Stent
Two much is too much

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CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE
CONTROVERSIES & UPDATES
IN VASCULAR SURGERY

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Disclosure

Speaker name:

.....Pierre Bourquelot..

☐   I have the following potential conflicts of interest to report:

☐   Consulting

☐   Employment in industry

☐   Shareholder in a healthcare company

☐   Owner of a healthcare company

☐   Other(s)

 X   I do not have any potential conflict of interest

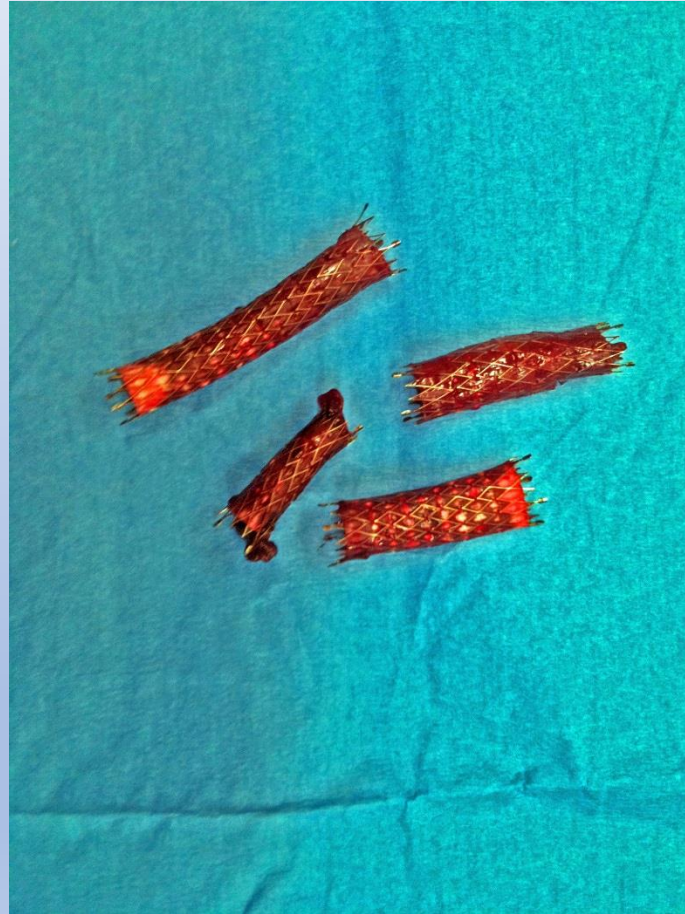# Stents may not be so successful !

- Intimal hypertrophy
  - inside bare stents
  - Both ends of stent grafts

Thrombosed Radial Cephalic AVF : 4 stents !

Basilic vein-t PTA Explosion: 4 stents !

