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Chapter 9

ENDOVASCULAR STENTING FOR AORTIC DISSECTION WITH LOWER EXTREMITY MALPERFUSION

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A 48-year old man was seen at the emergency department with sudden onset severe pain in his left shoulder and in his upper abdomen. Both lower extremities were cyanotic without palpable femoral pulsations and he lost sensibility below the knees. Six months earlier, he had undergone a Bentall procedure with replacement of the ascending aorta for an intermediate/severe aortic valve regurgitation due to annulo-aortic ectasia. The routine CT-scan, 3 months postoperatively, showed a good operative result with normal diameters of the distal aorta and without false aneurysms. He was being treated with coumadines and a beta-blocker daily. The diagnosis of a type B aortic dissection with an occluded distal aorta was established by a computed tomographic scan and an intra-arterial angiography was made subsequently (Fig 1). After septation of the occlusive intimal flap by perforation and balloon dilatation, the occlusion above the aortic bifurcation persisted (Fig 2). Application of a self extendable stent (Easy-Wall stent, 14 x 89 mm) restored the perfusion of the distal aorta effectively (Fig 3 and 4). Reperfusion of the lower limbs was achieved 6 hours after onset of symptoms. After the procedure, the vascularisation and sensibility of both lower extremities recovered and the patient had good palpable pulsations distally. The type B aortic dissection was further treated conservatively.
Figure 1
Figure 2
Figure 3
Figure 4