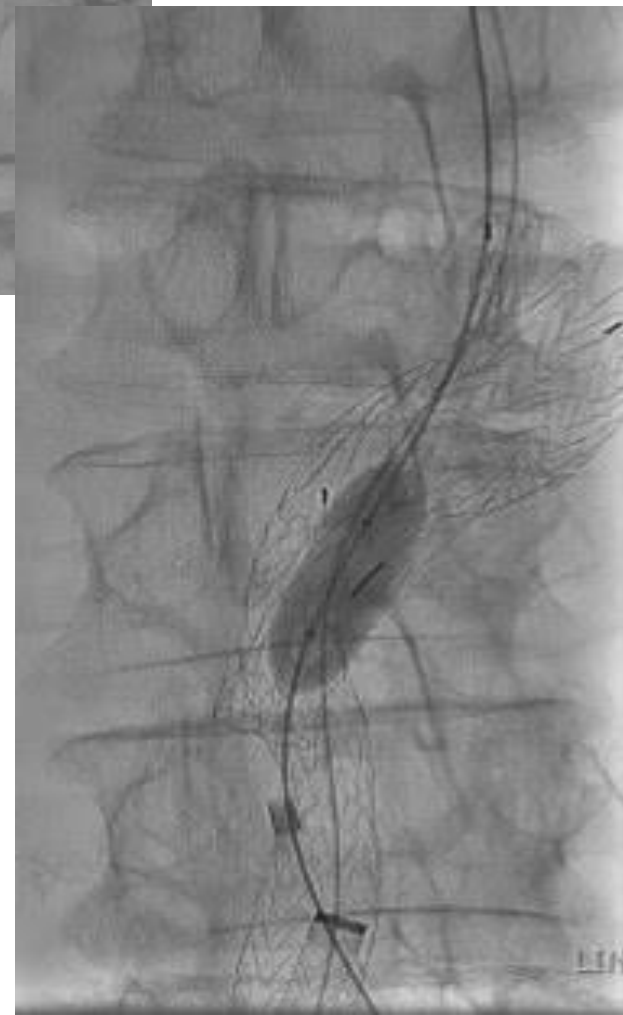
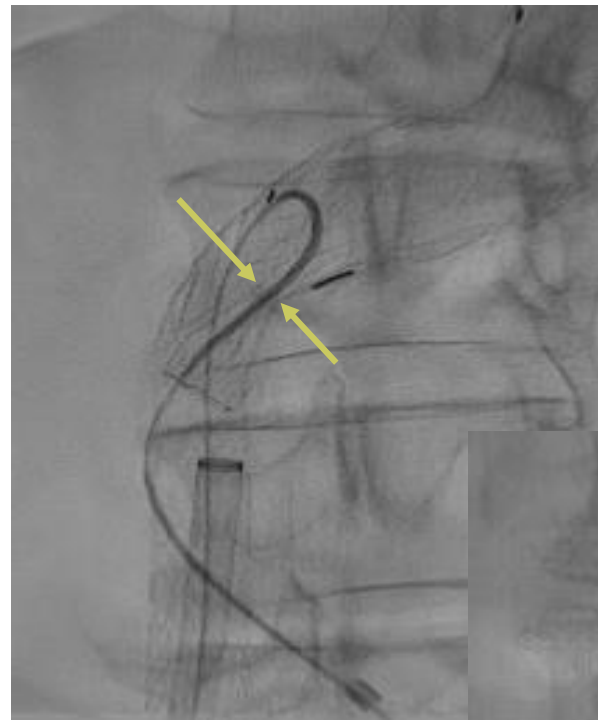
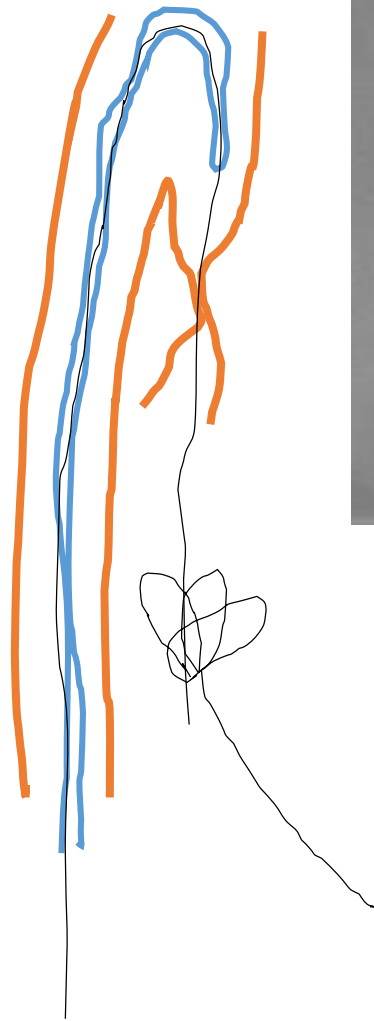
