TAGged and Tailored: Physician Modified GORE TAG Endograft for Extent V Thoracoabdominal Aortic Aneurysm

Montefiore

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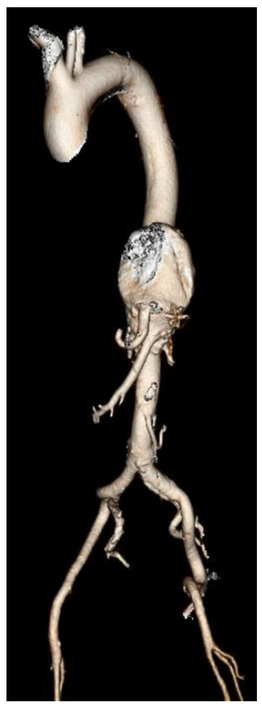
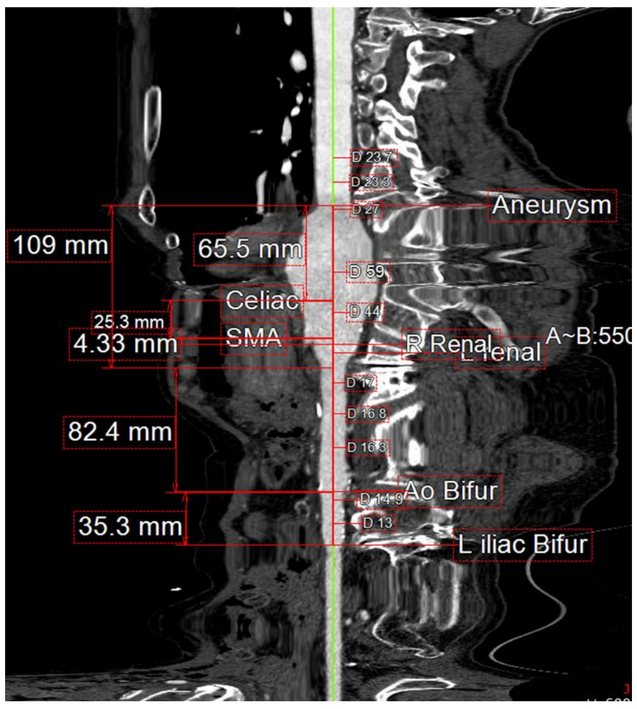
INTRODUCTION

HPI: 85M presents with an incidentally found 6.1cm Extent V thoracoabdominal aortic aneurysm (TAAA) during an admission for a small bowel obstruction
PMH: asthma, HTN, prostate cancer, severe CAD, CKD3
PSH: small bowel resection and ileocecectomy 8/2023, exploratory laparotomy and lysis of adhesions 10/2023

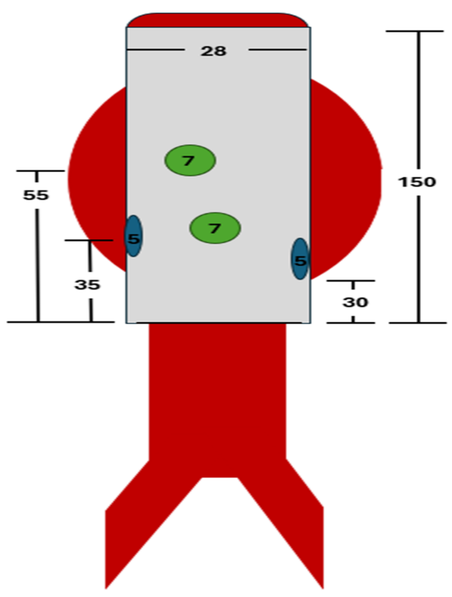




Summary: 85M, multiple medical comorbidities w/ 6.1cm Extent V TAAA, at prohibitive risk for open repair and does not meet anatomic criteria for commercially available endograft

