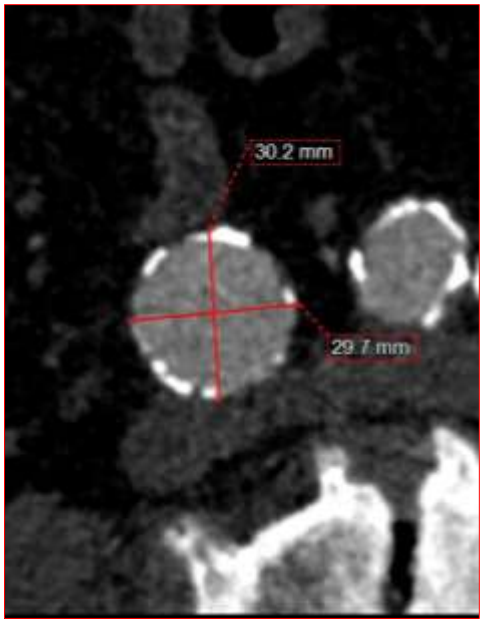
with a 30mm long, regular upper neck.

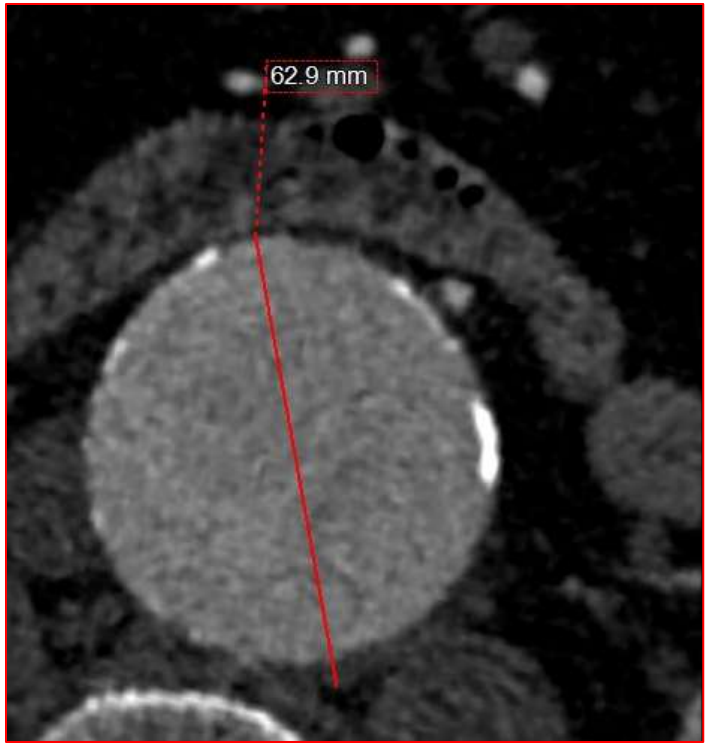
Bilateral common iliac aneurysms

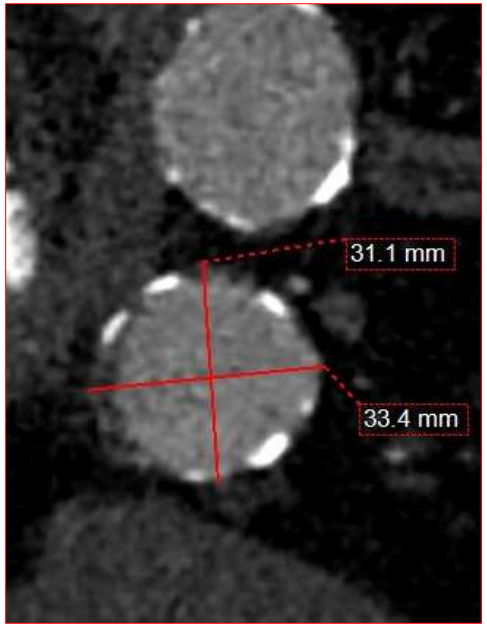
of 30 and 32mm in diameters **without upper and lower necks.**

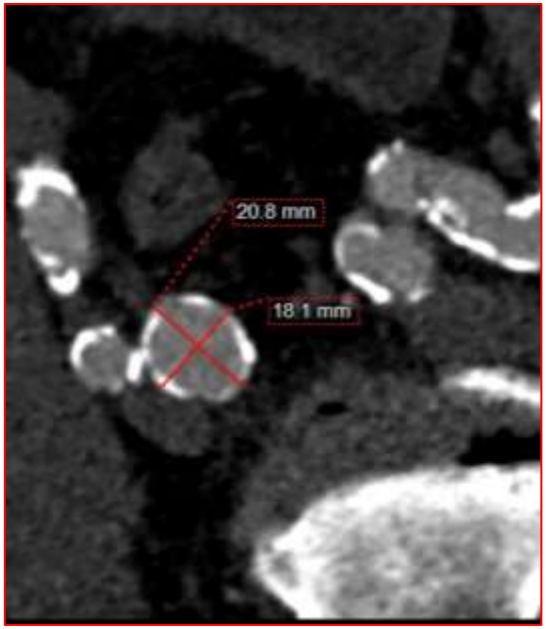
Bilateral hypogastric ectasies of 19 and 16mm in diameters.

