Case Presentation

Staged open and endovascular management in a patient with complicated type A dissection

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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)
History of Present Illness

- HPI: 52M with progressive enlargement of distal arch and proximal descending aorta (5.7cm)
- PMH: HTN, HLD
- Meds: Aspirin, Atorvastatin, Digoxin, Lasix, Lisinopril, Metoprolol, Coumadin
Re-admit 4-8 w. abdominal pain
Acute/severe abd. pain – 4-12-18
Emergently to OR for rupture

• OR for ruptured TAAA (4/12/2018)
  • Left thoracoabdominal incision
  • Suprareciac control initially
  • Infrarenal clamp
  • Repaired using 24x12mm bifurcated Dacron graft
  • Temporary closure

Operative Details

• 22 prbcs
• 19 FFP
• 4 Plts
• 1 Cryo
• 2.2L cell saver
Planned return to OR

4/13/2018:
• Washout, aorto-celiac bypass, aorto-SMA bypass, aorto-left renal bypass, omental flap, resection of splenic flexure

4/16/2018:
Washout, colostomy, closure
Deterioration of cardiac function

Readmitted from rehab on 5/18/2018 for sudden onset of R gluteal pain
Gluteal hematoma
Transfused 6 prbcs

In July 2018 was found worsening LV function
EF 25% from 45%
Aortic Fenestration
Septal Fenestration
Confirmation of luminal gain
Single right renal fenestration
Final thoughts

• Long term (life long) follow up essential
• Multidisciplinary care
  - CT surgery
  - Cardiology
  - Vascular surgery
• Multimodal approach / multiple operations
  - Open
  - Endovascular
  - Hybrid
Thank You

Aortic Center
1-800-RxAorta
www.columbiasurgery.org/aortic
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