

# **Intersting cases of Endovascular Aneurysm Repair**

**Dae Hyun Hwang ,黃大鉉, MD,Ph. D.**

**Hangang Sacred Heart Hospital, Hallym University, Seoul**

# Introduction

- **Asymptomatic aortic aneurysms can be life threatening, since they may rupture with no prior warning.**
- **Currently, almost half of the patients with a ruptured aortic aneurysm who reach the hospital die.**

# Introduction

- **The risk of rupture is related to size. Therefore, elective repair of aortic aneurysms is generally recommended for patients whose aortic aneurysms are larger than 5.0 cm in diameter to avoid morbidity and mortality associated with rupture and emergency repair.**

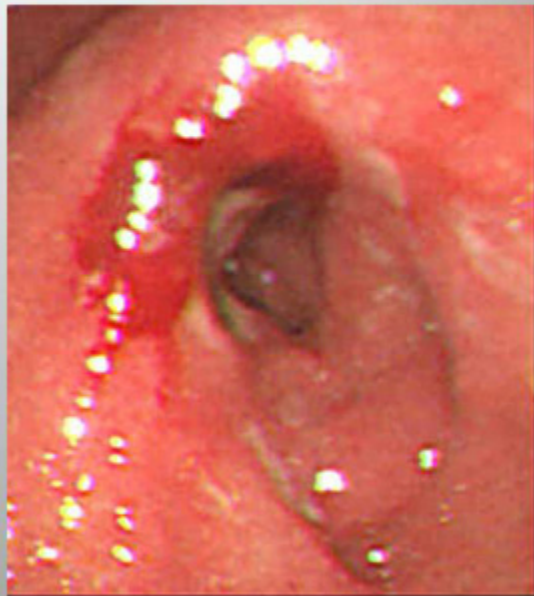
# Introduction

- The goal of elective repair of aortic aneurysms is to exclude the from the circulation to avert rupture and death.
- Stent-graft placement over aortic dissection produced a low incidence of spinal cord ischemia, cardiac and pulmonary complications, less hospital stay, less blood transfusion and has become the first choice of thoracic aortic dissection patients in our department

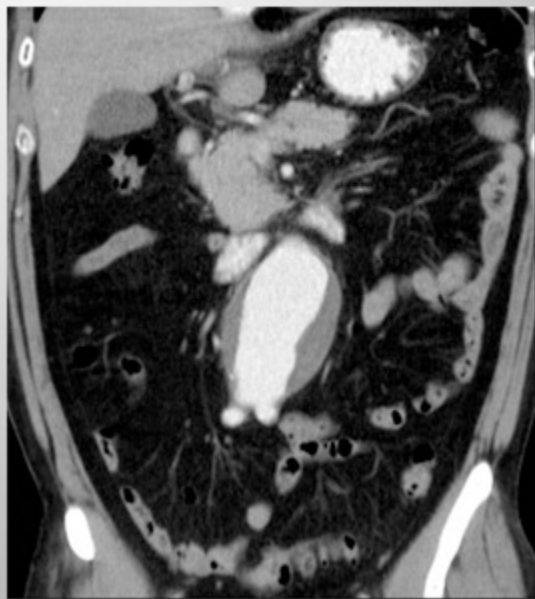
# Case 1

- **M/56**
- **Underlying Eosinophilia**
- **Aspirin induced Peptic ulcer disease**
- **Incidental AAA on abdominal CT scan for work up to evaluate cancer**

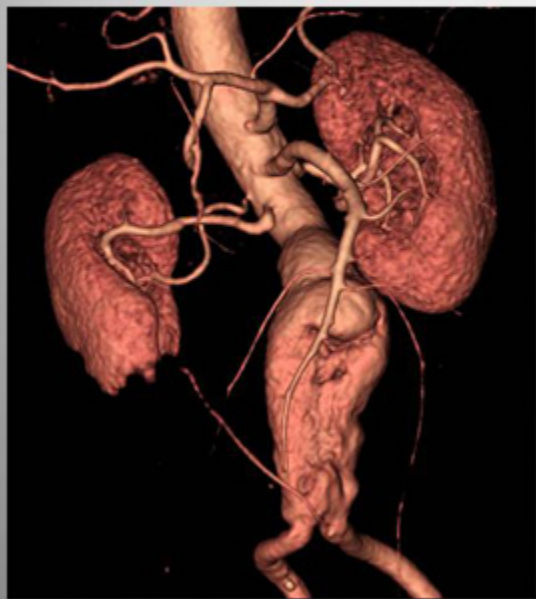
# PUD (Peptic ulcer disease) on EGD (2008.6.3)



# Incidental AAA (Max 6.6cm diameter) (2008.6.10)

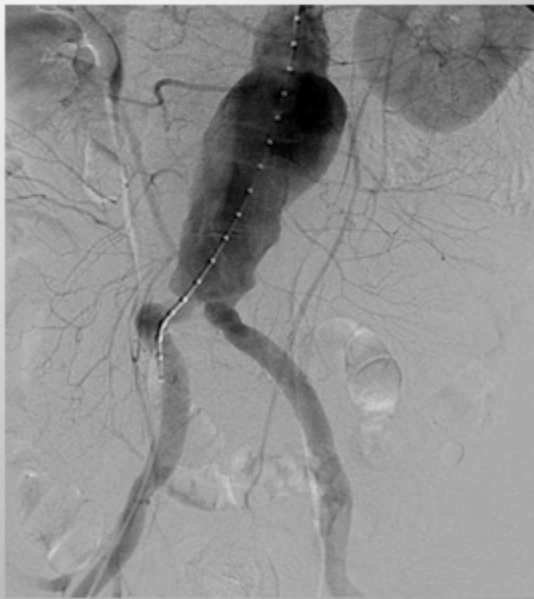
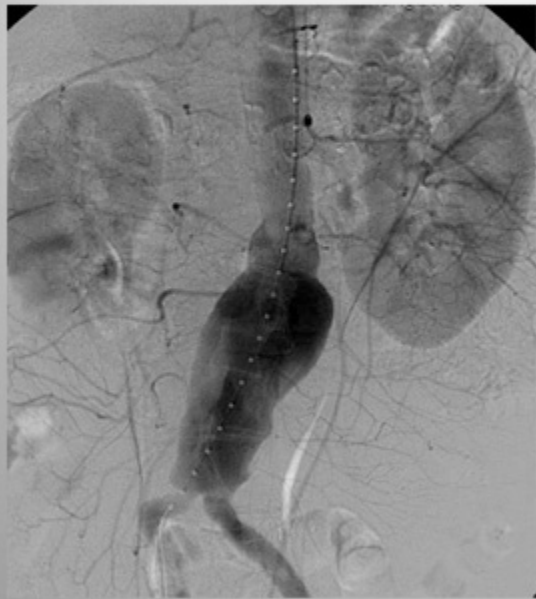