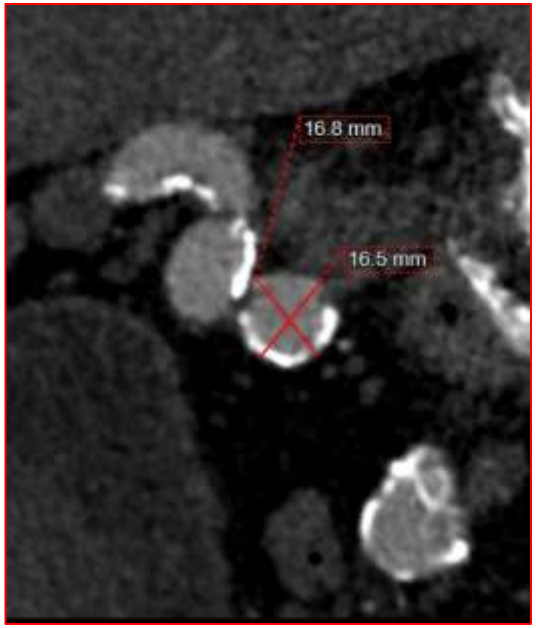



30.2 mm
29.7 mm


62.9 mm


31.1 mm
33.4 mm


20.8 mm
18.1 mm


16.8 mm
16.5 mm

Adverse anatomy

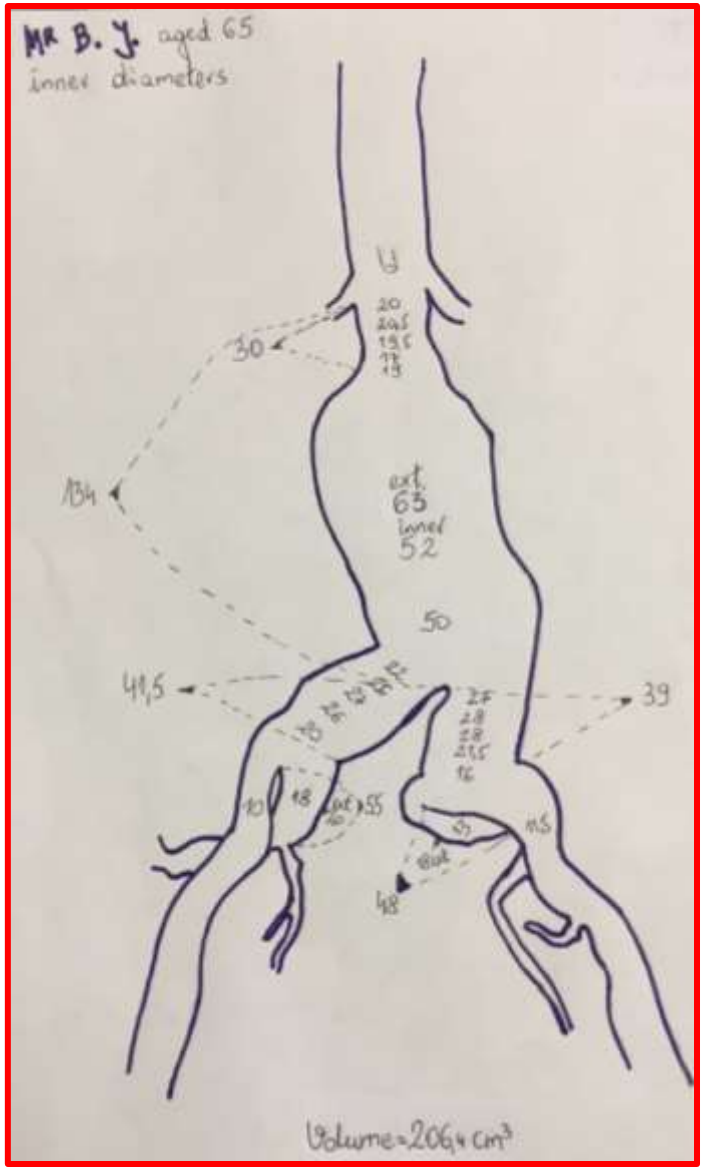
