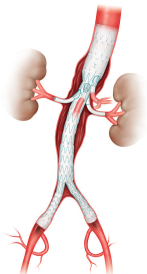


Multicenter international study shows that there is a role for endovascular treatment of complex aortic diseases from Marfans, Loey-Dietz and vascular Ehlers-Danlos syndromes: what is this role?

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No Disclosure

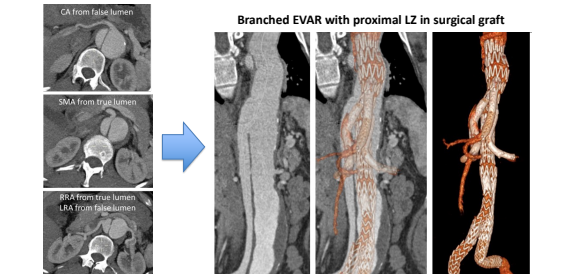
EVAR in patients with CTD



- Endovascular therapy for patients with CTD remains controversial
- Often young patients with poor tissue quality and ongoing dilatation, limited evidence and unknown long-term durability
- However, recent endo developments allows for a more complete and disease specific treatment strategies
- This justifies an updated evaluation with current methodology

33 y/o Marfans syndrome
 Post type-A dissection TAAA

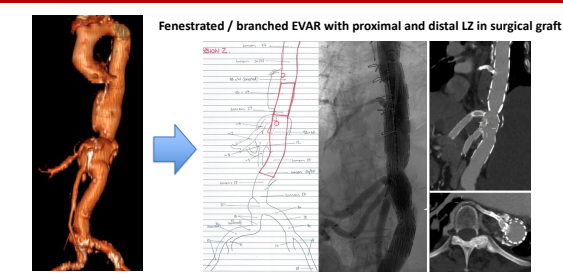
Branched EVAR with proximal LZ in surgical graft



CA from false lumen
 SMA from true lumen
 RRA from true lumen
 LRA from false lumen

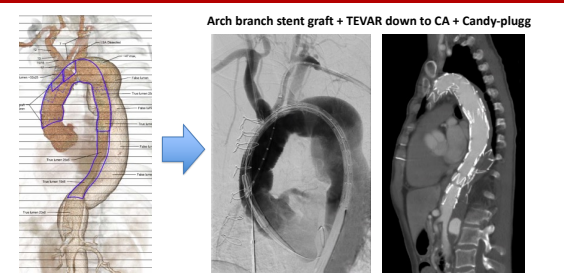
65 y/o Marfans syndrome
 Patch aneurysms after previous type II TAAA repair

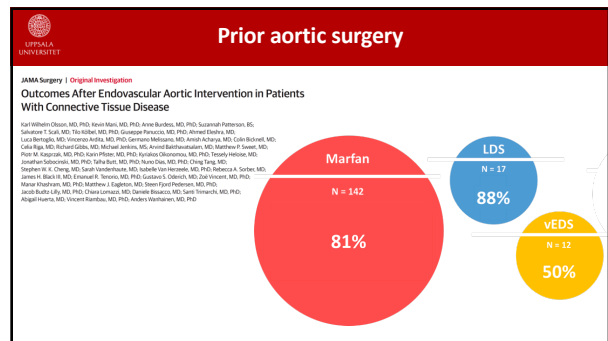
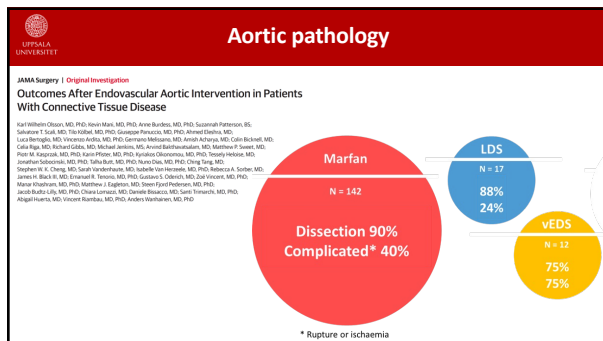
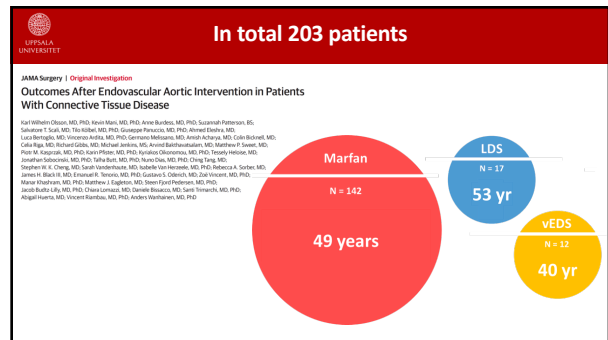
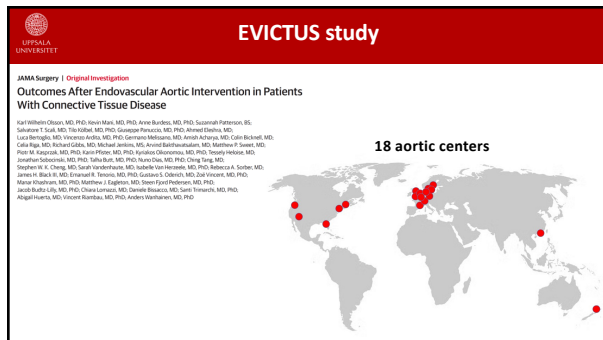
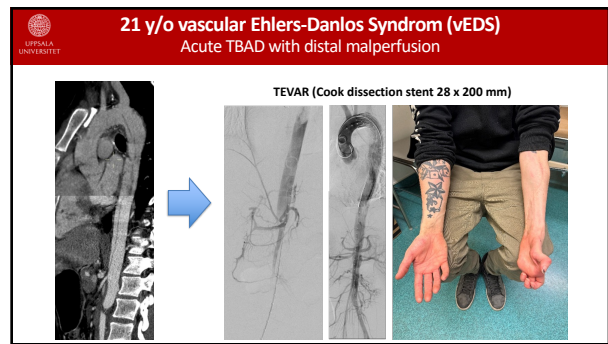
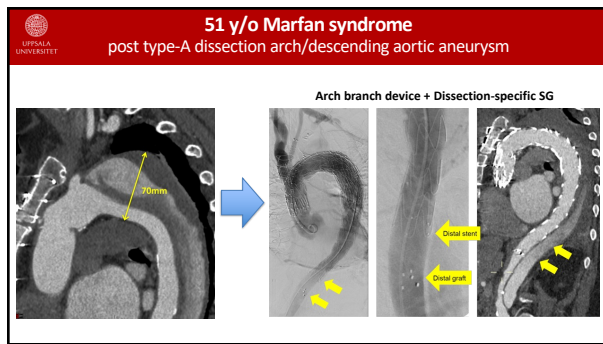
Fenestrated / branched EVAR with proximal and distal LZ in surgical graft