# CT angiography (2008.6.12)

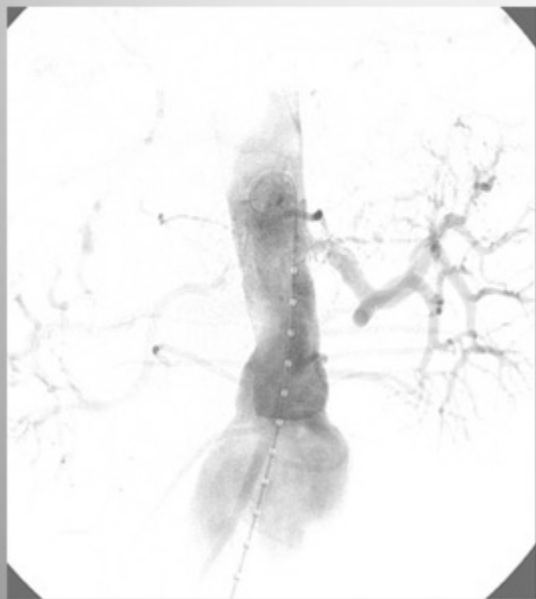




# Angiography (2008.6.13)



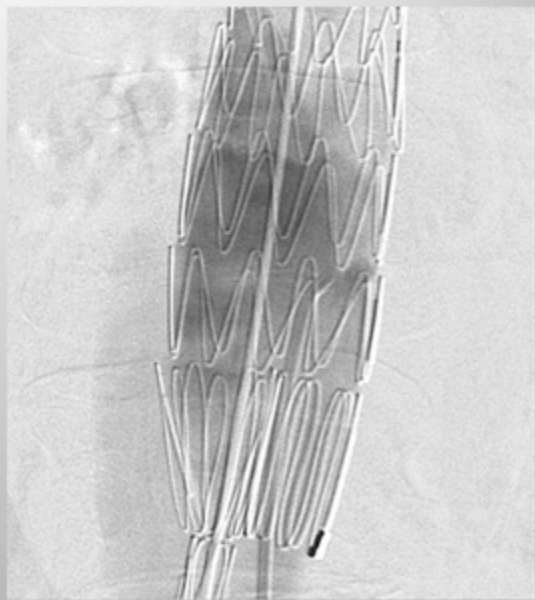
# Stent graft insertion



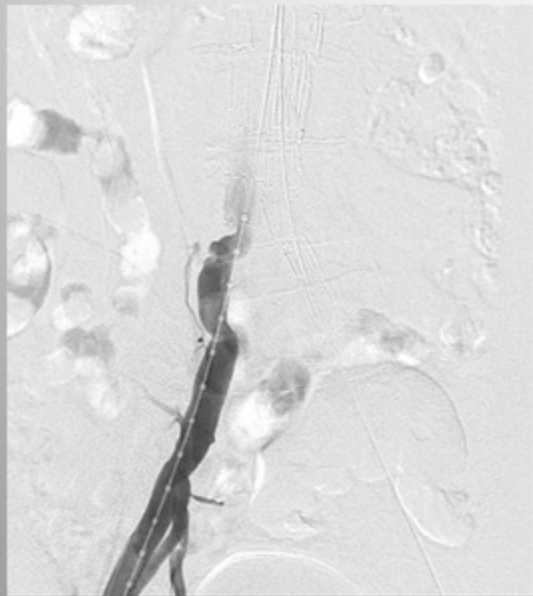
Size measuring catheter



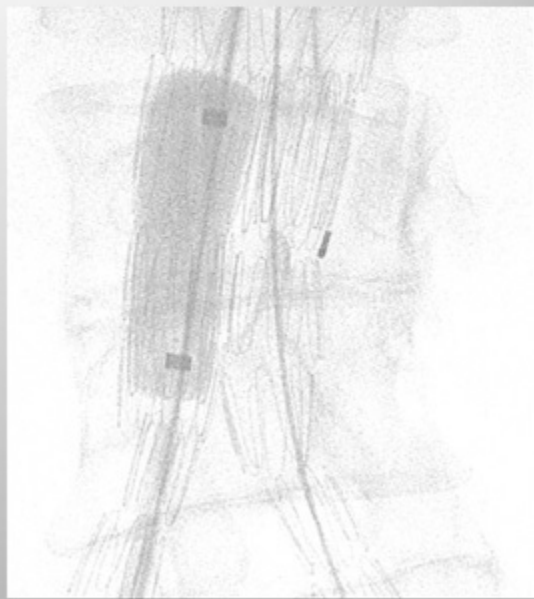
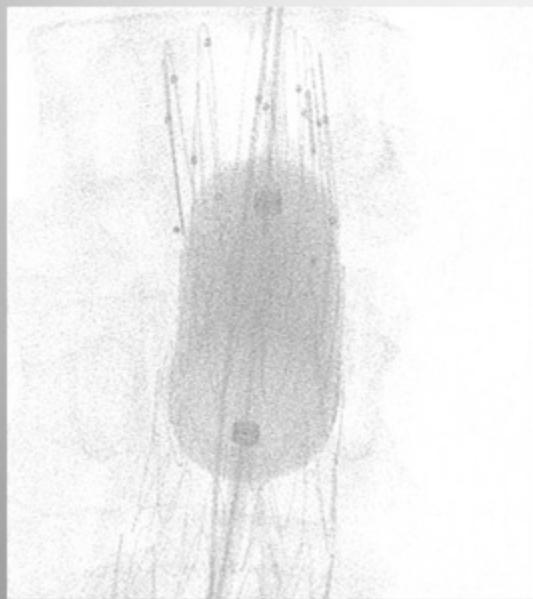
Stent insertion in left renal artery



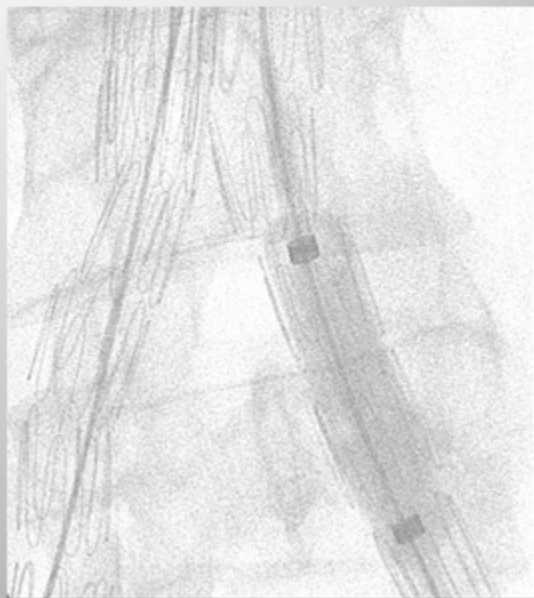
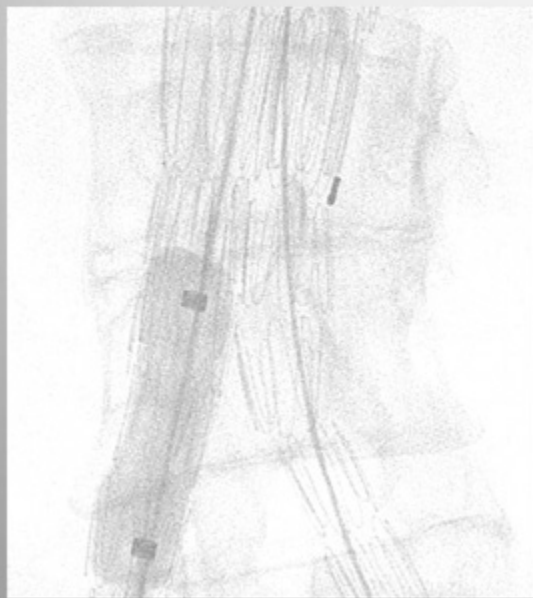
**14mmx71mm(Rt), 12mmx88mm(Lt)**



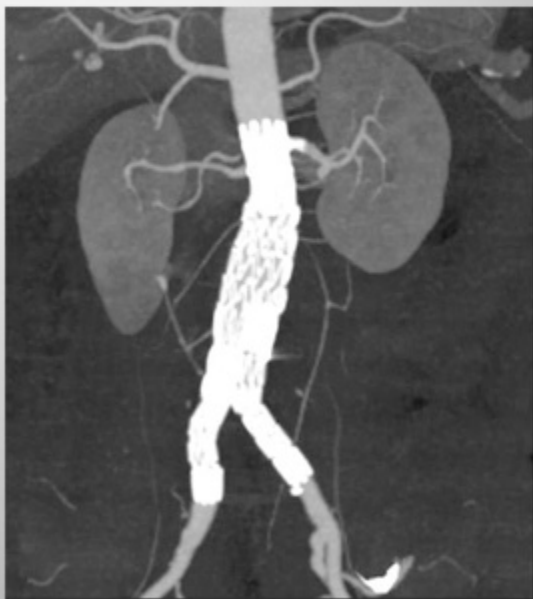
# Attachment with ballooning



# Attachment with ballooning



# Post CT angiography



# Comparison post with pre





## Case 2

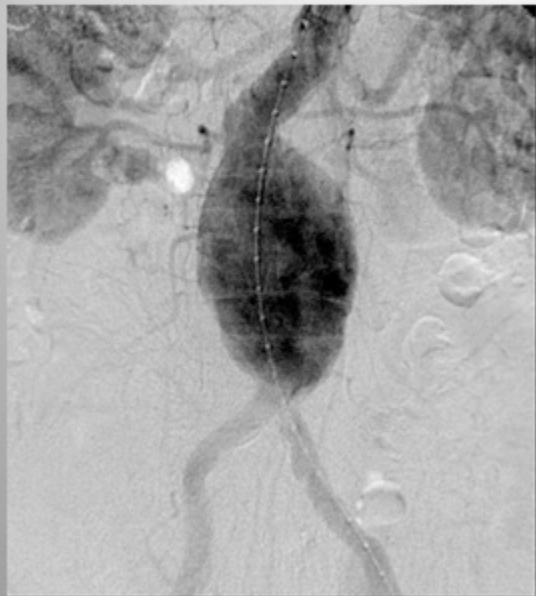
- M/65
- Pancreatic pseudocyst on US
- Incidental AAA on abdominal CT scan to further evaluation ,Acute angle

# CT angiography

AAA (6.5cmx10cm)