for other endografts with

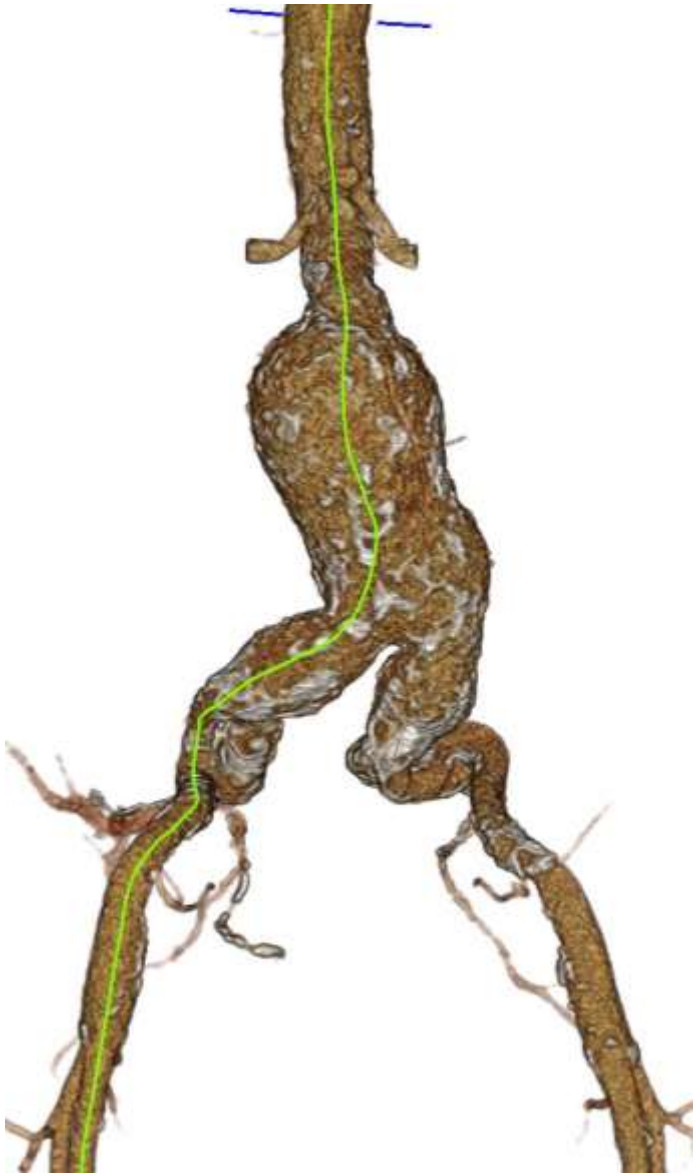
- ZBIS,

- EIB

or

-**Sandwich iliac** technique.





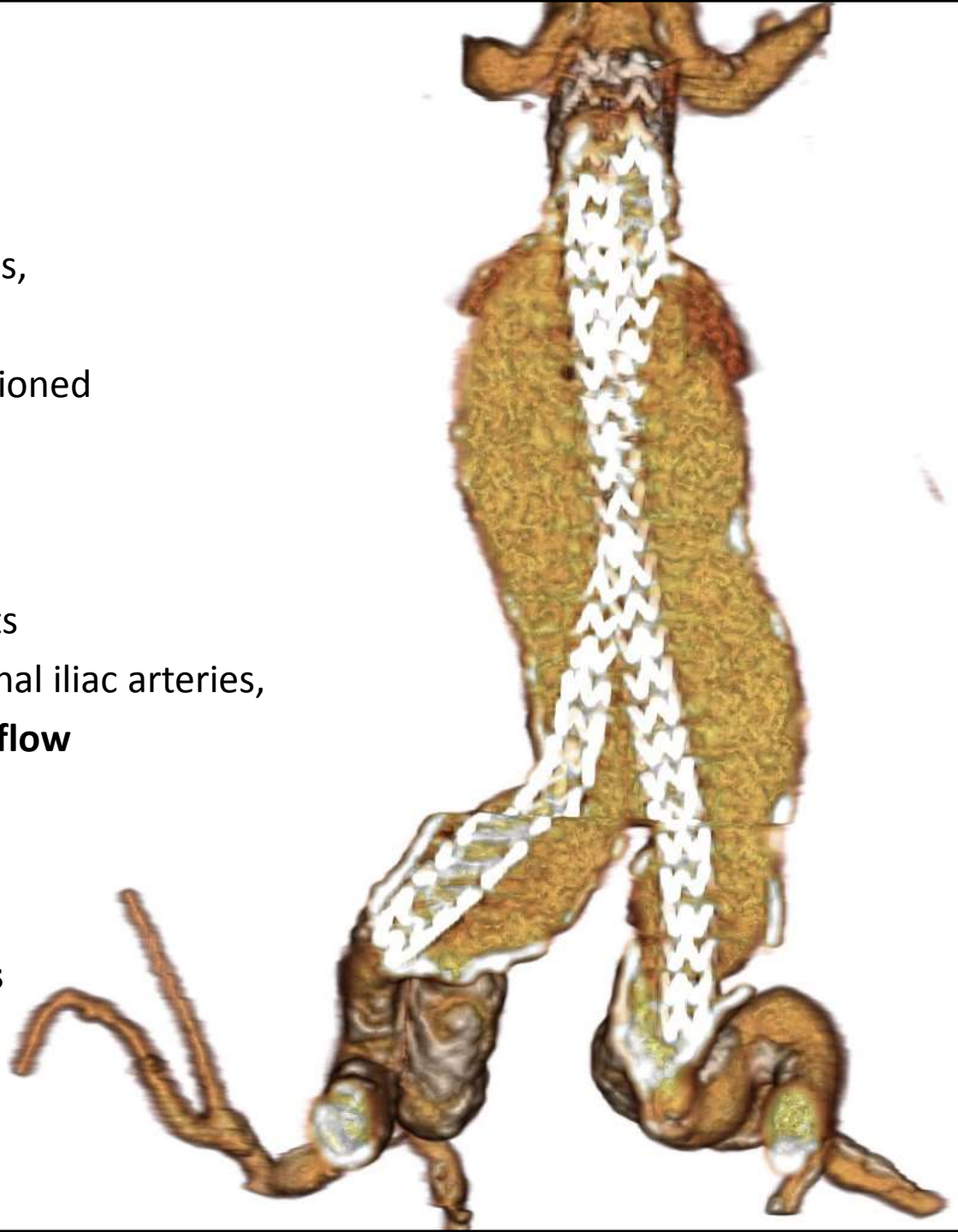
Procedure:

