The objectives of PAPAaRtis:
- To reduce the risk of paraplegia and mortality associated treatment techniques currently used in patients with thoracoabdominal aortic aneurysms.
- New therapeutic strategy to achieve this goal: Testing a pre-treatment prior to aortic aneurysm repair, potentially preventing spinal cord injury. It is called: MISACE - Minimally invasive segmental artery coil embolization.
- Increase individual patient’s quality of life.

Why we need PAPAaRtis:
- A thoracoabdominal aortic aneurysm (TAAA) is an enlargement of the aorta (one of the main blood vessels of the body) which can be fatal if left untreated and allowed to rupture.
- Treatment is available and well established, however the most severe complication of the conventional aortic repair techniques is spinal cord injury resulting in paraparesis or paraplegia. Currently this affects about 10-20% of the patients undergoing aneurysm repair for TAAA.
- Over 2500 procedures take place each year in Europe, with many people choosing not to undergo the treatment due to the risk of paraplegia.

How the PAPAaRtis treatment works:
- Minimally invasive segmental artery coil embolization (MISACE) as pre-treatment prior to aortic aneurysm repair.
- During MISACE segmental arteries are occluded with coils or plugs.
- MISACE is carried out in up to three sessions (staged process) and allows for smaller blood vessels to increase in diameter. This therefore provides a sufficient blood supply to the spinal cord during aneurysm repair and helps prevent paraplegia.

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