Endovascular treatment of continuing type A dissection after ascending aorta replacement

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The number of patients requiring late re-operative intervention is in the range of 2% to 10% in most series. Here, we present successfully operated type A dissection cases who developed dissection related problems during follow up and treated with endovascular interventions. Three of the four patients required debranching surgery and the other one ascending and aortic replacement. Morphometric diameter of the dissecting aorta was seen >70 mm and left renal ischemia was observed. Three had also symptoms of visceral ischemia. Staged interventions were performed for the treatment of descending aorta aneurysms. 61 years old male patient was operated on aortic dissection and after 5 years, aortic and visceral dissections were observed. Postoperative CT demonstrated that false lumen is partially thrombosed. Nevertheless, there was no type 1 endoleak at the level of left subclavian artery and also type 3 endoleak at the site of coaptation between left subclavian and iliac extension stent graft at the control CT. Nevertheless, there was no type 1 endoleak at the level of left subclavian artery and also type 3 endoleak at the site of coaptation between left subclavian and iliac extension stent graft at the control CT.

CONCLUSION

Multiple adjunctive procedures during follow-up are usually necessary. BES can be used successfully for ascending, arcus and visceral dissections. Good flows to branch vessels with no sequelae are readily achievable. These are the first cases with early results. Long term follow up is necessary to see the exact control of the dissection.