ANEVRYSME DE L'AORTE JUXTA ET SOUS RENALE

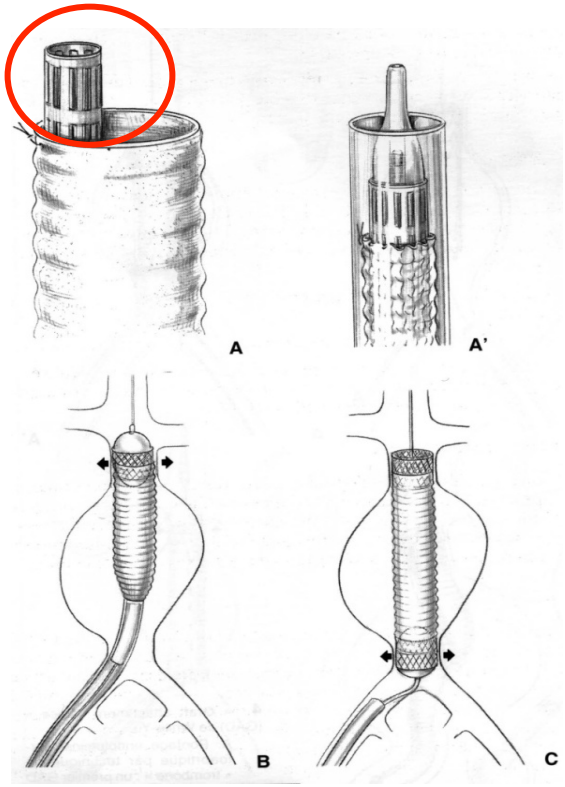
- Nouvelles Approches-

Claude MIALHE

MONACO CARDIO-THORACIC CENTER

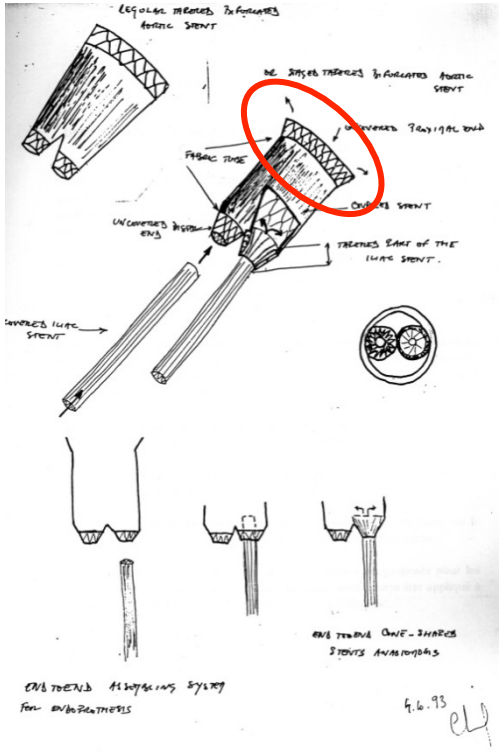
FAISABILITE ?

« STENT GRAFT »
Juan PARODI 1989

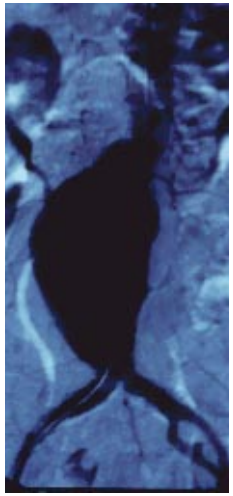


Ann Vasc Surg. 1991; 491-499

MODULAR BIFURCATED EAG
Claude MIALHE 1993



US Patent, 609,627



J Vasc Surg 1997; 26:199-209

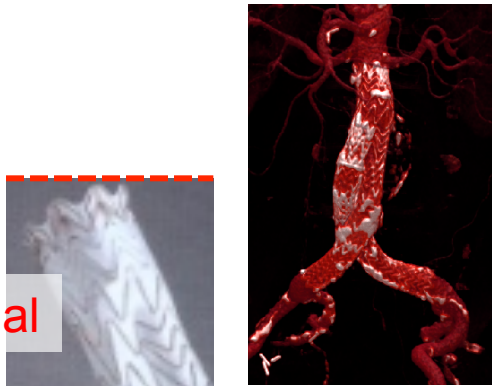
EXCLUSION DU SAC

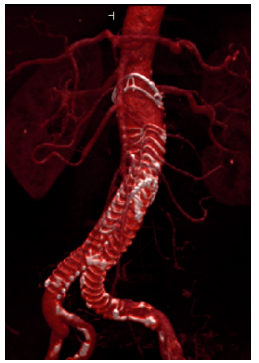
NECK FIXATION

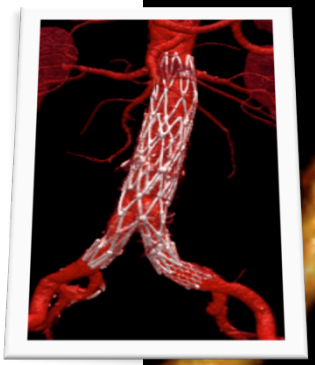
Supra renal

10 – 15mm

Infra renal

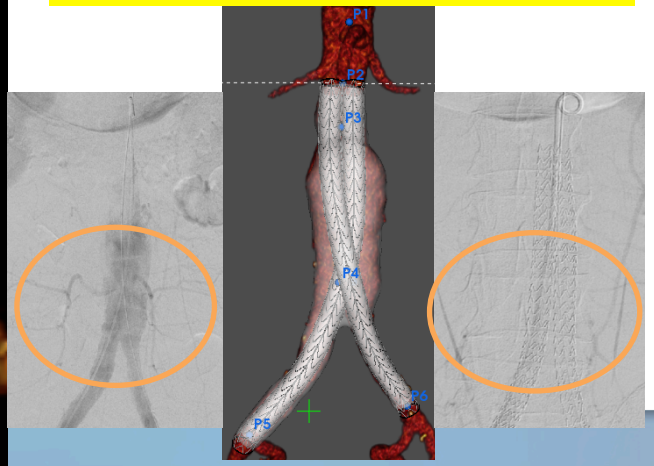






BIFURCATION SUPPORT

COMBLEMENT DU SAC



Endovascular versus open repair of abdominal aortic aneurysm in 15-years' follow-up of the UK endovascular aneurysm repair trial 1 (EVAR trial 1): a randomised controlled trial

*Rajesh Patel, Michael J Sweeting, Janet T Powell, Roger M Greenhalgh, for the EVAR trial investigators**

Summary

Background Short-term survival benefits of endovascular aneurysm repair (EVAR) versus open repair of i… abdominal aortic aneurysms have been shown in randomised trials, but this early survival benefit is lost after … years. We investigated whether EVAR had a long-term survival benefit compared with open repair.