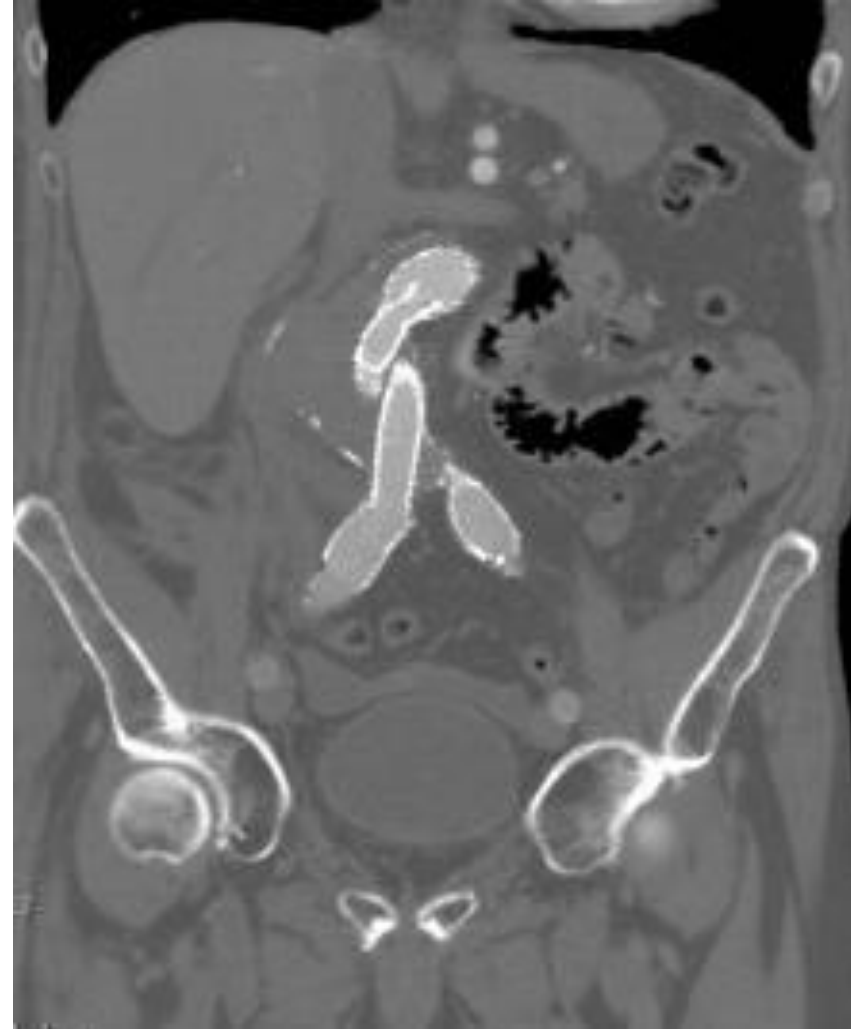
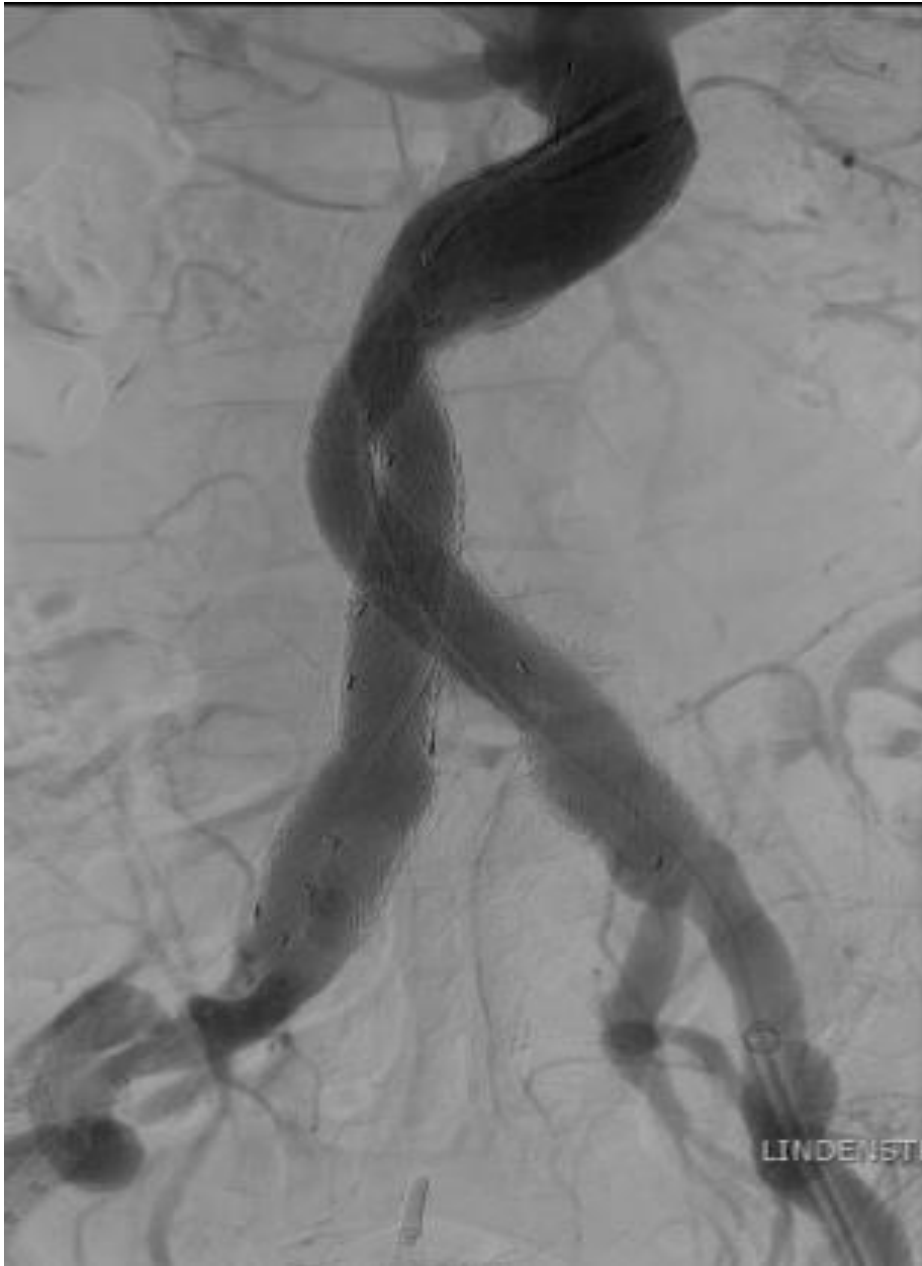


