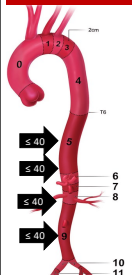



Anatomical limitations of STABILISE

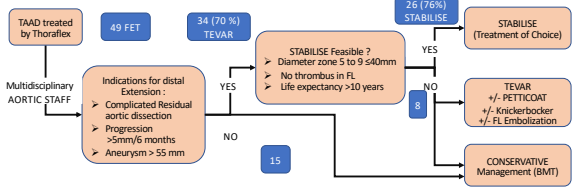


- Diameter of segments 5 to 9 ≤ 40 mm
 - Allow complete reapposition to the aortic wall
 - Distal sealing zone as high as possible
 - Ideally : Stentgraft 36/200 + Bare Stent 36/180
- No Thrombus in the False Lumen
 - Avoid Embolic Risk due to Thrombus Mashing
- Might Require Collateral Visceral Stenting
 - Avoid or Treat remaining Static Malperfusion



FET Completed by EXTENSIVE TEVAR using STABILISE for Distal Sealing

Series of consecutive patients completed by TEVAR after FET (Thoraflex) from March 2016 to Dec 2021

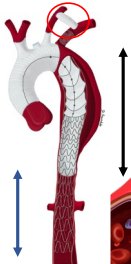


```

    graph TD
      A[49 FET] --> B[34 70% TEVAR]
      A --> C[15]
      B --> D{Indications for distal Extension}
      D -- YES --> E{STABILISE Feasible?}
      D -- NO --> C
      E --> F{Diameter zone 5 to 9 ≤40mm}
      E --> G{No thrombus in FL}
      E --> H{Life expectancy >10 years}
      F -- YES --> I[26 76% STABILISE]
      F -- NO --> J[8]
      G -- YES --> I
      G -- NO --> J
      H -- YES --> I
      H -- NO --> J
      I --> K[STABILISE Treatment of Choice]
      J --> L[TEVAR +/- PETTICOAT +/- Krickerbocker +/- FL Embolization]
      L --> M[CONSERVATIVE Management BMT]
    
```

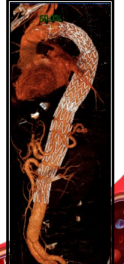
FET + STABILISE Series (n= 26)

- **26 STABILISE after FET in Type A** : 10 Sub-Acute / 16 Chronic
 - 23 ♂ / 58 yo ± 7 / Median delay of 29 days (1 to 1449)
 - 10 Aneurysm>55mm / 9 Rapid expansion / 7 Malperfusion
 - Median length of covered Stentgraft = 220 mm (150-300)
 - Median length of Aortic Bare Stent = 150 mm (125-220)
 - 88% of LSA revascularization / 46% of CSF preventive drainage
 - 27 % Associated collateral stenting (n=8 renal arteries)



Post-operative Outcomes

- **26 STABILISE after FET in Type A** :
 - No IH or 30 day Mortality / No Paraplegia / No Stroke
 - 96% of Technical success with complete FL remodelling
 - 1 reintervention at day 8 for LSA embolization
 - 1 TA open conversion at 1 month in Marfan patient



10

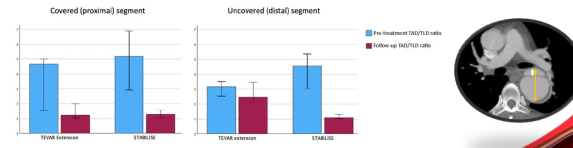
5 years Outcomes

- Mean follow-up of 56 months ± 32 (1 LTF after discharge)
 - 96 % of Survival at 5 years – 1 death cancer – No Aortic Related Mortality
 - 88 % of Survival free of Aortic reintervention:
 - 1 TEVAR for type III endoleak at 18 months
 - 1 Bentall intervention for aortic valve repair at 30 months
 - 1 infra-renal OR for aorto-iliac aneurysm at 54 months
 - 100% Complete FL cicatrization to the infra-renal level




5 years Outcomes

100% of Complete and durable FL cicatrization to the infra-renal level at 5 years
Ratio TAD/TLD significantly better after STABILISE compared to TEVAR



Segment	Treatment	Pre-treatment TAD/TLD ratio	Follow-up TAD/TLD ratio
Covered (proximal) segment	TEVAR extension	~1.2	~1.1
	STABILISE	~1.2	~1.1
Uncovered (distal) segment	TEVAR extension	~1.1	~1.0
	STABILISE	~1.1	~1.0

Fig. 3. Total aortic diameter to true lumen diameter (TAD/TLD) ratios before treatment and at last follow-up, covered (left) and uncovered (right) segments, TEVAR extension versus STABILISE (median ± 95% confidence interval).



Conclusions

- FET insures a **Complete Aortic Arch Repair** with **low mortality** in **elective cases** of TAAD
- FET allows a **Safe Secondary Endovascular treatment** of the Residual Aortic Dissection
- **STABILISE** technic was feasible in 3/4 to complete distal sealing
- **With Safe and Durable** long term results
- in terms of **Mortality / Reinterventions / Aortic remodelling**
- **When Feasible, in fit patients** for FET, with good Anatomical Features for STABILISE:
FET completed with STABILISE = **Combined Hybrid Technic of Choice**
to **garantee** an extensive and durable cicatrization of TAAD

