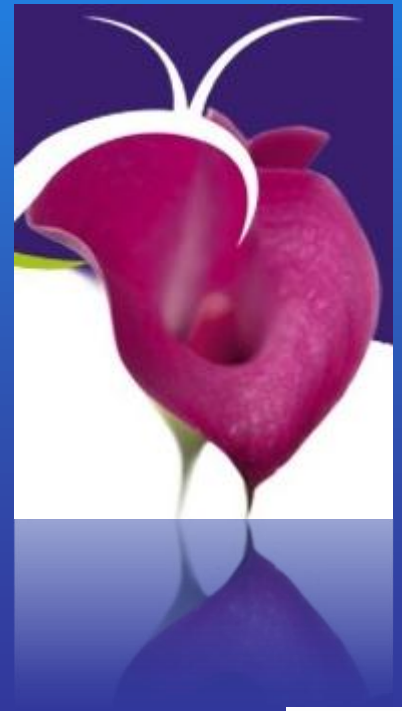


When is surgery suitable for TAAA?

Michael Jacobs

Maastricht,
Aachen,



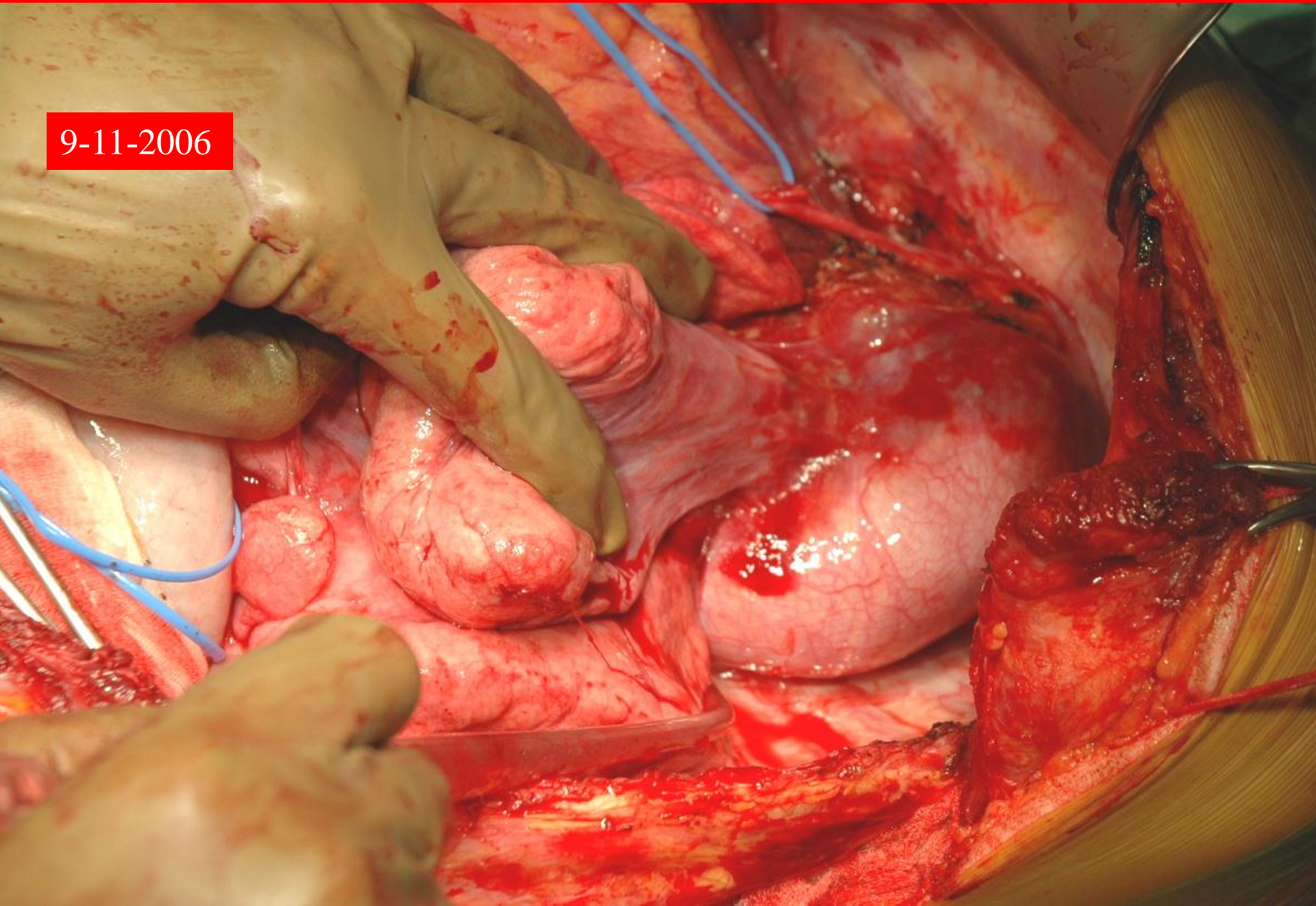
BASIC QUESTION: OPEN REPAIR OR b-f/TEVAR AS PRIMARY PROCEDURE ?