Under general anesthesia
via bilateral femoral artery cutdowns,

the NELLIX limbs 10-160 were positioned
just below the **lowest RRA**
to iliac bifurcations

so that the 2 distal uncovered stents
would end in the proximal external iliac arteries,
thereby preserving hypogastric flow
through the stent struts.

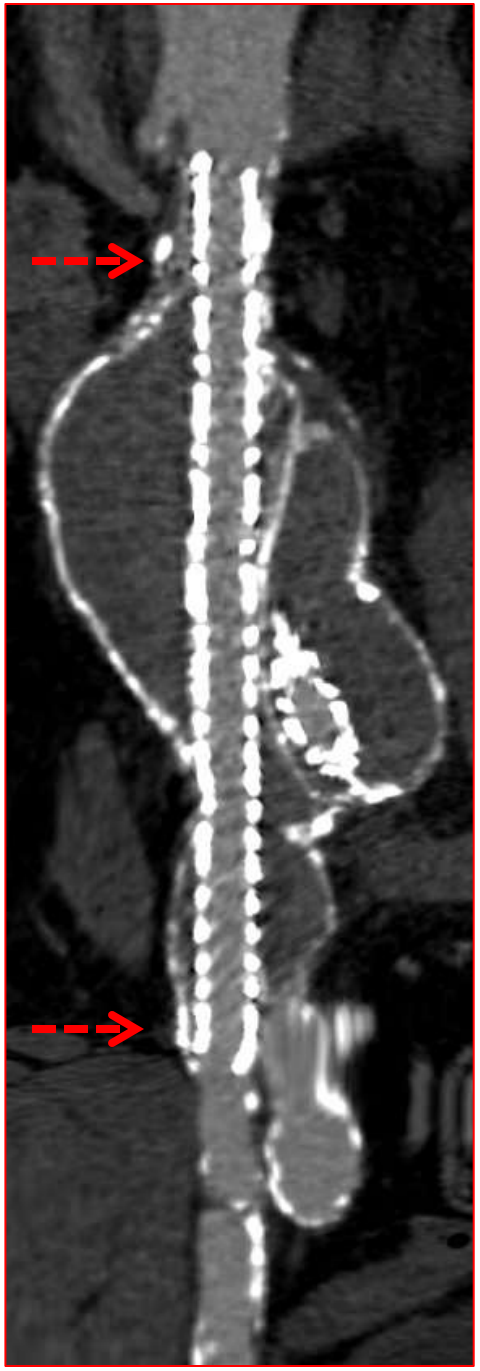
Perioperative angiography showed
an **exclusion of the 3 aneurysms**
and **both hypogastric arteries**
preserved.



Very important:

30mm non-aneurysmal upper neck length
was convenient
in being precise with
2 distal uncovered stents
just at the level of iliac bifurcation.

It's not easy to be perfectly precise at the same time at the top and the bottom
because,
as you know,
Nellix limbs have 10mm gradation of lengths.