METHODS

Image 1: Pictogram of Endograft Design



- **Gore TAG (28x150mm)**
- **Celiac & SMA Branches**
- **Renal Fenestrations**

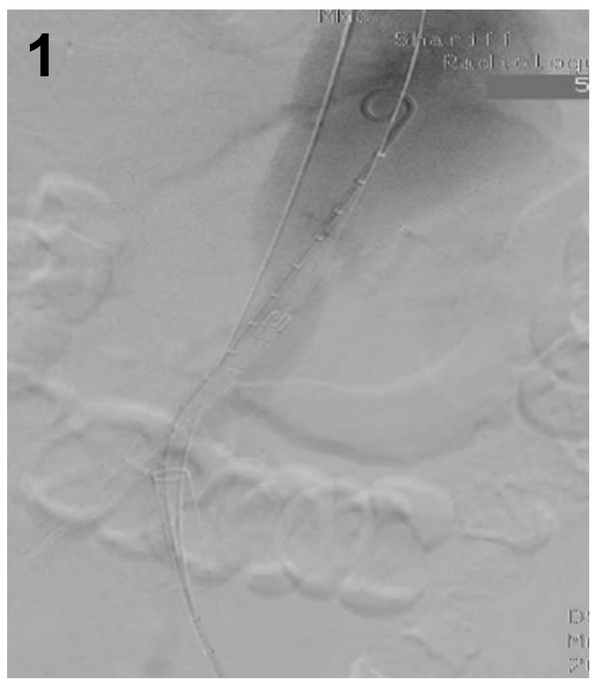
Image 2: Endograft

PMEG - two fenestrations for the renal arteries, and two branches for the SMA & celiac arteries