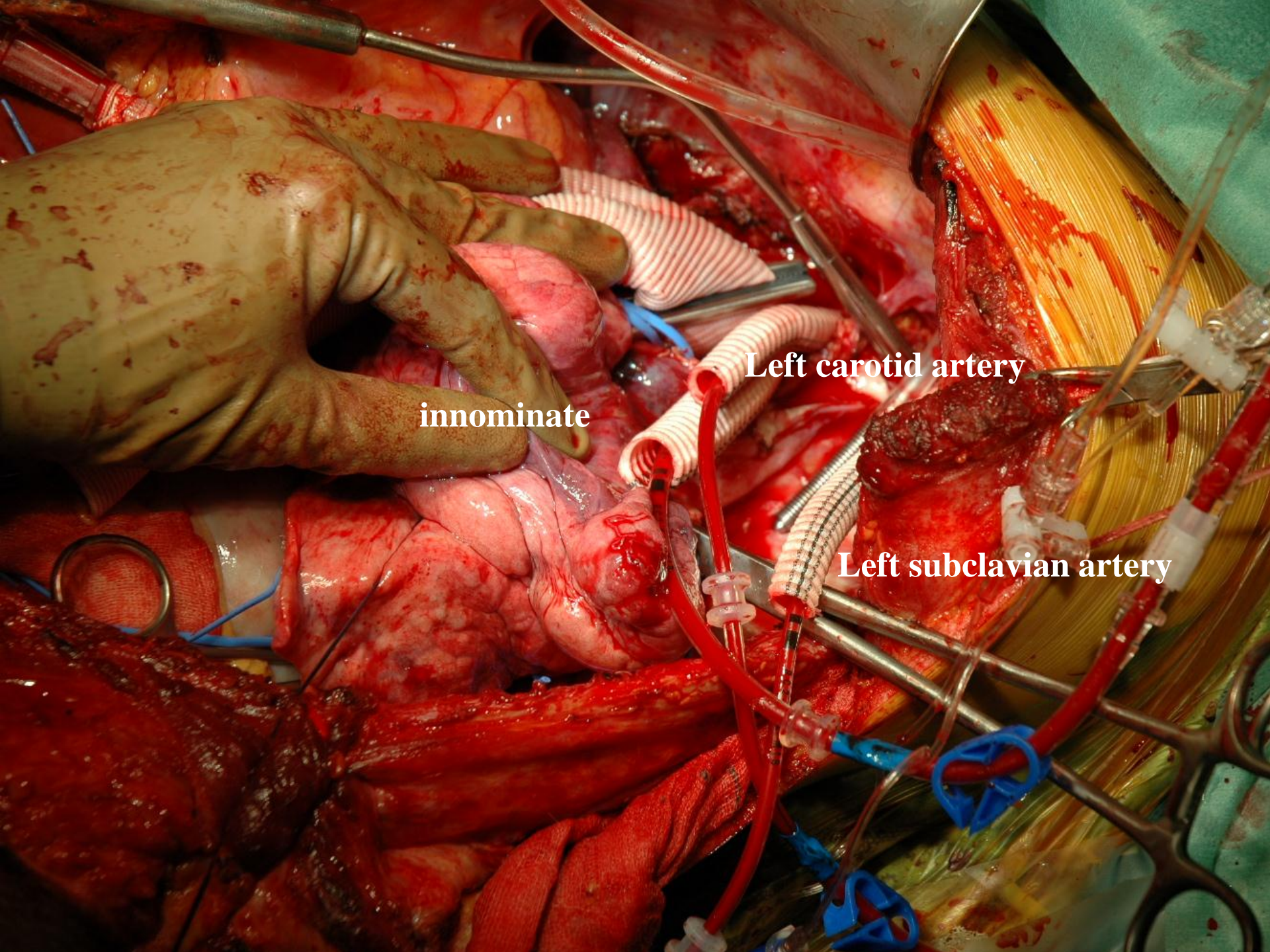
First level of determining factors

- Age
- Underlying cause of aneurysm
 - atherosclerosis
 - connective tissue
 - post dissection
 - post traumatic