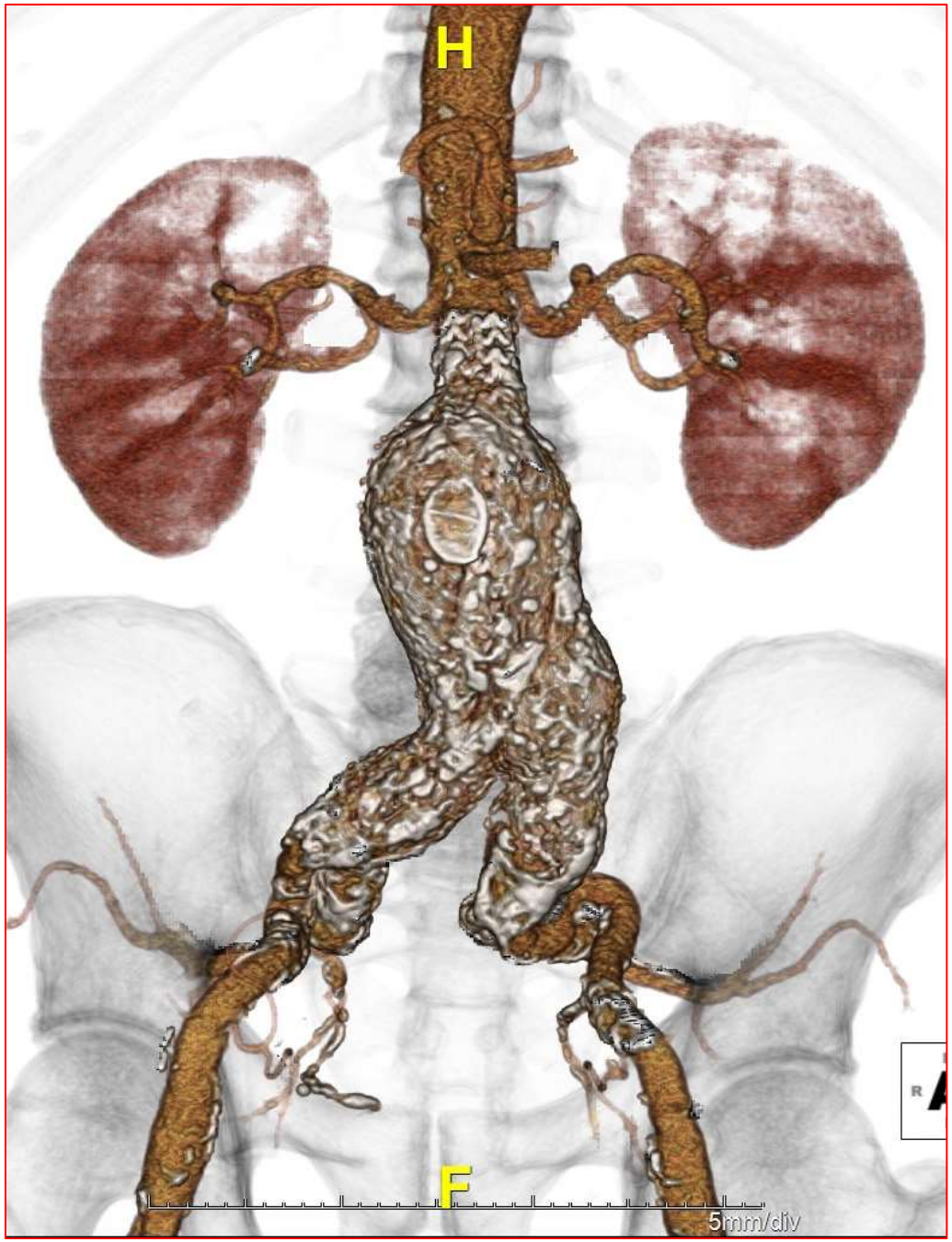
Follow up:

CTA and Duplex scanning

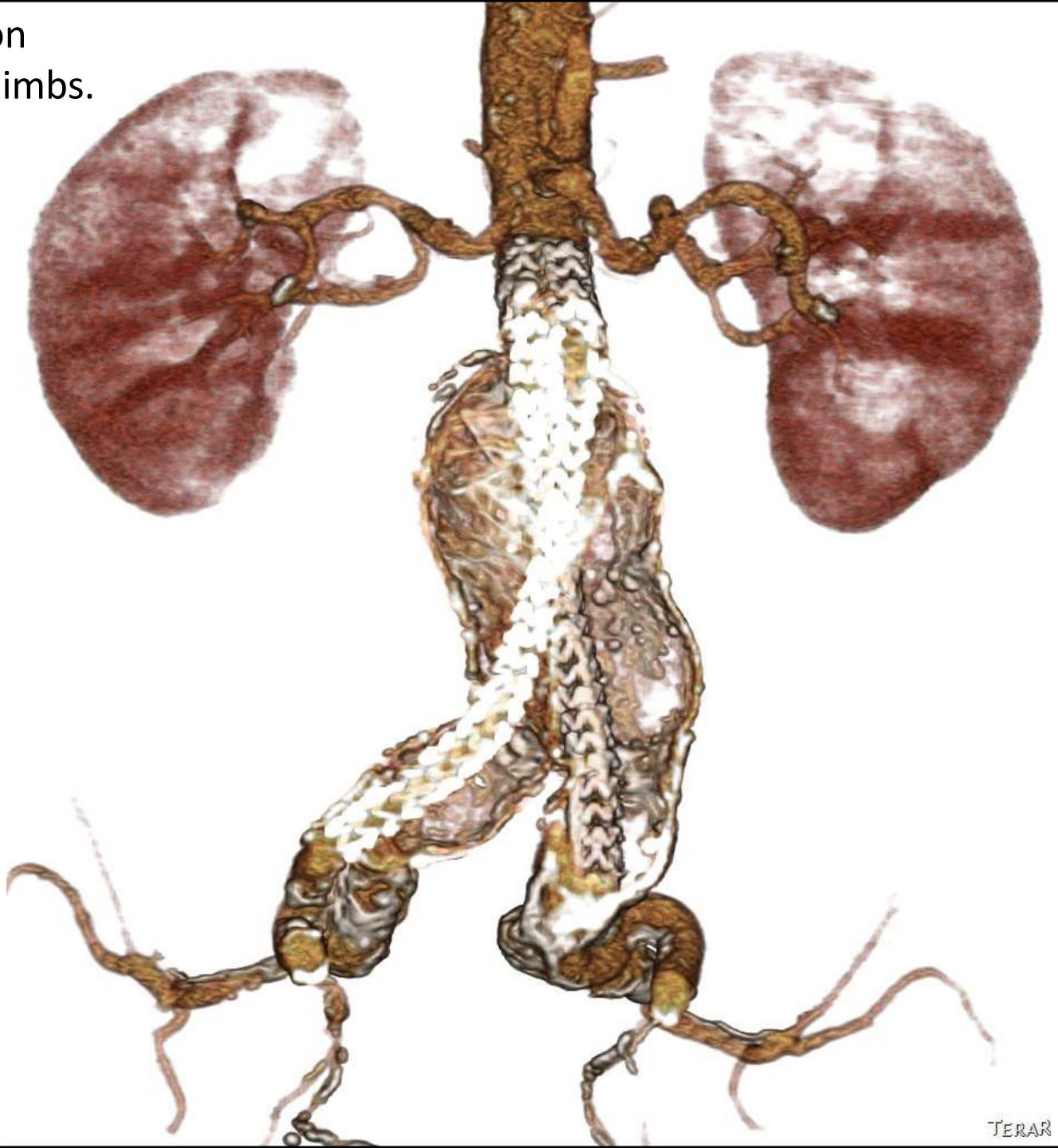
up to 1 year showed **unchanged diameters of the 3 aneurysms**,

