

1001 Endovascular repair of a giant symptomatic thoraco-abdominal aortic aneurysm using an endograft with 5 cuffed fenestrations and the Agilis steerable sheath

[Target Lesion]: Giant symptomatic Crawford extent III thoraco-abdominal aortic aneurysm.

[Strategy] Contrast enhanced CT scan with 3D reconstruction images revealed a giant Crawford extent III thoracoabdominal aortic aneurysm (TAAA) with a maximum transverse x anteroposterior diameter of 13.4cm x 7.9cm, with three renal arteries [two right renal arteries and one left renal artery]. Urgent repair was done with a physician fenestrated endograft with 5 cuffed fenestrations (for celiac artery, superior mesenteric artery, one left renal artery and two right renal arteries). Agilis steerable sheath helped in the cannulation of the visceral aortic branches and decreased the procedure time significantly.

[Final Result] Aneurysm excluded without any significant endoleak. Extubated same day and discharged on day five.

[Follow Up] At 6 months asymptomatic

[Take Home Message] Physician-fenestrated endografts are an effective treatment option for patients with TAAAs that are symptomatic, rapidly enlarging, or have contained rupture. Cuffed fenestrations allow better seal at the fenestration stent attachment site and potentially reduce the risks of endoleak without adding bulk to the device. The Agilis steerable sheath facilitates cannulation of fenestrations and the target aortic branches, making fenestrated endograft procedures simpler and quicker.