18 year old girl with Loeys Dietz and aortic dissection

9-11-2006

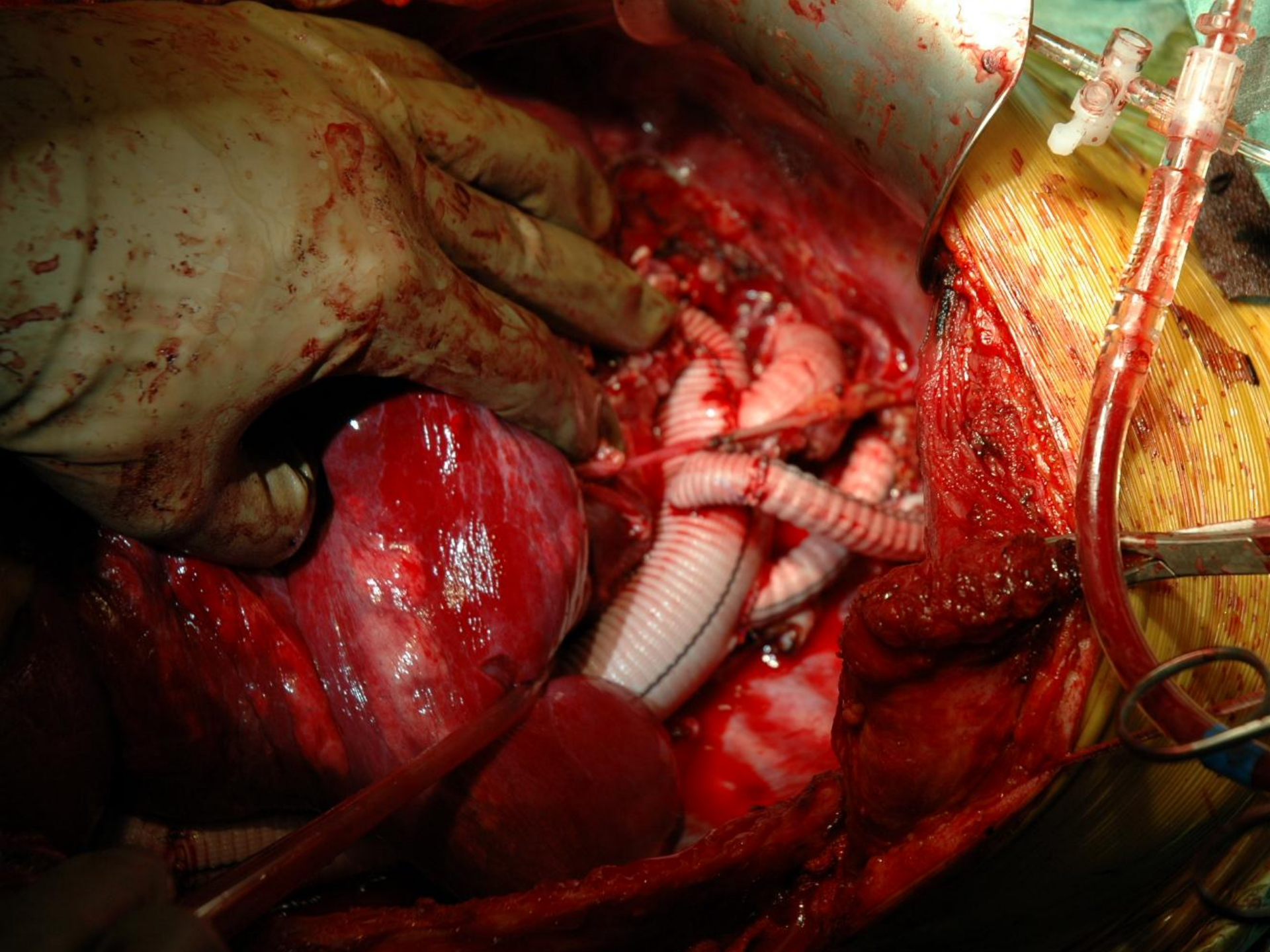


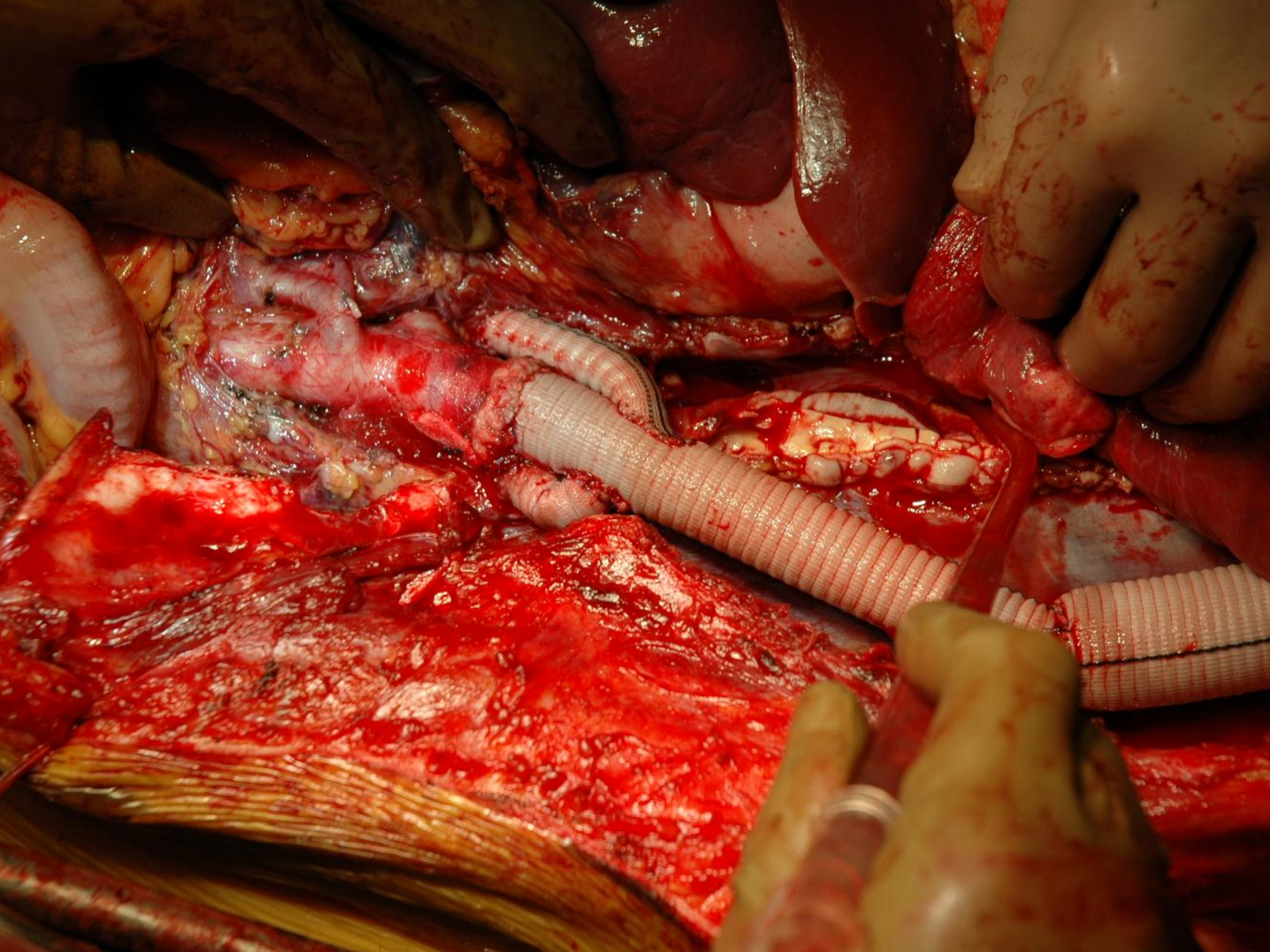


innominate

