

**20th VASCULAR SOCIETY OF EGYPT
INTERNATIONAL ANNUAL CONFERENCE**

In Collaboration With

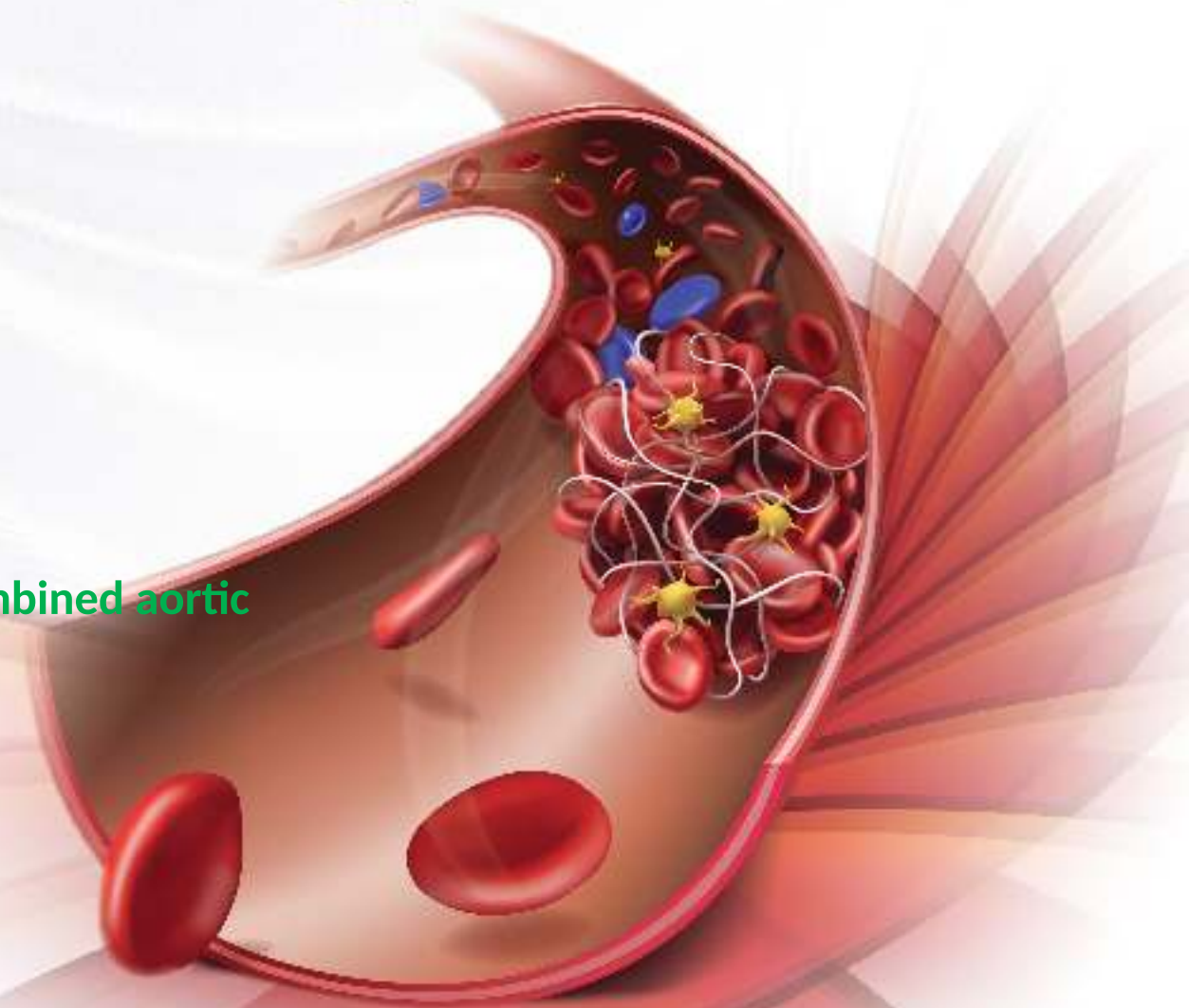
**7th ANNUAL AL-AZHAR VASCULAR
SURGERY CONFERENCE**

**EVIDENCE BASED
VASCULAR PRACTICE**



**CERAB technique expanding application in different and combined aortic
pathologies**

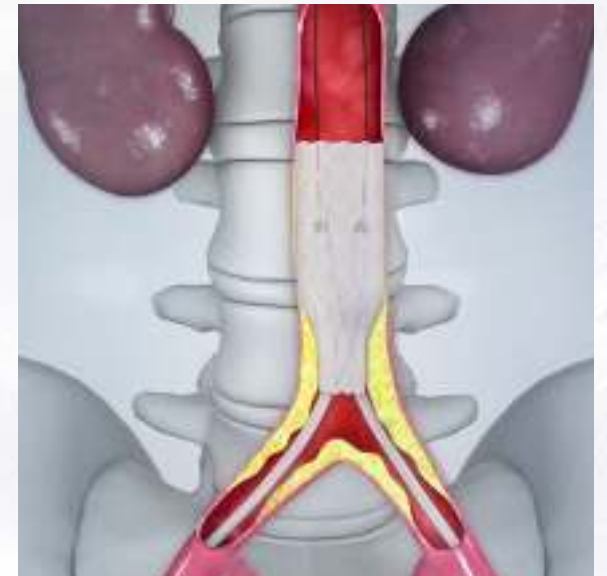
Dr. Ahmed Khairy Allam



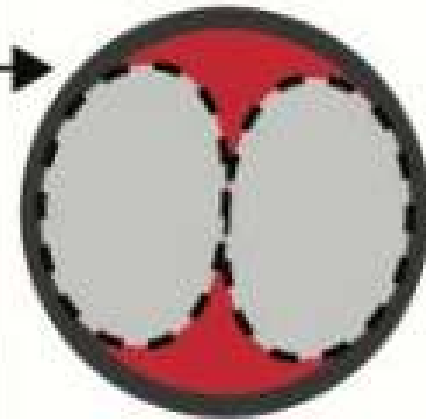
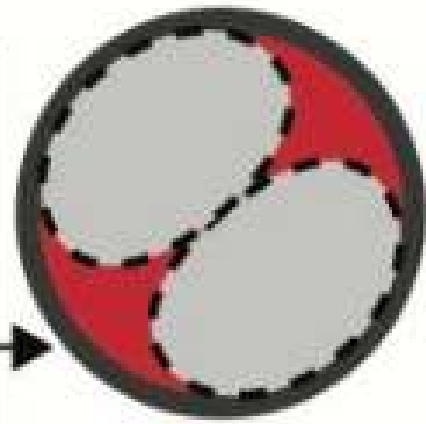
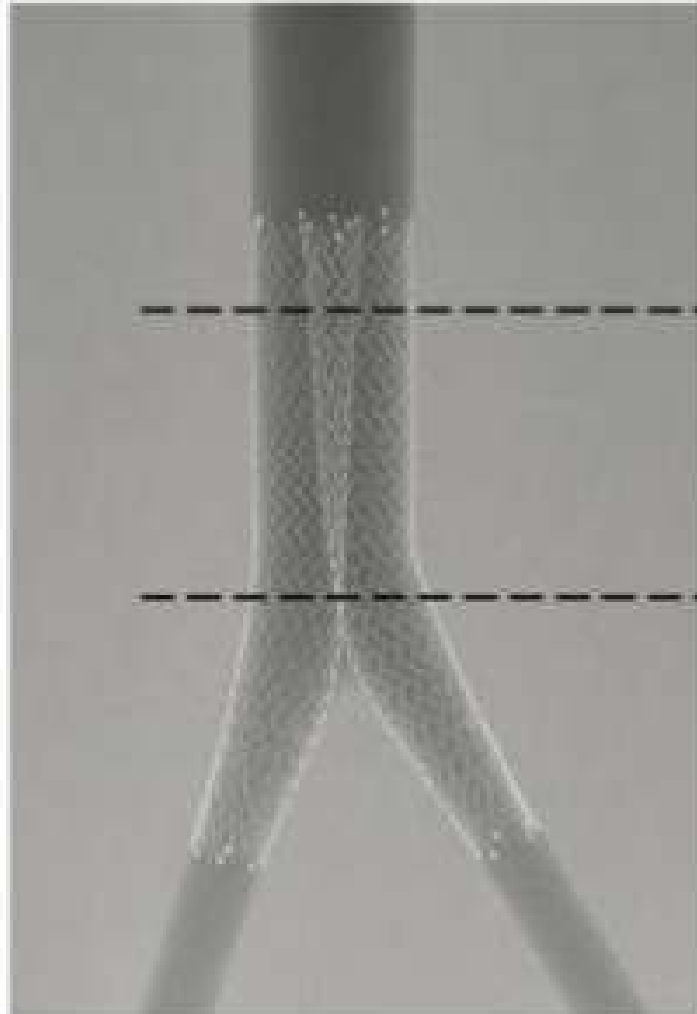
What is CERAB technique ?