Methods We used data from the EVAR randomised controlled trial (EVAR trial 1), which enrolled 12… patien… 37 centres in the UK between Sept 1, 1999, and Aug 31, 2004. Patients had to be aged 60 years or older, have aneury… of at least 5·5 cm in diameter, and deemed suitable and fit for either EVAR or open repair. Eligible patients were randomly assigned (1:1) using computer-generated sequences of randomly permuted blocks stratified by centre to receive either EVAR (n=626) or open repair (n=626). Patients and treating clinicians were aware of group assignment; no masking was used. The primary analysis compared total and aneurysm-related death in groups until mid-2015 in the intention-to-treat population. This trial is registered at ISRCTN (ISRCTN55703451).

Findings We recruited 1252 patients between Sept 1, 1999, and Aug 31, 2004; 25 patients (four for mortality outcome) were lost to follow-up by June 30, 2015. Over a mean of 12·7 years (SD 1·5; maximum 15·8 years) of follow-up, we recorded 9·3 deaths per 100 person-years in the EVAR group and 8·9 deaths per 100 person-years in the open-repair group (adjusted hazard ratio [HR] 1·11, 95% CI 0·…–1·27, p=0·14). At 0–6 months after randomisation, patients in the EVAR group had a lower mortality (adjusted HR 0·…, 95% CI 0·37–1·02 for total mortality; and 0·47, 0·23–0·93 for aneurysm-related mortality, p=0·0…) but beyond 8 years of follow-up open-repair had a significantly lower

The increased aneurysm-related mortality in the EVAR group after 8 years was mainly attributable to secondary aneurysm sac rupture

Interpretation EVAR has an early survival benefit but an inferior late survival compared with open repair, which needs to be addressed by lifelong surveillance of EVAR and re-intervention if necessary.

Funding UK National Institute for Health Research, Camelia Botnar Arterial Research Foundation.

Group, Imperial College London, London, UK (R Patel PhD, Prof J T Powell MD, Prof R M Greenhalgh MD); and Cardiovascular Epidemiology Unit, Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK (M J Sweeting PhD)

Correspondence to:

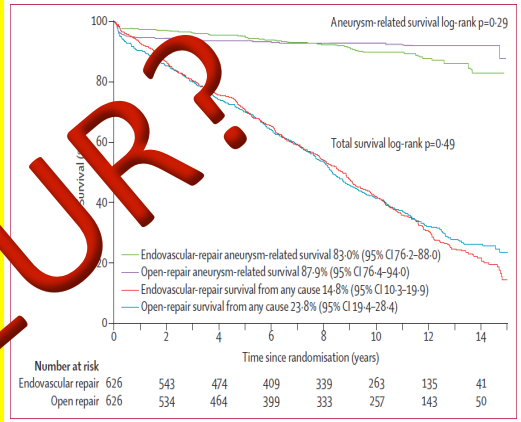


Figure 2: Kaplan-Meier estimates for total survival and aneurysm-related survival up to 15 years of follow-up
The hazard ratio is 1·05 (95% CI 0·92–1·19) for total mortality, and is 1·24 (0·84–1·83) for aneurysm-related mortality.

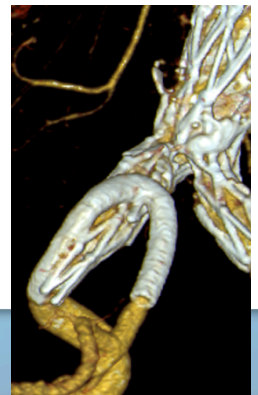
OU EST L'ERREUR ?

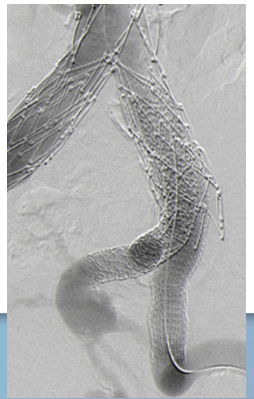
http://dx.doi.org/10.1016/S0140-6736(16)31135-7