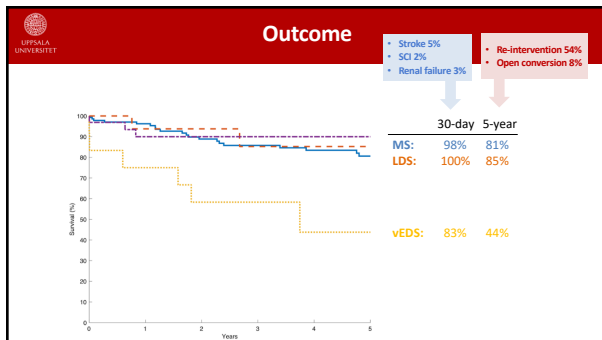
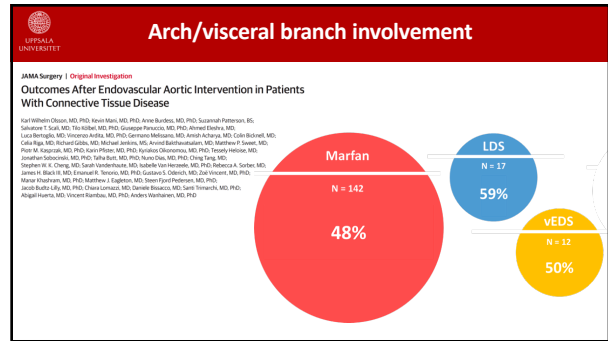
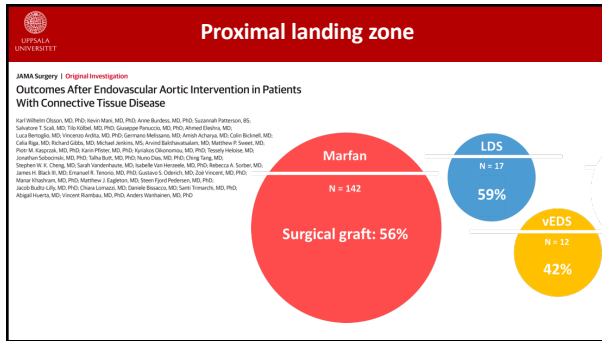


53 y/o Marfans syndrome
 post type-A dissection arch/descending aortic aneurysm

Arch branch stent graft + TEVAR down to CA + Candy-plugg







Conclusion

- EVAR, including re-do procedures and complex repairs of the aortic arch and visceral aorta, in patients with CTD is associated with;
 - low perioperative mortality / morbidity
 - mid-term survival comparable (or better) to reports of open aortic surgery in CTD patients
 - high rate of re-interventions
 - few patients required conversions to open repairs
- An endovascular strategy is a reasonable treatment option in patients with CTD when open aortic surgery is deemed high risk

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