# Angiography

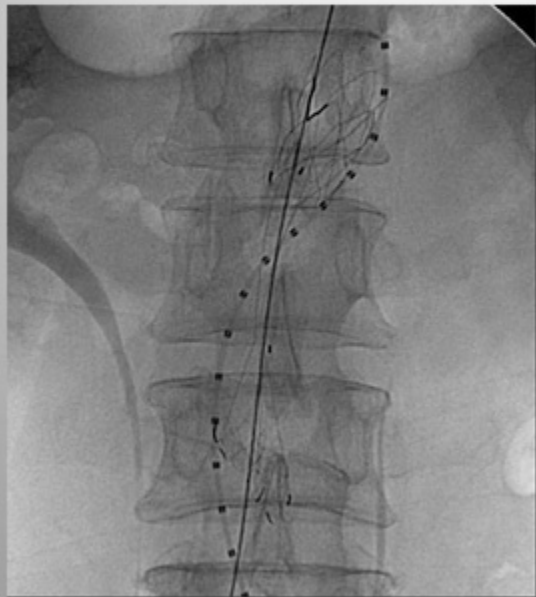


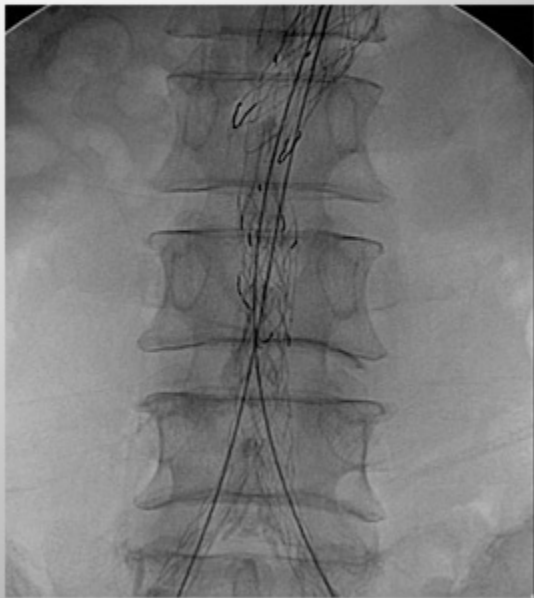
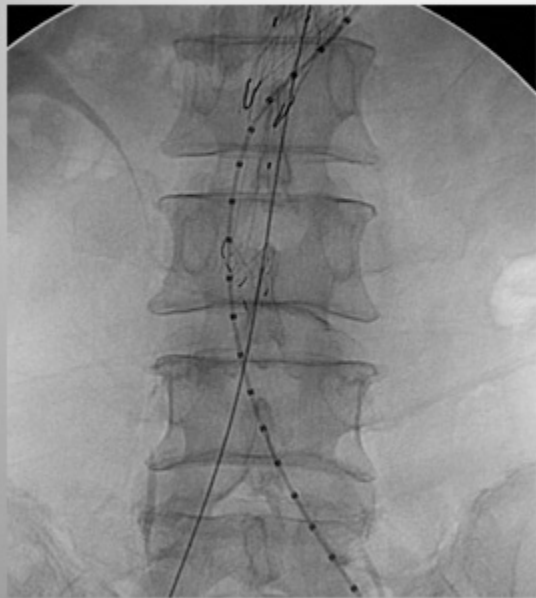
Size measuring catheter



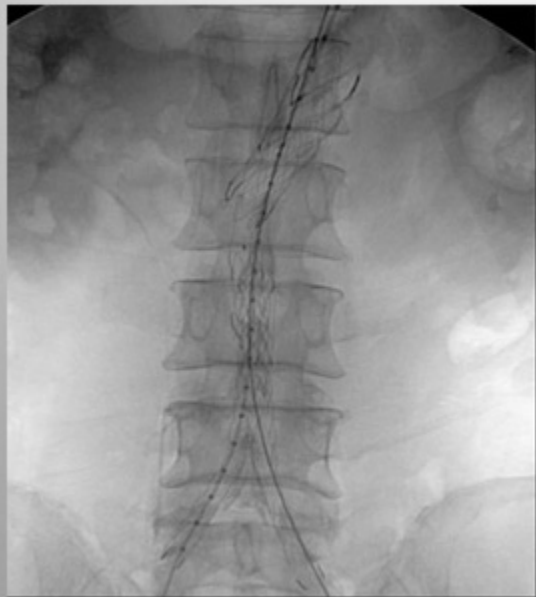
marking

# Stent graft deployment

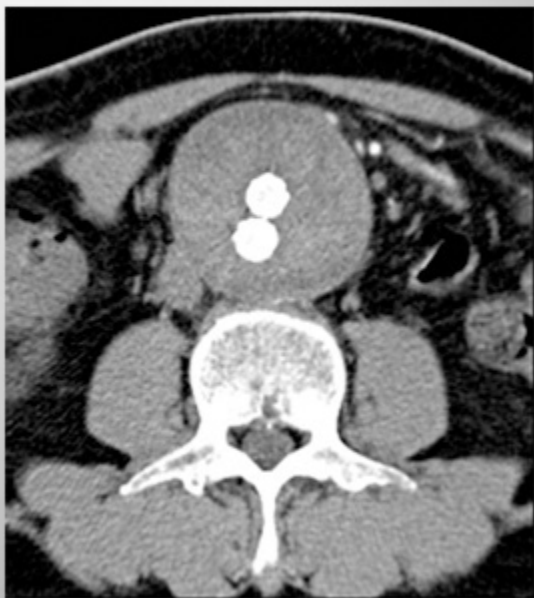




# Post angiography



# Post CT angiography



# Post CT angiography





## Case 3

- M/76
- Abdominal pulsating mass
- CT : AAA

# Initial CT (2009.4.28)



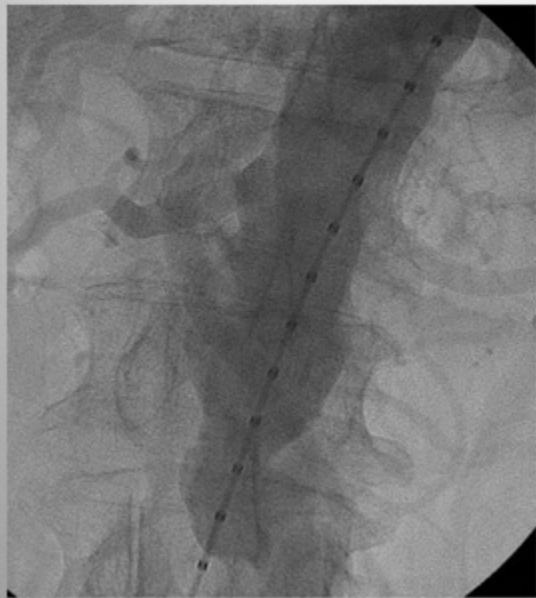
fusiform AAA (maximum diameter : 6.2cm / length : about 9cm).  
combined extensive thrombosis and calcified atherosclerosis of the aorta.

# CT angiography

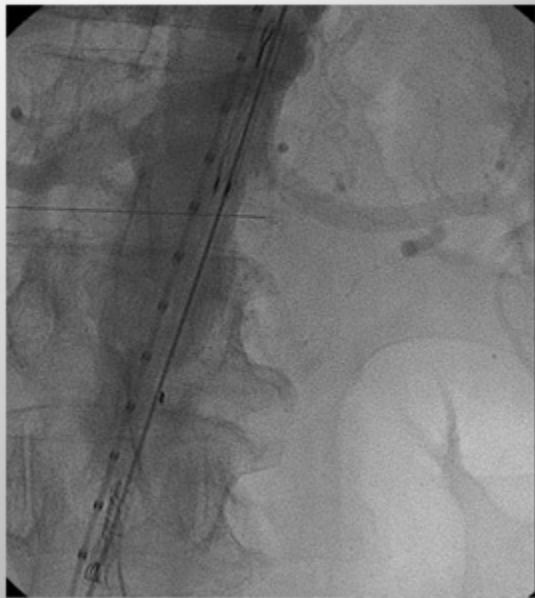
(6.2cm x 9cm aneurysm)



# Angiography and Stent graft



Size Measuring catheter

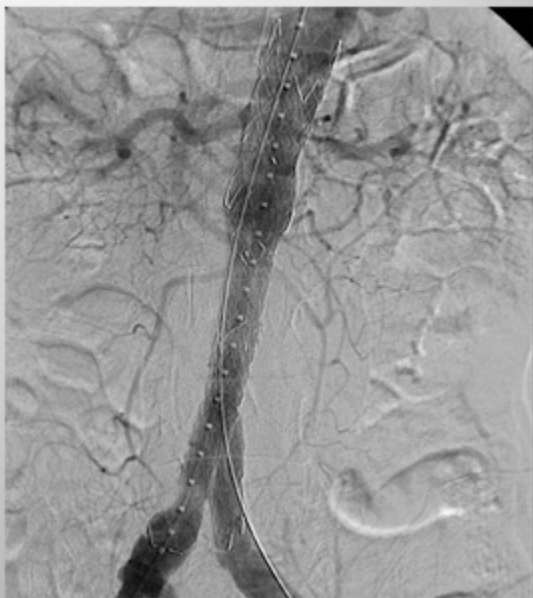


Marking

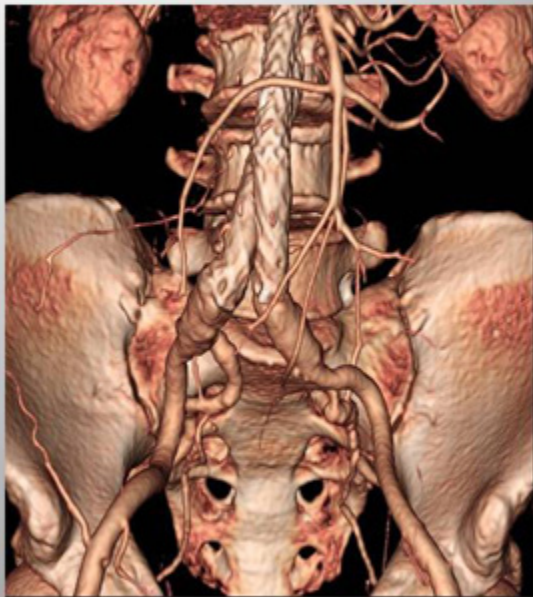
# Stent deployment (S&G Seal stent)