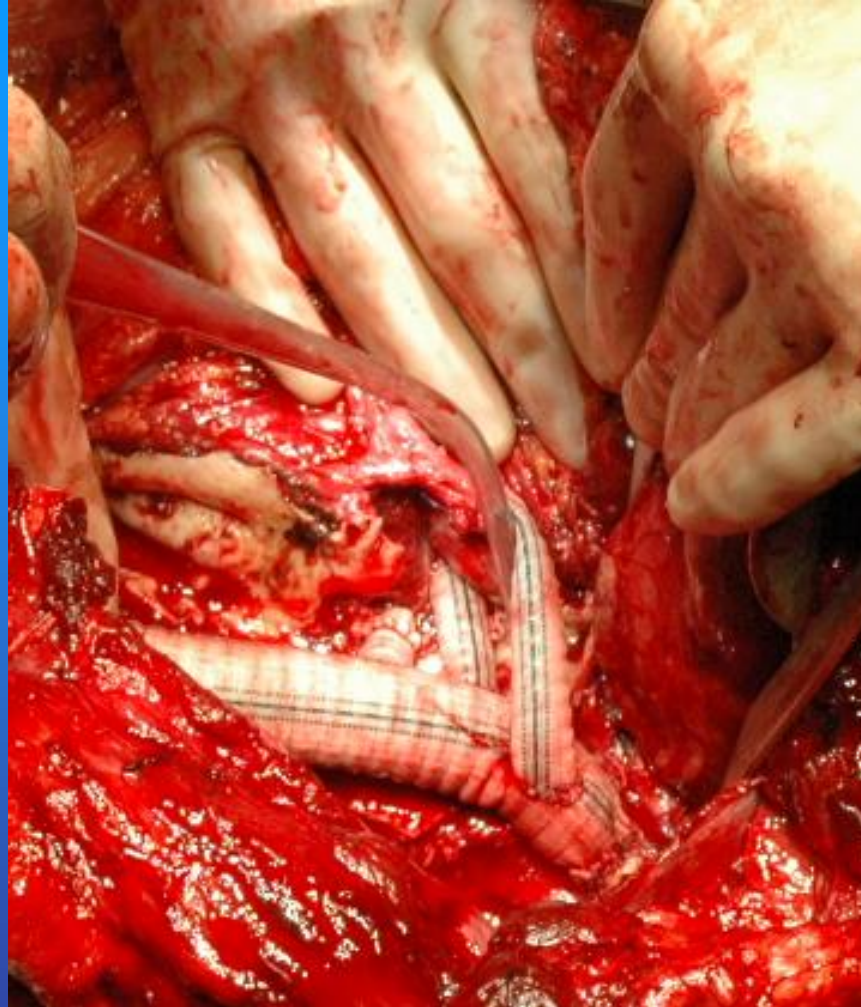
Left carotid artery

Left subclavian artery





29-11-2011



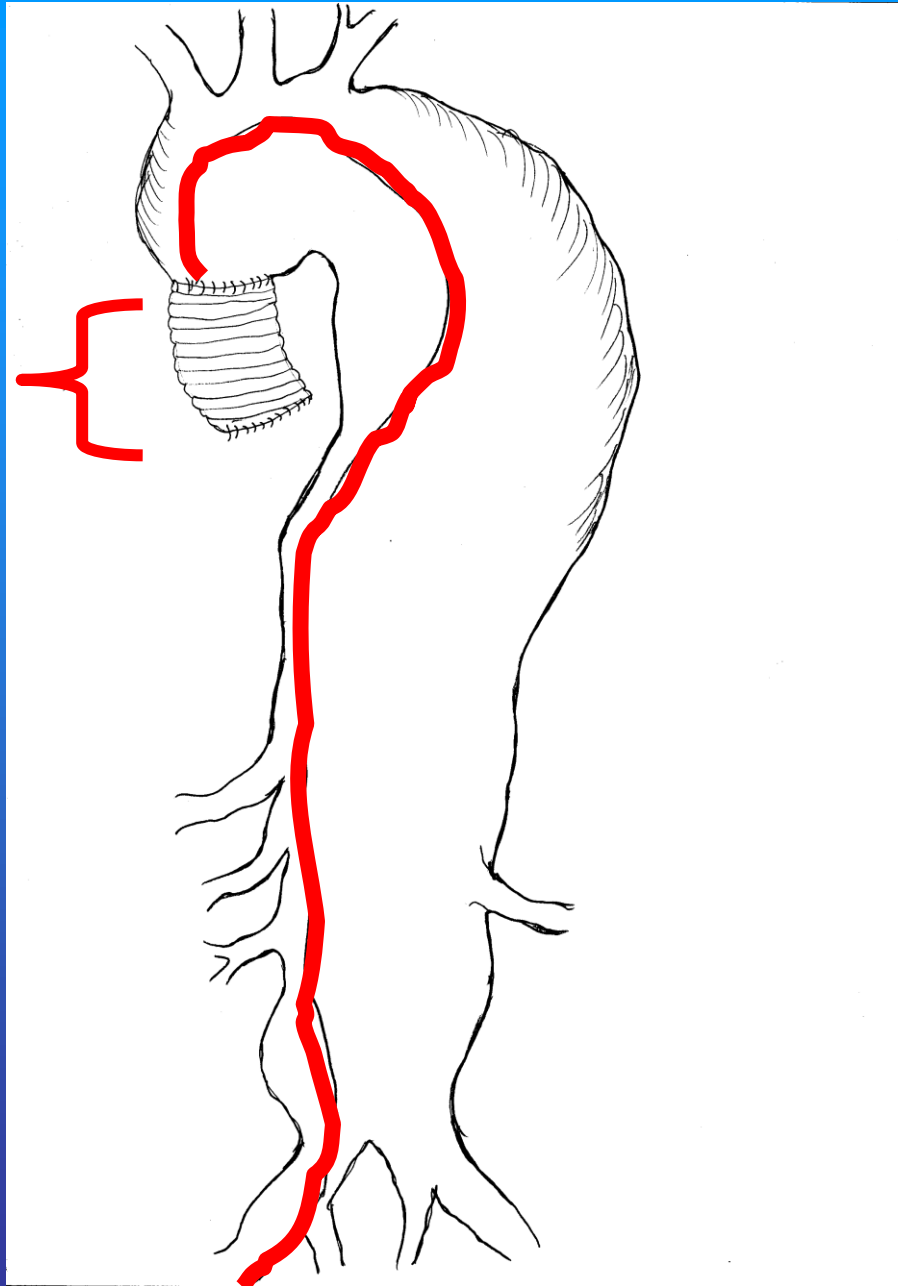
OPEN REPAIR OR b-f/TEVAR AS PRIMARY PROCEDURE ?