MODALITES D'ECHEC SECONDAIRE

TYPE 2

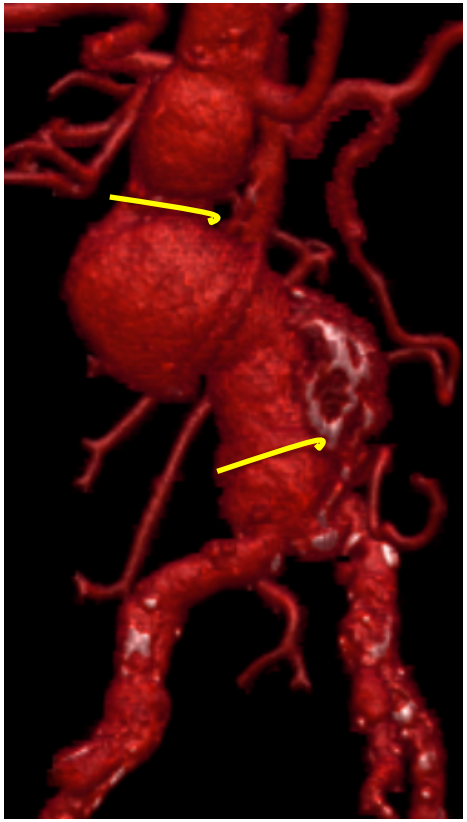
EXTENSION ANEVRISMALE

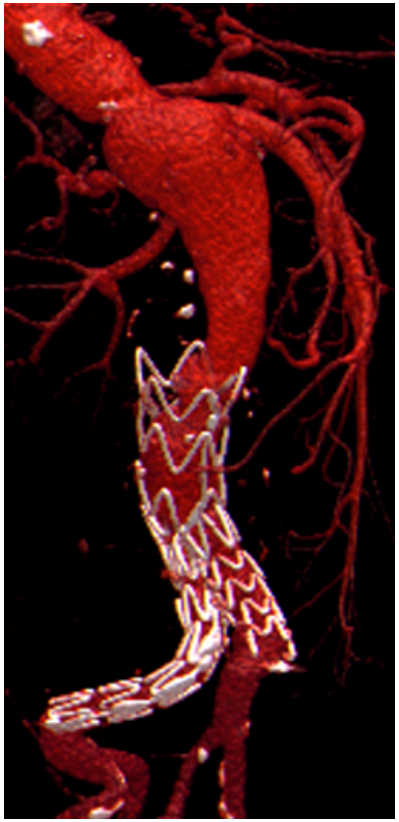


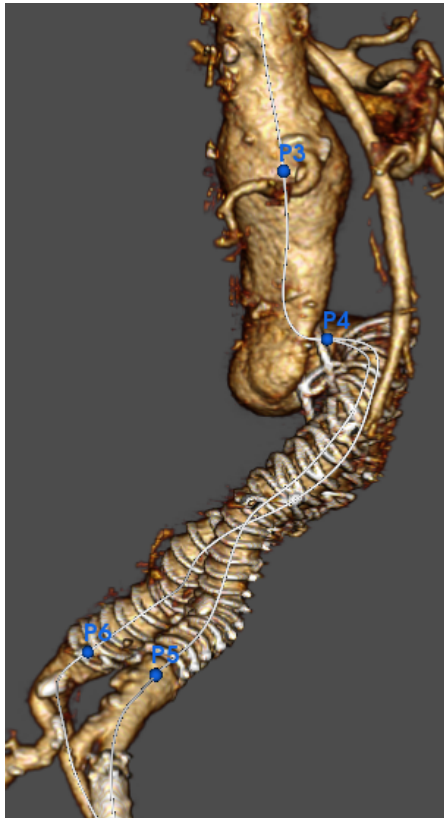


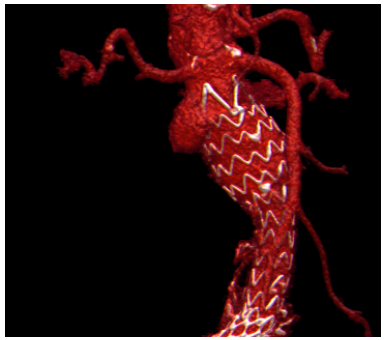
ECHECS SECONDAIRES

- liés au terrain anévrismal-







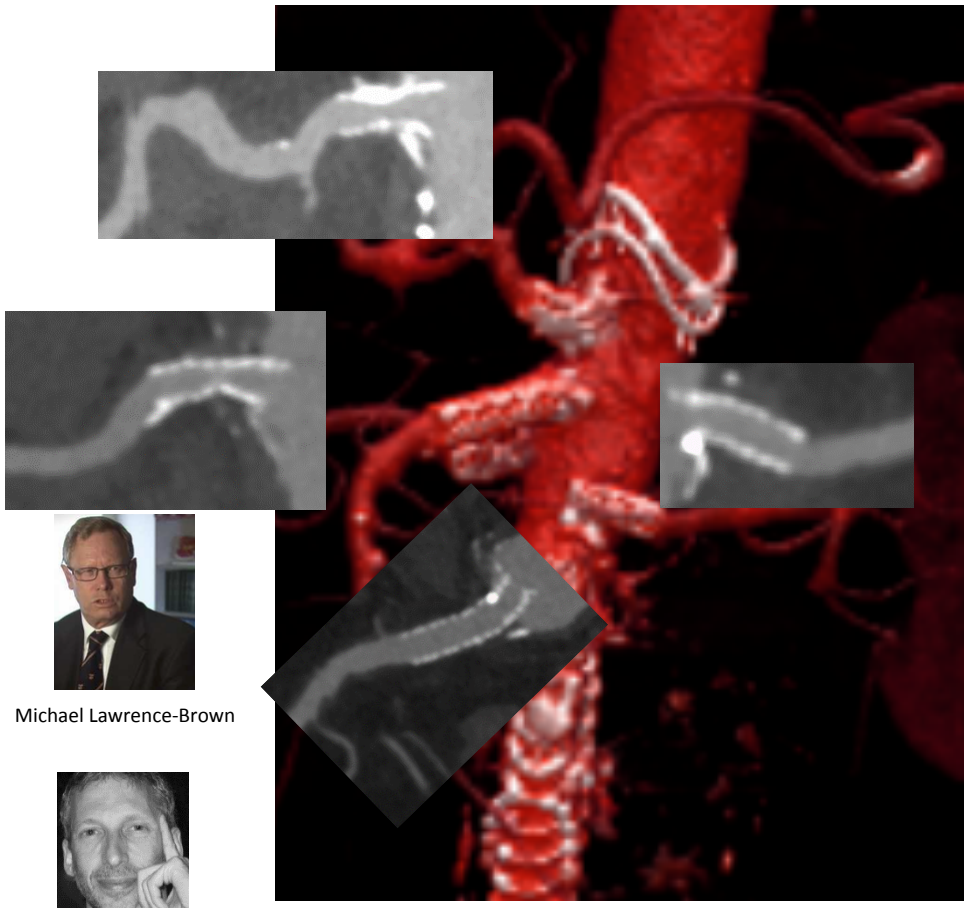


EXTENSION DES LESIONS ANEVRISMALES = HISTOIRE NATURELLE DE LA PATHOLOGIE DEGENERATIVE

RECONSTRUCTIONS ARTERIELLES VISCERALES