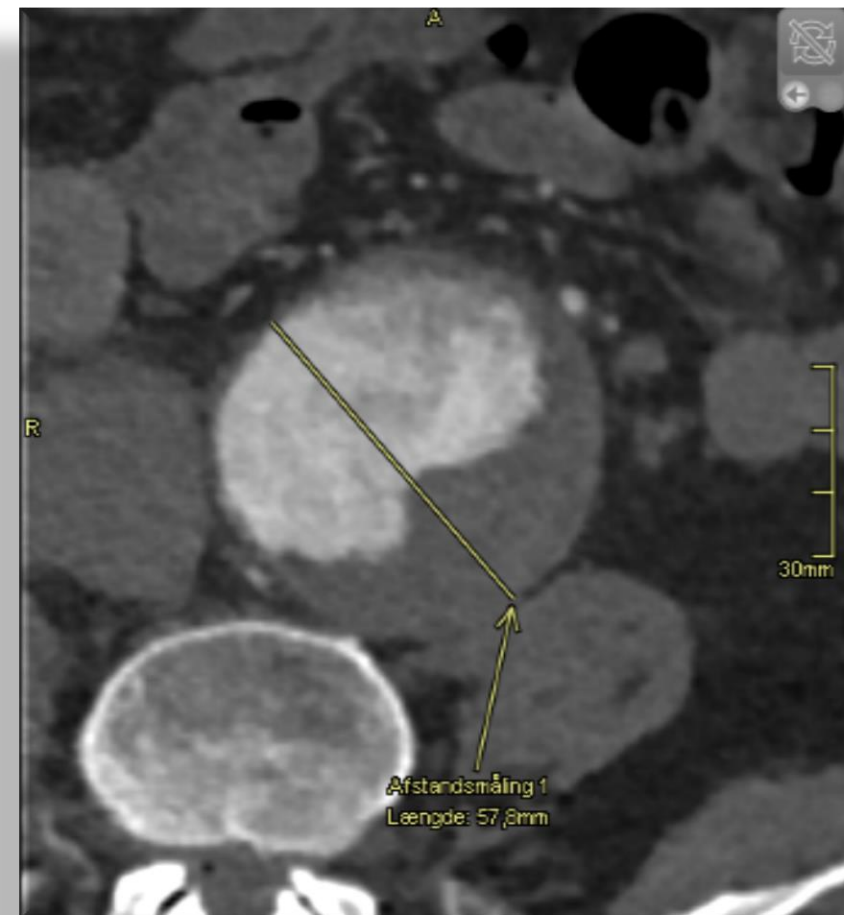


When the Storm has
arrived – Rupture
REVAR



When the Storm has
arrived – Rupture
REVAR





**81-year-old male with
~58 mm AAA**

**AAA with angulated
neck - EVAR – Type 1A
leak**

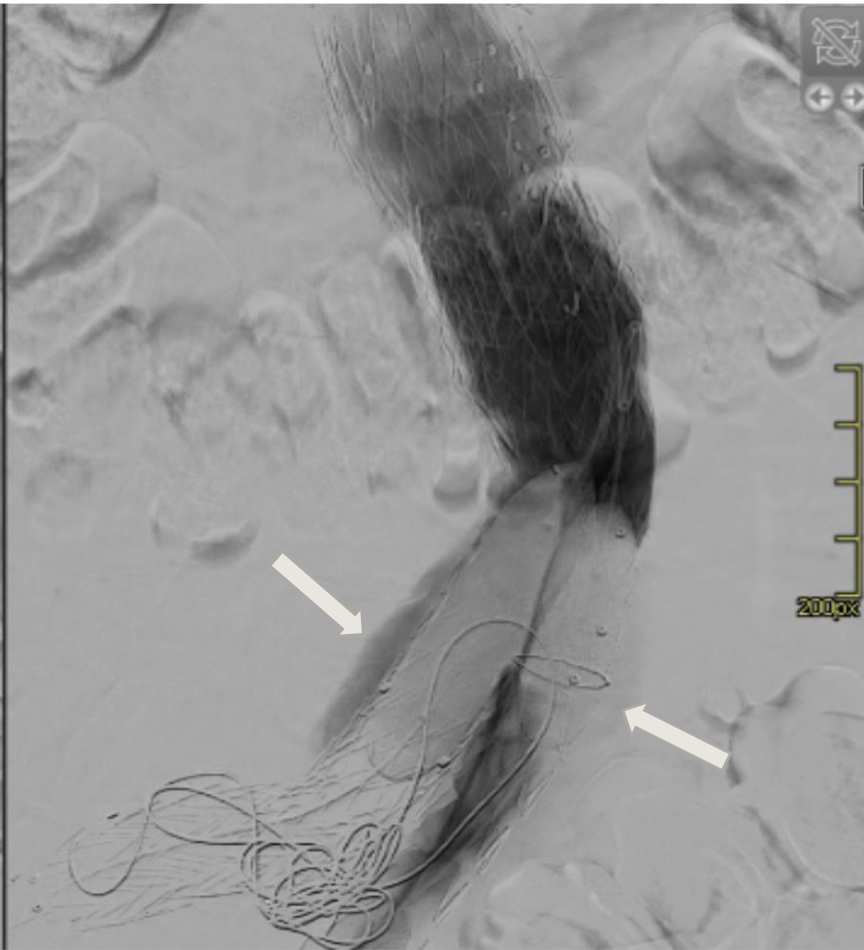
**Giant Palmaz stent
implanted
Large endoleak
persisted**