# Post angiography



# Post CT angiography



# CT angiography of the low extremities





## Case 4

- **M/37**
- **Fall down (4<sup>th</sup> floor) ; suicide**
  - Spine, calcaneus fracture
- **Incidental finding aortic pseudoaneurysm at L3~4 level during spine surgery**

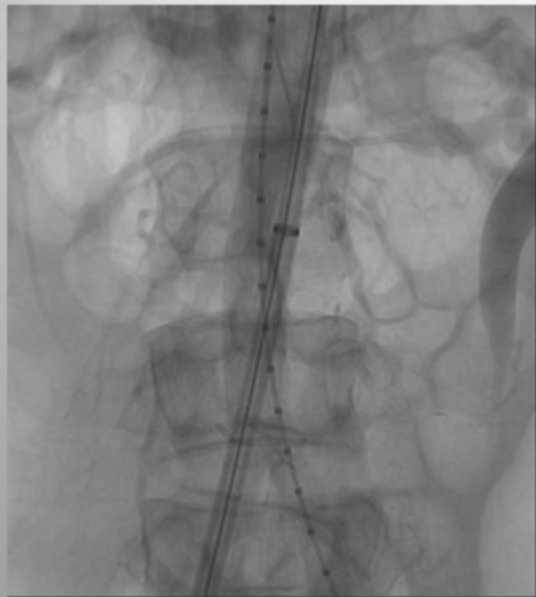
# 2009. 8. 18 CT angiography



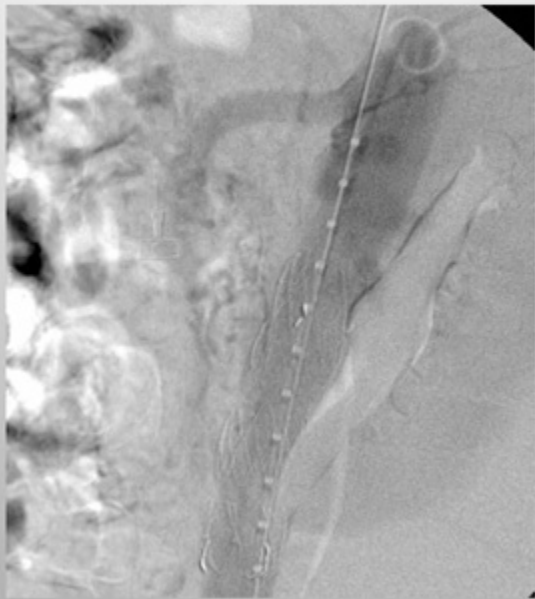
**2009. 8. 19 angiography**



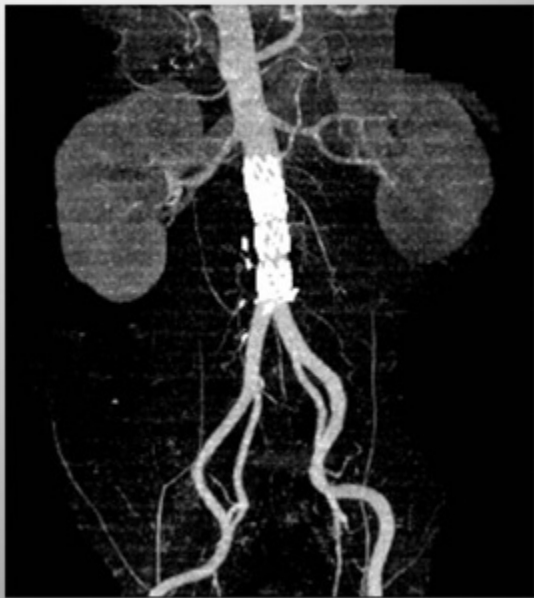
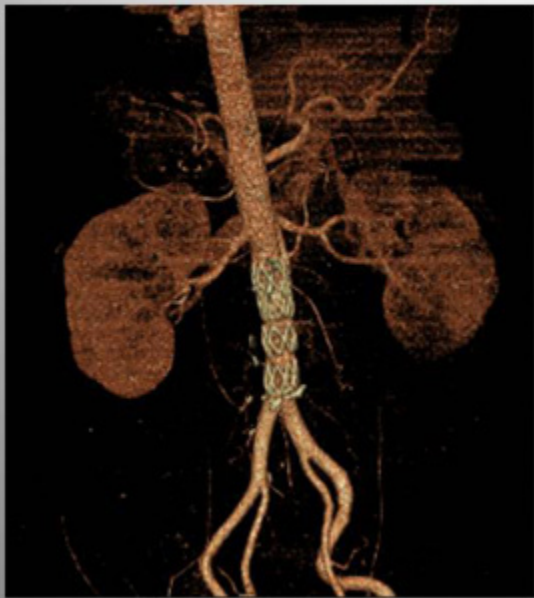
**2009. 8. 20 stent graft**



# Post angiography



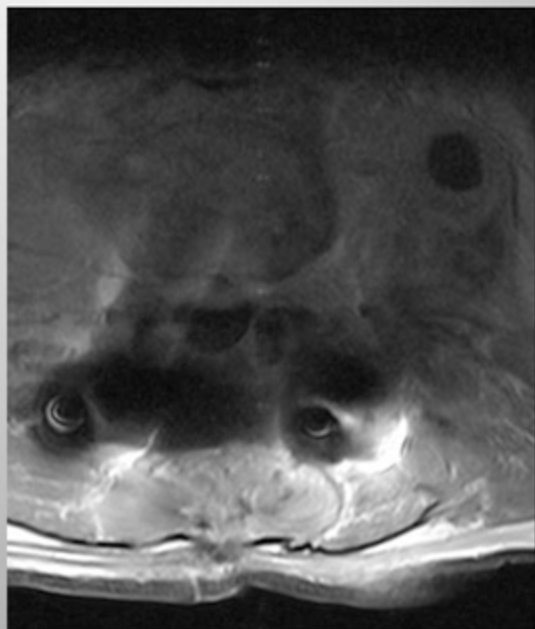
# Post CT angiography



## Case 5

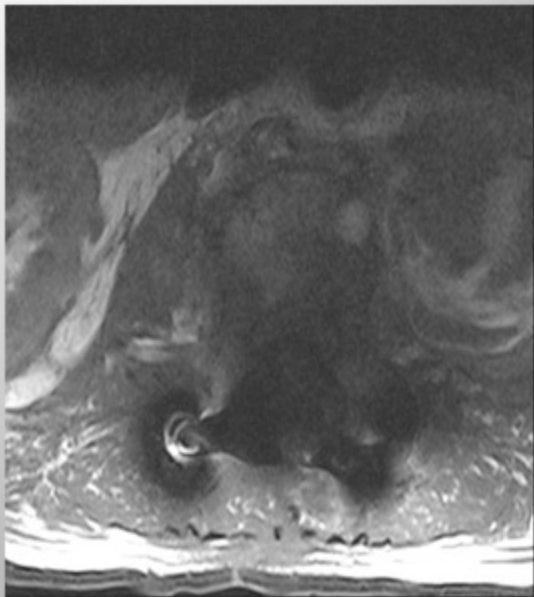
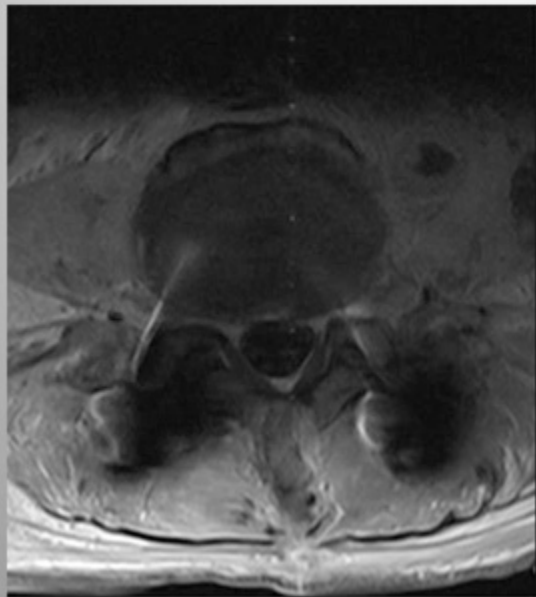
- TB spondylitis, M/61
- Post operation
- Psoas abscess? PCD?
- Follow up shows rapidly increasing psoas abscess?