- **CERAB** means covered endovascular reconstruction of the aortic bifurcation.
- **(CERAB) technique** was developed in an attempt to overcome the anatomical and physiological disadvantages of kissing stents influenced by geometrical factors such as
 - 1- **radial mismatch**, defined as the perfused dead lumen space around the stents.
 - 2- **protrusion mismatch** defined as the overlap distance of the stents in the distal aorta, and stent conformation.

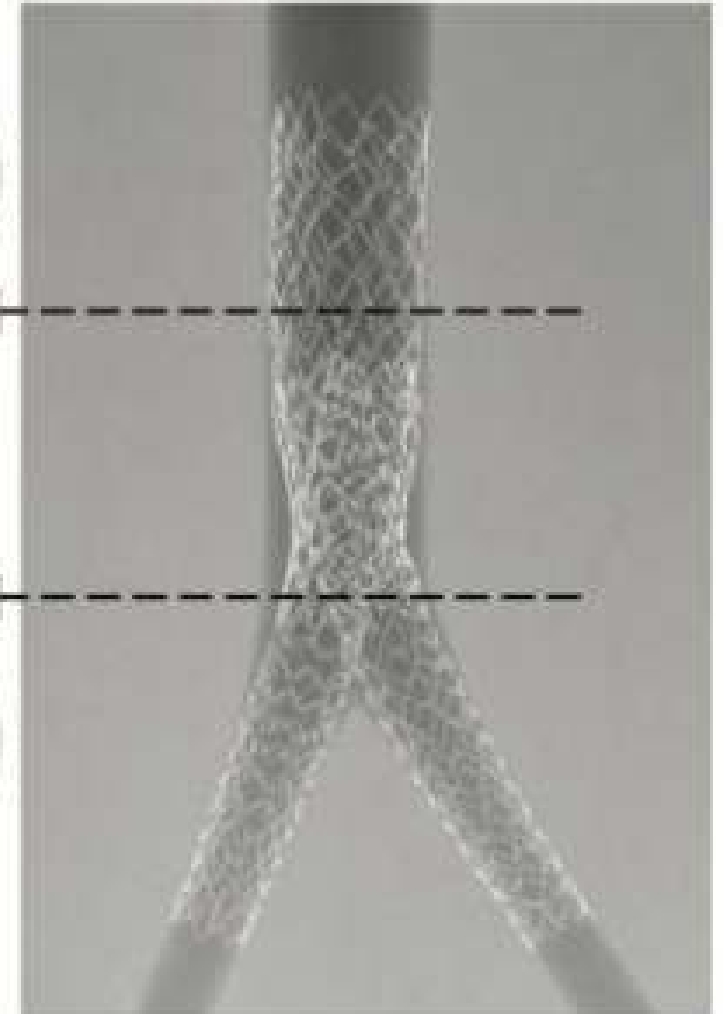
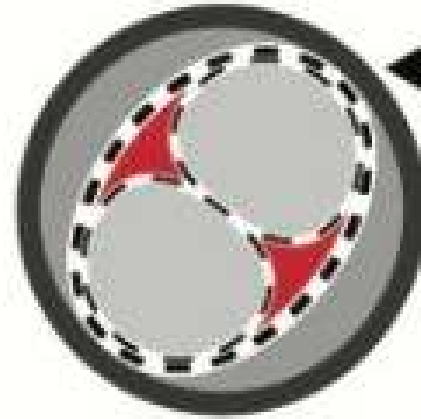
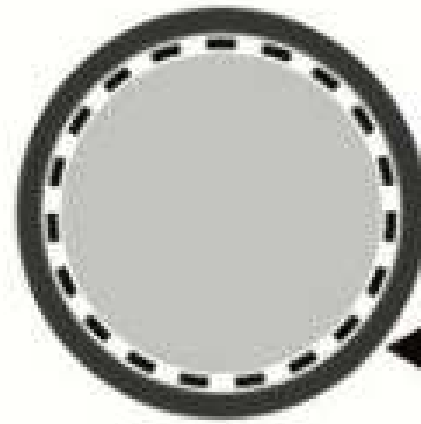
All these factors may cause flow disturbances leading to recirculation, turbulence, and stasis of blood, which in turn, may cause thrombus formation and intimal neohyperplasia.



