

Visceral Revascularization By Snorkel Technique Traversing False Lumen To True Lumen During TEVAR For Type B Aortic Dissection

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Introduction

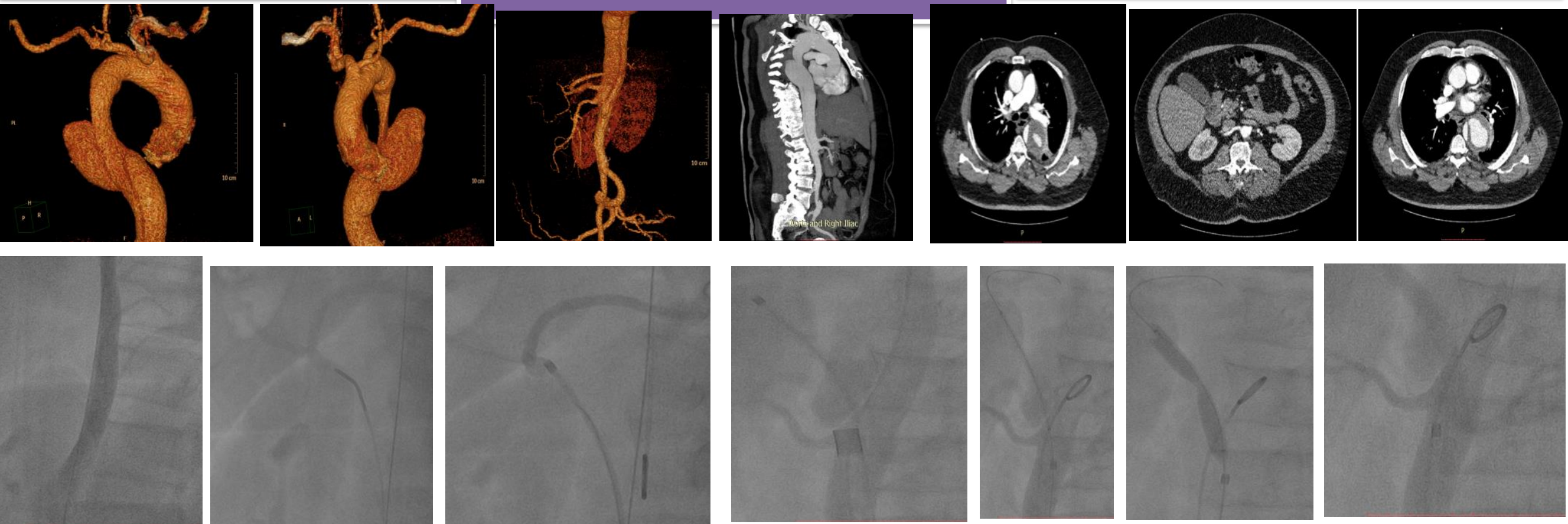
The Challenging problem:
Visceral revascularization in type B aortic dissection remains a challenge especially when Celiac and SMA are arising from the false lumen.

Patient

Male patient 47 years old presented to ICU with severe tearing chest and back pain and hypertension. After control of blood pressure, MSCT scan showed a dissecting Type B aortic dissection with the celiac and SMA arising from the false lumen. Echocardiography showed diastolic dysfunction and EF 45%. Serum creatinine was 1.5 and other labs were unremarkable.

Method

Patient was planned for TEVAR to seal the proximal thoracic tear. At the end of the procedure angiography showed no opacification of celiac or SMA arteries. Cannulation of the femoral artery to the level of the celiac and SMA and crossing from the true lumen to the false lumen to the celiac artery was successful to cannulate celiac artery where long sheath was [inserted]. A long covered stent was deployed in the celiac artery crossing the false lumen to the true lumen



Conclusion: Visceral revascularization is mandatory in aortic dissection and this technique could be one solution during the procedure.