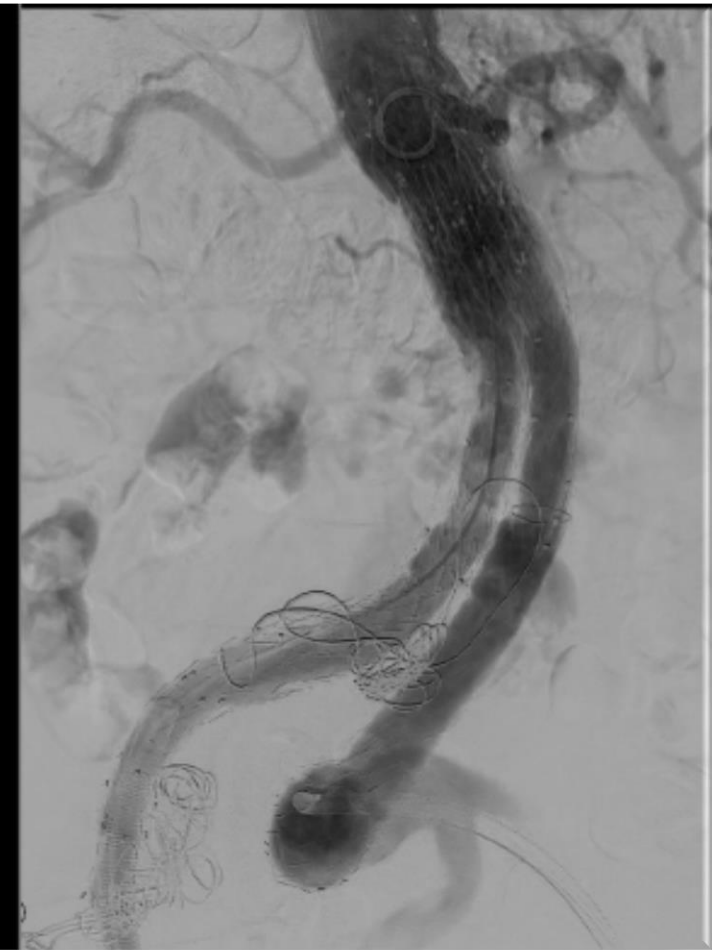
Embolization of sac with multiple macrocoils - distal retrostent approach

