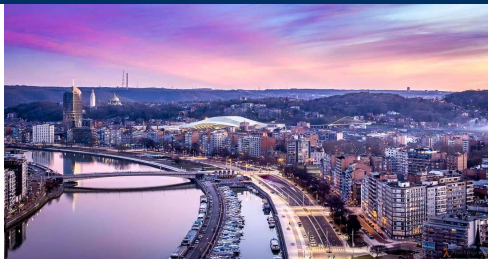


LINC

Percutaneous angioplasty with drug eluting balloon for aorto-mesenteric venous bypass stenosis

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Disclosure

Speaker name:

Arnaud Kerzmann

I have the following potential conflicts of interest to report:

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

- I do not have any potential conflict of interest

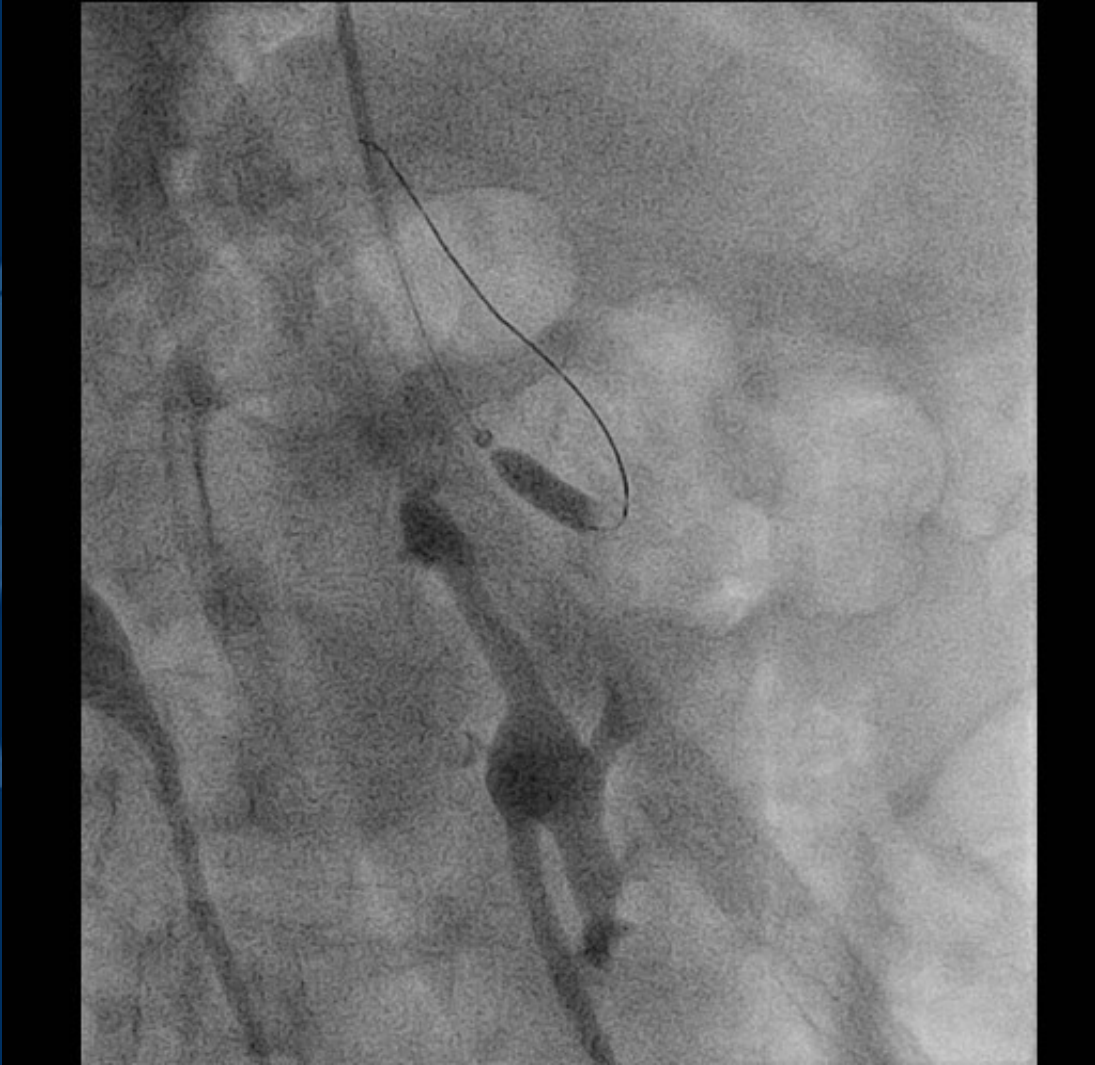
Case report

- caucasian man
- born in August 1982
- past history :
 - ✓ arterial hypertension
 - ✓ dyslipidemia
 - ✓ smoking habit since 16 years old

