

Endovascular treatment for visceral arteries occlusive disease

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Disclosure

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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

Introduction

- Acute and chronic mesenteric ischemia (MI) are more commonly diagnosed due to the increased use of computed tomography.
- It is a rare condition ($\pm 2\%$ of the population) with high morbidity and mortality.
- We report our experience about endovascular approach for coeliac trunk and superior mesenteric artery occlusive disease.

Material & methods

- Between **August 2018** and **October 2021**, 43 patients had endovascular treatment for visceral arteries occlusive disease in our university hospital.
- They were reviewed retrospectively.

Results (1)

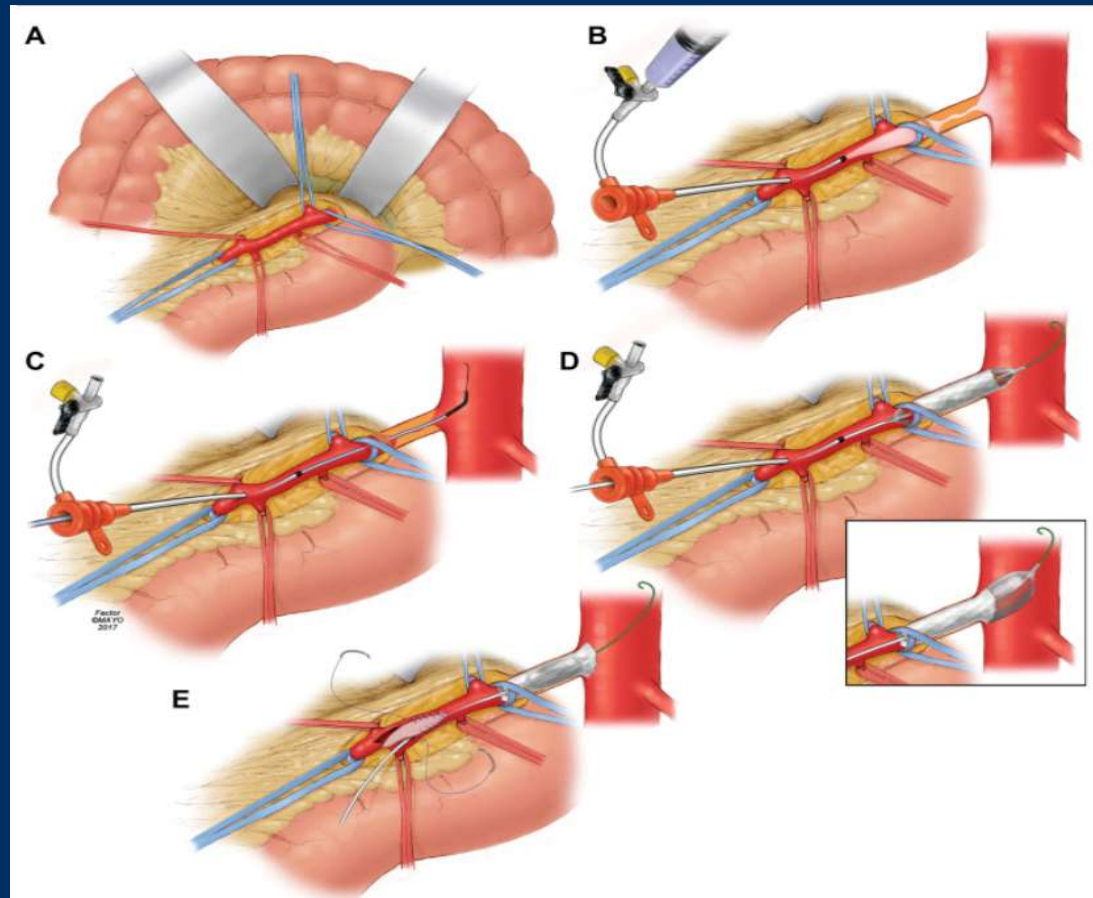
29 chronic MI (65 %)

- All atherosclerosis
- All stenosis
- All treated by percutaneous ponction

14 acute MI

- All atherosclerosis
- 2 occlusions
- 1 dissection
- 1 embolization
- 4 ROMS (retrograde open mesenteric stenting)

ROMS (retrograde open mesenteric stenting) procedure



Results (2)

Target vessel

- 33 SMA
- 8 CT
- 2 SMA + CT

Puncture

- 33 left humeral
- 1 radial
- 5 femoral
- 4 ROMS

Stent

- 40 bare metal stents
- 3 covered stents
- All balloon mounted stents

Results (3)

- Complications :
 - 7 hematoma
 - 2 false aneurysm
 - 1 humeral artery thrombosis
- All after left humeral puncture
- 13 deaths :
 - 2 early deaths (from AMI)
 - 11 deaths not related to MI
- 100% primary patency rate
- Mean follow up was 5 months
- 8 patients were lost of follow-up

Conclusions

- **Endovascular** therapy is the favorite approach for visceral arteries occlusive disease.
- **Primary patency** rate is high.
- **Humeral** artery puncture has to be avoided because it has more complications than others puncture sites.