Wrist AVF - Trans Anastomosis Stent
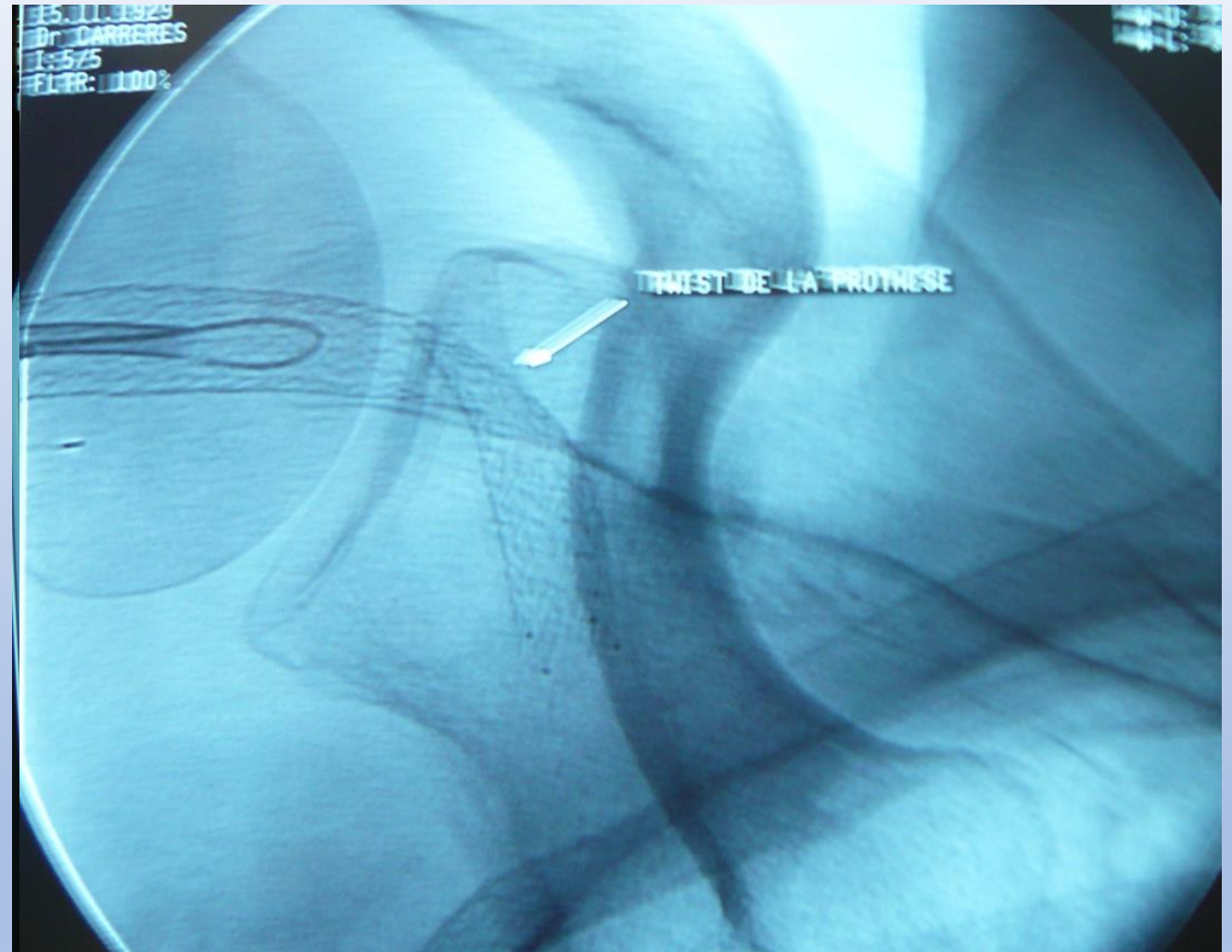
Sometimes we should stop dilating