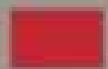
Kissing stent



CERAB



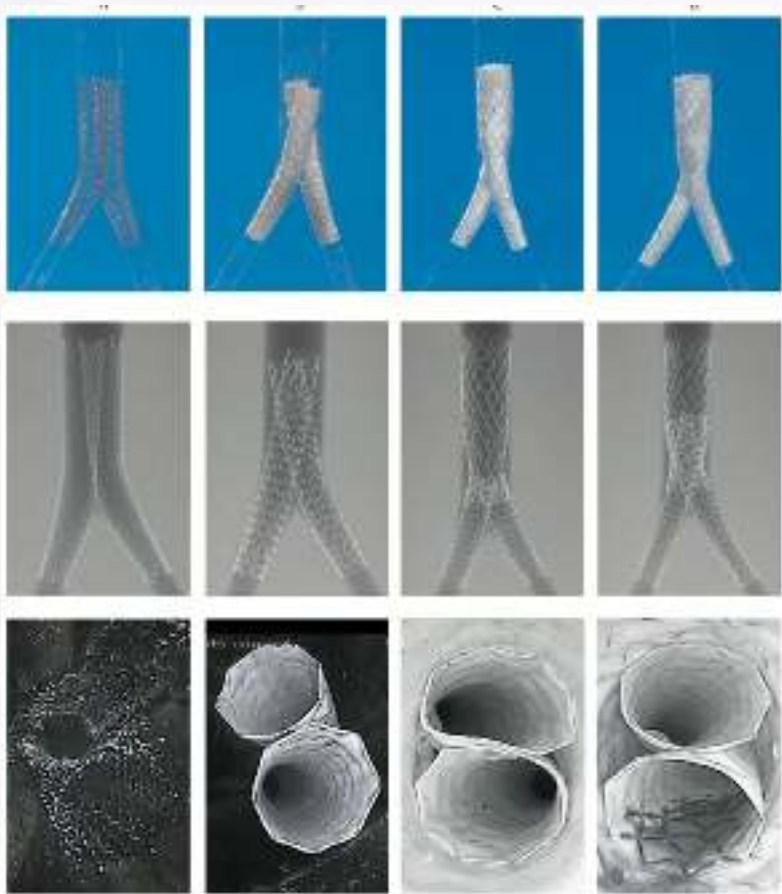
Bare metal stent



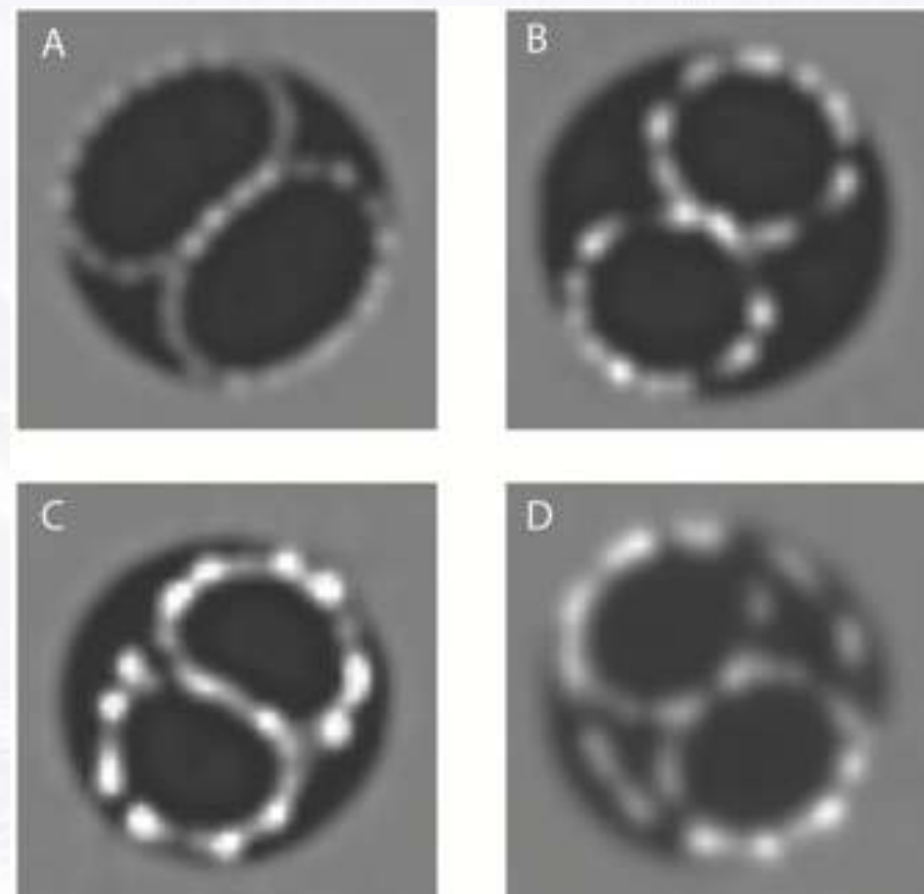
Radial mismatch



Covered stent



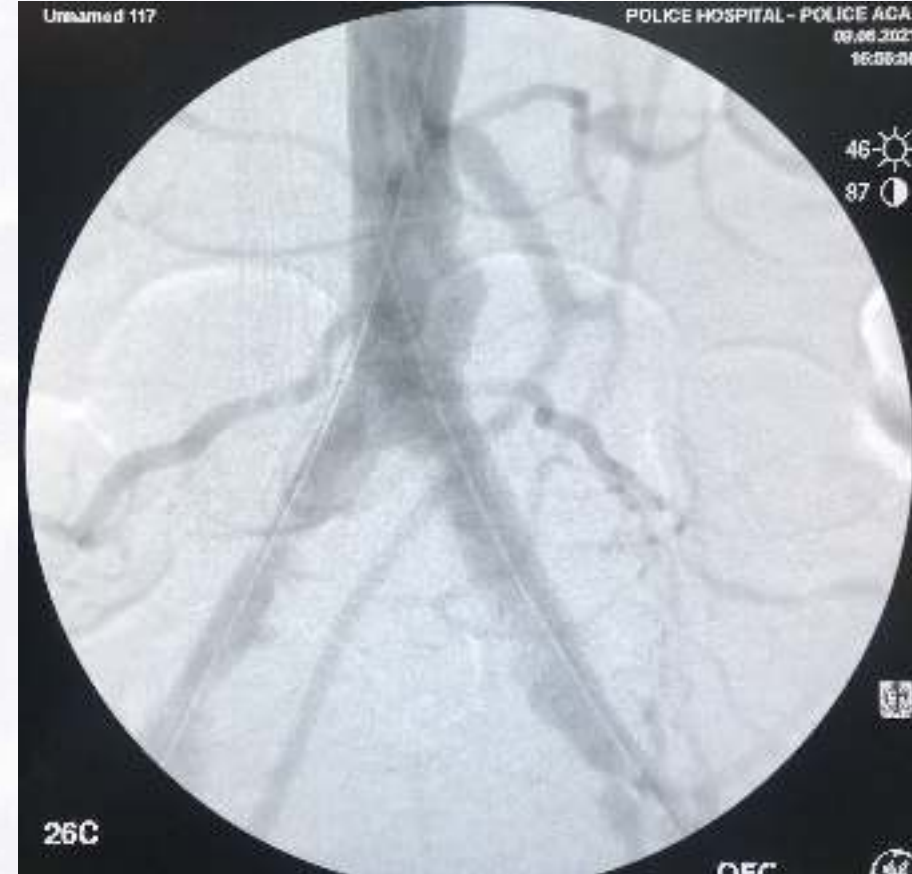
Still color photographs, X-ray images, and bronchoscopic images of A, self expandable nitinol kissing stents (KS); B, balloon expandable kissing covered (KC) stents; C, Covered Endovascular Reconstruction of the Aortic Bifurcation (CERAB)-1 with the limbs starting in the tapered part of the aortic cuff; D, CERAB-2 with the iliac limbs starting just above the tapered segment of the aortic cuff



Axial slices of the computed tomography (CT) scans of the inflow portions of the four models. A, Self expandable nitinol kissing stents (KS); B, balloon expandable kissing covered (KC) stents; C, Covered Endovascular Reconstruction of the Aortic Bifurcation (CERAB)-1 with the limbs starting in the tapered part of the aortic cuff; D, CERAB-2 with the iliac limbs starting just above the tapered segment of the aortic cuff

Case 1 penetrating aortic ulcer with shaggy aorto-iliac segment

- Male patient 57 years old
- IDDM, IHD, HTN
- Heavy smoker
- Persistent back pain for 3 months with recent onset 2nd & 3rd toe fixed colour change with lateral ankle localized gangrene



