



Type B Dissection Management With Custom LSA Single Branch And False Lumen Endograft

Edited Case:

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- * Consultant: Cook Medical, Philips, Getinge, Terumo Aortic, Arterica
- * Research-grants: Cook Medical, Philips, Terumo Aortic, Medtronic
- * Travel-grants: Cook Medical, Getinge
- Speaking fees: Cook Medical, Philips, Getinge
- Shares: Mokita-Medical, Arterica, Medyria, Siemens, Philips
- IP: Cook Medical, Terumo Aortic, Mokita Medical
- Royalties: Cook Medical, Terumo Aortic



Morphology And Challenges



- * 65y-old male
- * Chronic TBAD* Unknown time of event
- Thoracoabdominal
 FL-aneurysm 6,5cm
- * Art. HT

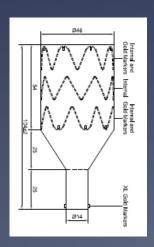


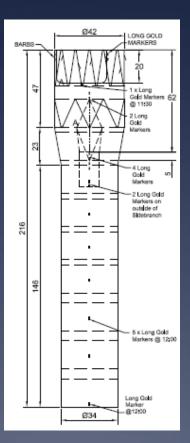


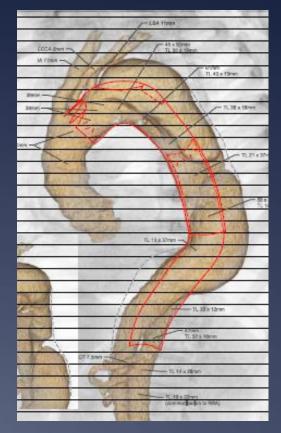
Treatment Plan



- * CMD LSA single branch TEVAR
- * Distal Extension
- * 2 Candy-plugs 46mm
- * CO₂-flushing







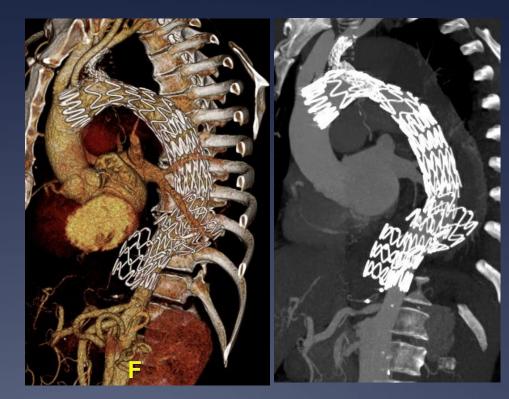




Postoperative Course



- * OR-time 95min
- * Fluoro-time 21min; DAP106 Gycm²;
- Uncomplicated postoperative course
- * 2 days ICU
- * Discharge 4th postoperative day

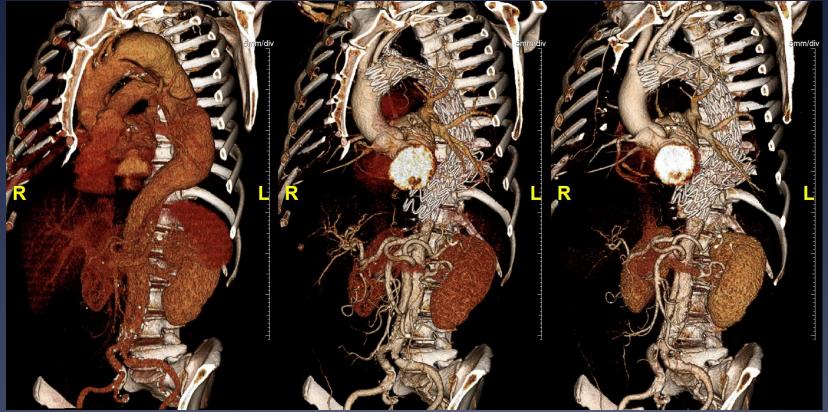


Predischarge CTA



Follow Up





Preop.

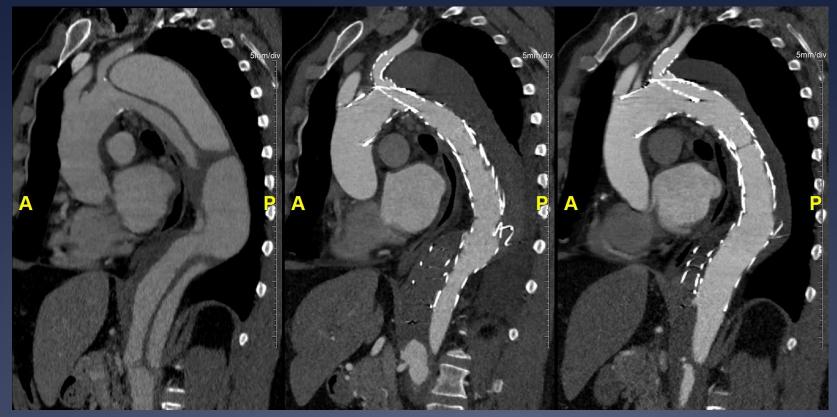
3d postop.

2y postop.









Preop.

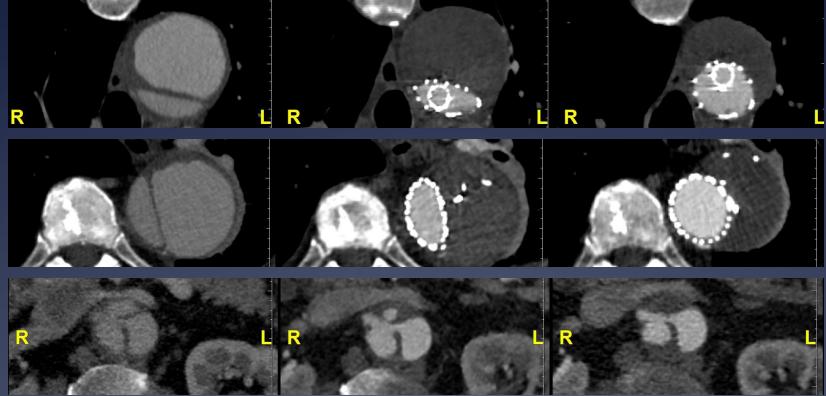
3d postop.

2y postop.









Preop.

3d postop.

2y postop.







 LSA single branch design can improve proximal seal in TBAD with large proximal entry-tears.

- * Preloaded technology facilitates easy access to retrograde LSA branch.
- * False Lumen Endograft (Candy-Plug) effectively prevents retrograde flow in the false lumen with good remodelling.
- Complex f/bEVAR can be prevented if abdominal aorta remains stable and <5.5cm.