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De-branching of the Aortic Arch During Thoracic Endovascular Aortic Repair

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De-branching of the Aortic Arch During Thoracic Endovascular Aortic Repair James Wu, MD; Caitlin O'Connor, BS; Timothy Misselbeck, MD; Theodore Phillips, MD; Division of Cardiothoracic Surgery, Department of Surgery

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Objective

Aortic arch diseases are difficult to treat with open surgical repair. We evaluated aortic arch de-branching with thoracic endovascular aortic repair (TEVAR) as an emerging alternative to treat this problem.

Methods

We retrospectively reviewed our seven consecutive TEVAR de-branching patients from January 2010 to June 2011 at our institution from electronic medical records and office charts.

Results

All patients were male. The mean age was 72.6 years (range 57-83). Co-morbid conditions were HTN, PVD, COPD, CAD, history of tobacco use, and history of abdominal and thoracic aortic aneurysm. Postoperative complications included atrial fibrillation (n=5), acute renal failure without requiring dialysis (n=2), mental status changes (n=1), ventricular tachycardia in (n=1) and a ortic rupture (n=1). Length of hospital stay ranged from 6-10 days. In-house post-operative mortality was 14.3% (n=1).

Table 1. Comorbidities

Hypertension

Peripheral Vascular Disease

COPD

Coronary Artery Disease

Tobacco Abuse

