The Chimney-CERAB for treatment of Acute Aortic Thrombosis

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Disclosure

Speaker name:

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ do not have any potential conflict of interest
A 50-year-old Thai male

- Presented to the emergency department with bilateral legs pain with numbness and weakness in both legs for 3 days
- BP 140/90 mmHg, Temp. 37.0 C
- Physical examination revealed sensory decrease both legs, can’t abduct/adduct both feet
- Mottling at right leg
- Poikilothersmia up to suprapubic
- Motor power of legs and thight gr. II-III
# Peripheral pulses examination

<table>
<thead>
<tr>
<th>Artery</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Femoral artery</td>
<td>0(-ve)</td>
<td>0(-ve)</td>
</tr>
<tr>
<td>Popliteal artery</td>
<td>0(-ve)</td>
<td>0(-ve)</td>
</tr>
<tr>
<td>PTA</td>
<td>0(-ve)</td>
<td>0(-ve)</td>
</tr>
<tr>
<td>DPA</td>
<td>0(-ve)</td>
<td>0(-ve)</td>
</tr>
<tr>
<td>Brachial artery</td>
<td>2+</td>
<td>2+</td>
</tr>
</tbody>
</table>
Past medical history

- Hypertension
- Dyslipidemia
- Heavy smoking
- History with buttocks/thighs claudication for 2 yrs
- Abdominal trauma 5 yrs ago
LAB

- CK 9866 U/L
- BUN 19 Cr 1.26 eGFR 66
- Na 138 K 4.1 Cl 106 Co2 21
CTA Pre-operative
Management

- Heparinization
- Oxygen therapy
- Pain control
- Plan for revascularization with Chimney-CERAB technique
Ballooning with 6*80 Mustang
Mustang balloon
5*40 in both RA

Begraft 16*48
Begraft 7*57 both limbs
Begraft 6*22 into right RA
Post Operative
Post-op LAB

• CK 28660 U/L
• BUN 23 Cr 1.52 eGFR 53
• Na 142 K 3.6 Cl 111 Co2 19
• Arterial blood gas ➔ metabolic acidosis
Conclusion

- Acute aortic thrombosis is an emergent vascular disease with significant morbidity and mortality.
- Using the CERAB/Chimney CERAB technique is a safe and feasible alternative to open surgery reconstruction for this condition in selected cases.
Thank you for your attention
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