Proximal extension with FEVAR

Type 1A leakage disappeared



Still large endoleak, confirmed to be Type 3



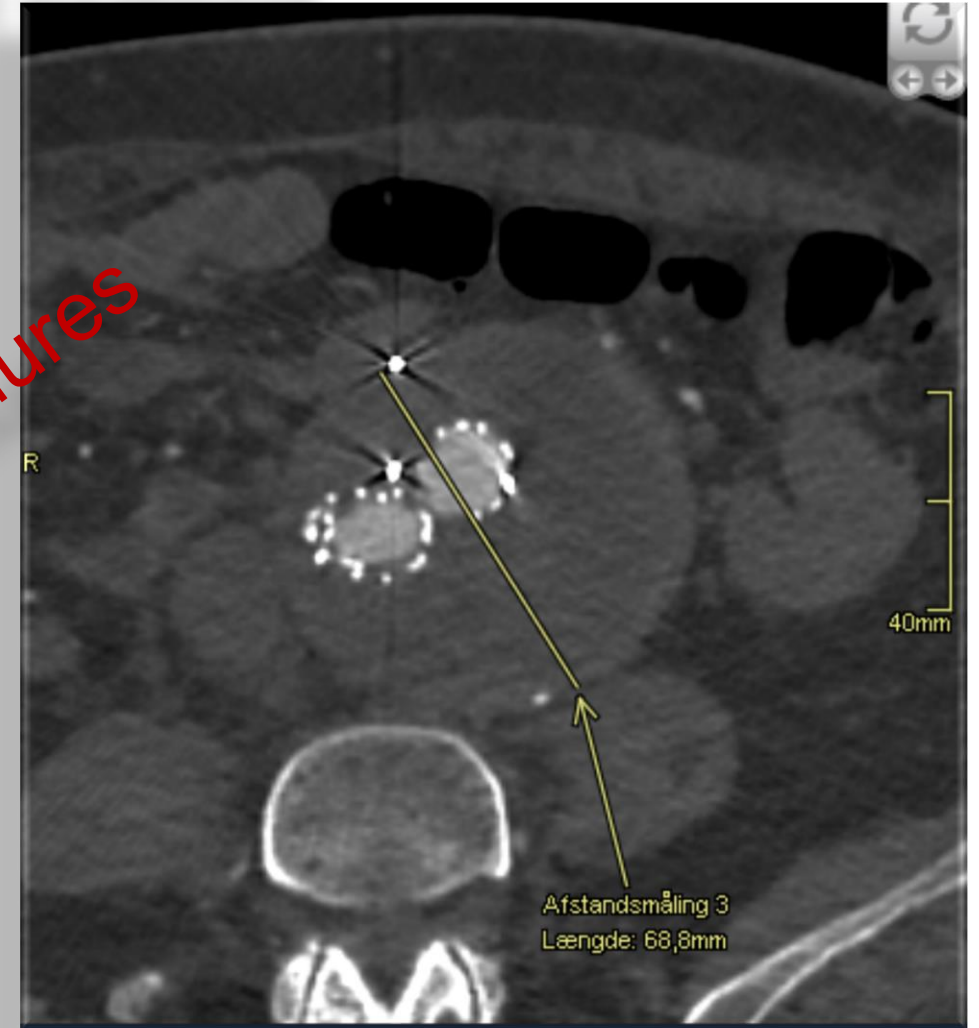
Converted to an EVAR-in-EVAR procedure