2nd octob





20<sup>th</sup> .oct,28<sup>th</sup> Nov,HD 18,HD56



**28<sup>th</sup>, Nov ,HD 56**

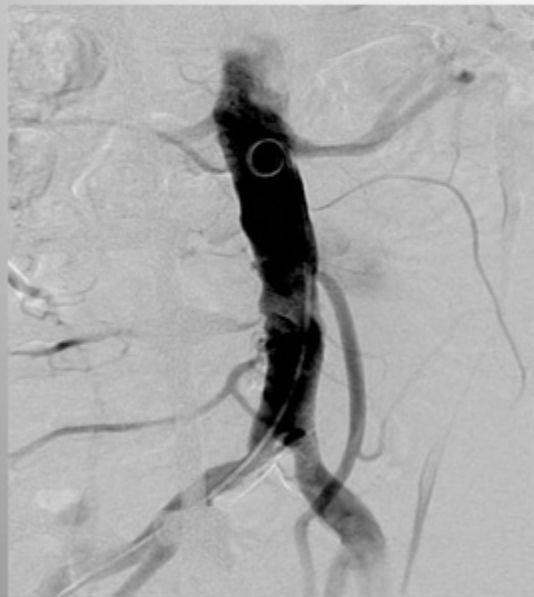


29<sup>th</sup> Nov ,HD 57

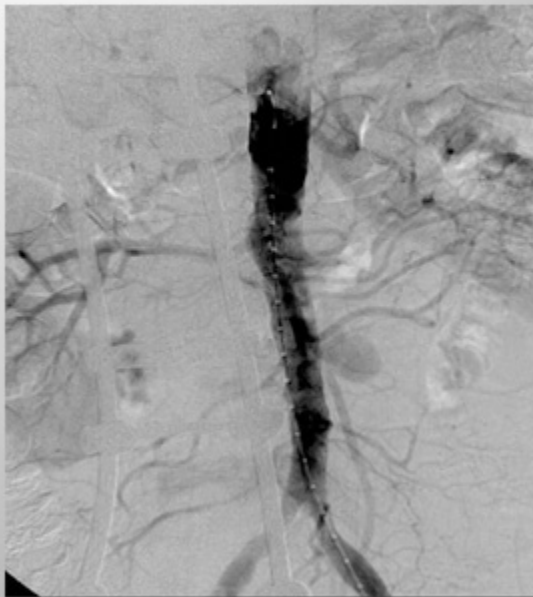
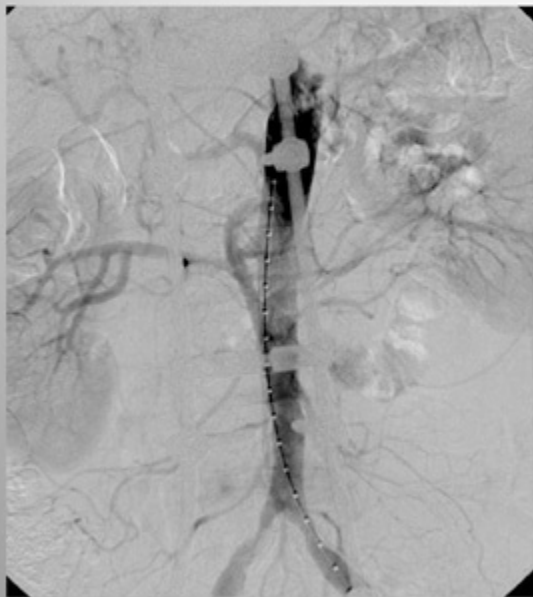




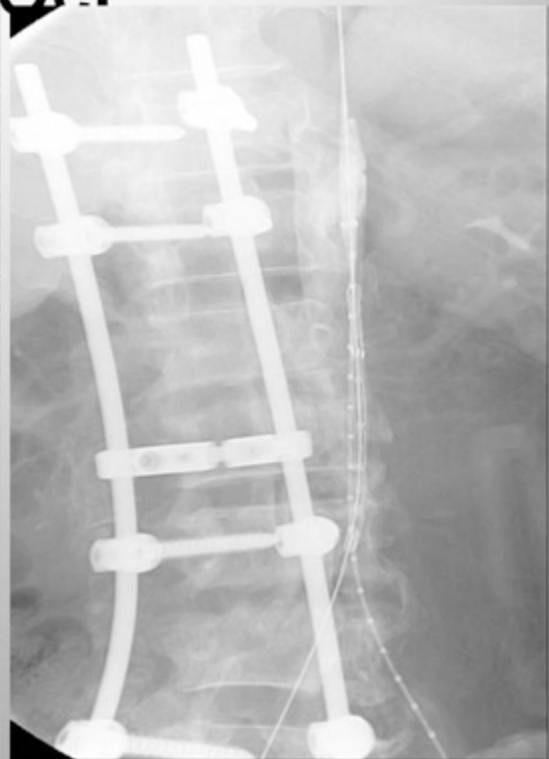
**2<sup>nd</sup> Dec HD 60**



# 61/M, Post spine surgery



3rd Oct







# 22mmx60mm SEAL stent graft



# CASE 6

- **69/M**
- **C.C : General weakness**
- **Past history :**
  - DM, Hypertesion (10yrs)
- **Operation history :**
  - Hepatic distoma (3yrs)

**HD #1**



HD #1

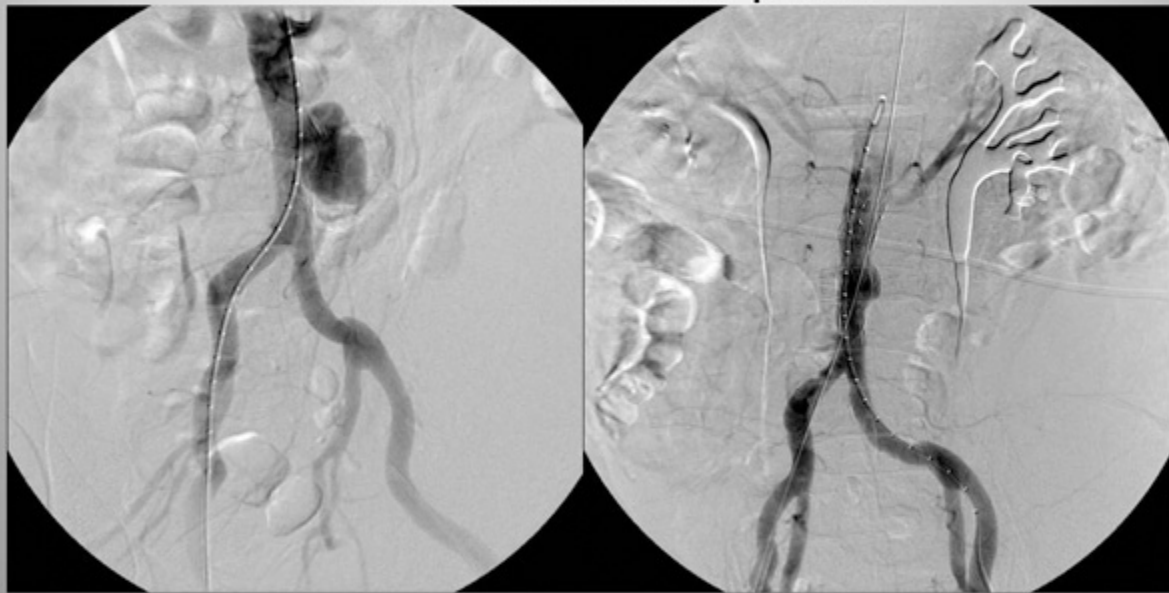


# HD #1



# HD #3

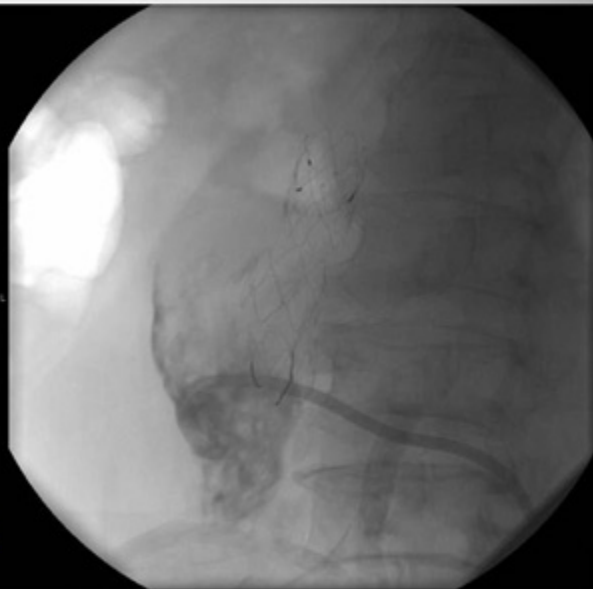
Acute abdominal pain.