Second level of determining factors

- Proximal landing zone and extend of debranching
- Need for complex additional procedures like chimneys
- Assumed risk of paraplegia (LSA, previous surgery, lenght of coverage)
- Post type A dissection

Post Type A dissection Aneurysms

TOO short for
debranching
and endograft





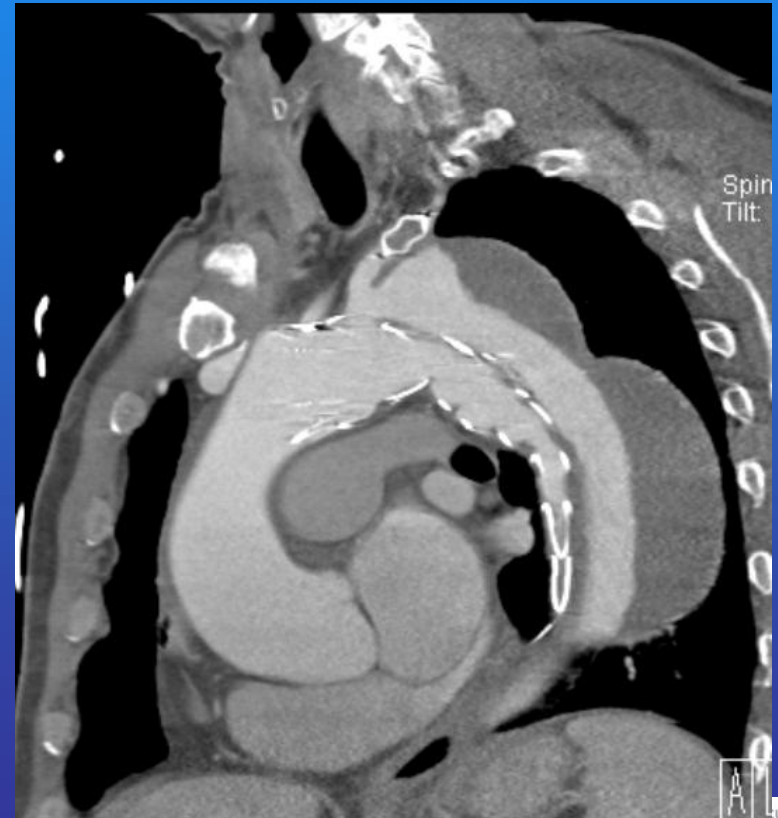
TEVAR failure: what does that mean?

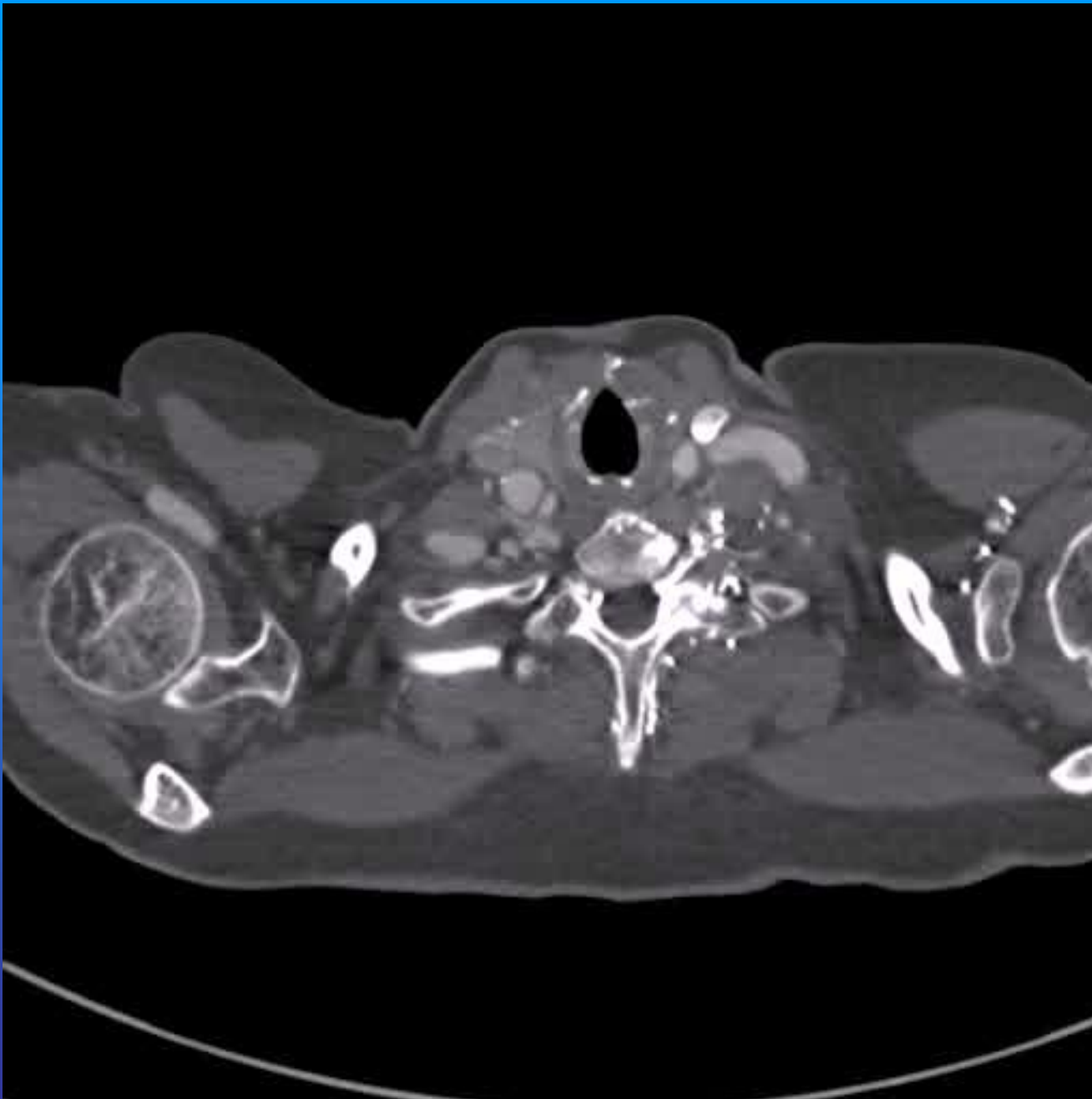
- Proximal or distal type I endoleak, not manageable with additional endo techniques
(main cause is post dissection DTAA due to rigid septum)
- Growing TAA(A)
(main cause is post dissection aneurysm with patent false lumen)
- Miscellaneous
(migration, perforation, infection)