79 year old woman, Left mastectomy
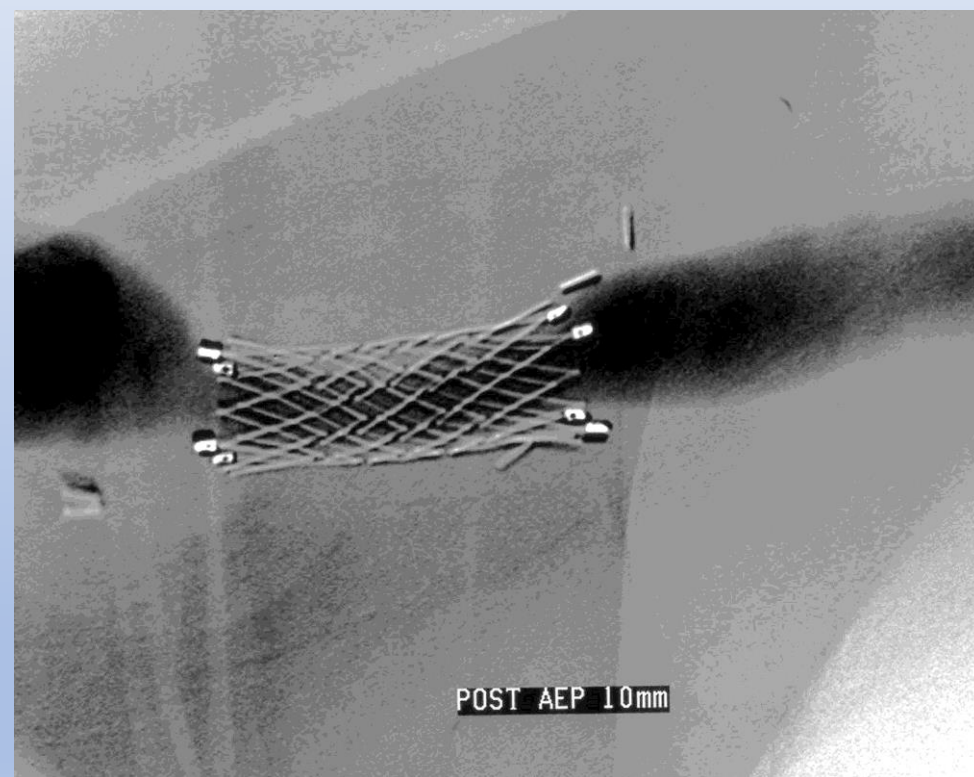
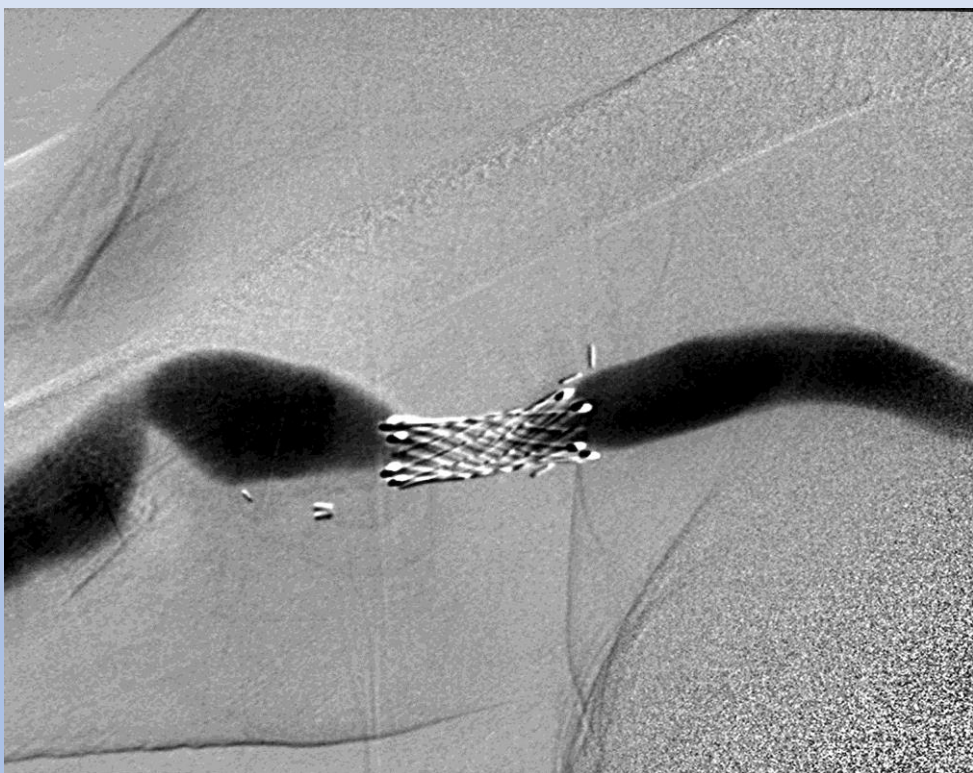**R.Brachial cephalic AVF**, 2 years ago