Mario Lachat

ENDOP. FENESTRÉES

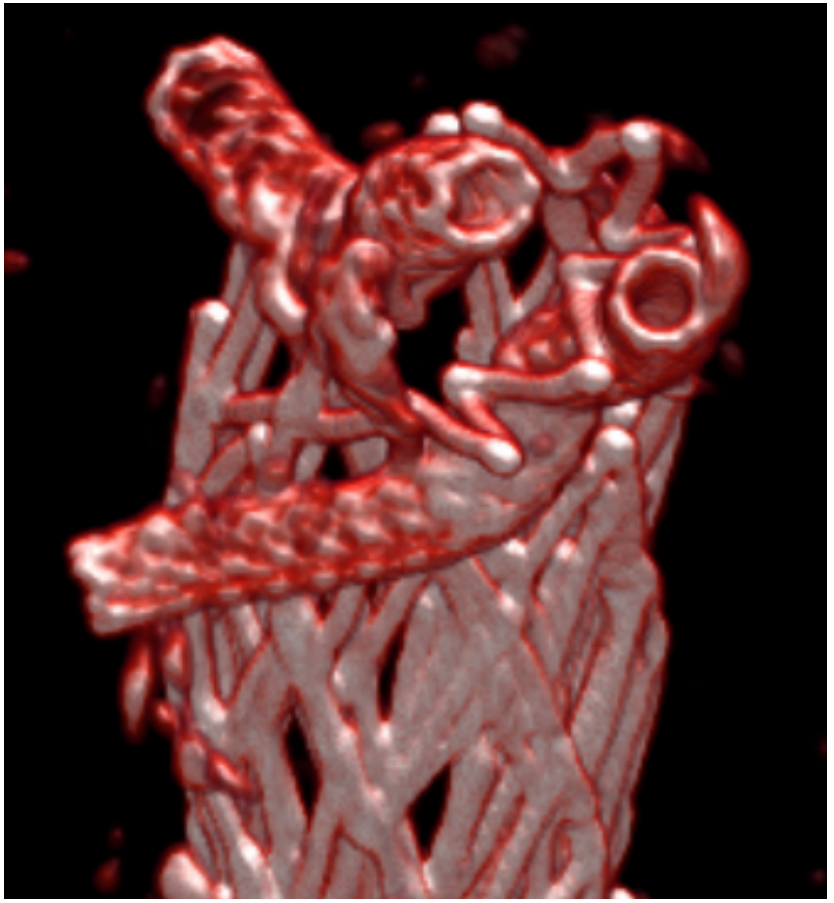


Michael Lawrence-Brown

Roy Greenberg

Mécaniquement Neutre

CHEMINÉES

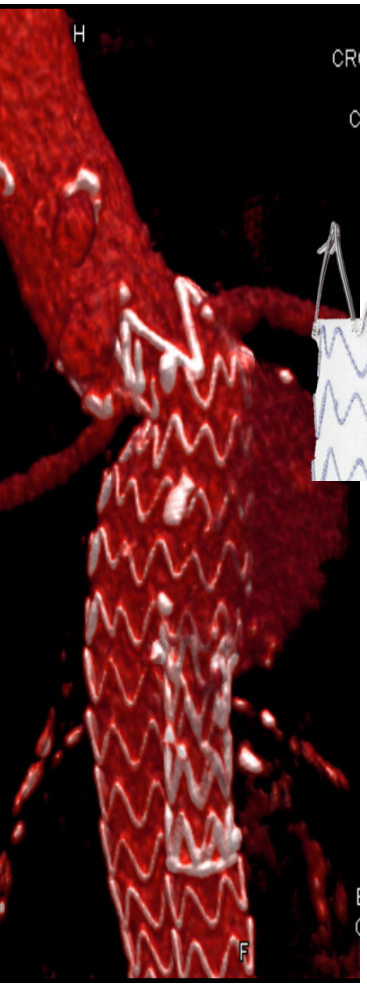


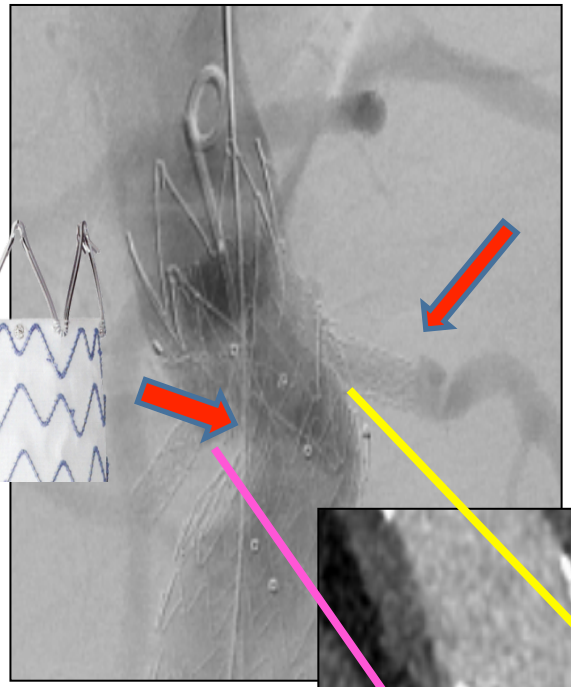
Mécaniquement Conflictuel

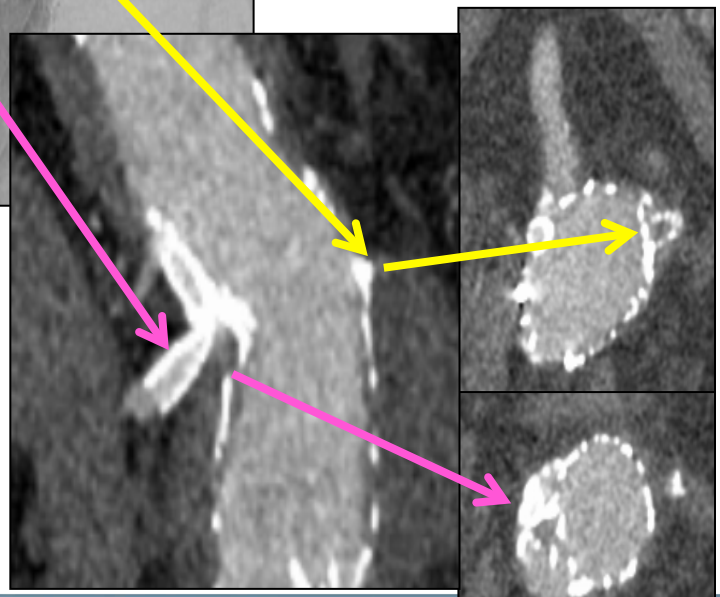
Monocentric evaluation of chimney versus fenestrated endovascular aortic repair for juxta-renal abdominal aortic aneurysm. Caradu C, et al. Ann Vasc Surg. 2017