Surgical correction of failed thoracic endovascular aortic repair

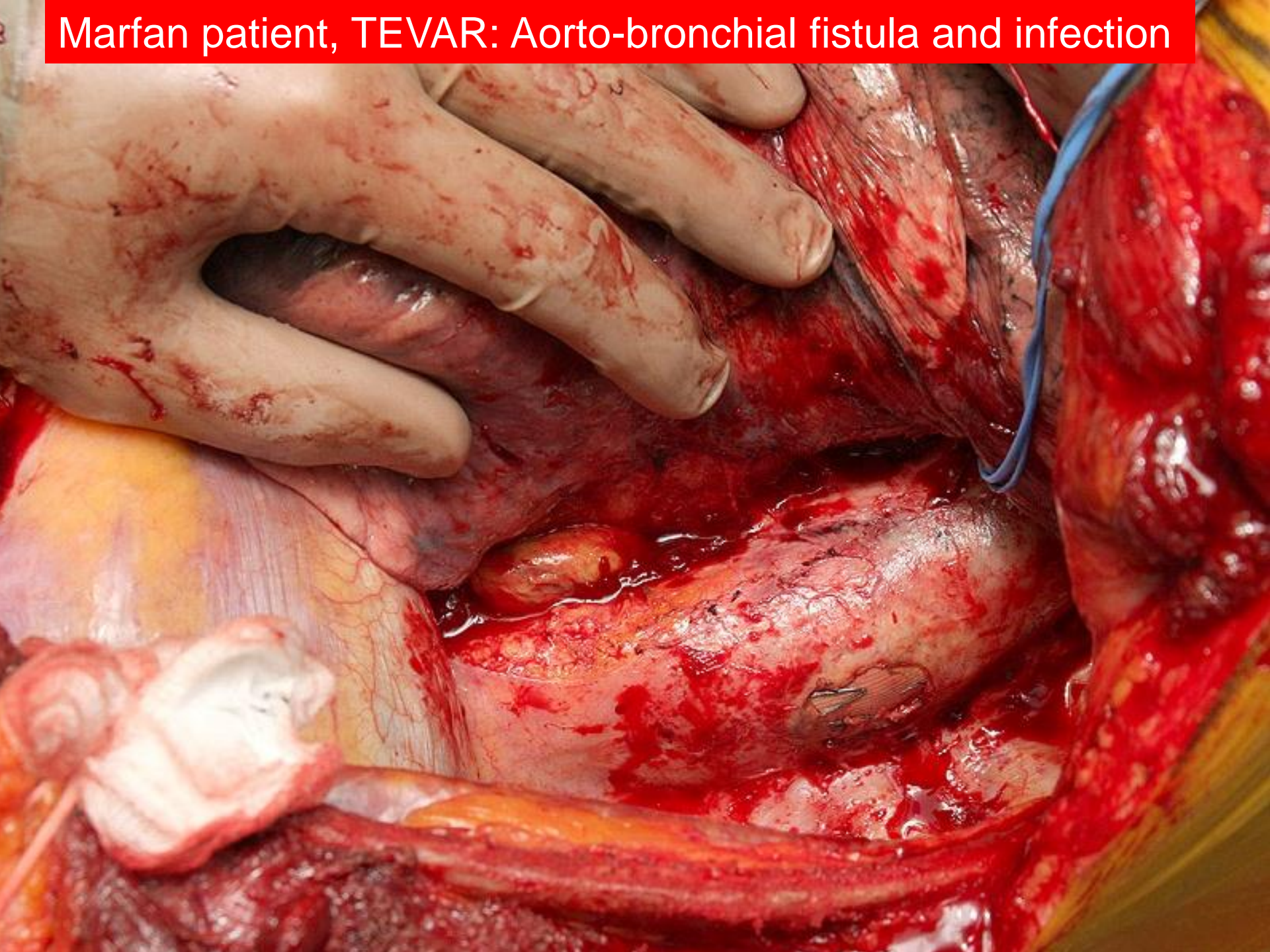
Stephan Langer, MD,^a Gottfried Mommertz, MD,^a Thomas A. Koeppel, MD,^a
Geert W. H. Schurink, MD,^b Rüdiger Autschbach, MD,^c and Michael J. Jacobs, MD,^{a,b}
Aachen, Germany; and Maastricht, The Netherlands