Cephalic arch stenosis: 14 PTA +/- thrombolysis + > 4 stents, during last 18 months

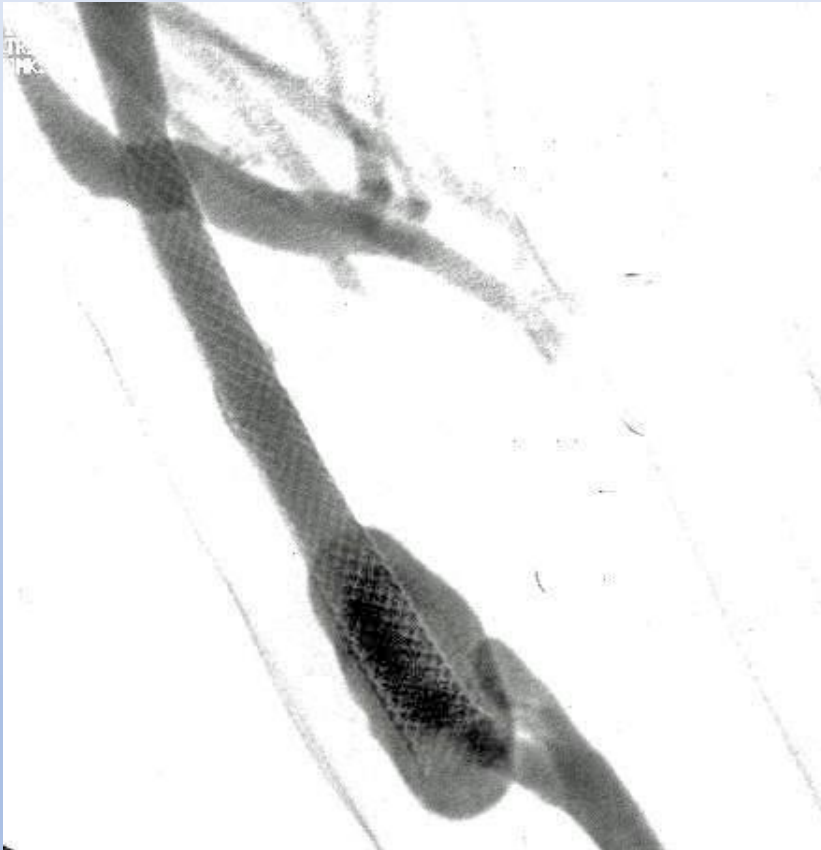"Twisting" (rather bending) of the stent