LES LIMITES DE L'EXTENSION COELIAQUE

STENT NON COUVERT DE FIXATION SUPRARENALE



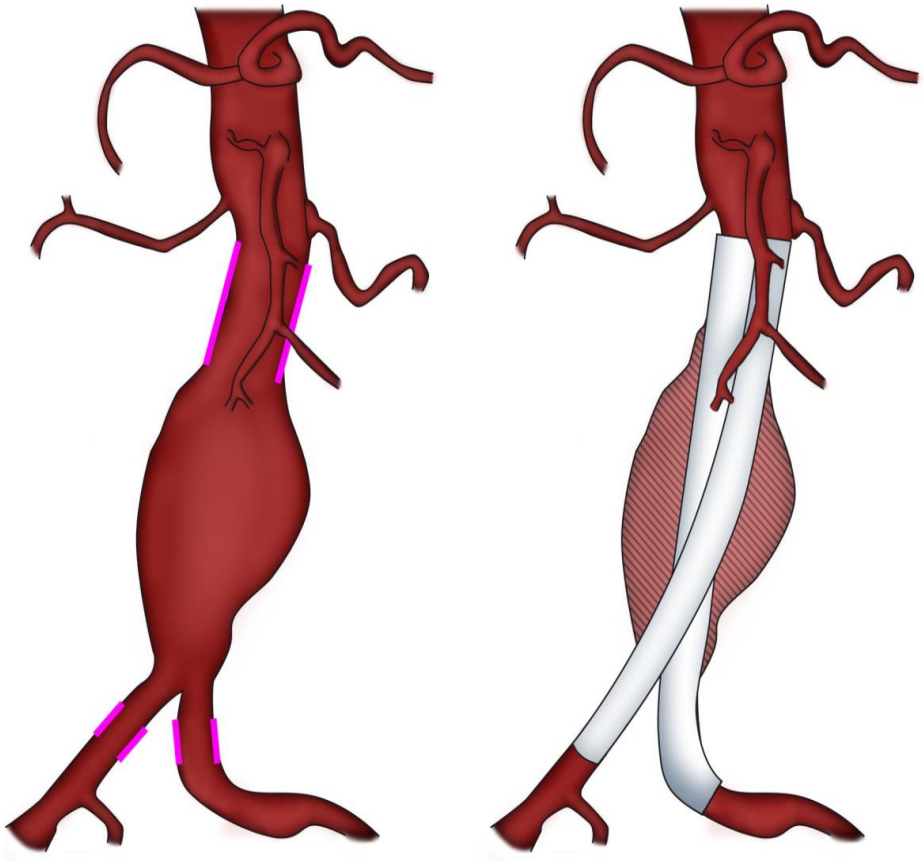


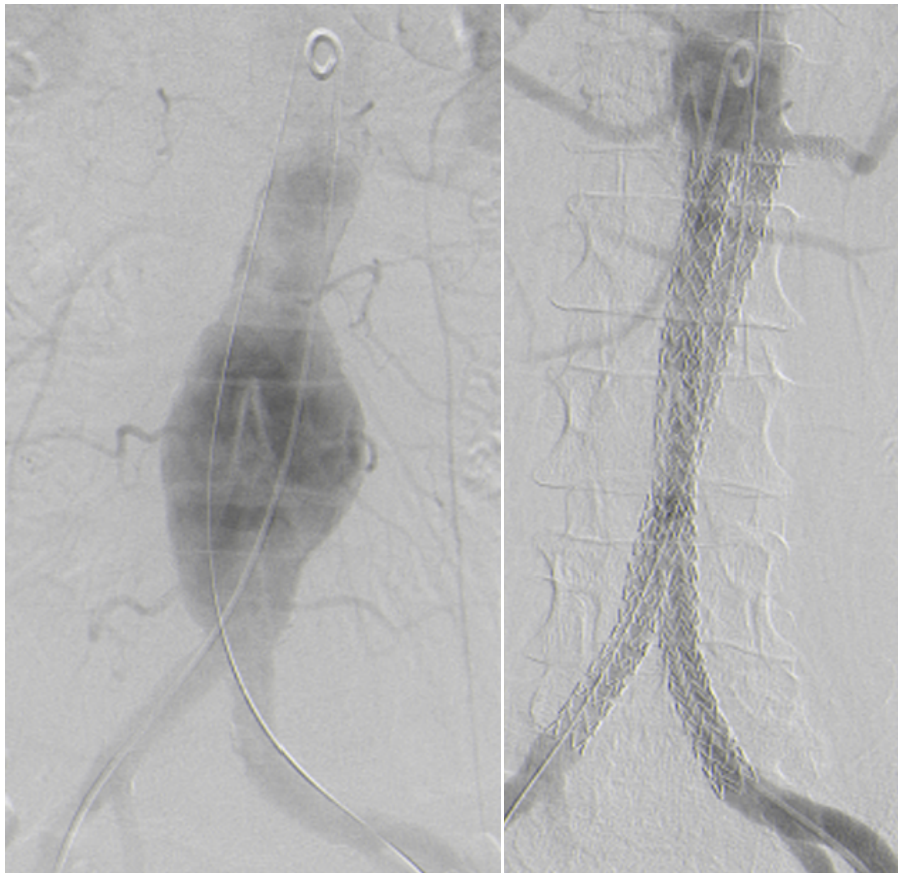


