

Images in Anesthesia

A misplaced guide wire in the false lumen during endovascular repair of a type B aortic dissection

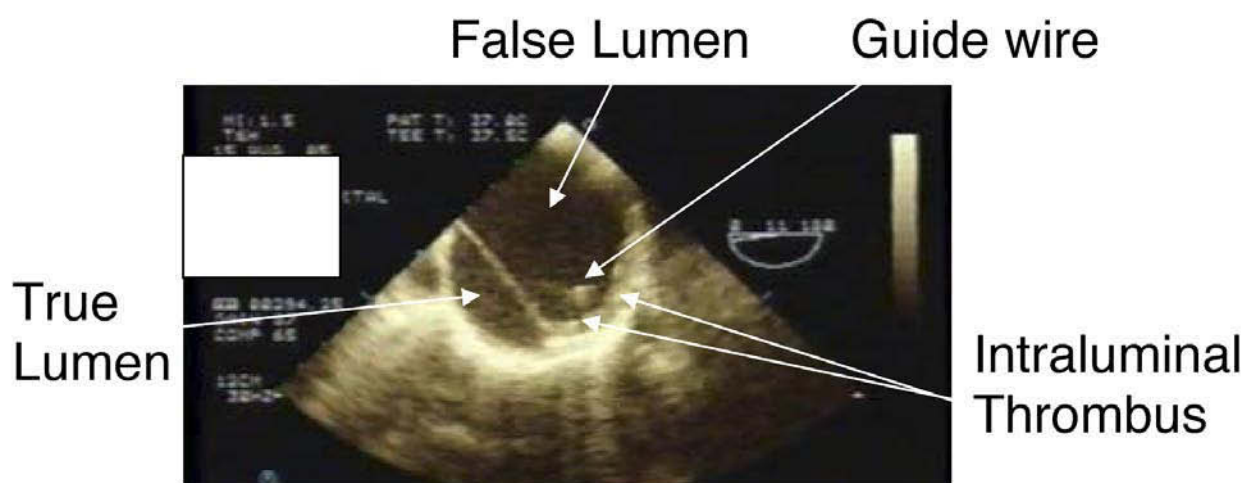


FIGURE 1 Transesophageal echocardiographic image of the descending thoracic aneurysm with flattened dissection flap. The guide wire appears in the true lumen.

A 51-yr-old male patient, with connective tissue disease, presented for endovascular repair of a descending thoracic aortic aneurysm, type B dissection.¹ He had undergone previous vascular surgeries that involved replacement of his ascending aorta, the aortic arch, and abdominal aorta. A preoperative computed tomography scan demonstrated both false and true lumens of the dissection. The aneurysm communicated proximally at the level of the left subclavian artery and caudally just above the diaphragm. Following induction of anesthesia, a transesophageal echocardiography (TEE) probe was inserted and a standard TEE examination was carried out. Color flow Doppler mapping in the presence of larger lumen size with intraluminal thrombus identified the false lumen.²⁻⁵ Endovascular repair

was initiated through cannulation of the left femoral artery. Under angiographic guidance, a guide wire was inserted to establish vascular access and facilitate stent graft deployment. The TEE identified the wire location and found it to be within the false lumen (Figure 1, video images available as Additional Material at: www.cja-jca.org) while intraoperative angiography failed to recognize the problem at this stage. Further wire manipulation under TEE guidance achieved correct positioning of the guide wire within the true lumen (Figure 2, video images available as Additional Material at: www.cja-jca.org). The surgical procedure continued and the stent graft was deployed uneventfully.

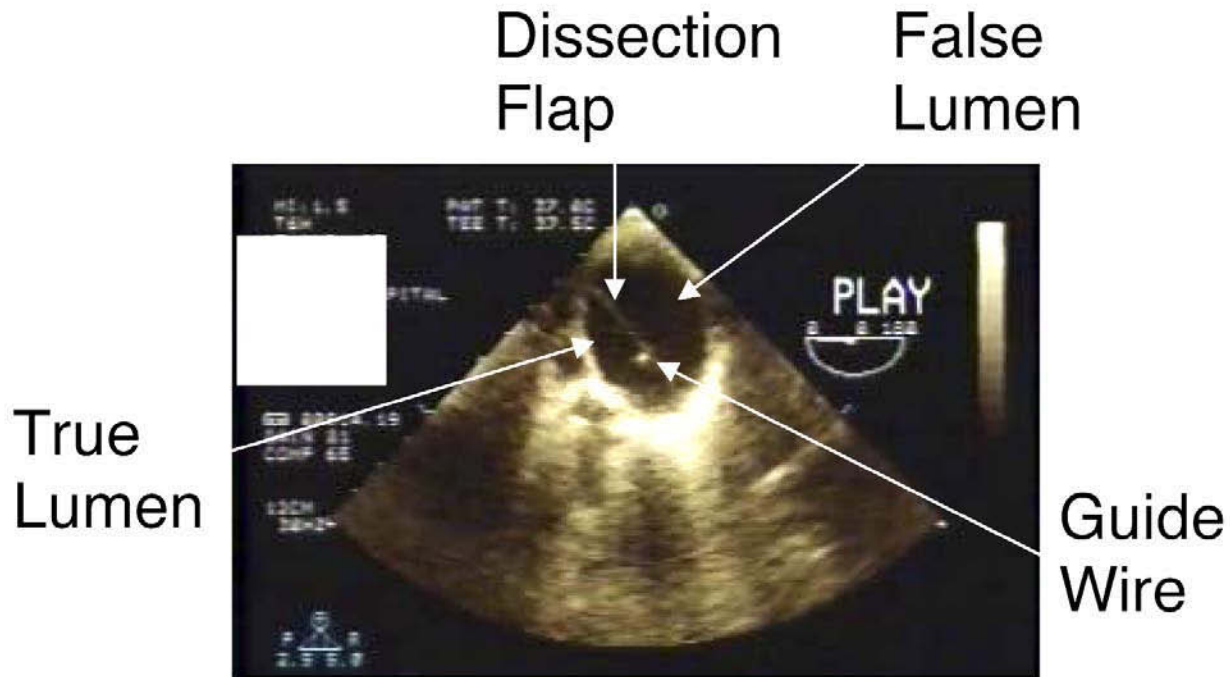


FIGURE 2 Transesophageal echocardiographic image of the descending aorta dissection. The false lumen has a larger lumen size with intraluminal thrombus.

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Accepted for publication July 16, 2007.
Revision accepted August 16, 2007.

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