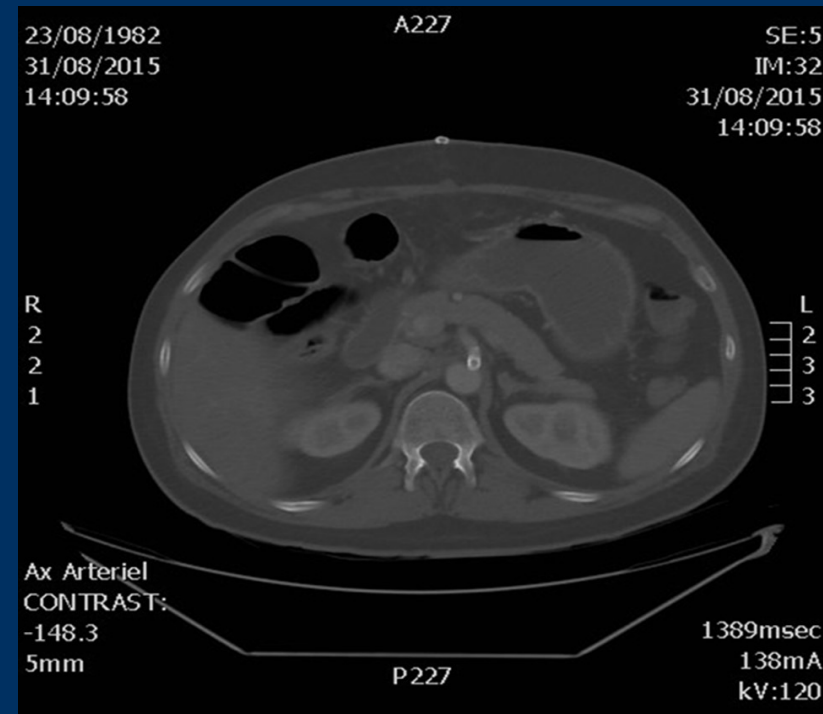
- March 2015 : emergency room for abdominal pain
- abdominal CT : 3 vessels disease
- CRP 51,4mg/L and white blood cell counts 16100/mm³
- Takayasu arteritis suspected
- investigations in internal medicine department (serology negativ, immunity negativ, PET-CT light positiv)

First intervention

- stent at the proximal part of the coeliac trunk
- local anaesthesia, right humeral open approach
- clopidogrel 1 month, aspirin
- methylprednisolone 1 month, methotrexate
- smoking cessation

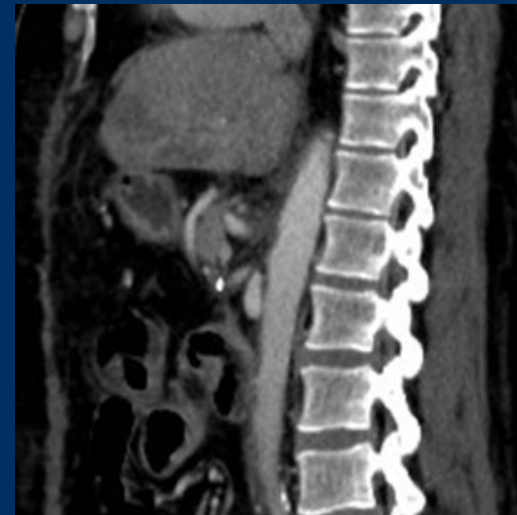


- June 2015 : sudden abdominal pain with diarrhea, followed by intestinal claudication
- abdominal CT and aortography : stent free
- CRP 77mg/L
- PET-CT negativ
- methylprednisolone started again

