PAU and Dissection in a young man

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Disclosure

Speaker name: Robbie George

I have the following potential conflicts of interest to report:

☒ Consulting/Travel grants: Medtronic, Cook, Boston Scientific, Abbot, Bard

☐ Employment in industry

☐ Stockholder of a healthcare company

☐ Owner of a healthcare company

☐ Other(s)

☐ I do not have any potential conflict of interest
Clinical details

43 M

Severe abdominal and mid back pain 4 days
Mild chest pain

Examination
BP Right upper limb  160/70 mm Hg
Left upper limb      140/80 mm Hg
Clinical details

No known comorbidities
Non smoker
Motorcycle mechanic
CT Aortogram - Day 1
Management

Admitted to ICU
Labetalol and Betablocker therapy for BP control
Pain and BP improving but persistent BP surges
Not willing to continue treatment after 48 hours
Left against medical advice on oral antihypertensives
Clinical details

Went to another hospital and was continued on intravenous antihypertensives but had persistent pain.

CT Aortogram done and referred to our unit in view of increasing size and pain.
CT Aortogram - Day 10
Disease progression
Disease progression
Clinical details

Decision to treat taken after discussion with the patient and family

Plan??
Treatment options

Pure endovascular
Open surgery
Challenges

Young age
Proximal end
Dissection starting at the Left Subclavian
Inadequate proximal landing zone
Proximal aorta 34mm
Challenges

Distal lesion in direct proximity to SMA, Coeliac with a secondary point at the level of renal arteries

Distal aorta 19mm

Long segment coverage of spinal cord
Treatment plan

Hybrid repair

Spinal drain
Carotid-carotid-subclavian bypass
Ileo-left renal
Ileo right renal
Ileo SMA
Ileo Coeliac bypass
Stent graft

Bolton NBS Relay 30x26x150 and 38x34x150
Neck debranch
Visceral debranch
Aortic stent graft
Aortic stent graft
Aortic stent graft
Post Op

Uneventful recovery with complete resolution of pain
discharged home on day 6
Conclusion

Hybrid procedures should remain a part of the armamentarium for treatment of complex aortic pathology for select patients
Thank You
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