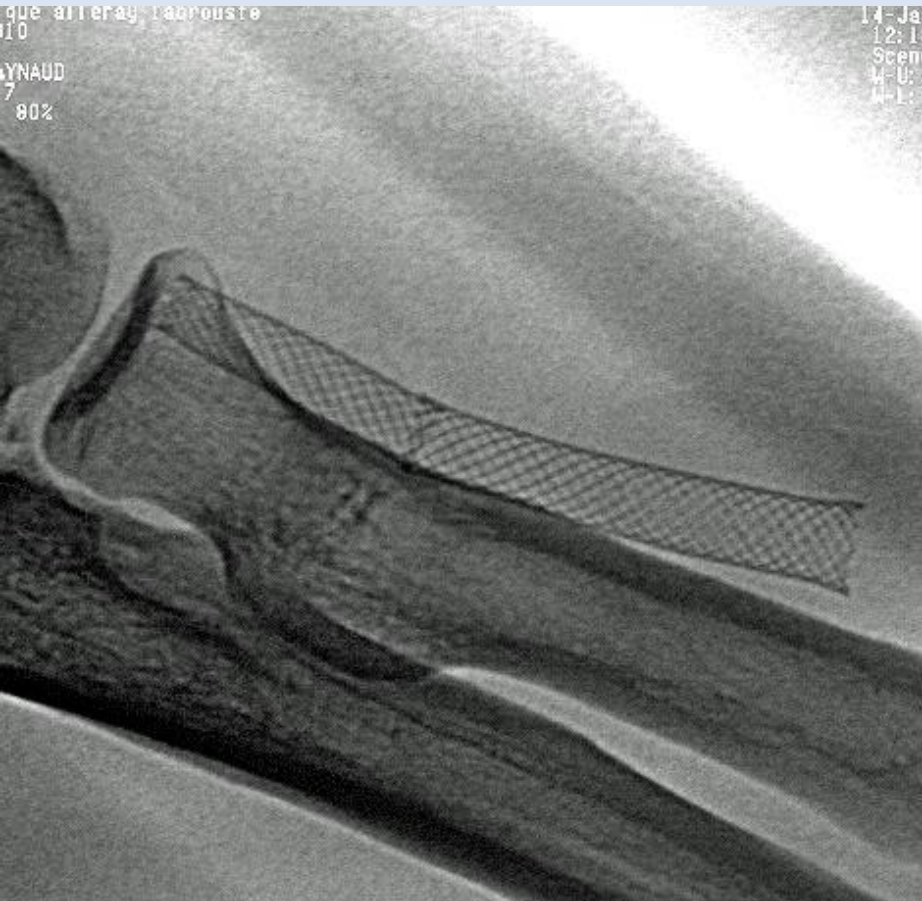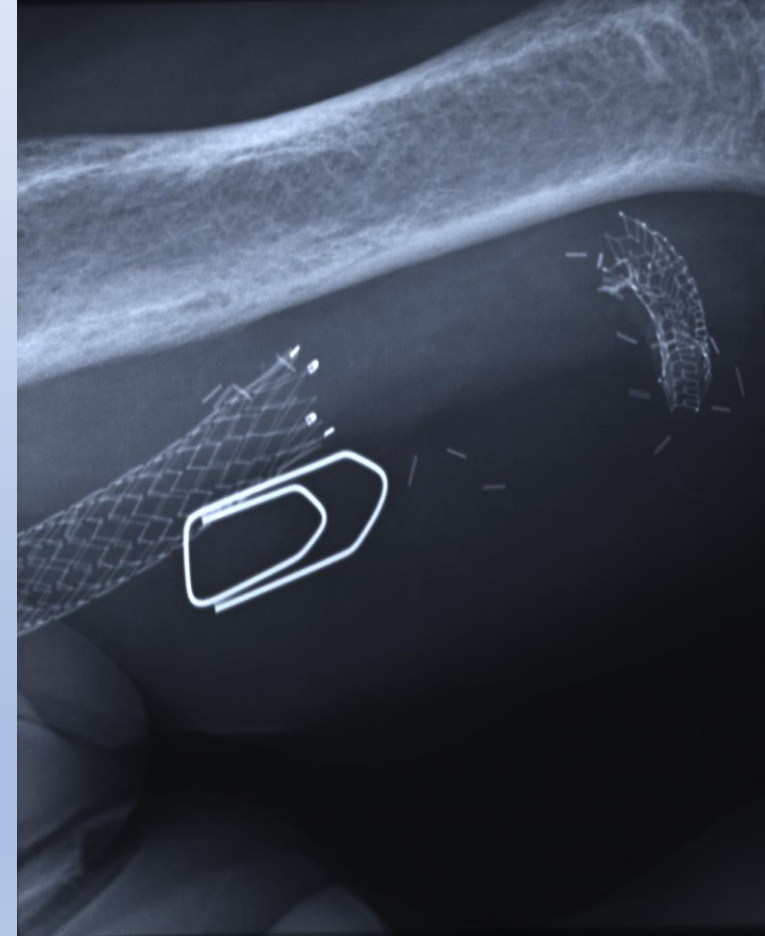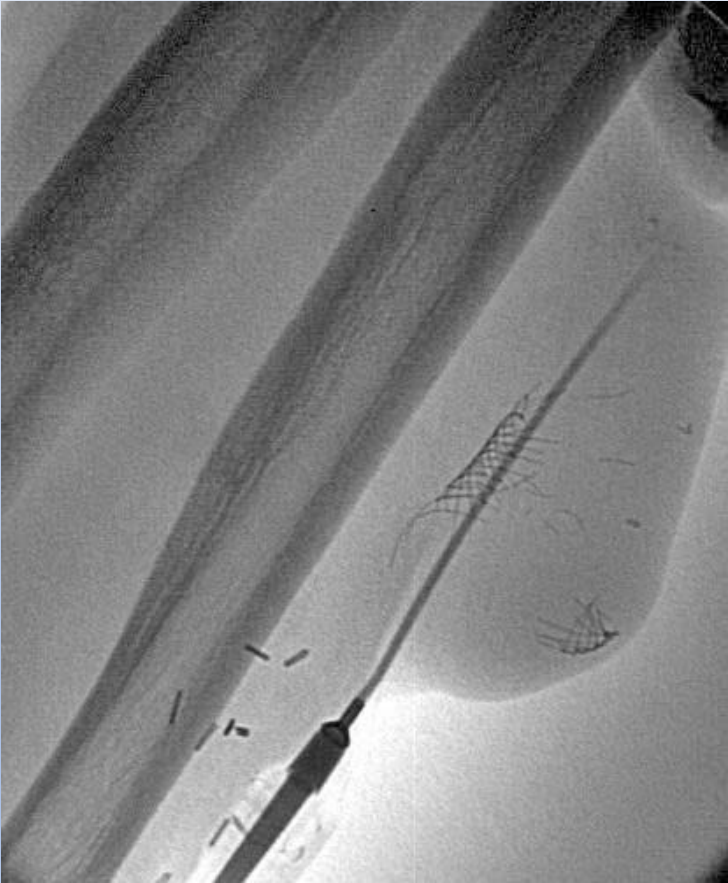**Ipsilateral radial cephalic AVF,** 1st cannulation at 2 months