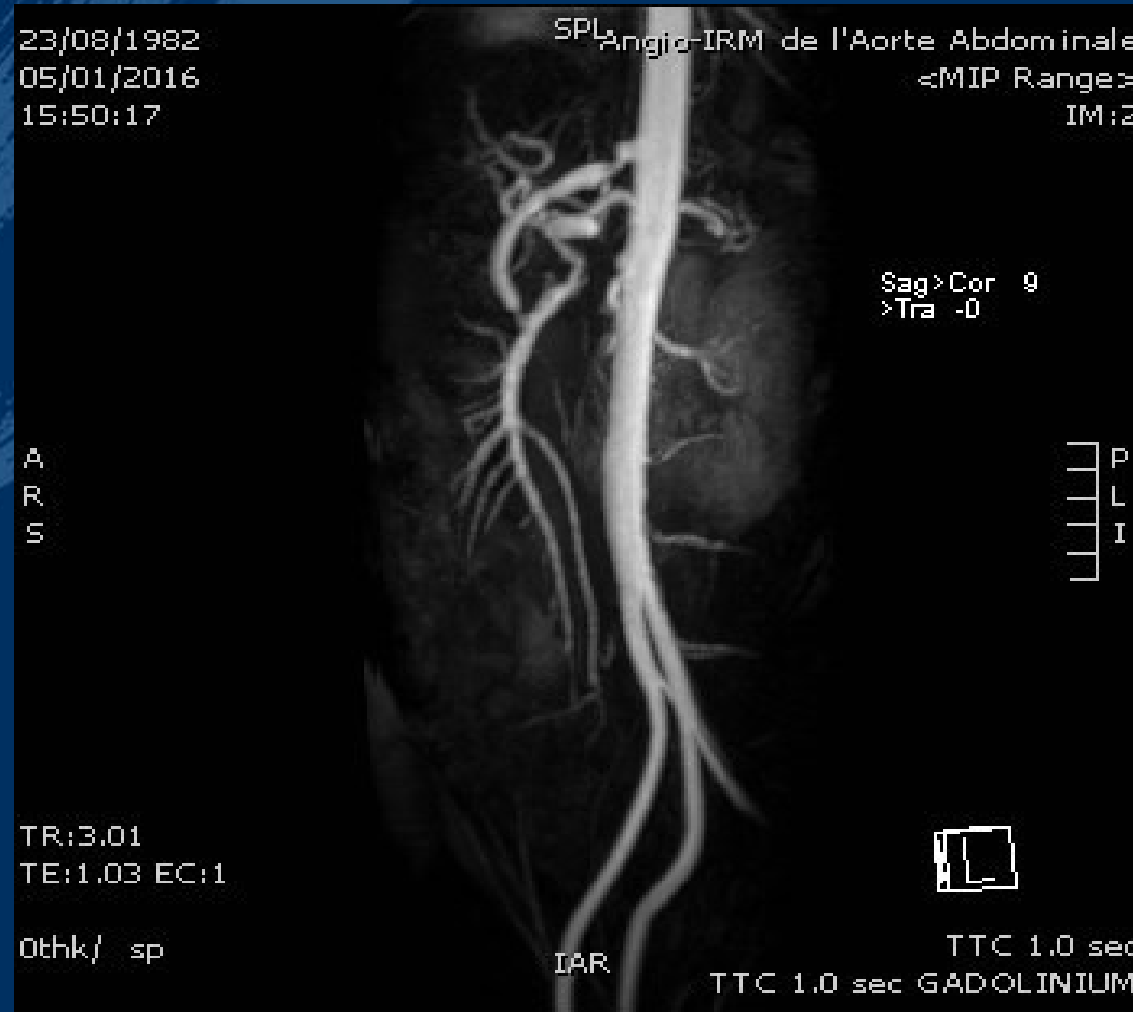


Second intervention

- August 2015 : anterograde aorto-mesenteric venous bypass
- methylprednisolone 4 months
- no pain anymore



- MRI after 5 months : 3 vessels disease, no pain



Third intervention

- June 2016 : stent at the proximal part of the bypass (Biotronik Dynamic[®] 6mm-15mm) and drug eluting balloon at the distal anastomosis (Bard Lutonix[®] 6mm-6cm)
- general anaesthesia, right femoral puncture, 45 cm 7F sheath
- clopidogrel 1 month





- October 2016 : no pain
- November 2016 : emergency room for abdominal pain, nausea, diarrhea
- abdominal CT : total occlusion
- in situ thrombolysis
- peritonitis after 3 days. Laparotomy : necrosis. **Death!**

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