

RF9. Endovascular Treatment with a Modified Renu Cuff

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Endovascular treatment has become a widely accepted means of treating infrarenal abdominal aortic aneurysms in appropriately selected patients. Challenging aortic neck anatomy may not be suitable for currently available devices and often leads to proximal attachment failure with associated graft migration and/or major endoleaks after endovascular repair. Treatment options include the use of a variety of available graft components and open surgical repair but these may not be applicable to the population of patients with short aortic necks and failed endovascular grafts. Modification of currently available endovascular components may be the only potential solution for some of these challenging cases until new devices become available. We present five patients who were successfully treated with a Modified Renu cuff. These patients all had multiple medical comorbidities with resultant prohibitive risk for open surgical repair. Two patients had developed type I endoleaks from a previously placed Aneurx stent graft and three patients had contained rupture of an aortic ulcer/pseudoaneurysm. Due to proximity to the renal and visceral vessels, modifications to a Renu cuff (three fenestration, one scallop and one combined fenestration/scallop) were used. All lesions were successfully excluded. In carefully selected patients, modified Renu aortic cuffs can be used to exclude complex perivisceral lesions and salvage failed endovascular grafts.