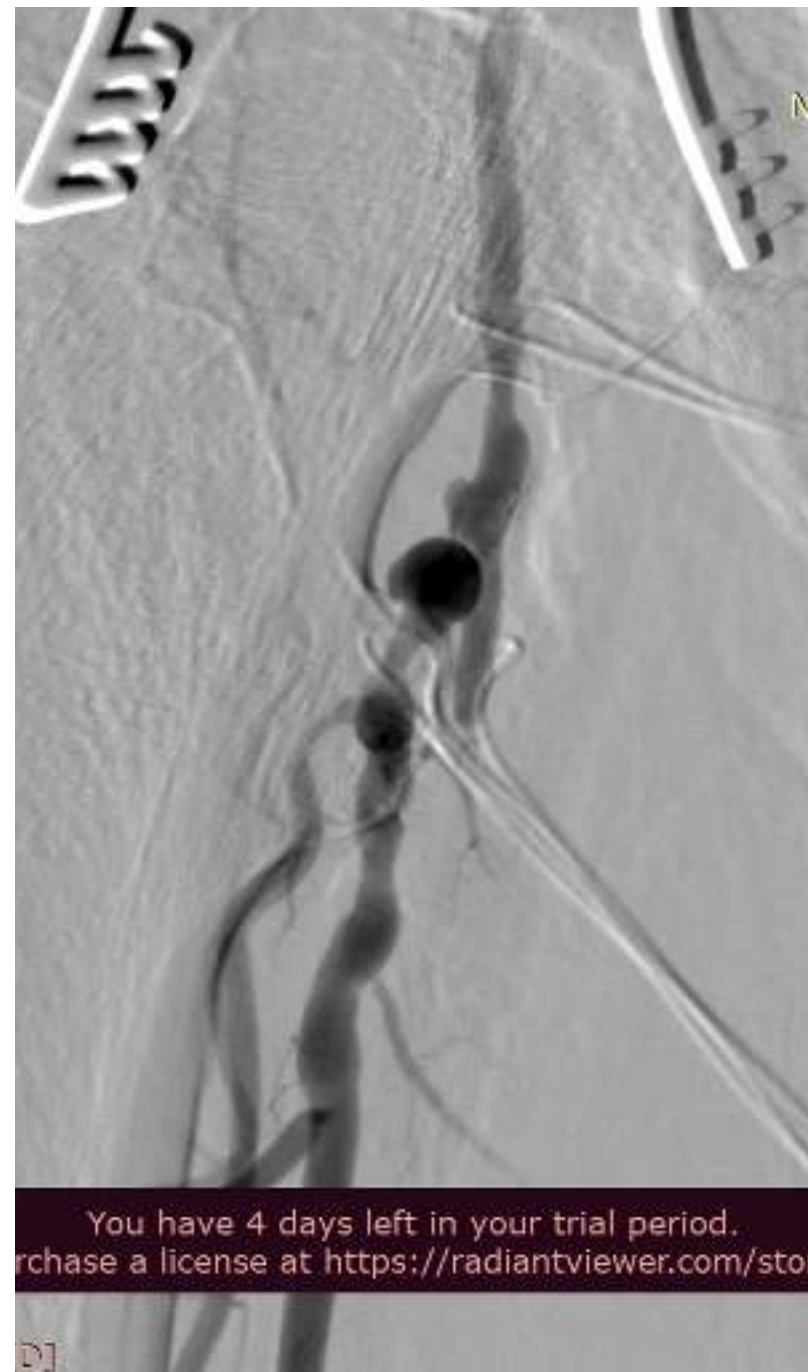
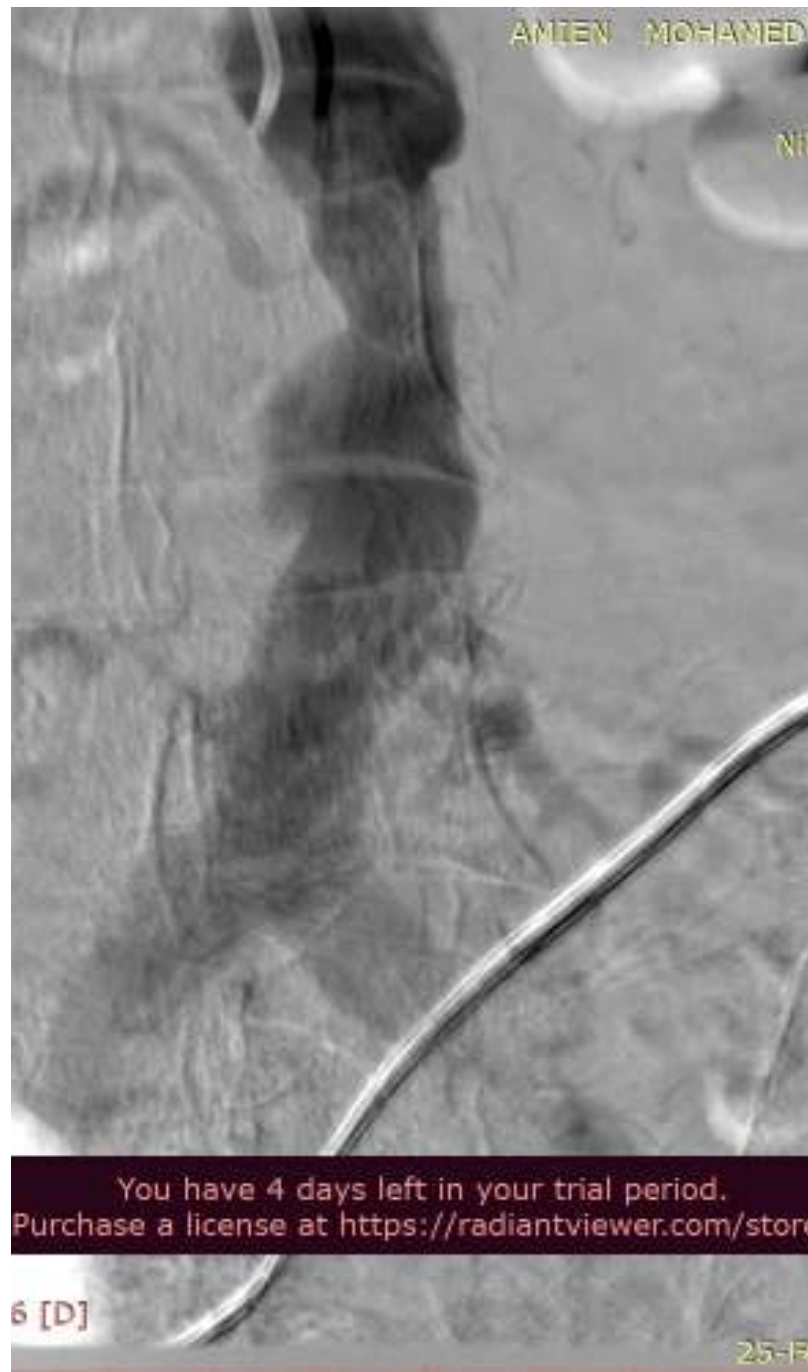
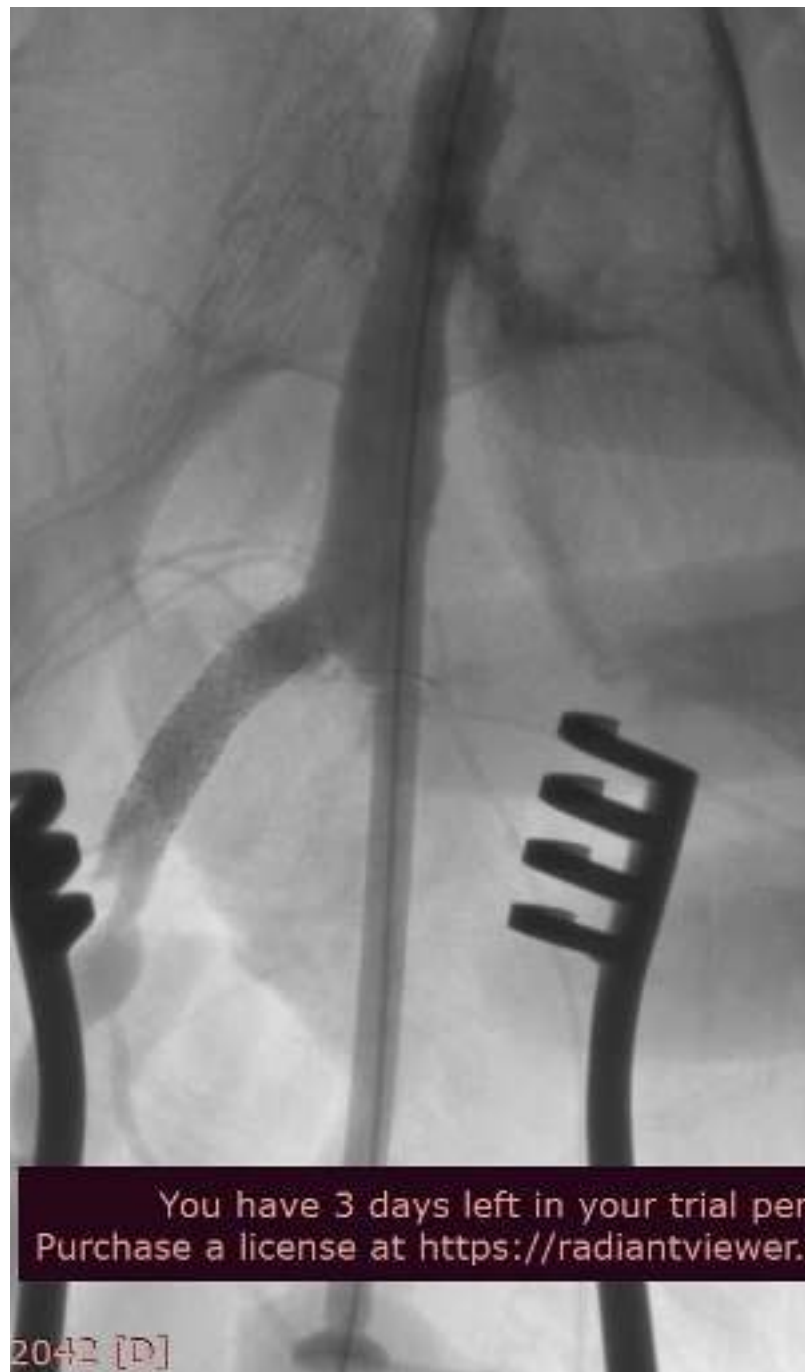