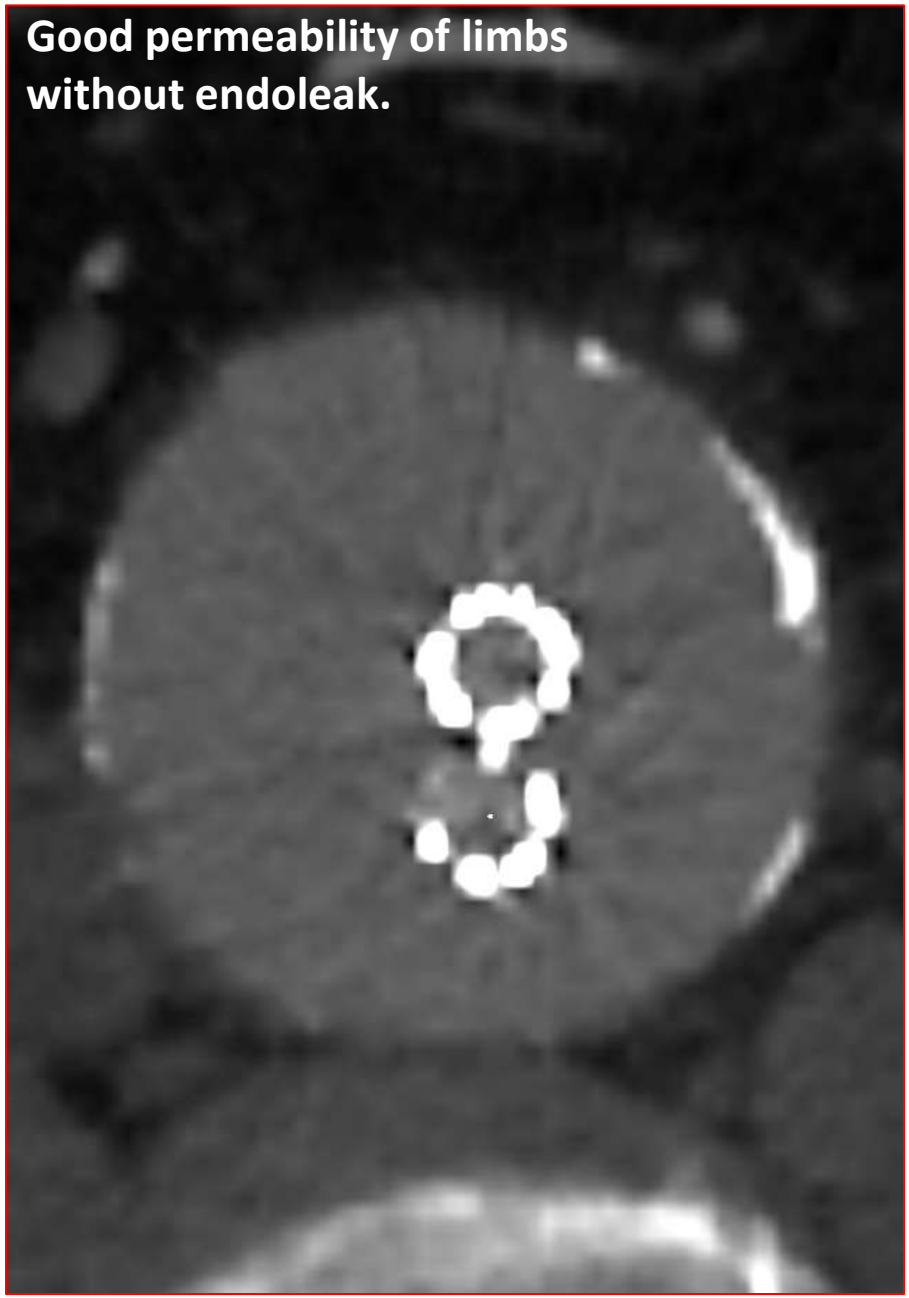
widely **patent stents and both hypogastric arteries.**