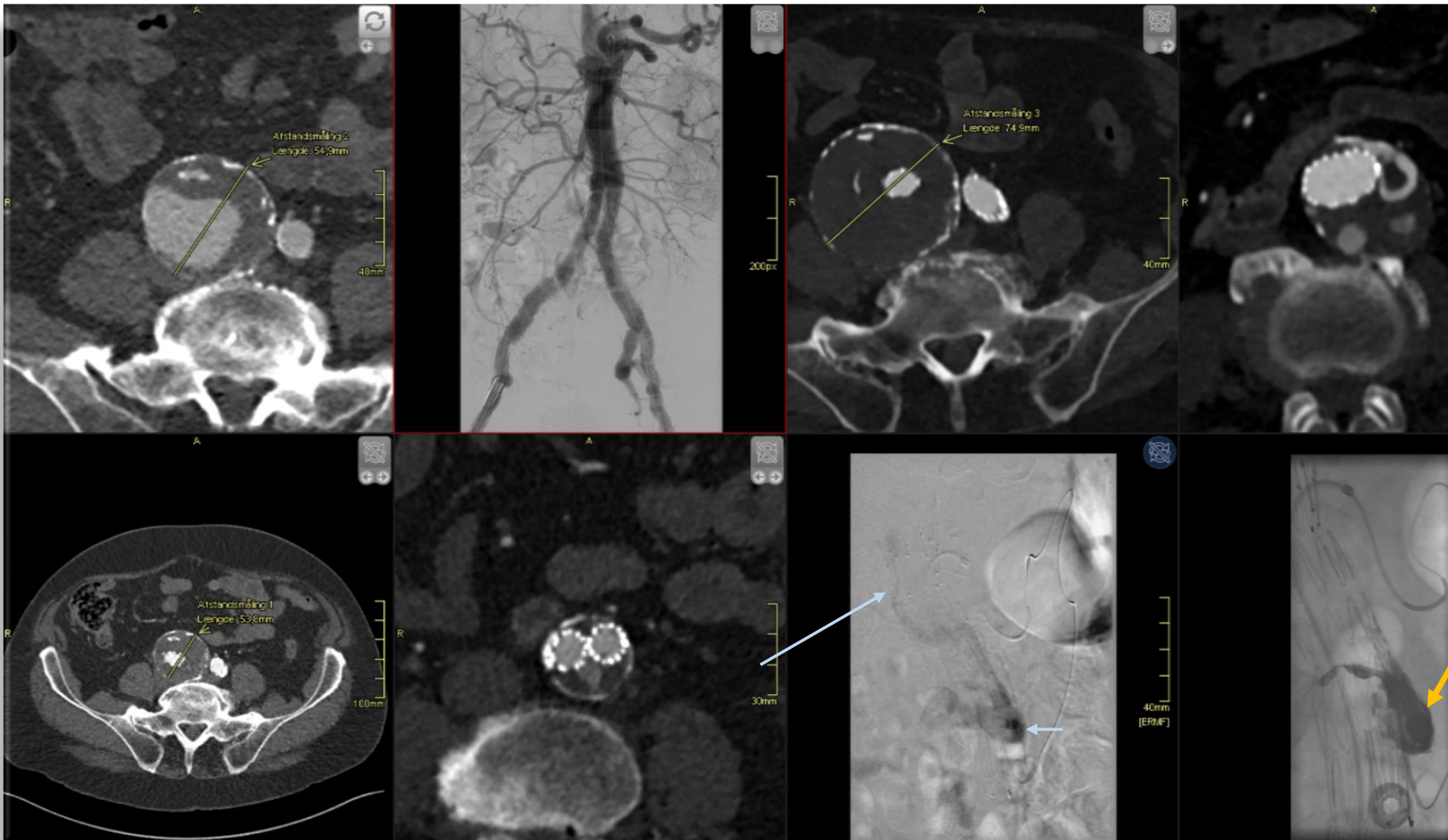
Remaining leakage vanished

Previous endoleaks are gone, but the sac is expanding
(Type 5) Patient had a stroke after last treatment