**2.4cmX6cm sized graft stent**



HD #5,9



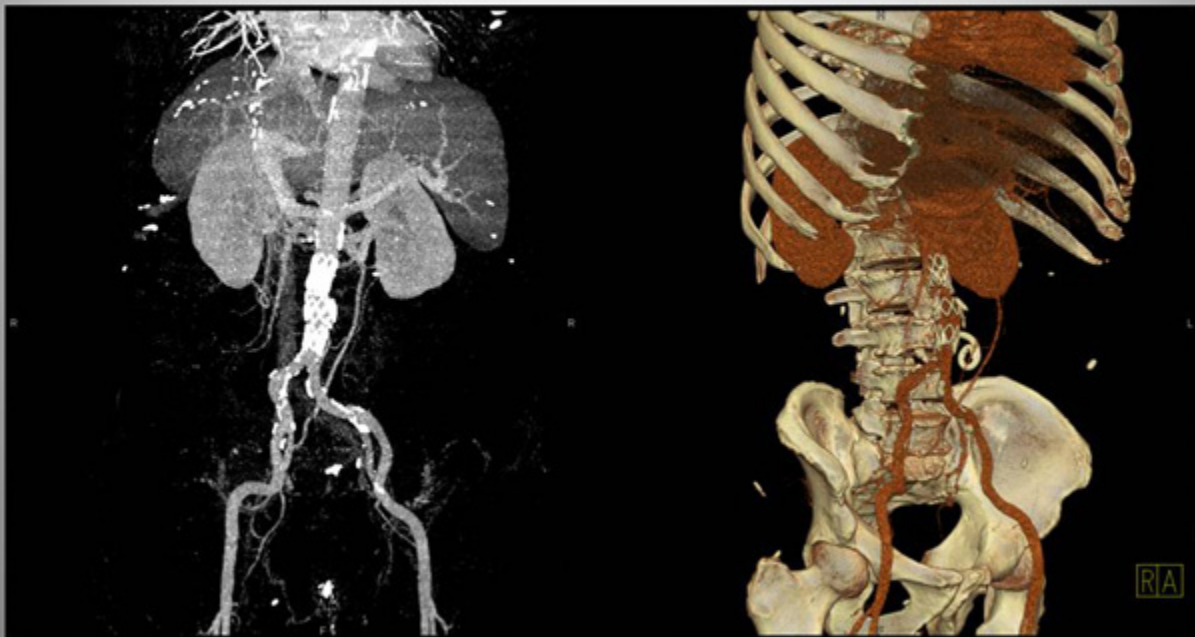
Staphylococcus aureus, Escherichia coli



# HD #15



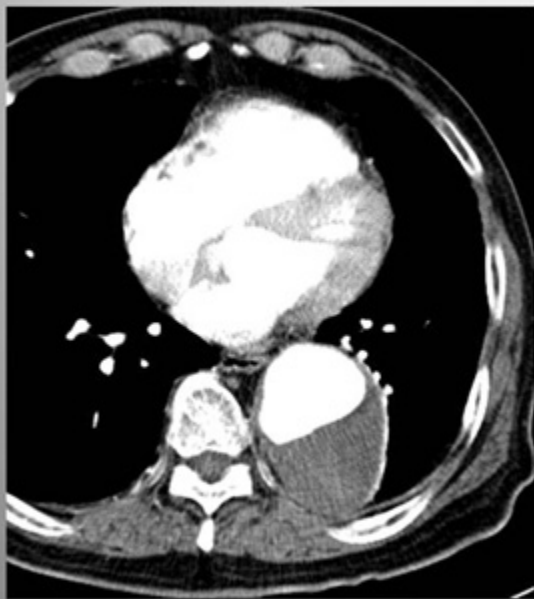
# HD #15



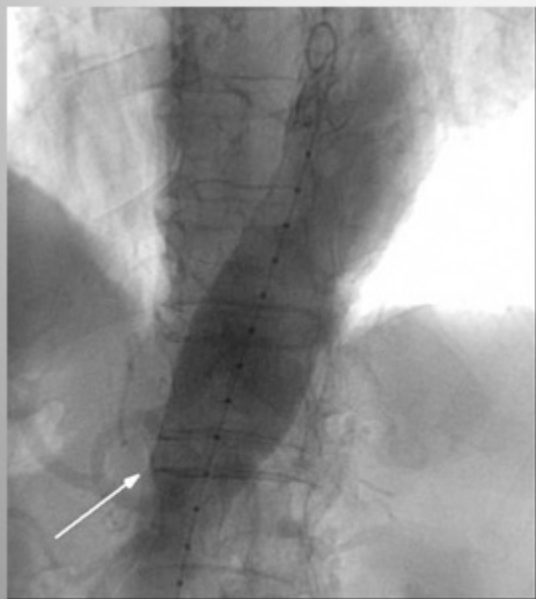
# Case 7

- M/75
- Lung cancer
- Incidental thoracic aortic aneurysm in chest CT

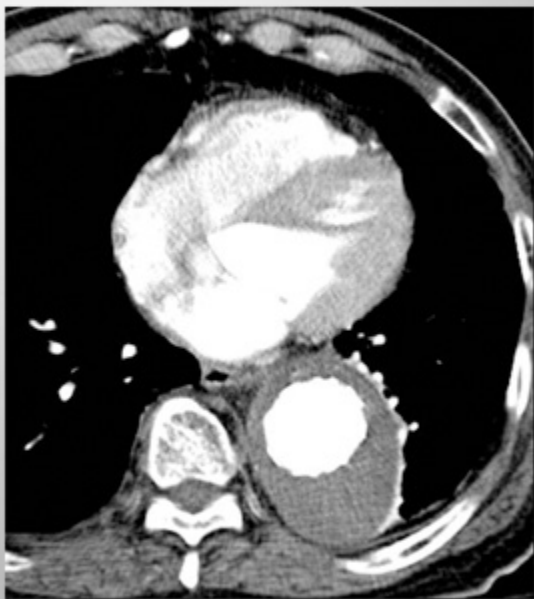
# 8cm x 10cm aneurysm



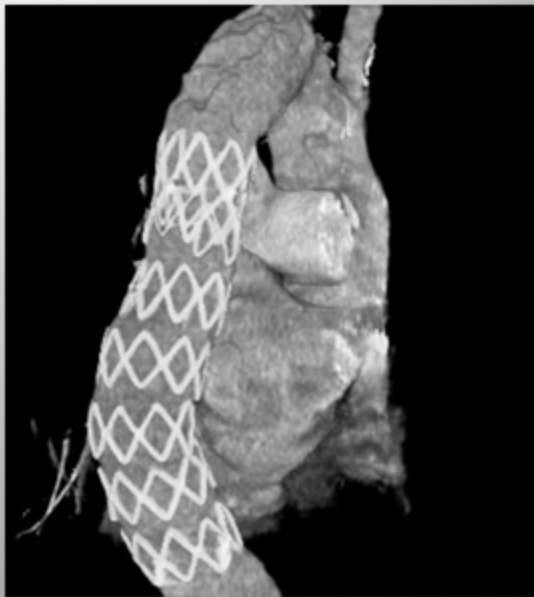
# Angiography and Stent graft



# Post CT



# Post CT angiography



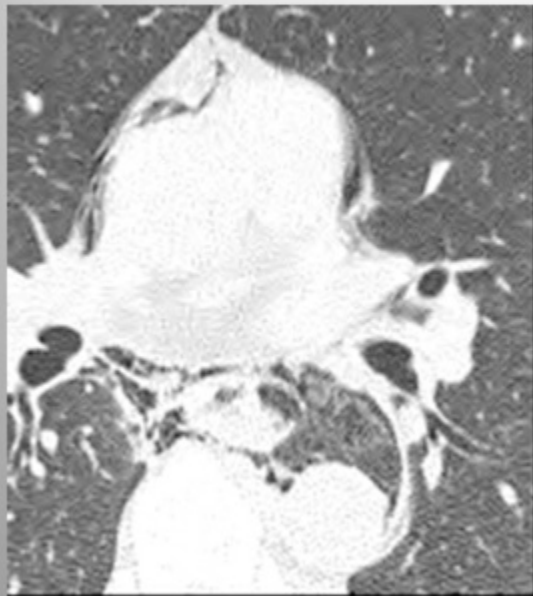
- **Post stent, paralysis maybe due to adamkiewicz artery obstruction**
- **CSF drainage was done by lumbar puncture**
- **After 7days, He recovered paralysis**