AAA EVOLUTION RELATED CLASSIFICATION
ERC 1

COLLETS SAINS

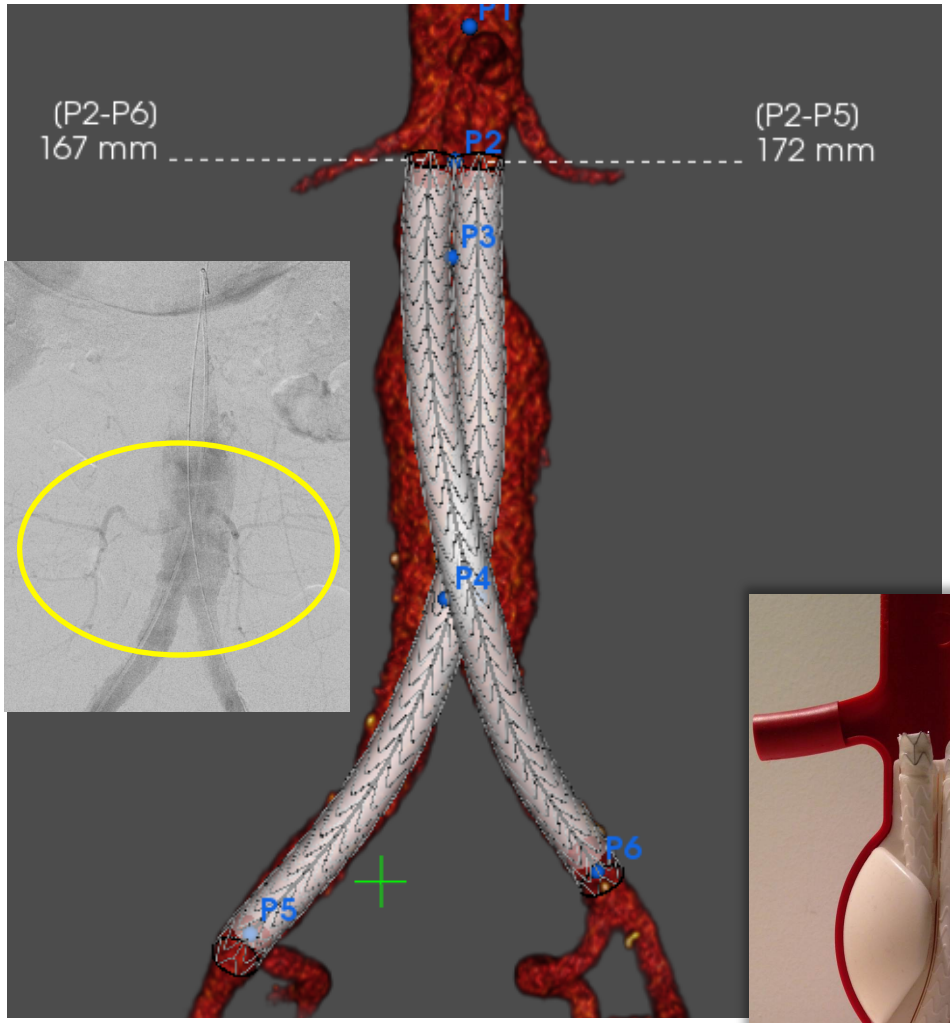
POTENTIELLES FUITES DE TYPE 2
COMBLEMENT DU SACK