Can we call the procedures durable? YES / NO

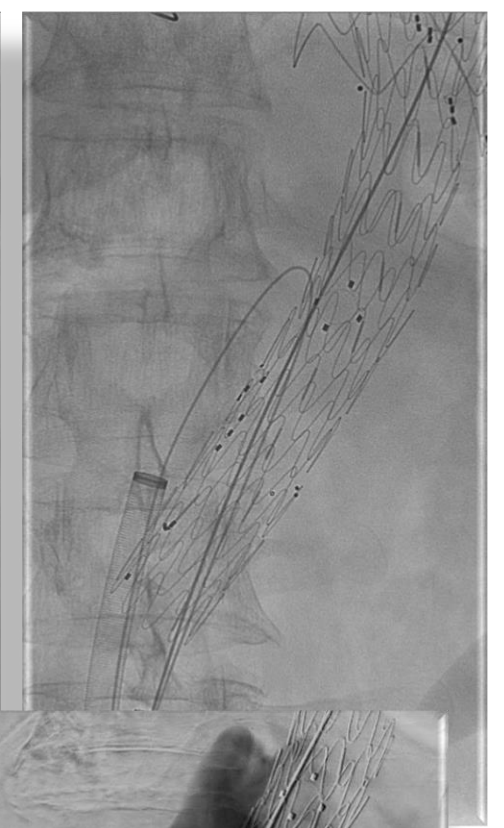
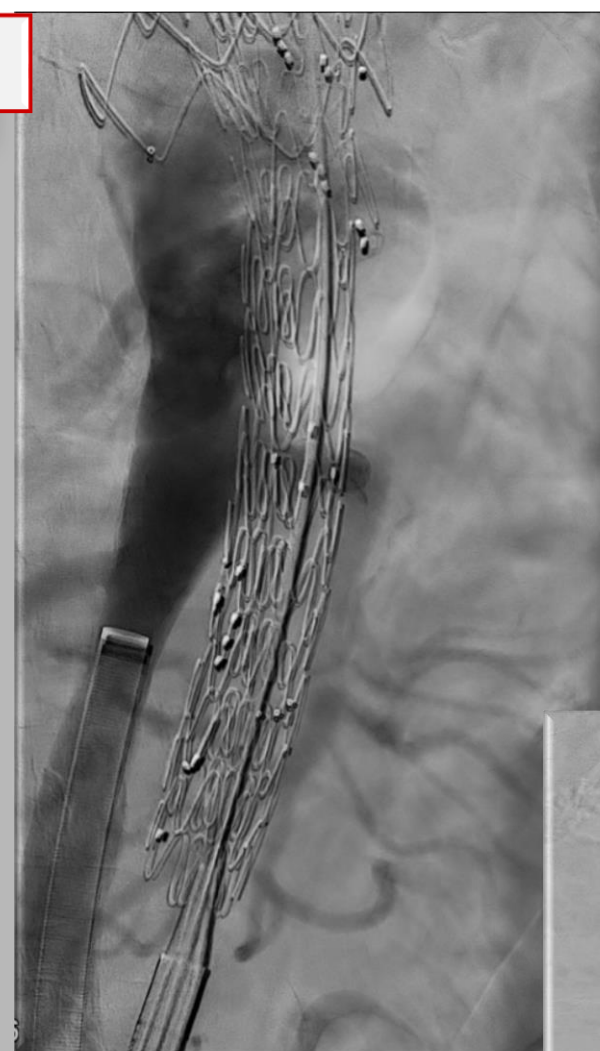
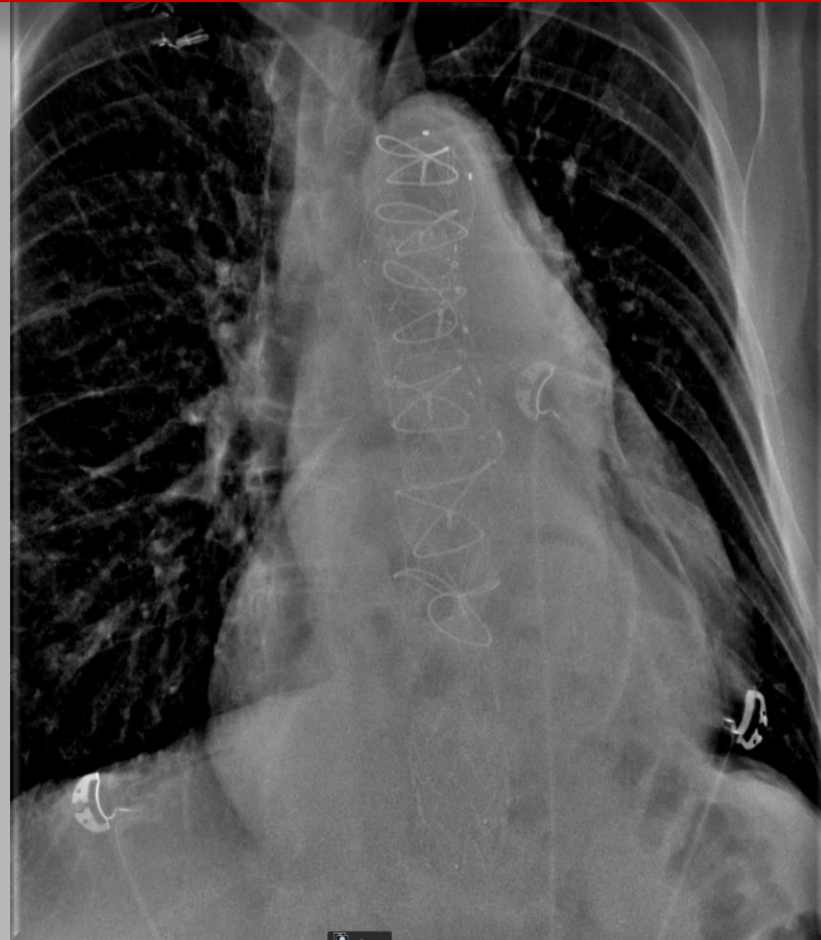