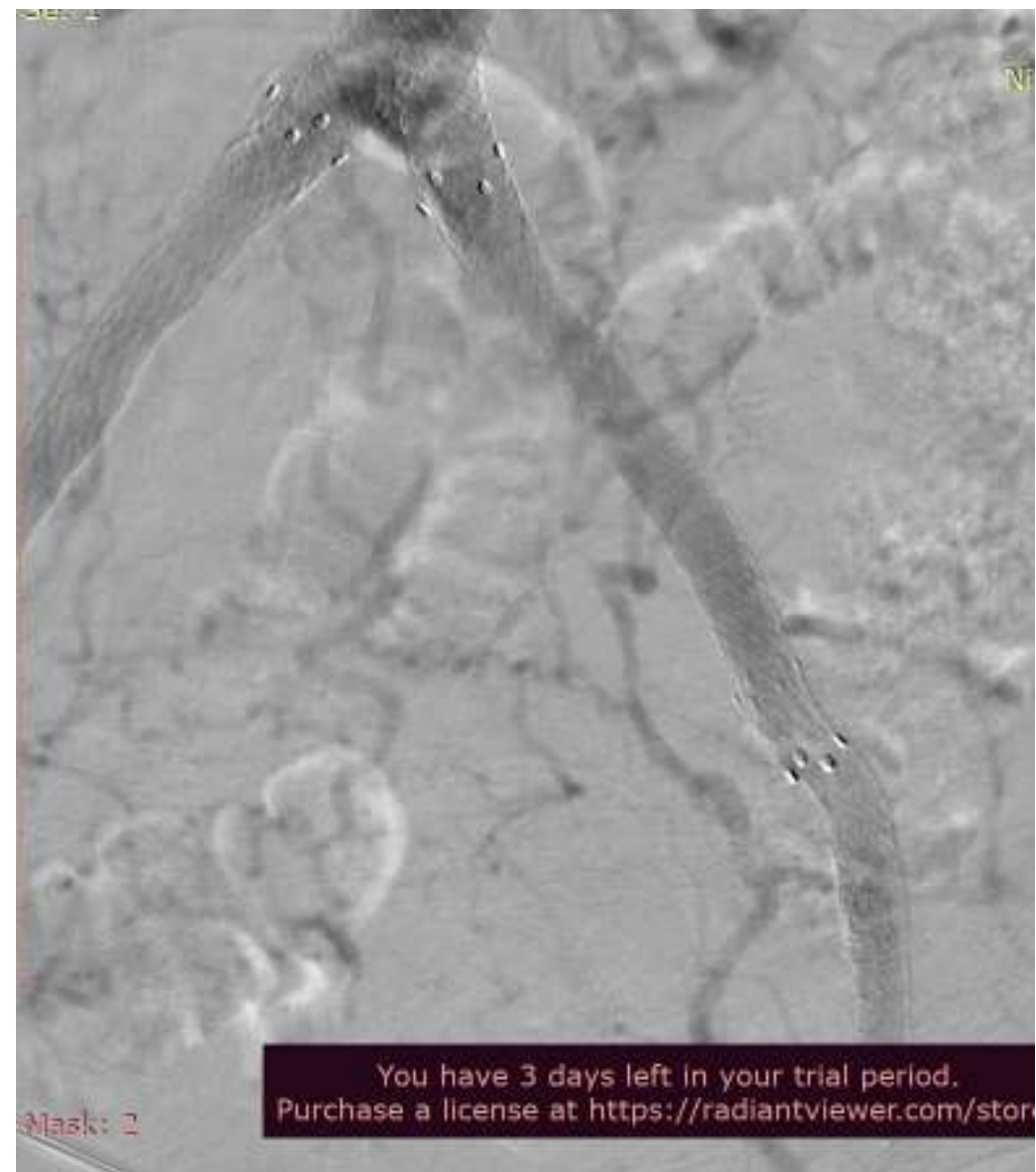
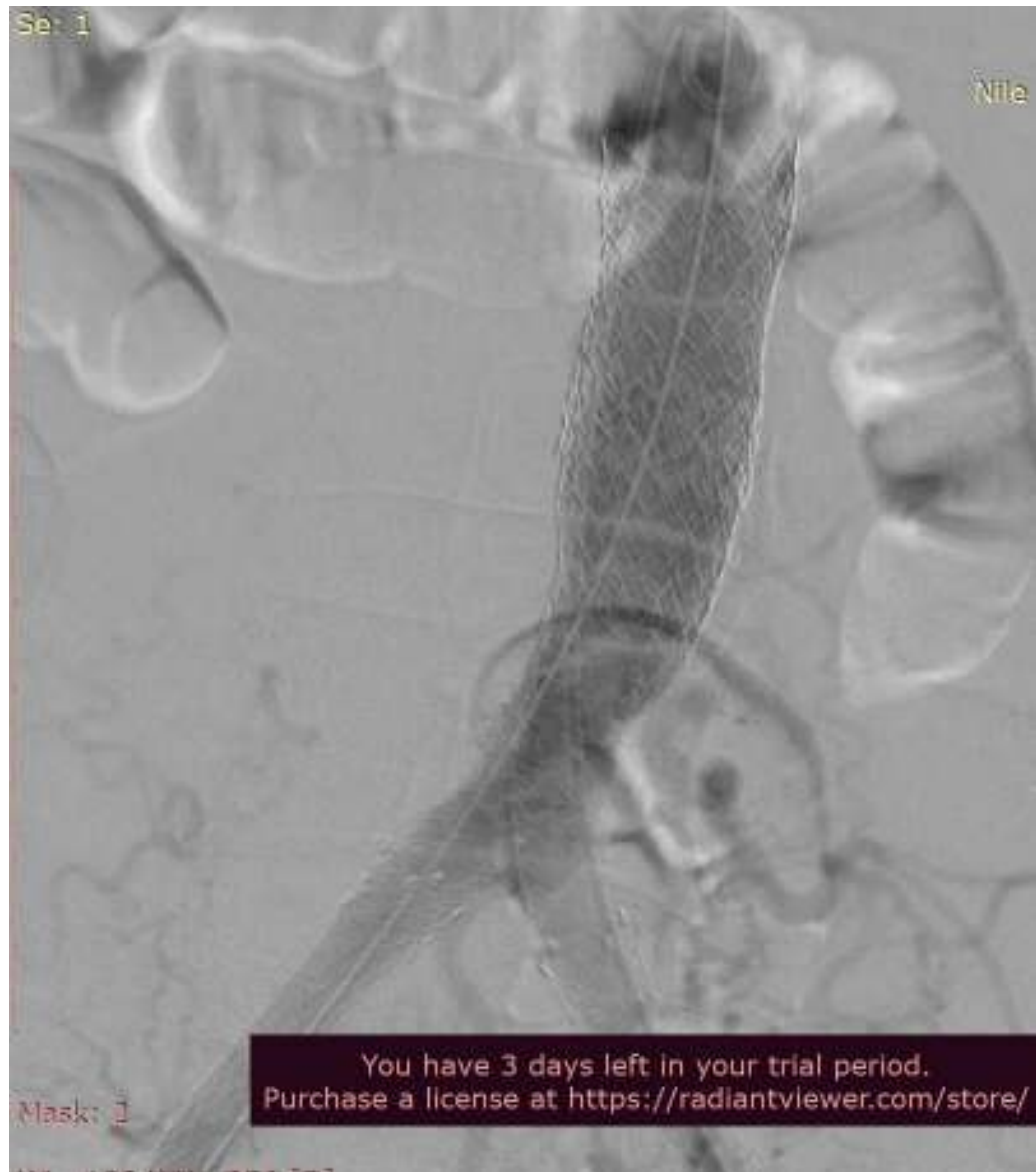
Case 2 Ectatic aorta with focal aneurysmal dilatation