Too small ?

POST AEP 10mm

Stent at puncture site

Exteriorized Stent: Limberg flap
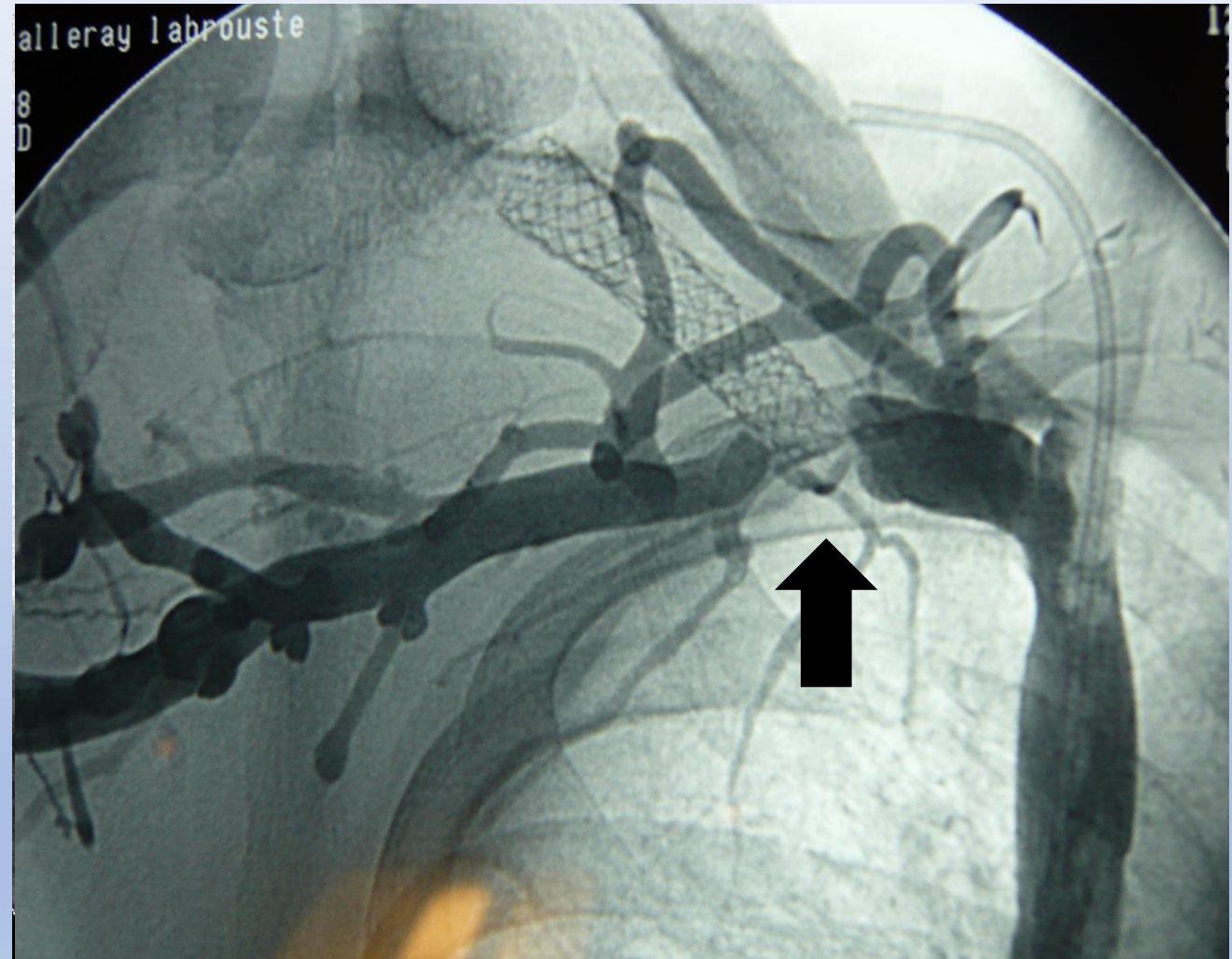
Stent at puncture site

Explosion during PTA

Infected stent

Stent are dangerous in upper cephalic arch

The major fibrosis observed around the stent may