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Patency of SMA and coeliac trunk stents: Liège experience

Mawait N, Kerzmann A, Boesmans E, Holemans C, Szecel D, Alexandrescu V, Defraigne JO Department of Cardiovascular and Thoracic Surgery University Hospital of Liege Belgium



Disclosure

Speaker name:

Evelyne Boesmans

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- \Box Other(s)



I do not have any potential conflict of interest





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Introduction

- Acute and chronic mesenteric ischemia (MI) are more commonly diagnosed due to increased use of computed tomography.
- It is a rare condition (± 2% of the population) with high morbidity and mortality.
- We report our experience about endovascular approach for coeliac trunk and superior mesenteric artery occlusive disease.





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Material & methods

- All endovascular treatments for visceral arterial occlusive disease performed in our university hospital between August 2018 and October 2021 were screened.
- They were reviewed retrospectively.
- Primary endpoint : primary patency rate Secondary endpoint : safety





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Results (1)

43 patients had endovascular treatment for visceral arterial occlusive disease

Men	15
Women	28
Mean age	71 years old
Smokers	36
Diabetes	9
AHT	24
Cardiac diseases	22
RI	12
Stroke	2
PAD	19





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Results (2)

29 chronic MI (65%)

- All atherosclerosis
- All stenosis
- All treated by percutaneous puncture

14 acute MI

- All atherosclerosis
- 2 occlusions
- 1 dissection
- 1 embolization
- 4 ROMS (retrograde open mesenteric stenting)



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Results (3)

Target vessel

- 33 SMA
- 8 CT
- 2 SMA + CT

Puncture

• 33 left brachial

- 1 radial
- 5 femoral
- 4 ROMS

Stent

- 40 bare metal stents
- 3 covered stents
- All balloon expandable stents





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Results (4)

- Mean follow up was 5 months
- 8 patients were lost to follow-up
- 100% primary patency rate





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Results (5)

- 13 deaths
 - 2 early deaths (from AMI)
 - 11 deaths not related to MI
- Complications
 - 7 hematomas
 - 2 false aneurysms
 - 1 brachial artery thombosis
- All after left brachial puncture







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Conclusions

- Endovascular therapy is the favourite approach for visceral arterial occlusive disease.
- Primary patency rate is high.
- **Brachial artery** puncture has to be avoided because it has more complications than other puncture sites.