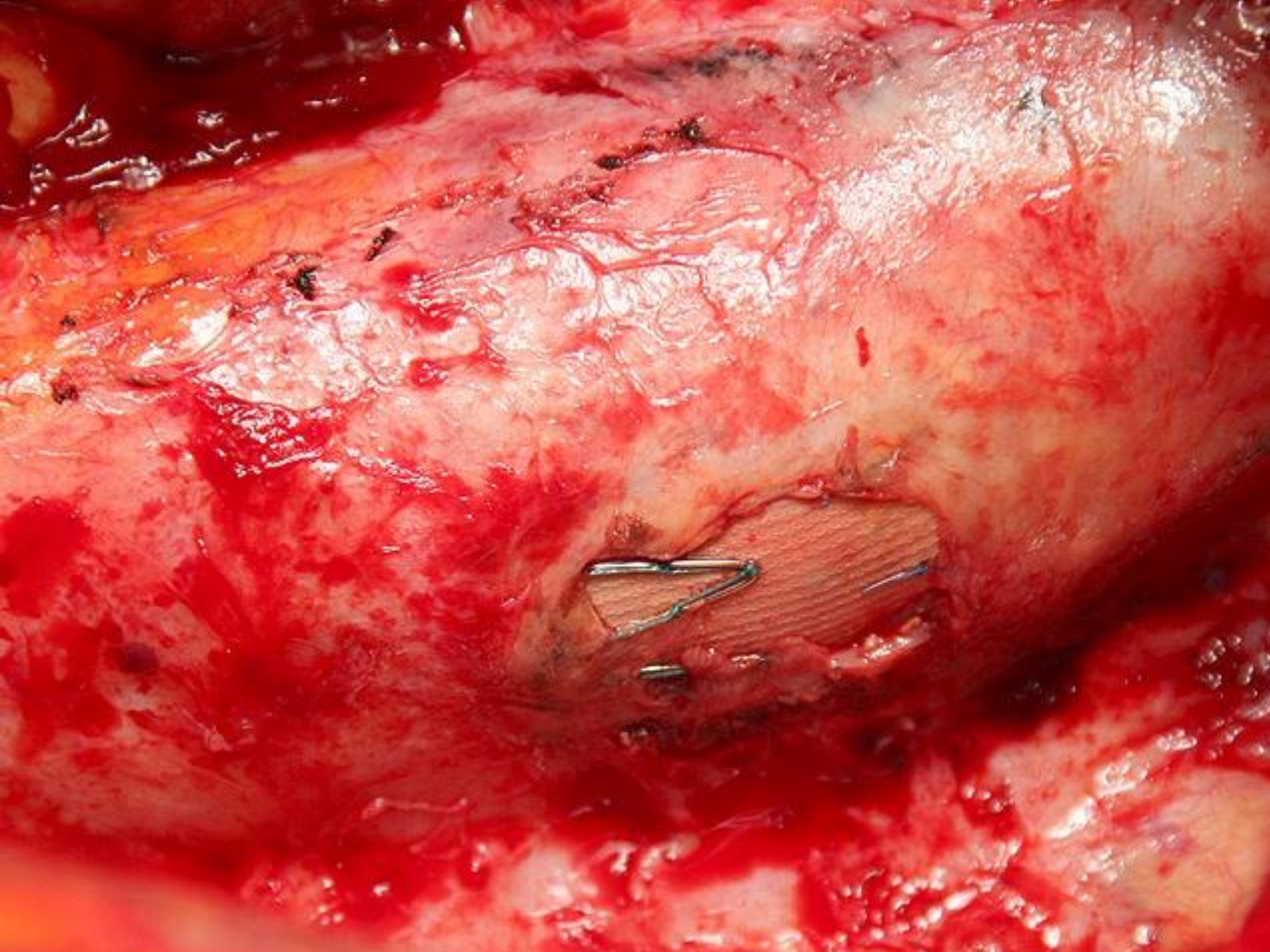
J Vasc Surg 2008;47:1195-202.