possibly explain secondary cephalic arch retraction and Subclavian-Axillary Vein Stenosis/Occlusion

Cephalic arch stenosis
Intimal hypertrophy inside the stent

Left Innominate Vein Stent inducing opposite site stenosis
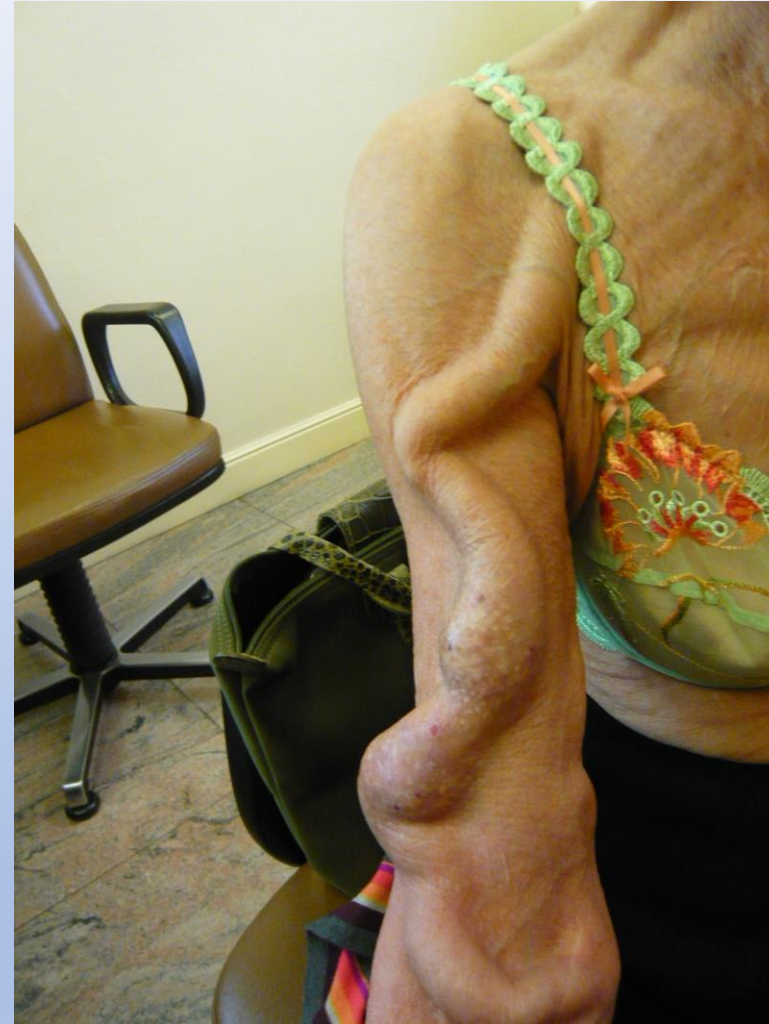
Cephalic Arch Syndrome

