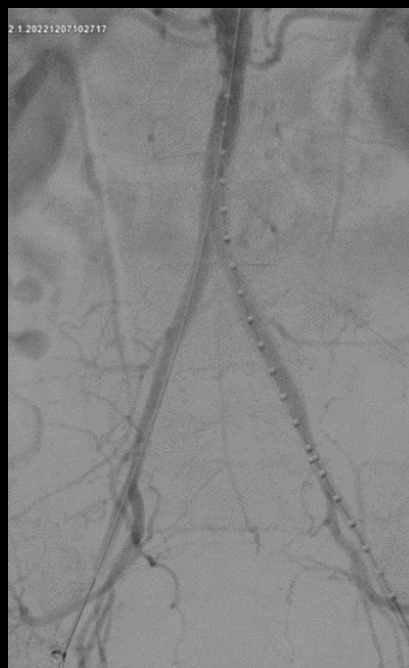
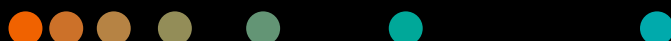


Study protocol

CERAB on large patient (BMI 30)

Vascular procedures



Case description

Patient history

54-year-old female, BMI 30, no preexisting conditions, smoker

Preoperative findings

Progressively worsening pain in both legs. Brought to ER due to critical ischemia of both legs

Diagnosis

Leriche Syndrome, stage III (Figs. 1–4)

Surgical procedure

Covered endovascular reconstruction of aortic bifurcation (CERAB) (Figs. 5–10)

Conclusion

Cios Alpha provides excellent image quality even in challenging scenarios, such as imaging obese patients

Courtesy of

Dr. Marc Weigand, MD,
Alb Fils Kliniken, Göppingen,
Germany

System

Cios Alpha

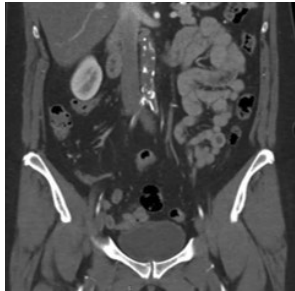
Clinical images

Figure 1



CT angiography

Figure 2



CT angiography

Figure 3



CT angiography

Figure 4



CT angiography

Figure 5



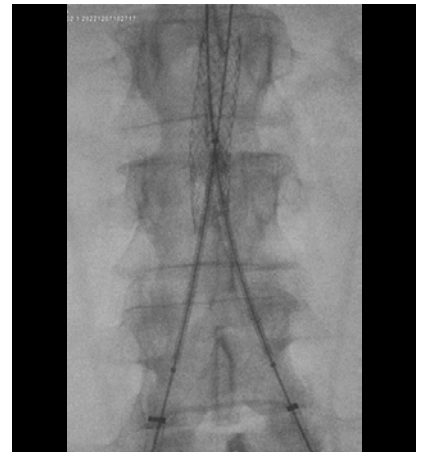
DSA to confirm total occlusion of the distal aorta

Figure 6



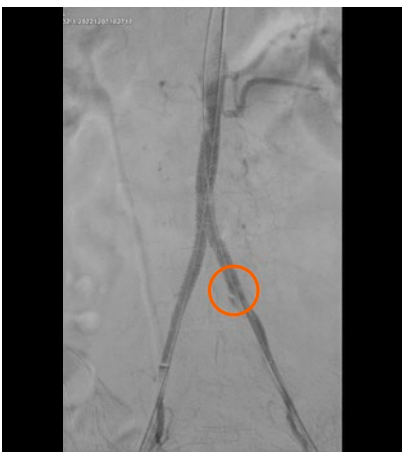
Live Graphical Overlay is used to mark renal arteries, balloon shoulders, and aortic bifurcation to guide the next steps of the procedure

Figure 7



Implantation of the Bentley fully covered balloon-expandable BeGraft aortic stent graft (12 mm x 49 mm)

Figure 8



Control DSA after CERAB shows a dissection in the left common iliac artery

Figure 9



Deployment of iVascular Isthmus Logic balloon-expandable iliac stent (8 mm x 49 mm) to exclude dissection

Figure 10



Repetition of control DSA shows no dissection

The information presented in the study protocol is for illustration only and is not intended to be relied upon by the reader for instruction as to the practice of medicine. Any healthcare practitioner reading this information is reminded that they must use their own learning, training, and expertise in dealing with their individual patients. This material does not substitute for that duty and is not intended by Siemens Healthineers to be used for any purpose in that regard.

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