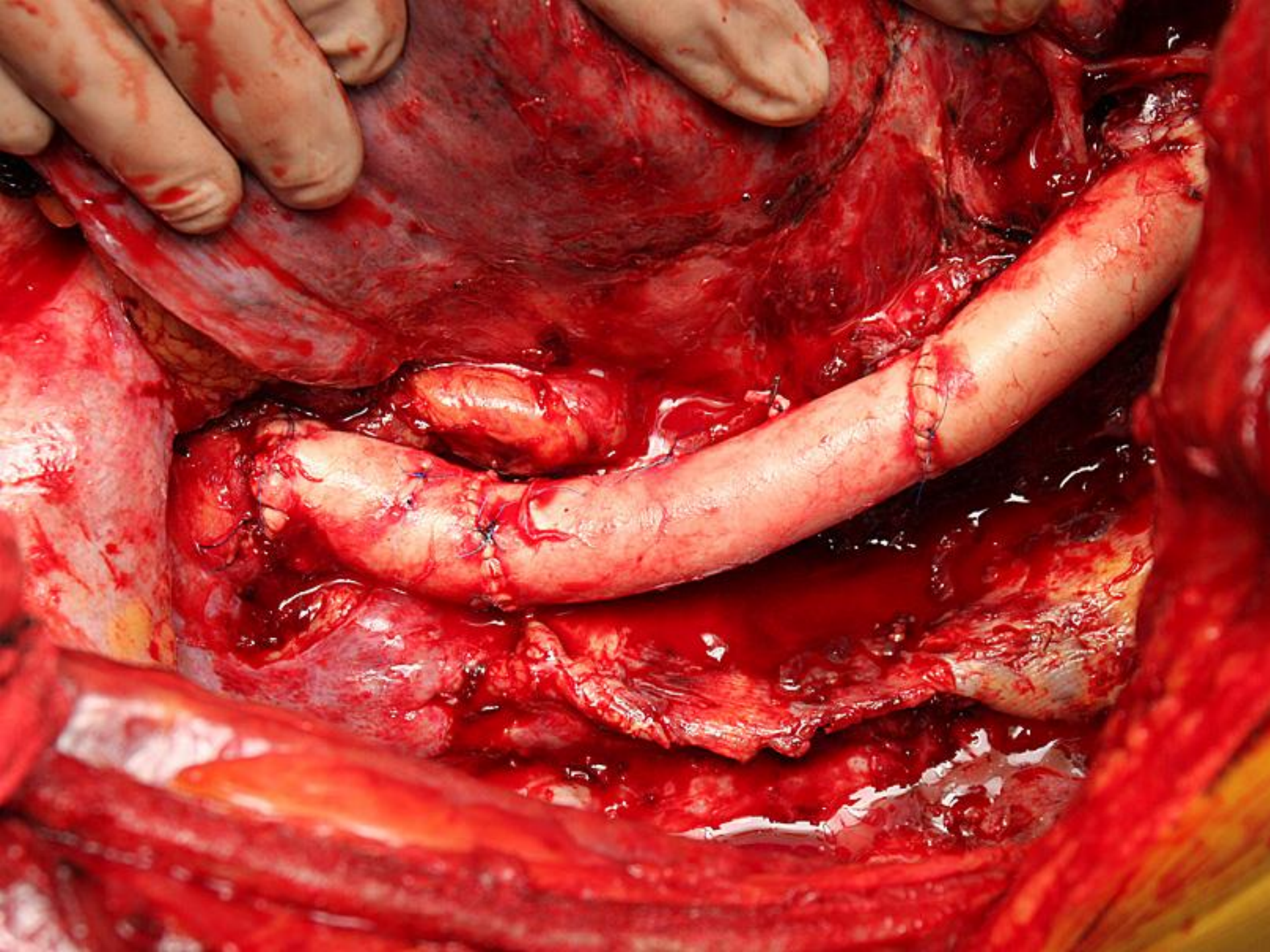


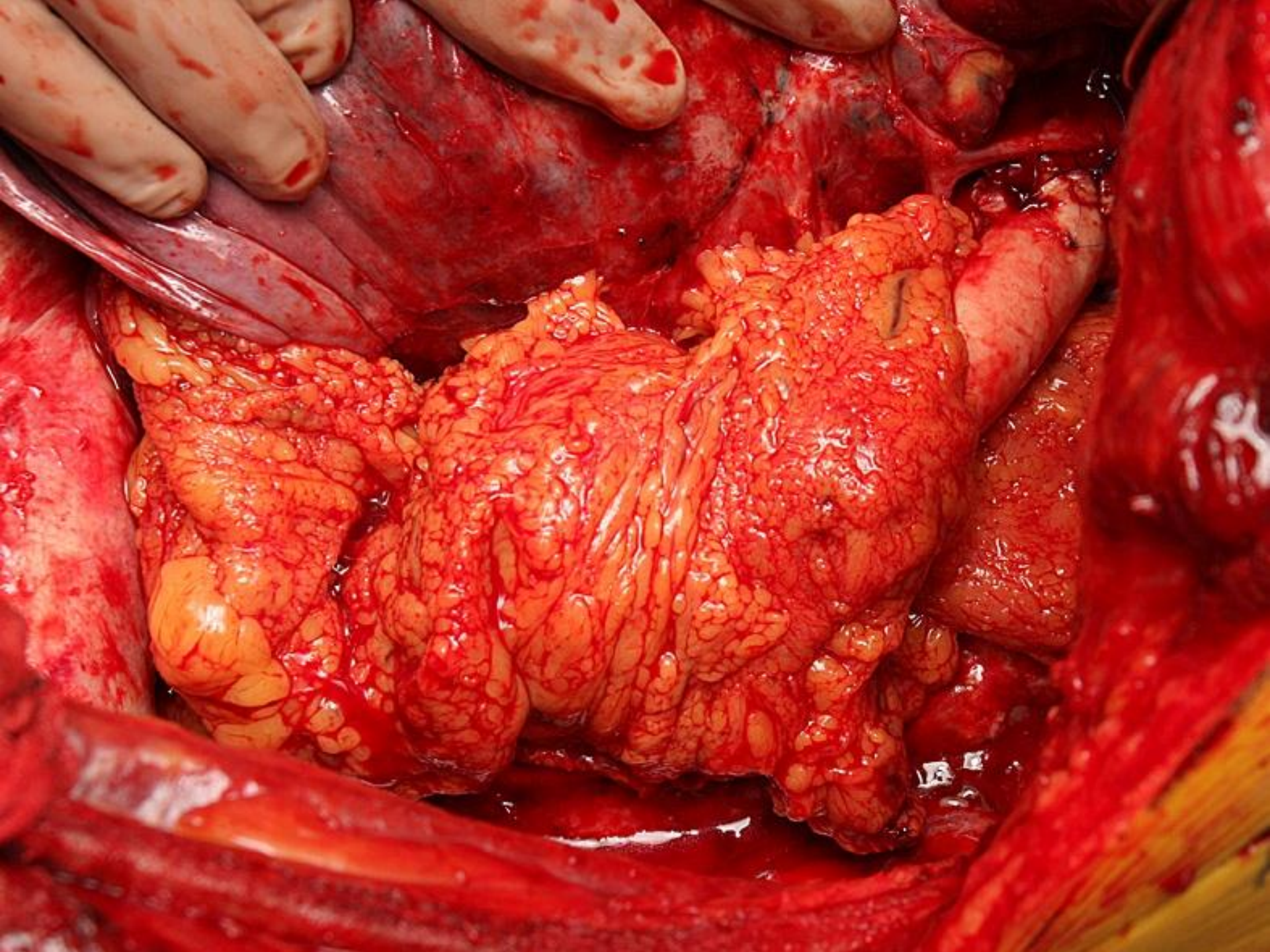


Marfan patient, TEVAR: Aorto-bronchial fistula and infection









TEVAR as primary procedure for TAA(A)

- TAA(A) (with acceptable additional procedures, if necessary)
- Traumatic aortic rupture
- Penetrating aortic ulcer
- Post operative false aneurysm
- Aorto bronchial fistula
- TAA(A) in patients unfit for open repair

Open repair as primary procedure for TAA(A)

- Young(er) patients
- Connective tissue disease
- TAA(A) associated with chronic dissection
- Patients at high risk to develop paraplegia
- Post type A dissection TAA(A)

Basic question for the (near) future:
who is going to do open repair ?

How do I open a chest ?
What about extracorporeal circulation ?
How do I anastomose a thoracic graft ?
How do I reimplant intercostals ?





Maastricht University Medical Center, Netherlands



University Hospital Aachen, Germany

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