SUCCESSFUL MANAGEMENT OF TRAUMATIC AORTIC RUPTURE WITH A STENT GRAFT
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Disclosures:
None to Disclose
No Potential conflict of interest

* 28 year old male
* Had met with a RTA while driving a car
* Blunt injury to the head and chest wall and lower limbs
* Had transient shock and loss of consciousness
* Stabilized after fluid rush and ionotropes

Plain CT Head and Polytrauma Screening
* Soft tissue injury to the face
* Posterior dislocation of left hip joint
* Left Pleural effusion - ? Hemothorax
* No Intra-cranial injury
* Left sided ICD was inserted and 400 ml of frank blood drained
* Under spinal anesthesia, closed reduction of Right hip joint was done
* Patient used to have Hypotension every time he was shifted for the CT or for the OT

CT chest was reviewed
* ? Short segment Aortic dissection
* Left sided moderate hemothorax
* Hematoma within pericardial recess
* ? Bilateral renal infarcts

MRI - AORTOGRAM
* Traumatic Aortic disruption with a sealed perforation
* Unstable Pseudo-Aneurysm
* Large Left Hemothorax

PLAN:
* Surgical repair of the Aorta with graft OR Endo-vascular repair with a stent graft
* BP: 100/60 mmHg on minimal ionotropes
* HR:133/mm

PROCEDURE: TEVAR
* Left Femoral Artery Cut-down by Vascular surgeon. Right Femoral artery access.
* The left radial access was used to gain access into the true lumen. This wire was snared via the left femoral artery to lead the marker pigtail into the ascending aorta and an Aortogram done with the marker pigtail.
* A 24 X 80mm covered stent was deployed from the right femoral access, across the left subclavian artery to cover the ruptured area fully and obliterate flow into the pseudo-aneurysm.

Post Procedure:
* Hemodynamically stable
* BP = 110/70 mmHg without ionotropes
* Shifted to ICU for observation
* Patient had episodes of dyspnea with wheeze with hypoxia.

Chest X-Ray:
* Large hemothorax with left sided lung collapse
* ICD was repositioned posteriorly
* 1 Litre of altered blood drained
* Rest of the recovery was uneventful

3 months follow-up CT Aortogram:

Conclusion:
Prompt recognition and successful endovascular treatment of this near fatal complication is rewarding.