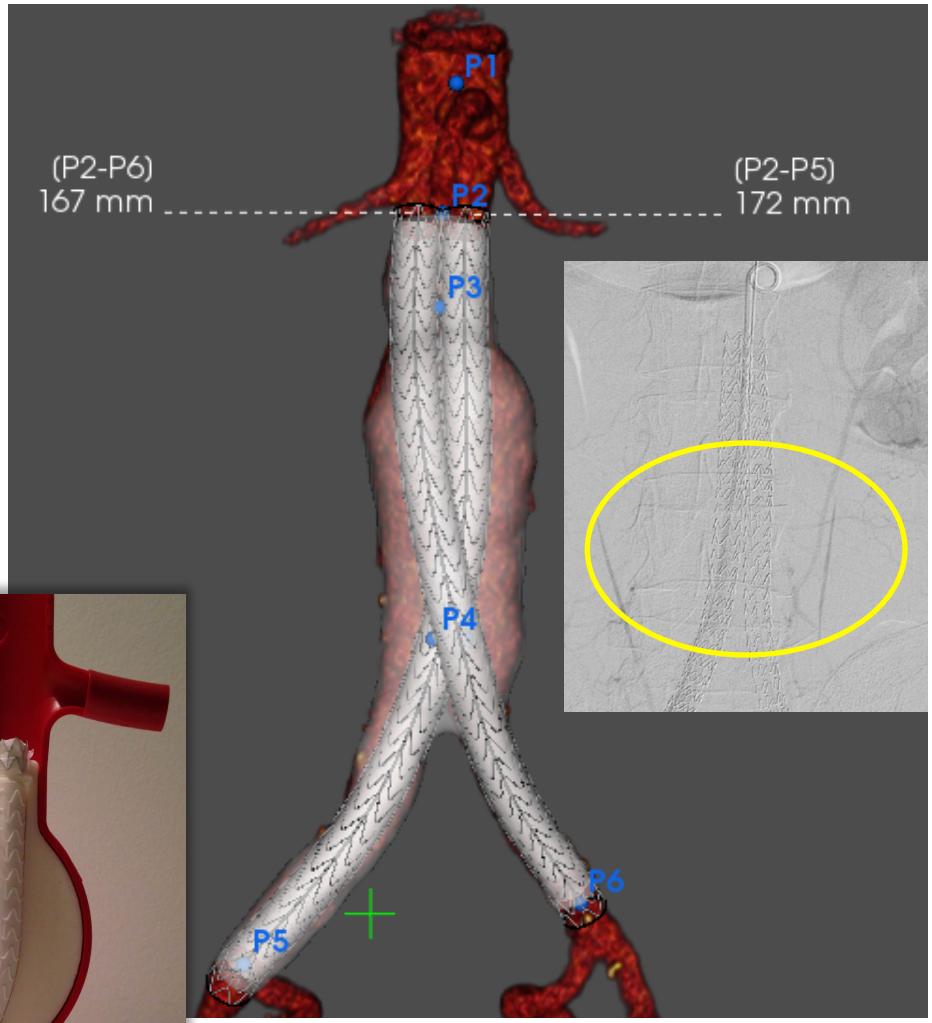




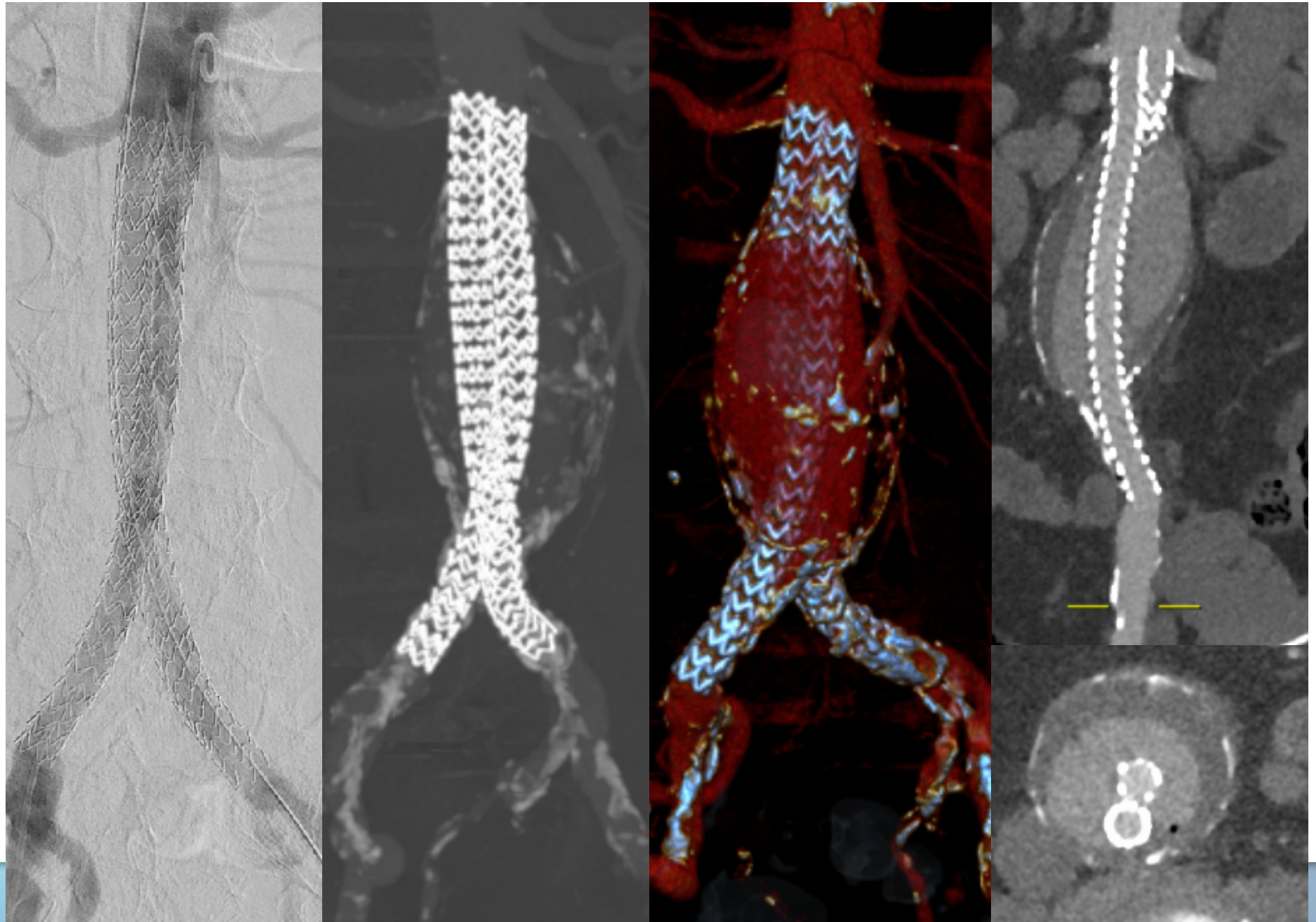
EVAS / ERC 1: 50 cases (4 years)– mean F.U.: 14+/- 13mths –Type1=0, Type2=0