The best solution could be

- Maintaining repeated dilatations...

- Until maturation of :

    - Ipsilateral transposition of the basilic vein (if available) or...
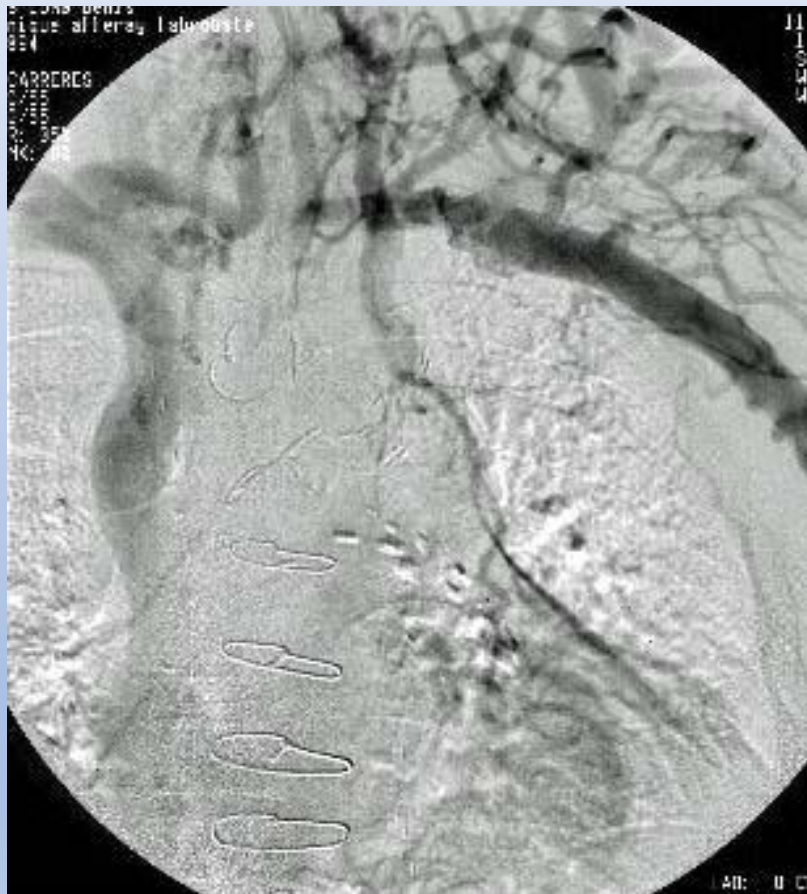   - Transposition of the cephalic vein to the axillary vein

Cephalic arch syndrome

Sometimes, we should close

"Recanalisation" or "Percutaneous by-pass"
4 stent grafts

Thank You