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

Marek Majewski
Department of Vascular Surgery of J-P. Becquemin, P. Desgranges
Henri Mondor Hospital
University Paris XII Créteil, France
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.
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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