- Male patient 62 years old
- IHD 3 vessel disease EF 42% for CABAG, IDDM
- Lt heel gangrene



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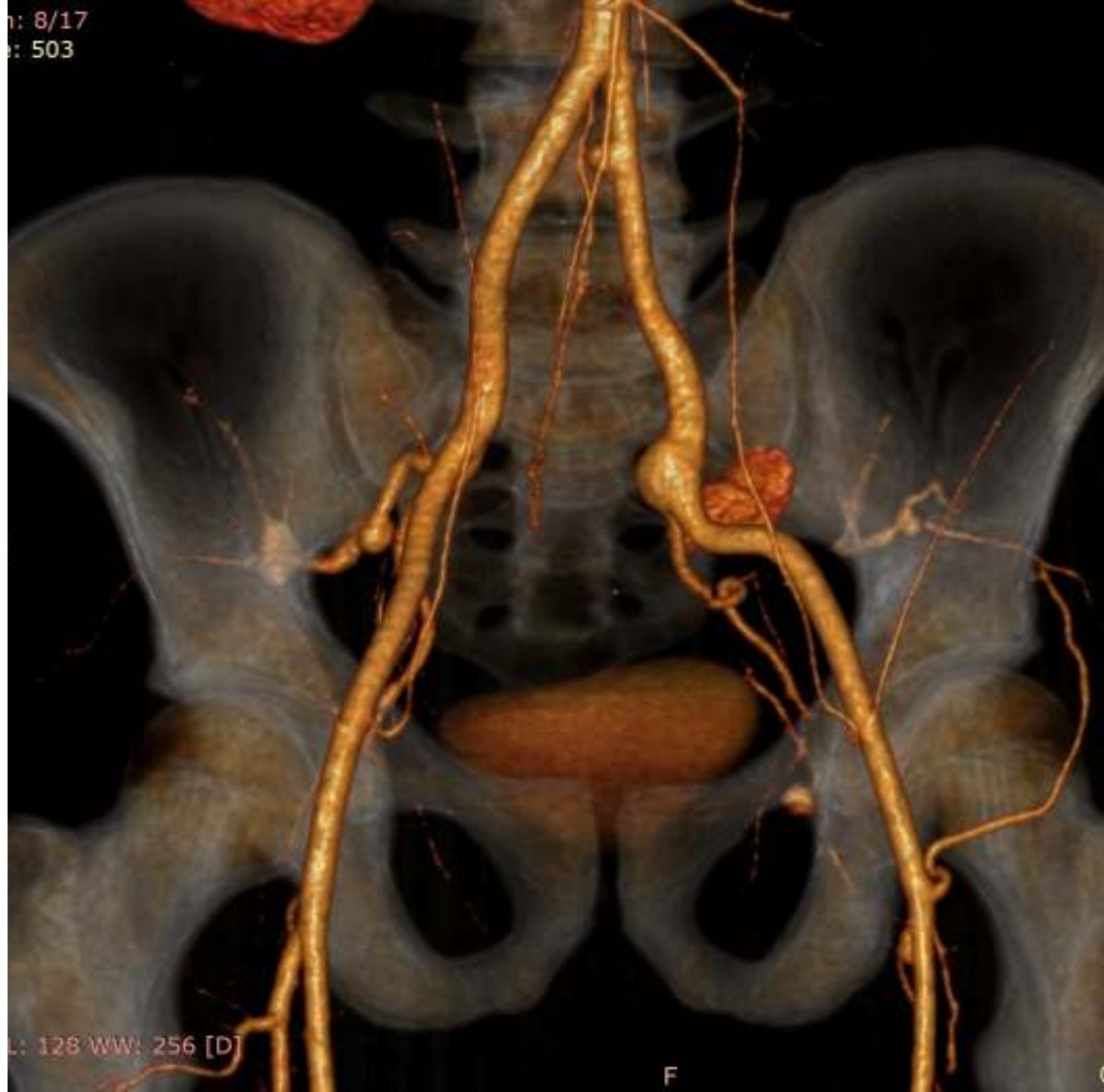




