

Percutaneous transbrachial access for mesenteric endovascular interventions

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Introduction

Acute and chronic mesenteric ischemia are associated with high morbidity and mortality. Since the patient we treat are more fragile with greater comorbidities, it is important to find a safest way to treat them. That's why endovascular treatment is preferred because it is minimal invasive and it has high long term patency rate. We report our single experience about endovascular approach for coeliac trunk and superior mesenteric artery occlusive disease.

Material & Methods

Between August 2018 and April 2022, 40 patients had endovascular treatment for visceral arteries occlusive disease. 11 of them were emergencies and 29 scheduled surgeries.

Population

MEN	20	50%
WOMEN	20	50%
MEAN AGE	72	± 9,6
SMOKERS	34	85%
DIABETES	9	22,5%
AHT	23	57,5%
ISCHEMIC CARDIOPATHY	21	52,5%
CKD	11	27,5%
STROKE	2	1%
PAD	18	45%

Access

HYBRID (ROMS = RETROGRADE OPEN MESENTERIC STENTING)	3
BRACHIAL	30
RADIAL	2
FEMORAL	5

Target vessel

STENOSIS	34	85%
DEGREE OF STENOSIS	80%	± 17%
TYPE 3 ENDOLEAK	1	2,4%
SMA	30	75%
CT	7	17,5%
SMA + CT	3	7,5%

Results

- Follow up : 13,5 months (± 11,5)
- 13 patients passed away of which 5 in the course of hospitalization, the rest died of another cause.
- 22,5% of the alive patient were lost.
- only one restenosis was observed, without symptom.
- We performed 37 percutaneous puncture. **All the complications where from transbrachial access.** We did not report complication from the femoral access but there were only 13,5%.

HEMATOMA	7
PSEUDO-ANEURYSM	3
THROMBOSIS	1

Humeral puncture offers more direct access to the aorta and digestive trunks. Although we did not have any complications for the 5 femoral punctures, the complication rate would be the same. Humeral puncture is therefore preferred in obese patients or those with an inguinal fold infection, or is recommended when there is advanced aorto-iliac atheromatous pathology.

Conclusions

Endovascular therapy is the favorite approach for visceral arteries occlusive disease. Primary patency rate is high. Even if it offers better access to the target vessel, humeral artery puncture has to be avoided because it has more complications than others puncture sites.

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