

Clinical News Bulletin

Innovative Medical News

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Experience with the *AndraTec Lokum Lunderquist Guidewire* in a Bilateral Renal Chimney for Re-EVAR after distal migration; CASE REPORT University Hospital Homburg / Saar, Germany

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Case report:

An 81-year old patient was referred to our hospital with the presence of a migrated AAA Stentgraft. Patient History: EVAR 2008 (Medtronic Talent AF 28 14 C170AXH) lost during follow-up Patient Status: active smoker 100 p/y, CHD, arterial Hypertension, Mycosis fungoides (cutaneous T-NHL) / Currently rapid progressive infra-renal AAA with a Ø 86 mm and highly stenosed renal arteries.

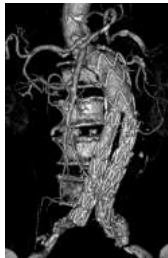


Fig. 1



Fig. 2



Fig. 3



Fig. 4

The 3-D CT reconstruction and the angiogram show the distal migration of the AAA device for about 3cm. (Fig. 1&2)

A 7F 90 cm long sheath was placed via the left brachial and left distal axillar artery with the tip located at the level of the renals. A Jindo-wire (Cordis J&J USA) was placed in the left & right renal artery. The highly radiopaque **Lokum Lunderquist 0.035" Guide Wire (AndraTec Germany)** was inserted via the right femoral artery. (Fig. 3). To extend the current dislodged stent graft an Endurant Cuff Extender (Medtronic Inc. USA) was prepared and inserted over the **Lokum Lunderquist Guide Wire**. The Markerband Diagnostic catheter was exchanged to a 5F Sidewinder Diagnostic Catheter (Cordis J&J USA). The Sidewinder catheter was placed into the superior mesenteric artery to have an idea of the uppermost position of the cuff extender. The extra stability of the **Lokum Lunderquist Guide Wire** allowed perfectly to straighten up the tortuous part of the Ilio-Femoral artery to allow easy advancement of the Stentgraft. The atraumatic 6 mm J-Tip of the **Lokum Lunderquist Wire** was positioned in the thoracic aorta. Two balloon-mounted BeGrafts (Bentley Innomed) were positioned into the right and left renal artery via the 7F transbrachial/transaxillar sheaths. After the placement and ballooning of the Aortic Cuff Extender (Fig. 5) the two stent grafts in the renal arteries were expanded. (Fig. 6). The final angiogram shows a perfect result without endoleakage. (Fig. 7/8).

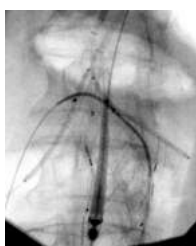


Fig. 5

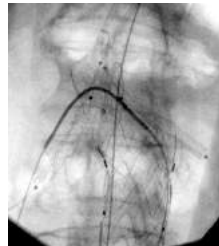


Fig. 6

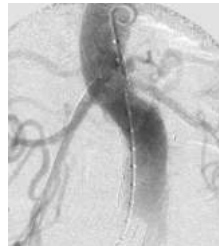


Fig. 7

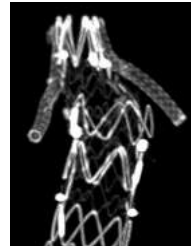


Fig. 8

Note: Stability and visibility of the **Lokum Lunderquist Wire** during this very challenging procedure were excellent. The advantages of the **Lokum Lunderquist** wire are stability, radiopacity and low friction for exchange.