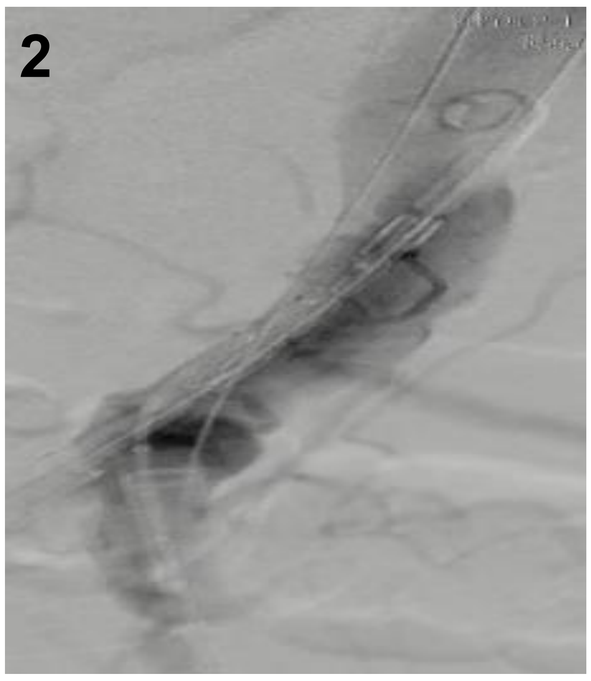
Image 3: Reconstrained device

Reconstrained PMEG in a peel-away sheath

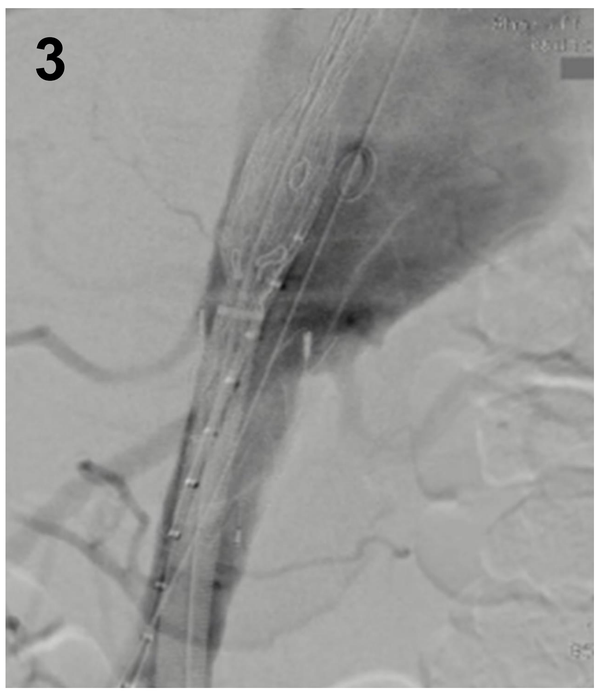
CASE



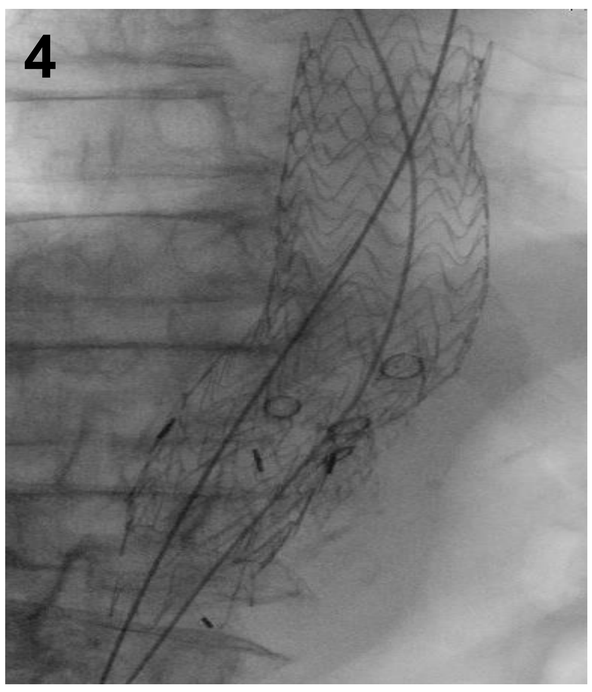
Diagnostic Aortogram



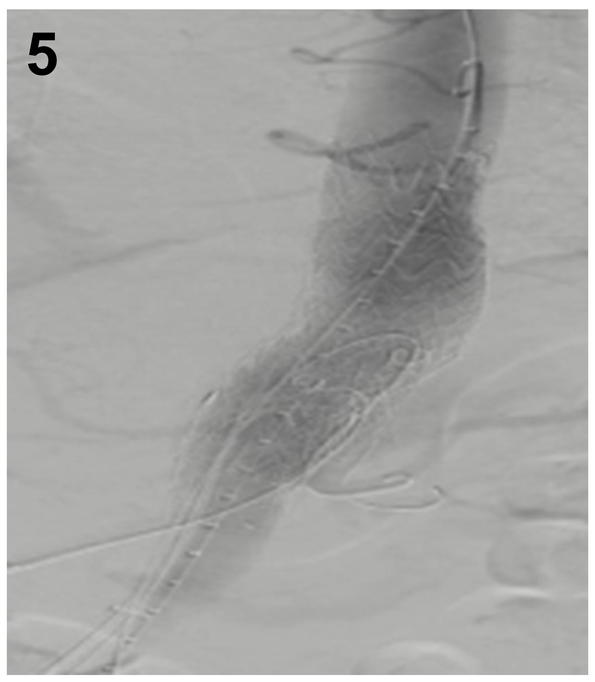
GORE Aortic Cuff
(23x45mm) for distal seal



Partially deployed PMEG with four vessels cannulated



Visceral & Renal Stents (VBX)
Celiac: 7x59mm; SMA: 7x39mm
R Renal: 5x29mm; L renal 5x19mm
Flared with 9x20mm



Completion Aortogram

- Patent Celiac, SMA, Renal arteries
- No 1A or 1B endoleak
- Late filling of the aneurysm sac, possibly II

CONCLUSIONS

Physician-modified endografts offer a solution for complex thoracoabdominal aneurysms in select patients when commercially available devices are not available. This case demonstrates the successful repair of an Extent V TAAA with a physician modified endograft using the GORE TAG Endograft.