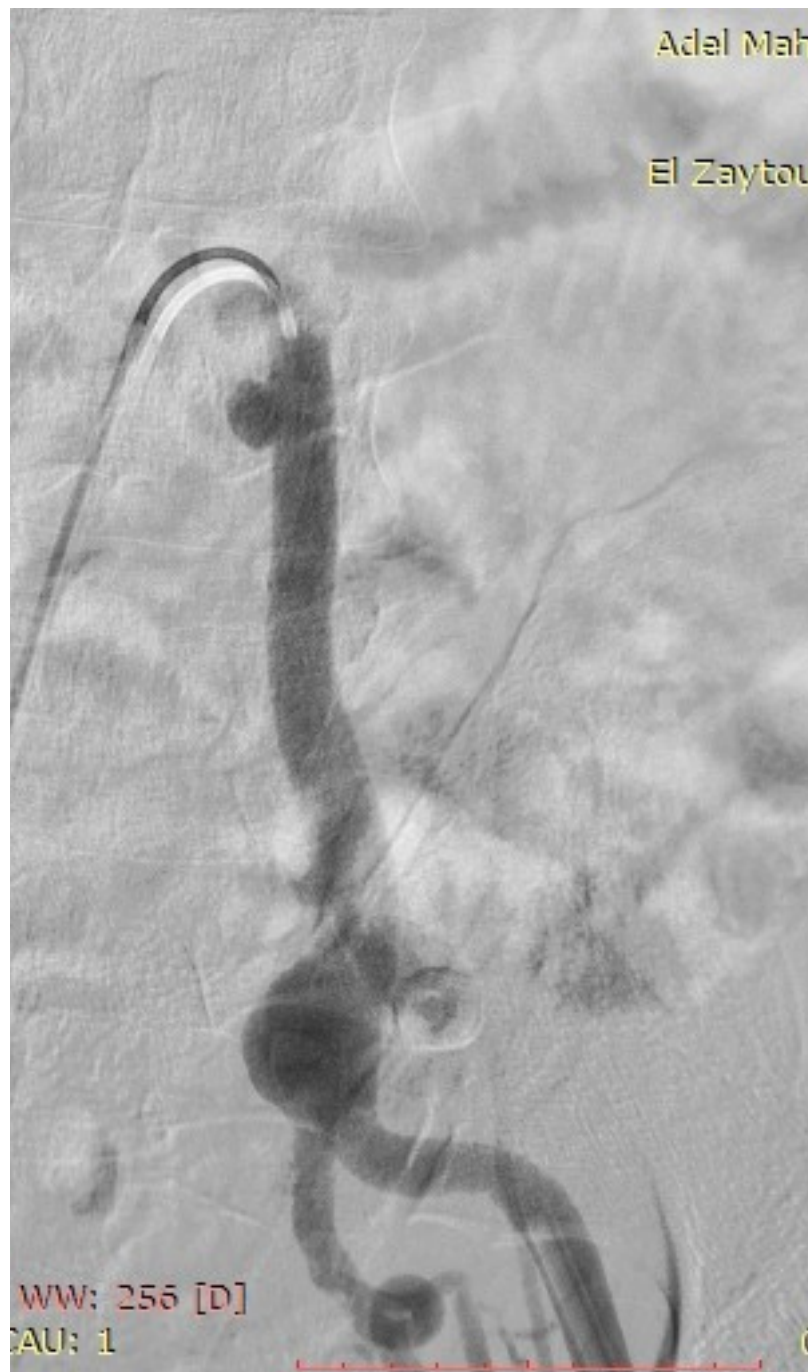


Case 3 CIA bifurcation aneurysm leaking aneurysm

- Male patient aged 29 years old
- Diagnosed as multiple aneurysmosis syndrome
- Operated upon for Rt BAA 8 years ago
- 5 years ago presented with acute onset Lt sided deep seated pelvic pain with Lt LL neurological manifestation inspite of normal investigation







Adel Mahmoud Ali Abdelrahman
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El Zaytoun Specialised Hospital
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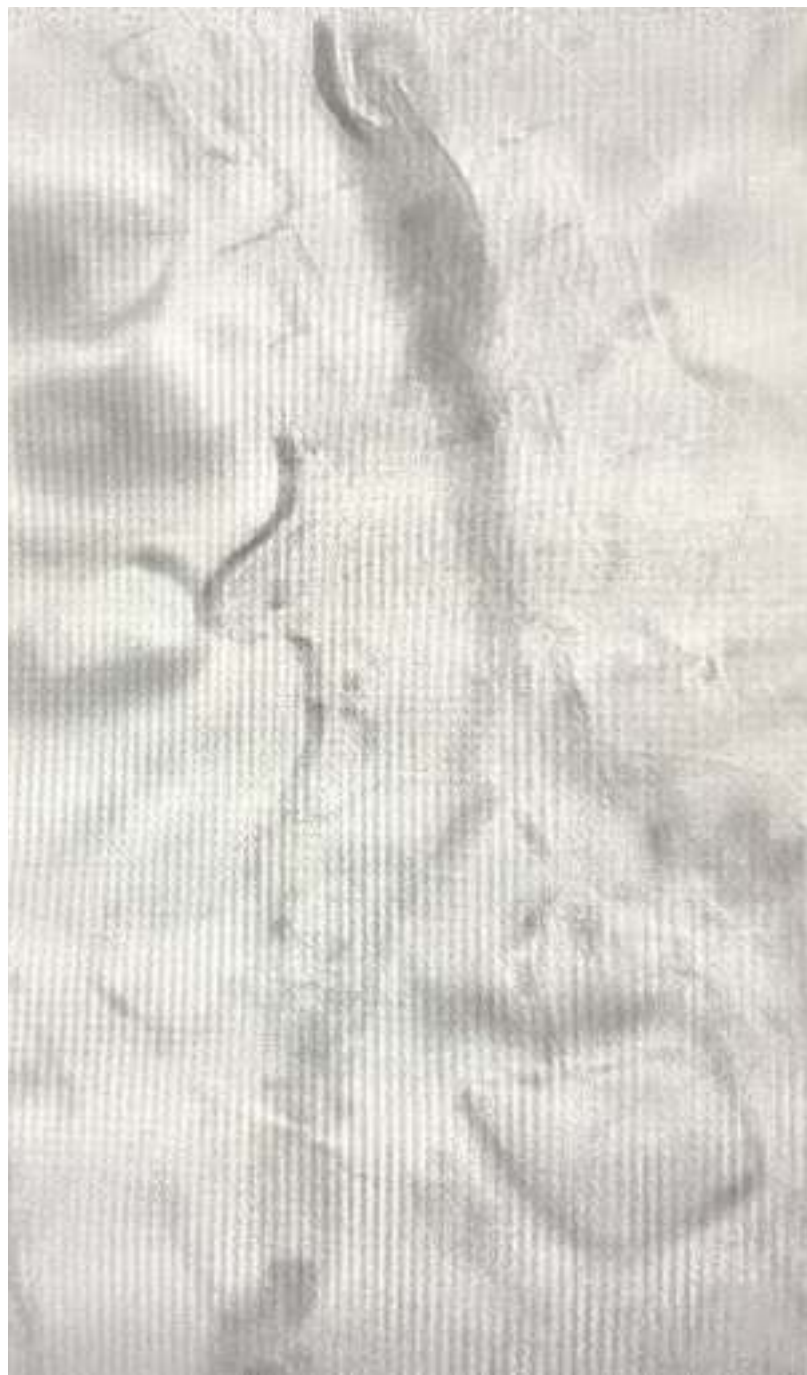
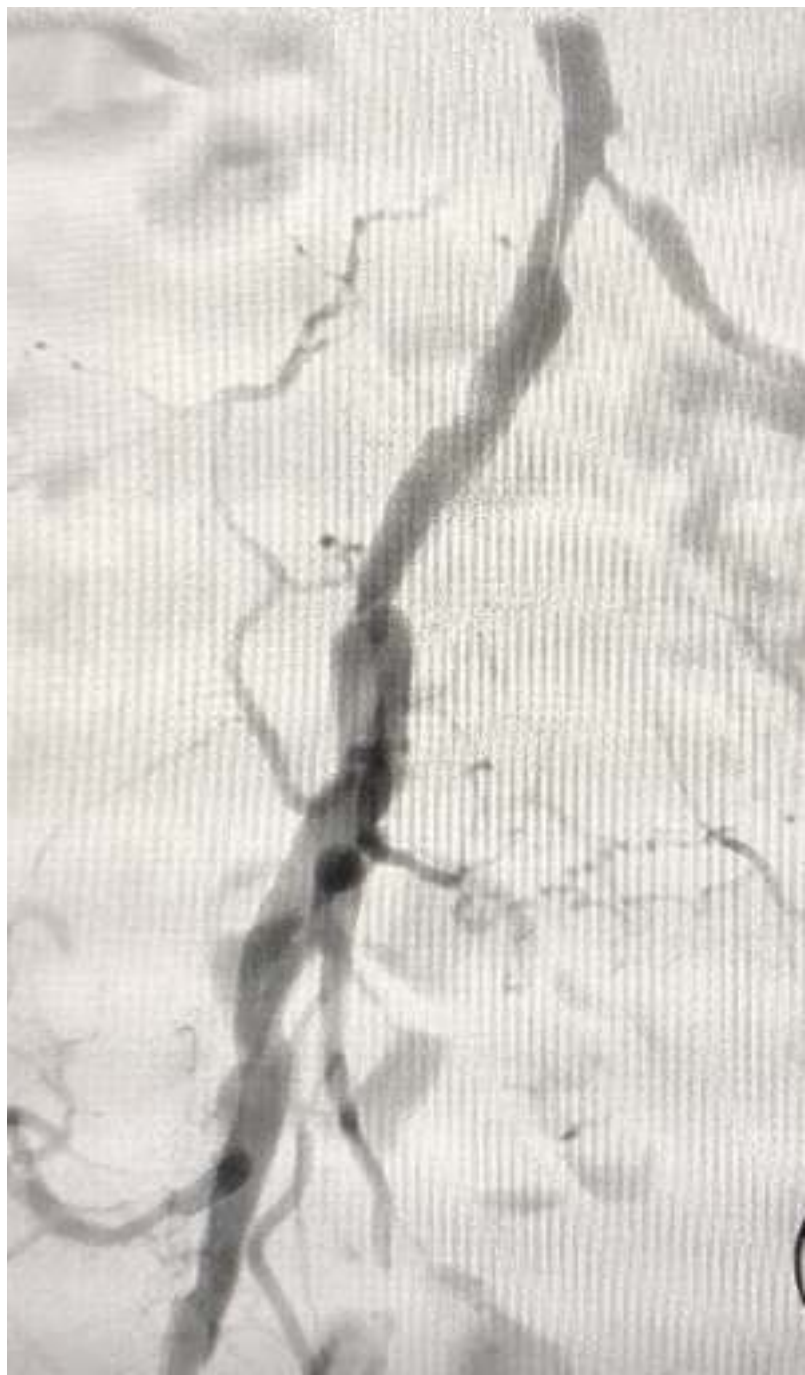
Case 4 **Blue toe syndrome in AIOD**

