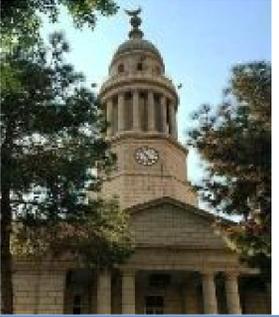


TEVAR With Total Arch Debranching In Huge Behcet Left Subclavian Aneurysm (Staged Procedure)

A.Abdulbaky, M. Elmaaddway, A.Hosny, M.Yousri, A.Sharkawy,
(Vascular Surgery Unit, Kasr Alaini Faculty Of Medicine,Cairo University, Egypt)



A male patient 45 y, presented by localized dull aching upper back pain followed by a swelling at the right supraclavicular region of eight months duration. General examination revealed mouth and scrotal ulcers



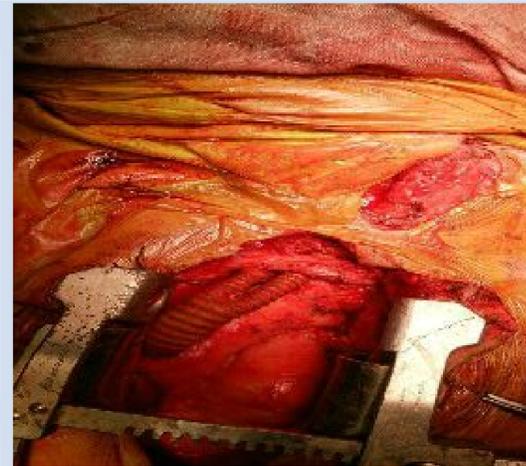
CTA showed the presence of huge left subclavian artery aneurysm in addition to the clinically palpable right subclavian aneurysm. steroid therapy started to control ESR level

The plan was to open the sternum and ligate the proximal end of the left side aneurysm before the arch.



Although the time passed since the decision was one and half month, the aneurysm had enlarged and fused to the arch and to the left CCA (as if he has a left innominate artery)

Controlling the neck of the left subclavian artery aneurysm ostensibly, was impossible



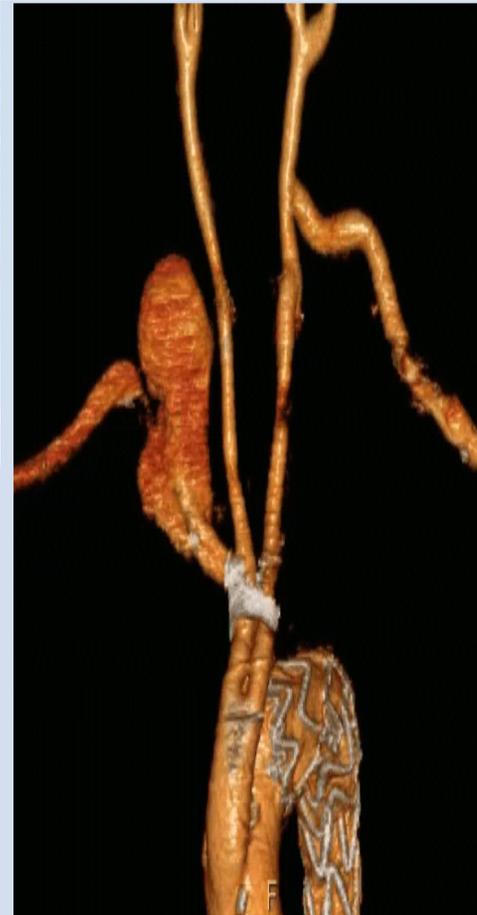
We decided to make total arch debranching for being more suitable to that situation.

The stem of bifurcated 16X8 mm Dacron graft was sewn to ascending aorta.

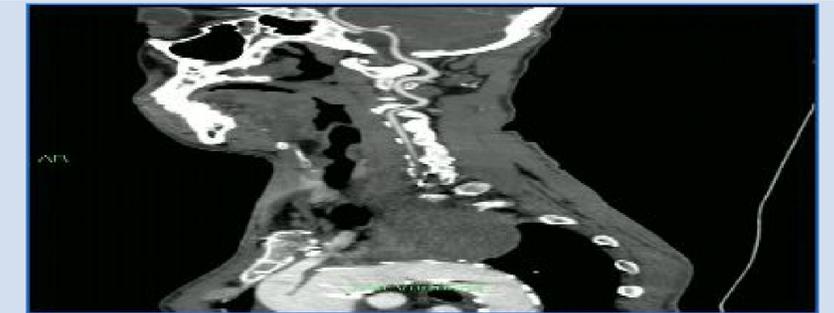
Its left limb was anastomosed to the innominate artery while The right limb was anastomosed to the left CCA.

A separate graft was interposed between the left CCA and left axillary artery.

A radiopaque marker was left to mark the take off of the bifurcated graft.



A week later, through right CFA cut down, a TEVAR stent graft was deployed from distal to the take off of the bifurcated graft, to cover the ostia of the three arch branches and landed finally into the descending thoracic aorta .



The patient passed uneventful recovery. His left subclavian artery aneurysm got thrombosed afterward



5 weeks later, the patient had 2covered stents for his right subclavian aneurysm.

Conclusion proximal control of the left SCA may not be technically feasible. Open repair in such instance requires cardiopulmonary bypass and circulatory arrest.

Debranching of the aortic arch vessels followed by placement of an endovascular stent graft (hybrid) is technically feasible and has similar perioperative morbidity and mortality to open repair.