## Case 8

- M/47
- Explosion of Dissel in front of face
- Burn injury
- Esophageal rupture
- Traumatic aortic injury
- aorto-esophageal fistula

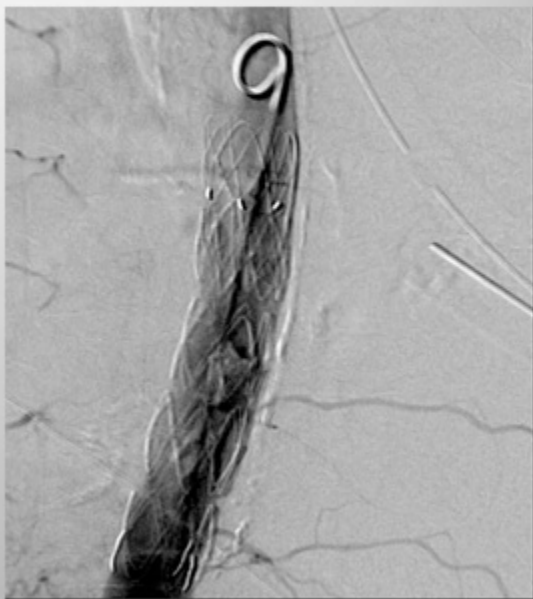
# Esophageal rupture, May 14th



# Aortic Rupture, May 22th



# Stent graft ,30mmx9cm



# Follow up CT



# CT angiography, June 2<sup>nd</sup>.

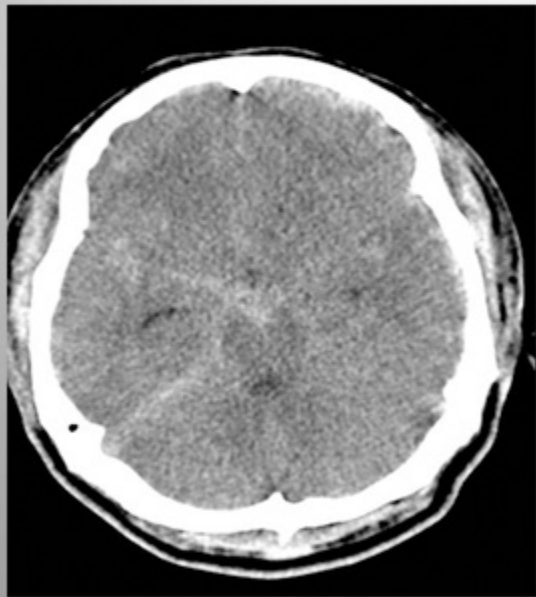


Case 9

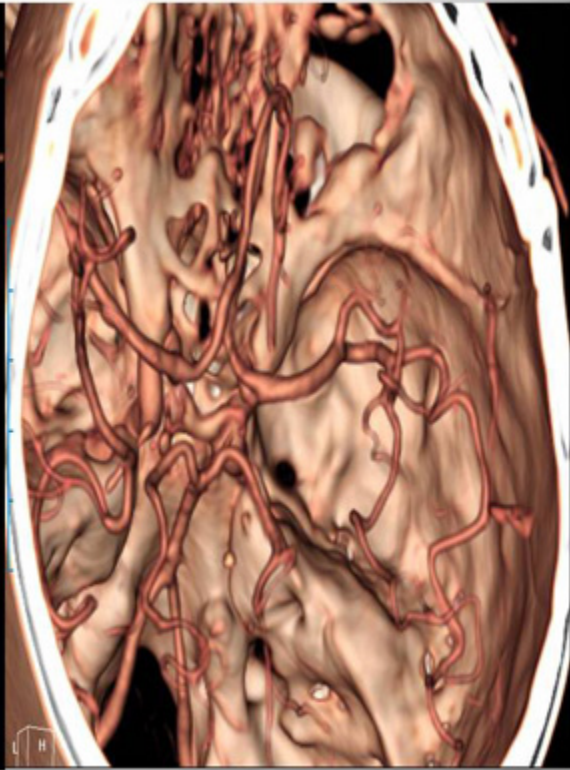
36/M

**Post Traffic accident**

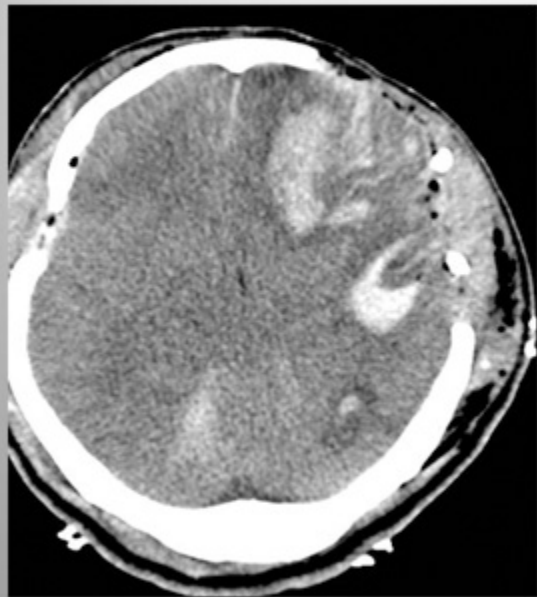
**36/M ,1-20**



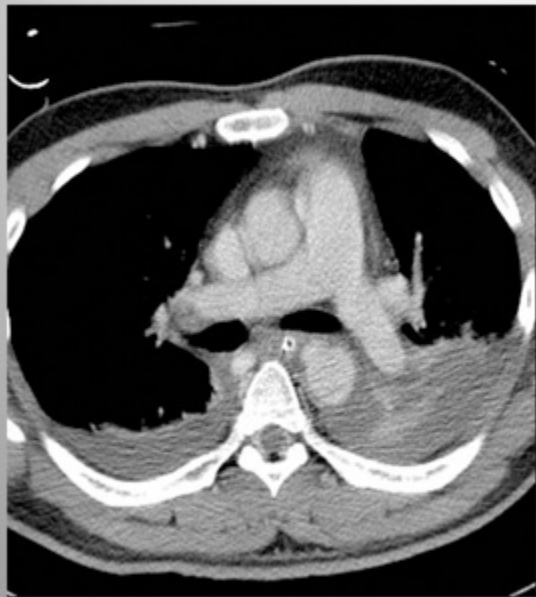


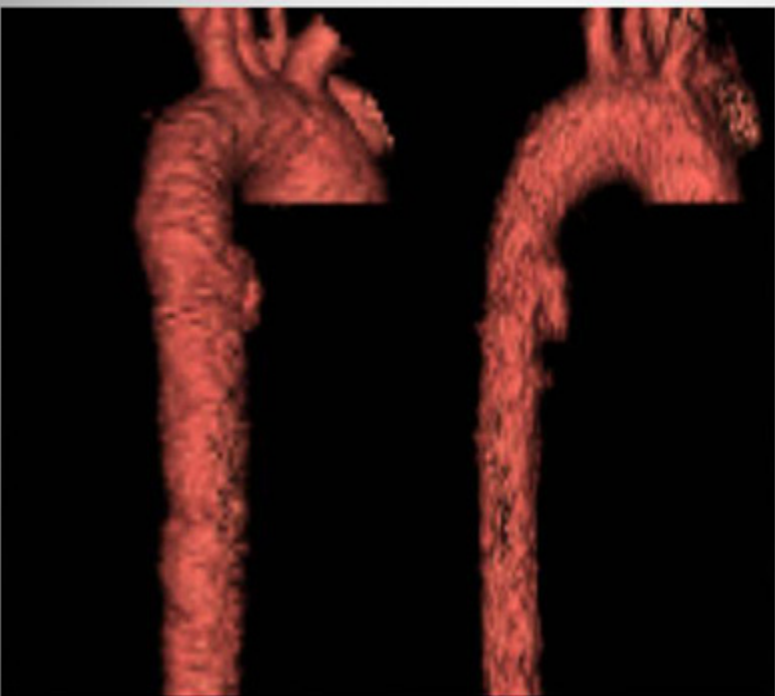


1-20

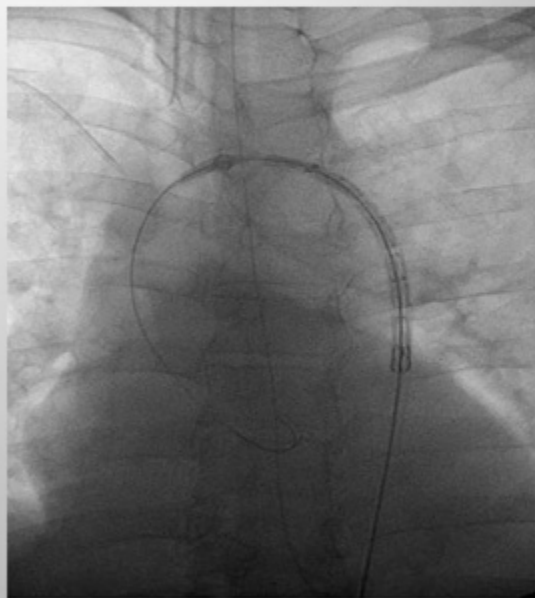


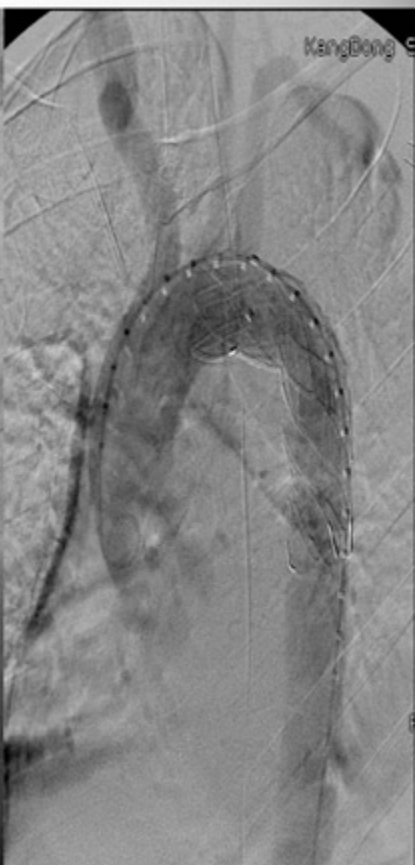
