

Endovascular Aneurysm Repair (Evar) with Endoanchors: For Tandem Aortic Abdominal Aneurysm (Aaa) with Hostile Neck & Proximal Penetrating Atherosclerotic Ulcer

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Abstract : In patients with hostile aortic neck anatomy, the risks of proximal seal complications and stent migration remain with EVAR despite improved endograft technology. This case report discusses how the technical challenges of the hostile neck anatomy, proximal penetrating atherosclerotic ulcer (PAU) and tortuous femoral access were addressed. The CT aortogram of a 63-year-old hypertensive and diabetic man with recurring abdominal discomfort revealed a fusiform infra-renal aneurysm measuring 8.8 cm in length and 5.7 cm in diameter. The proximal landing zone only has a 3 mm healthy neck with a conicity of > 10% and a thrombus of 4 mm thick. Proximal to the aneurysm is a PAU with a circumferential mural thrombus. The right femoral artery is tortuous with > 90° angulation. A 20% oversized Endurant II endograft and Aptus Heli-FX EndoAnchors were deployed as prophylaxis for type I endoleaks and endograft migration consequent to the conical neck and proximal aneurysm extension consequent to the PAU. A stiff Backup Meier guide wire facilitated the deployment of the endograft. Coil embolization of the right internal iliac artery was performed as prophylaxis for type II endoleaks. EndoAnchors can be used as an adjunct to EVAR as prophylaxis for proximal seal complications and stent migration in patients with hostile aortic aneurysm neck anatomy and concomitant proximal PAU.

Keywords : endoAnchors, endoleaks, EVAR, hostile neck

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