

# ACUTE TYPE B AORTIC DISSECTION IN PATIENT WITH POSTDUCTAL AORTIC COARCTATION: *Endovascular treatment*

García Reyes, ME; Fernández Valenzuela, V; Gil Sala, D; Maeso Lebrum, J; Sambola Ayala, A; Bofill Brosa, R.

Vall d'Hebron Hospital, Barcelona



A 25 years old, African male  
Precordial chest pain and dyspnea.

CTA: distal aortic coarctation and acute aortic dissection was observed at the origin of the left subclavian artery with a 42 mm. distal dilation.

Medical treatment was performed

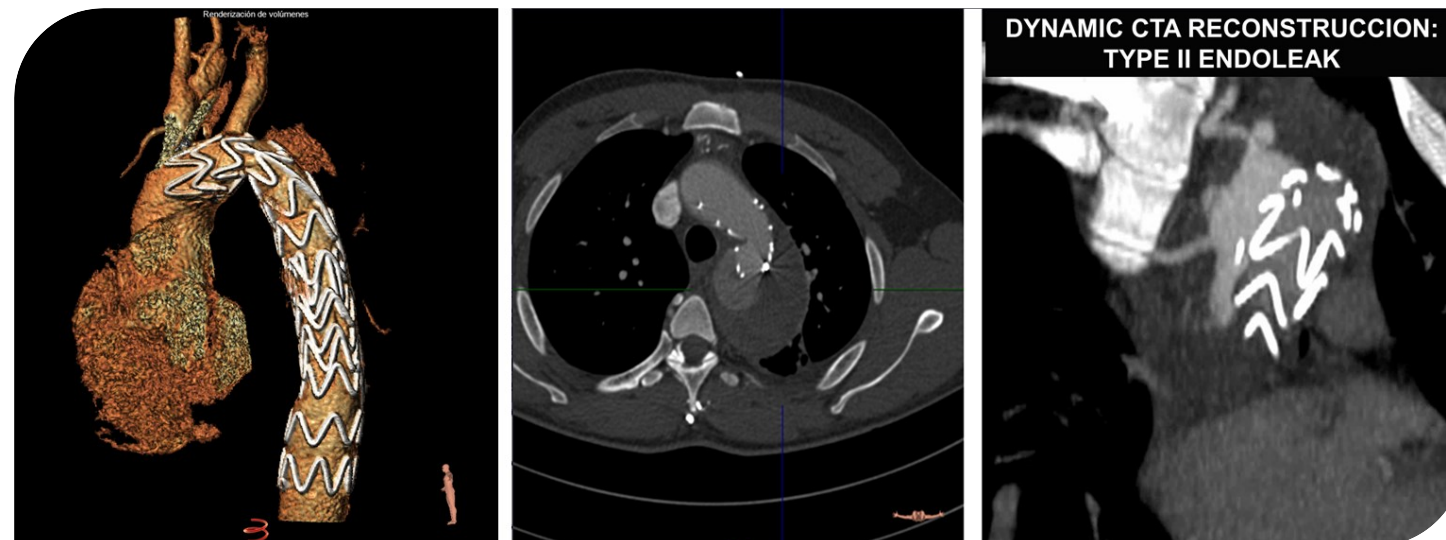
Due to a persistent pain and hypertension another CTA was made after 48 hours observing increase of the dilation until 65mm.

**Urgent operation was considered.**

## CONCLUSIONS:

- Considering the high risk of surgery in patients with concomitant coarctation and dissection, endovascular intervention might prove to be an alternative.
- High incidences of type II endoleak are expected due to dilated intercostals arteries.
- An accurate patient follow up is mandatory in this case in order to evaluate type II endoleak evolution

Two thoracic endografts (Relay Plus®) 28x28x155 and 34x34x100 were implanted, covering left subclavian artery. Aortic coarctation was dilated until 19mm diameter. During the procedure transesophageal echocardiogram (TEE) showed a gradient reduction from 39mmHg to 19mmHg achieving normal pressure.



**Dynamic CTA** showed a type 2 endoleak due to a right intercostal artery that drained to 2 left intercostals arteries. There was no sac increased. TEE showed normal pressure gradients