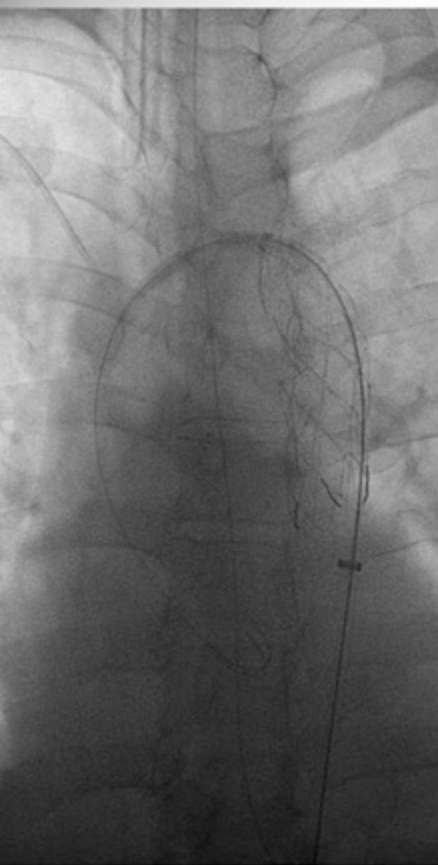
1-21-09



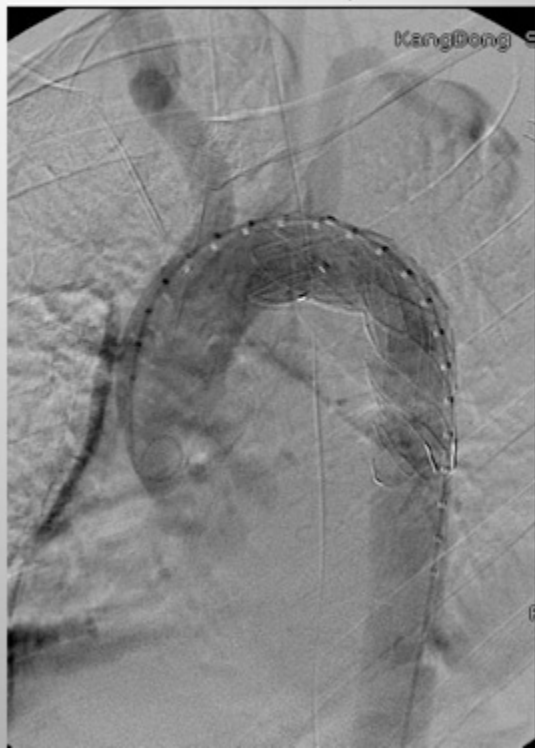


1-23-09

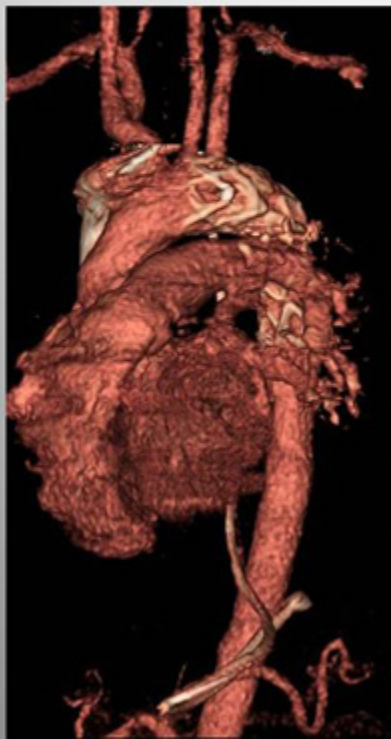




2009-1-23, 30mmx100mm, Seal

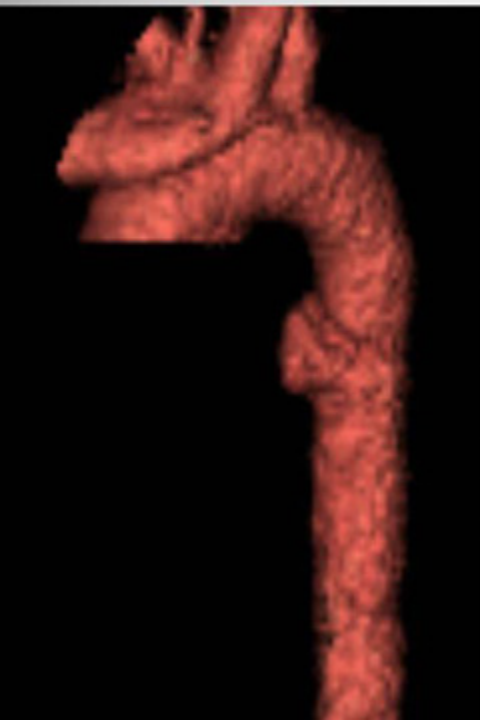


1-29-2009





# Post traumatic pseudoaneurysm

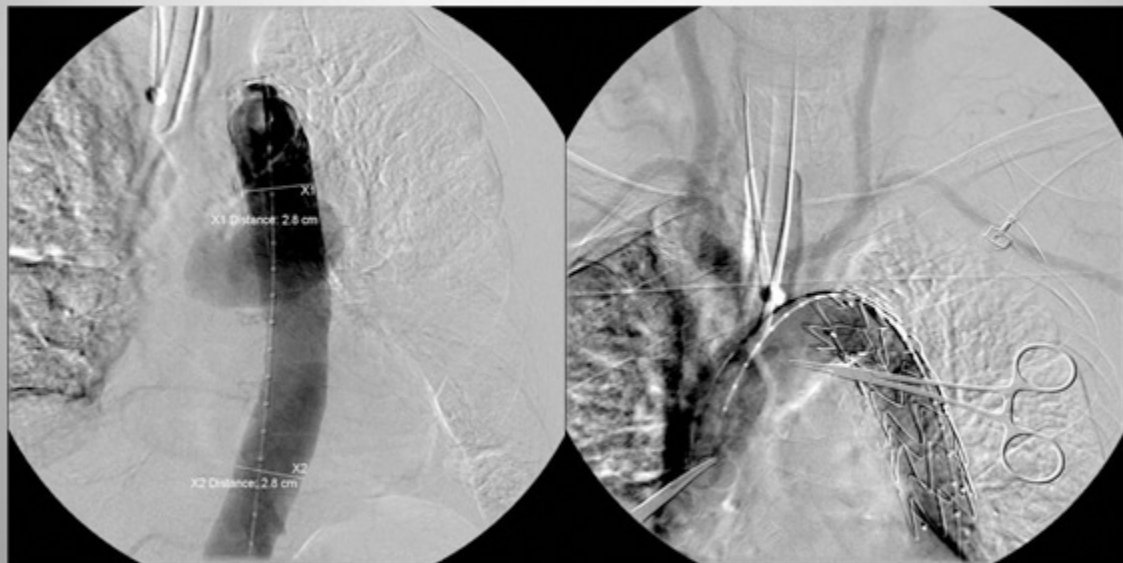


# CASE 10

- **83/M**
- **C.C : Hematemesis**
- **Past history :**
  - Hypertension
  - Cerebrovascular attack (20yrs)



## 3.2x10cm sized graft stent



➤ Atheroma ruptured thoracic aneurysm

# Thank you very much for your attention

- **Merci boucoup**
- **Obligado**
- **Muchas gracias**
- **Arigadgojaimas**
- **Feichang ganshie(非常感謝)**
- **Danke Schon**
- **Tack so mycket**