Disclosure

Speaker name: SAVIO DANIELE

I have the following potential conflicts of interest to report:

- Consulting (CORDIS, COVIDIEN, GORE)
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest
Why I do what I do in challenging or emergency situations

The GORE® VIABAHN® Endoprosthesis in a complex case of double subclavian aneurysm: three years follow-up

Dr. Daniele Savio
Radiologia Vascolare ed Interventistica
Osp.S.Giovanni Bosco di Torino
savioidaniele@tin.it
Clinical case

- Male, 47 years old
- Smoker
- Double congenital right subclavian aneurysm
- No connectival disorder
- No dissection
Tandem right subclavian aneurysm

Tortuous vessel, Heavy calcification

20 cm in length
Right vertebral artery was small with late and persistent opacization (uncomplete subclavian steal syndrome)
Double, right axillary and femoral approach

GooseNeck Snare Catheter
LP Viabhan
7x150mm +
7x50mm on
.018” V18
guidewire
3m FU
5 m FU
25 M FU
Actually at 32 months FU:

- patient is well, no symptoms, he maintain the double anti-platelet therapy
- No flow disorder showed at duplex-scan examination
TIPS & TRICKS

• CT PLANNING (VR – 3d model) endoprosthesis diameter and length
• Mandatory a double percutaneous access
• Continuous saline solution flushing in the sheath (to avoid thrombosis inside)
• Use Low – profile device on .018” stiff gw
• Use of «GooseNeck Snare Catheter»
• Protect prosthesis advanced inside sheath, beyond target
• NO OVERSIZE
What about literature

The experience reported in literature of *percutaneous* treatment of isolated subclavian aneurysm are aneodoctical
conclusion

• Endovascular treatment of complex subclavian aneurysm is safe and less invasive than surgery.
• Viabahn show a good anatomical adaptation, and is especially effective in critical situations.
• At last, the long-term patency is excellent.
Thank-you
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