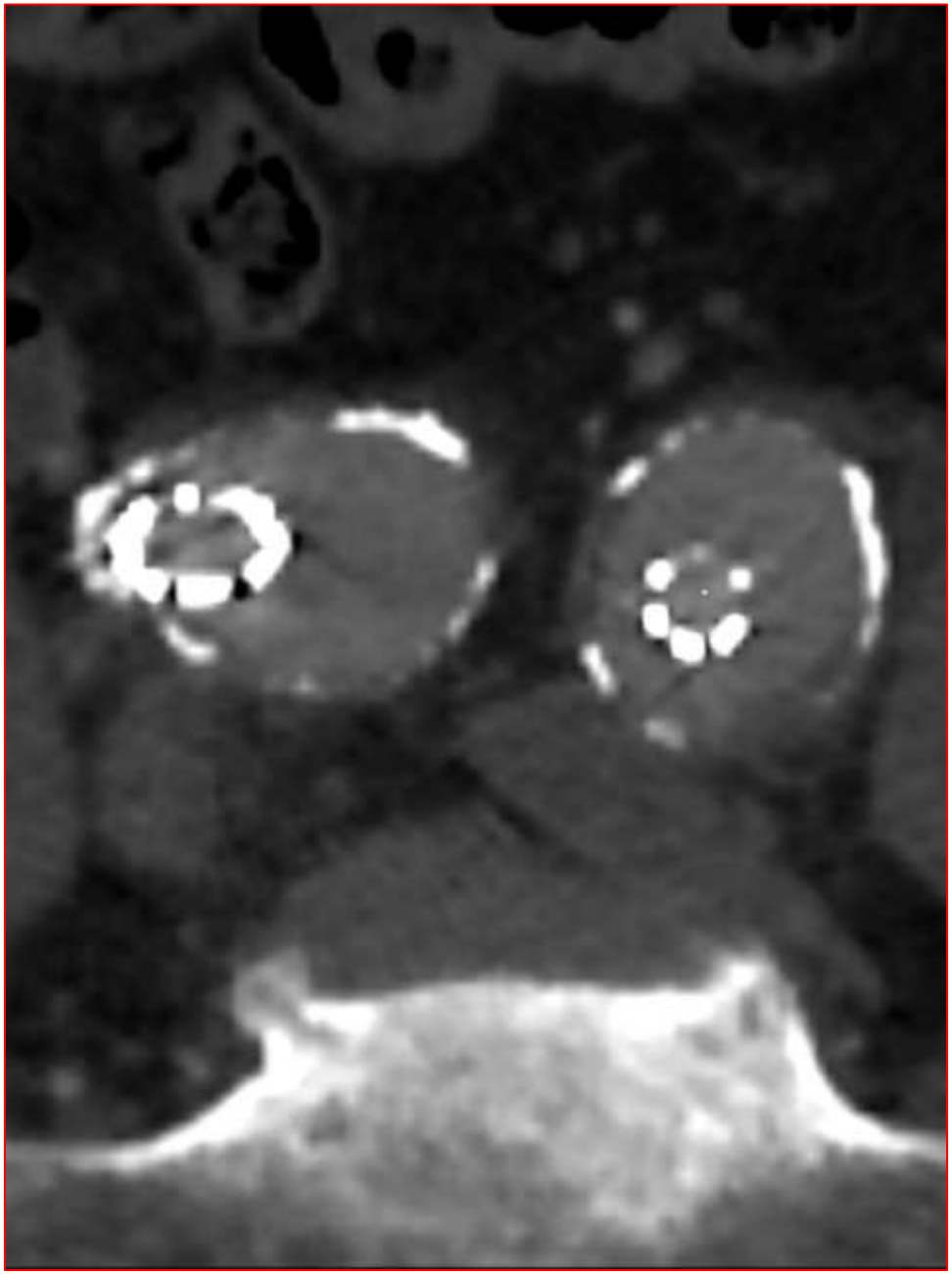
No signs of endoleaks.



Precise position
of the NELLIX limbs.




Good permeability of limbs
without endoleak.



