

TEVAR for Acute complicated type B Aortic Dissection: Midterm Follow Up .

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Aim of work

- ❑ Acute complicated type B Aortic dissection is associated with high risk of morbidity and mortality.
- ❑ The immediate benefit of TEVAR is proved to prevent complications and lower mortality.
- ❑ The main problem remains in the midterm and long term follow up.

Patients and Methods

- ❑ 16 patients with acute type B aortic dissection 7 females and 9 males with age range between 34 and 55 years.
- ❑ All have had acute complicated type B aortic dissection treated by TEVAR presented with persistent pain, severe hypertension, persistent deterioration of kidney functions, visceral ischemia, lower extremity ischemia or combination of two or three of these complications.

Results:

There was no mortality or neurologic events. Immediate postoperative MSCTA was satisfactory with good proximal seal and decreasing false lumen. Complications started to appear during the third year of follow up in 7 patients. These complications included: rupture of the aorta distal to the stent with massive hemothorax, increasing false lumen diameter due to distal tear, or increasing size of the abdominal segment of the aorta not covered by stent. 5 case could not be saved and the surgically treated patient dies postoperatively from DIC. Immediately treated by second TEVAR was the only patient saved 1/7 in this series.



Conclusion

- ❑ **TEVAR** for acute complicated type B aortic dissection carries a **lower risk of complications in the short term** follow up.
- ❑ **Complicated TEVAR** in such case are expected after the **second year**.
- ❑ **Close follow up is mandatory** as almost all complications are associated with a significant high mortality rate.