EVAS = SACK STABILISATION





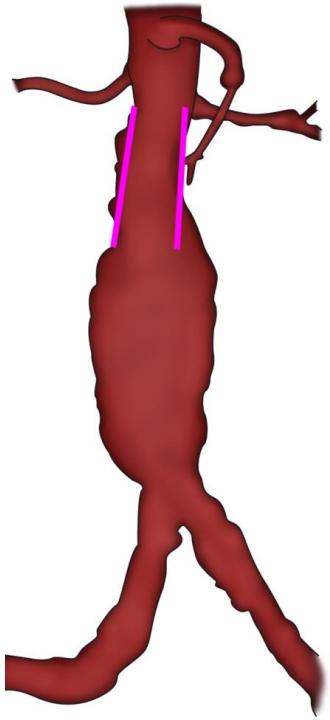
EVAS = SACK STABILISATION

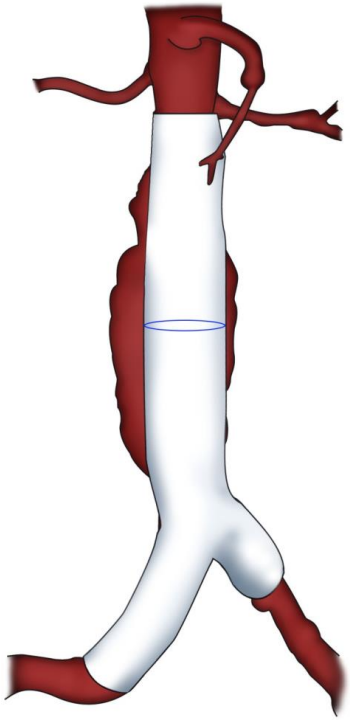


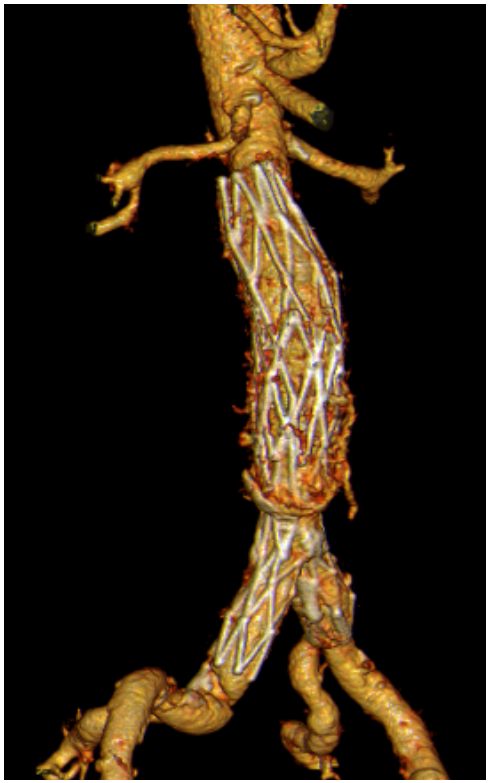
AAA EVOLUTION RELATED CLASSIFICATION
ERC 2

COLLETS CYLINDRIQUES PATHOLOGIQUES

FUITES POTENTIELLES DE TYPE 1
ENDOPROTHESES SOUS RENALES

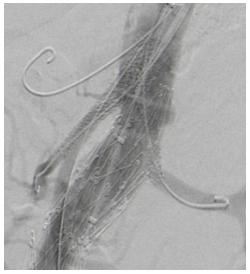






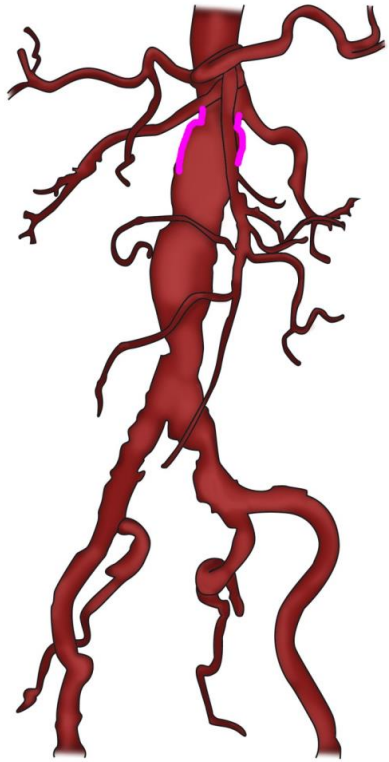
INFRA RENAL EAG / ERC 2 (5years): 50 cases – mean F.U.: 7+/- 7mths

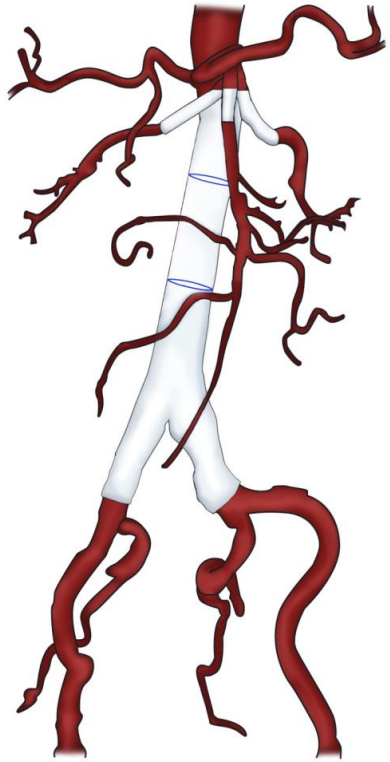
AAA EVOLUTION RELATED CLASSIFICATION
ERC 3



ABSENCE DE COLLET

3 CHEMINEES / 3 FENETRES PRIMAIRES

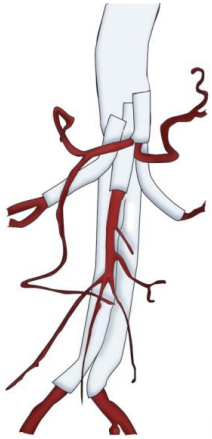


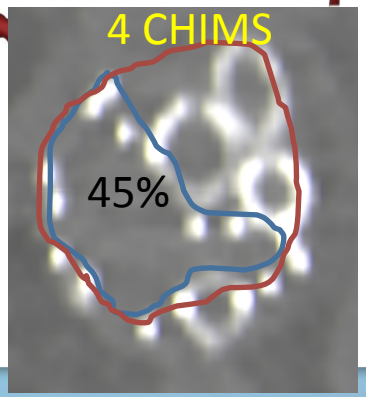


CHIM/CUFF / ERC 3 (4 years): 50 cases – mean F.U.: 14+/- 11mths
Renal stent occlusion: 11% - Secondary Patency: 94%

AAA EVOLUTION RELATED CLASSIFICATION
ERC 4

ANEVRYSME COELIAQUE





By Courtesy of Stephan HAULON

CLASSIFICATION « ÉVOLUTIVE » DES ANÉVRISMES AORTIQUES ABDOMINAUX

L'évolution anévrysmale au-delà de la prothèse fait partie de l'histoire naturelle de cette pathologie dégénérative

Le choix premier de l'endoprothèse doit tenir compte du profil évolutif de l'anévrysme

L'évolution à long term doit faire reconsidérer les indications de fixation supra rénale par stent non couvert