Conclusion

We found an effective solution with NELLIX

for this Outside IFU case,

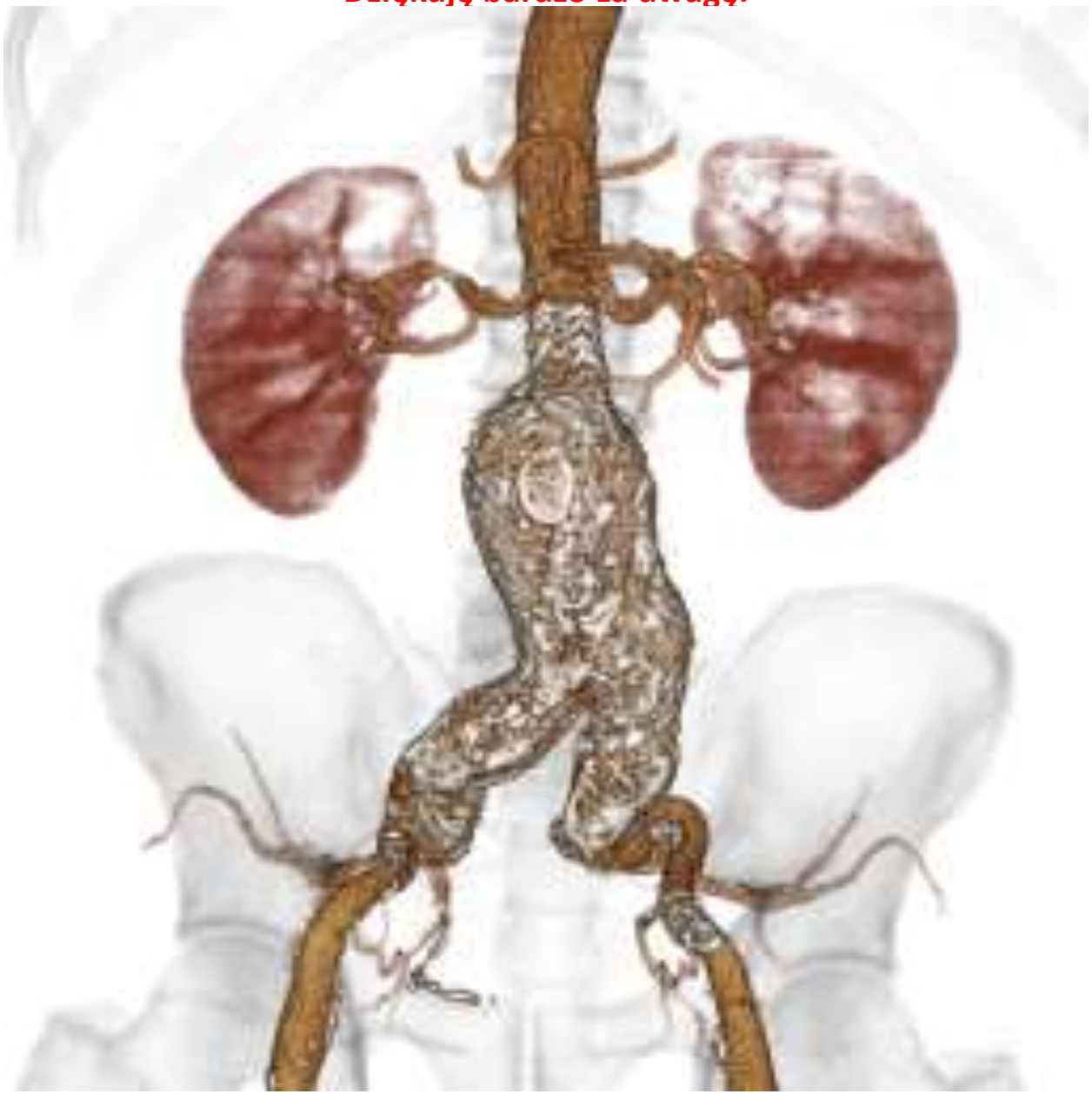
i.e. a **high risk patient** with an adverse anatomy for other endografts

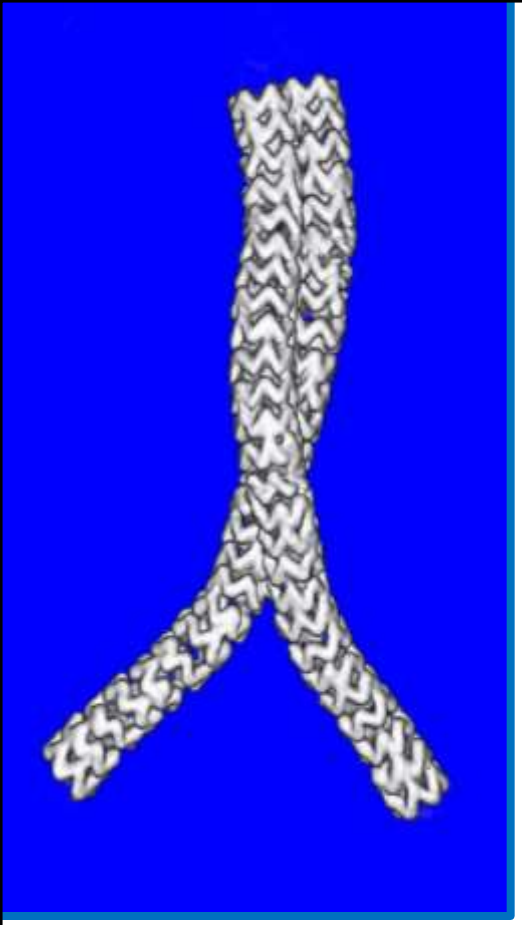
for the **treatment of an AAA and bilateral common iliac aneurysms, preserving both internal iliac arteries.**

THANK YOU VERY MUCH FOR YOUR ATTENTION.

Merci beaucoup pour votre attention.

Dziękuję bardzo za uwagę.





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