Endovascular repair of a dissecting thoracic aortic aneurysm with contained rupture of the false lumen

Fig. 1

A 75-year-old man presented with acute onset of back pain and dyspnea. Initial contrast enhanced computed tomography (CT) showed an aneurysm of the distal thoracic aorta. Coronal reconstruction showed atypical type B dissection (Fig. 1A, arrow) distal to vessel kinking, and a right-sided hemothorax (Fig. 1A, asterisk) [1]. Under general anesthesia, the patient underwent endovascular repair of this dissecting aortic aneurysm with contained rupture of its false lumen. Two stents were placed in coaxial technique (Fig. 1B, three-dimensional reconstruction acquired from flat-panel detector-based CT). Concomitantly, medical treatment of NYHA type III cardiac insufficiency and arterial hypertension was initiated. At three months, follow-up CT showed a functioning graft, however, confirmed partial reperfusion of the false lumen around the celiac trunk. With respect to considerable risks and the patient's relatively good condition, it was decided to refrain from reintervention [2].

Thomas Kau, Wolfgang Eicher, Egon Rabitsch, Stefan Celedin, and Klaus Armin Hausegger

References

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Correspondence: Dr. Thomas Kau, LKH Klagenfurt – Radiologie, St. Veiter Straße 47, 9020 Klagenfurt, Austria, E-mail: t.kau@gmx.at