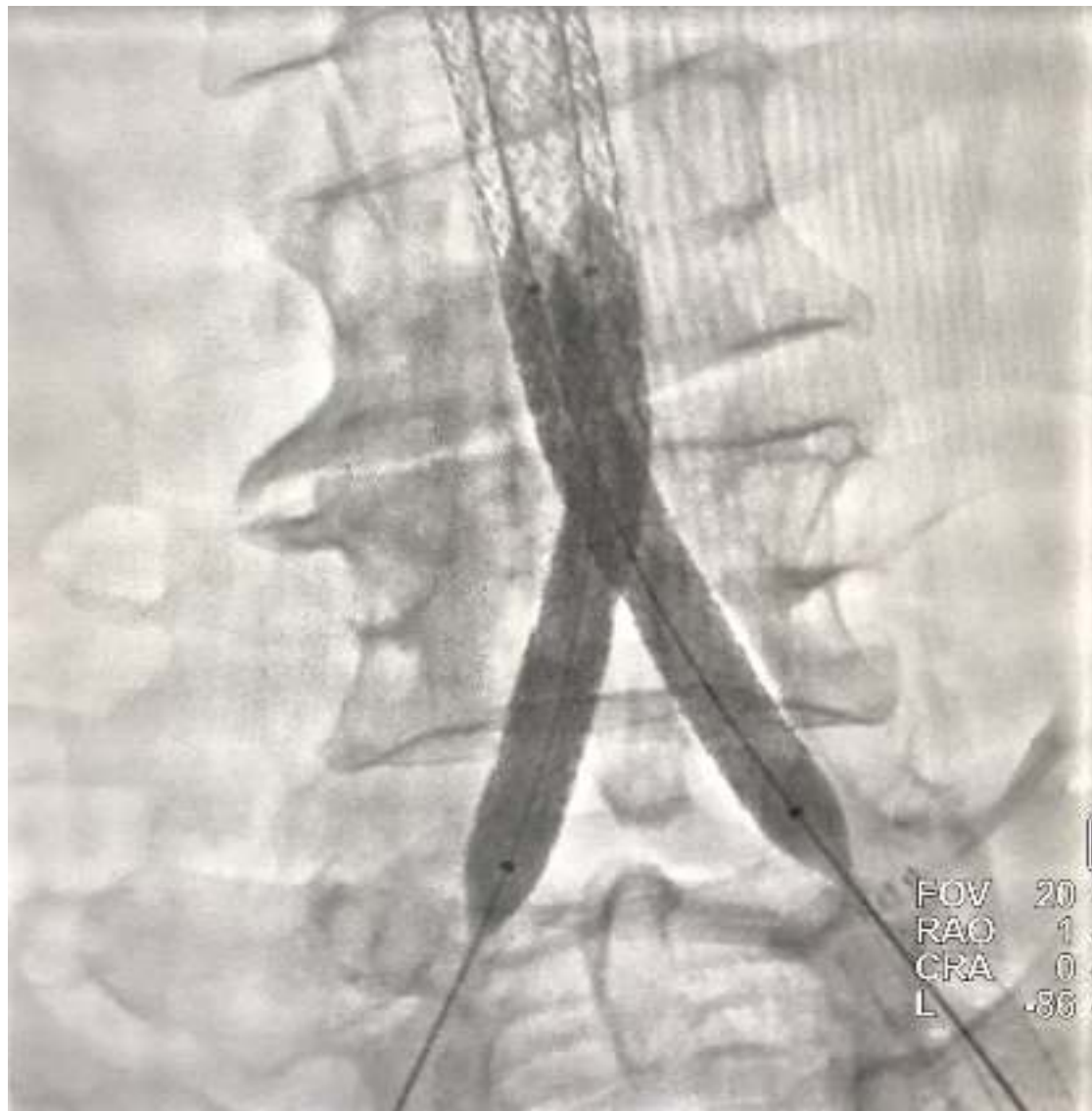
Female patient 58 years old

IDDM, HTN, IHD

Acute onset Rt big toe cyanosis
progressively developed gangrene







Conclusion

- CERAB technique could be an effective and alternative therapy to standard surgical aortoiliac revascularization procedures in complex anatomical different aortic pathologies in critically ill patient