**TYPE 1A AND
TYPE 2
ENDOLEAKS**

A 74-year male with 5.5cm rt. iliac aneurysm treated with EVAR. 1 year follow up (2015) showed a Type2 endoleak with no sac expansion. 9 years follow up in 2023 showed sac expansion to 7.5cm and enlarged type 2 leak. Angiography during embolization confirmed type 2 and 1A endoleak. Embolized with Onyx.

TYPE 1B ENDOLEAK



74 year old man with thoraco-abdominal A-dissection treated by open thoracic repair of ascending aorta with frozen elephant trunk, TEVAR.

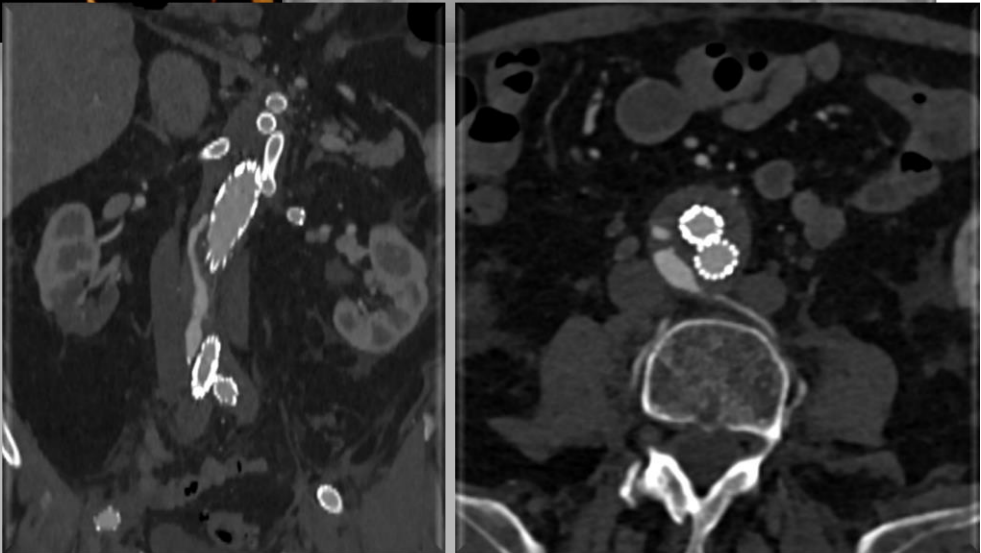
BEVAR through false lumen - septal fenestration - branch implantation



TYPE 1B ENDOLEAK

Bilateral Type 1B leak treated by bilateral ZBIS (iliac branch) with optimal sealing.

Now a stable Type2 leakage.





THANK YOU