Abdominal Aortic Aneurysmal Disease

Table 2. Complications in Patients Undergoing **Aortic Arch Debranching**

Atrial Fibrillation

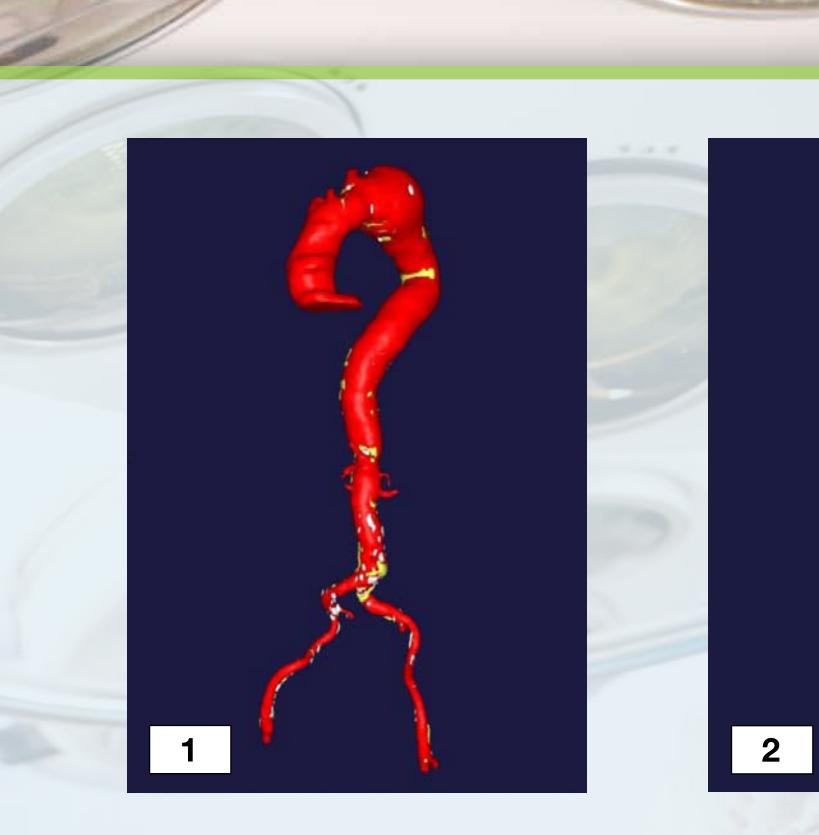
Acute Renal Failure: Requiring Her

Mental Status Changes

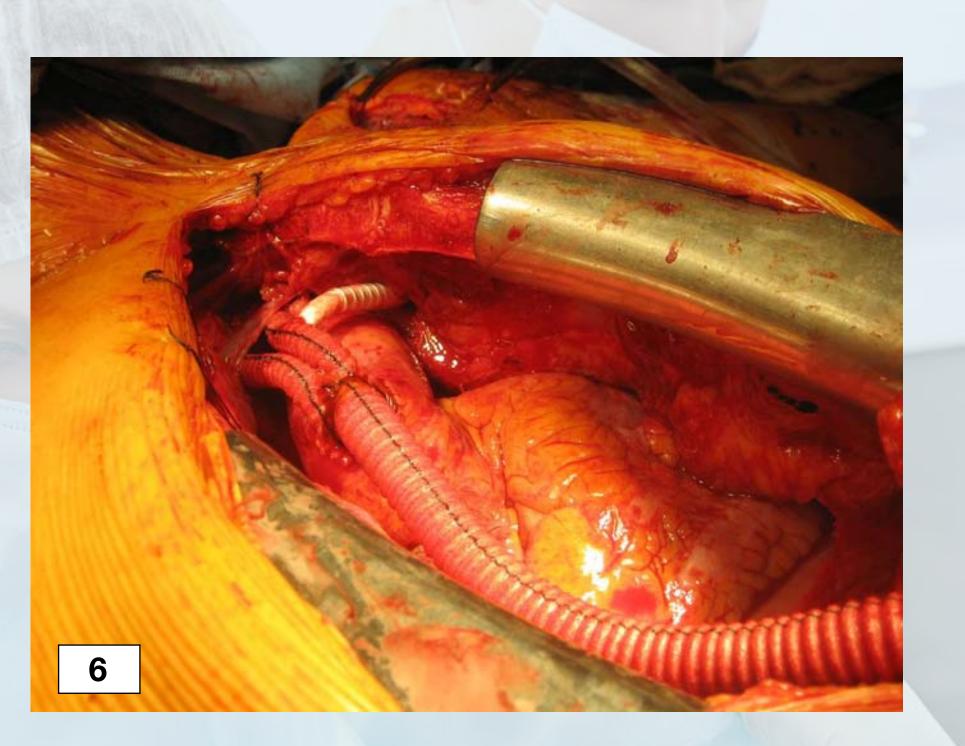
Ventricular Tachycardia

Aortic Rupture

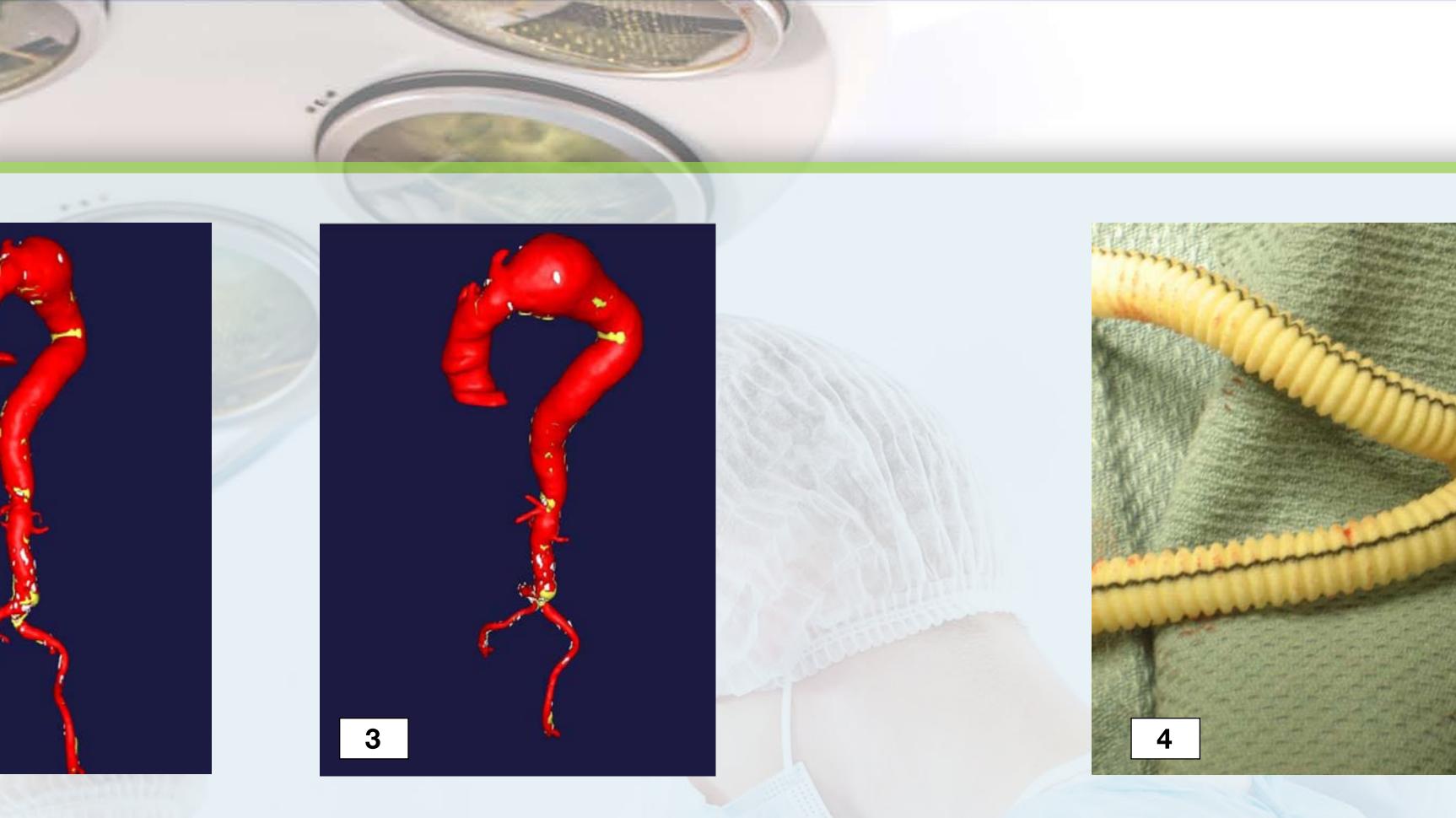
5
2
1
1
1

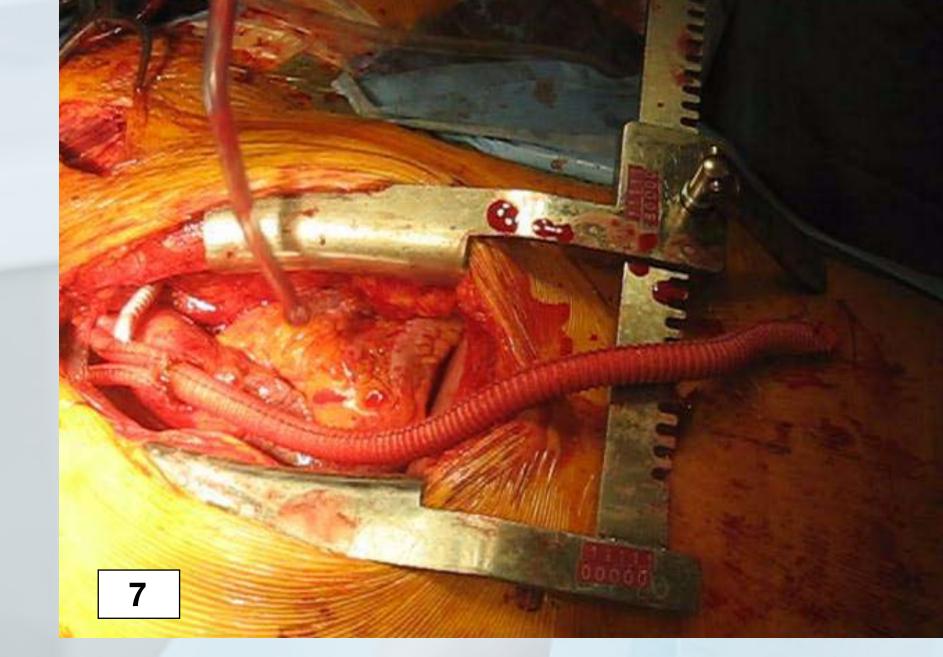


Figures 1-3: Preoperative CT angiography of complex aortic arch aneurysm.



Aortic arch de-branching with TEVAR technique allows surgeons to operate on patients with difficult aortic arch disease problems. This technique is feasible and relatively safe compared to the conventional technique. Aortic dissection is a devastating complication.

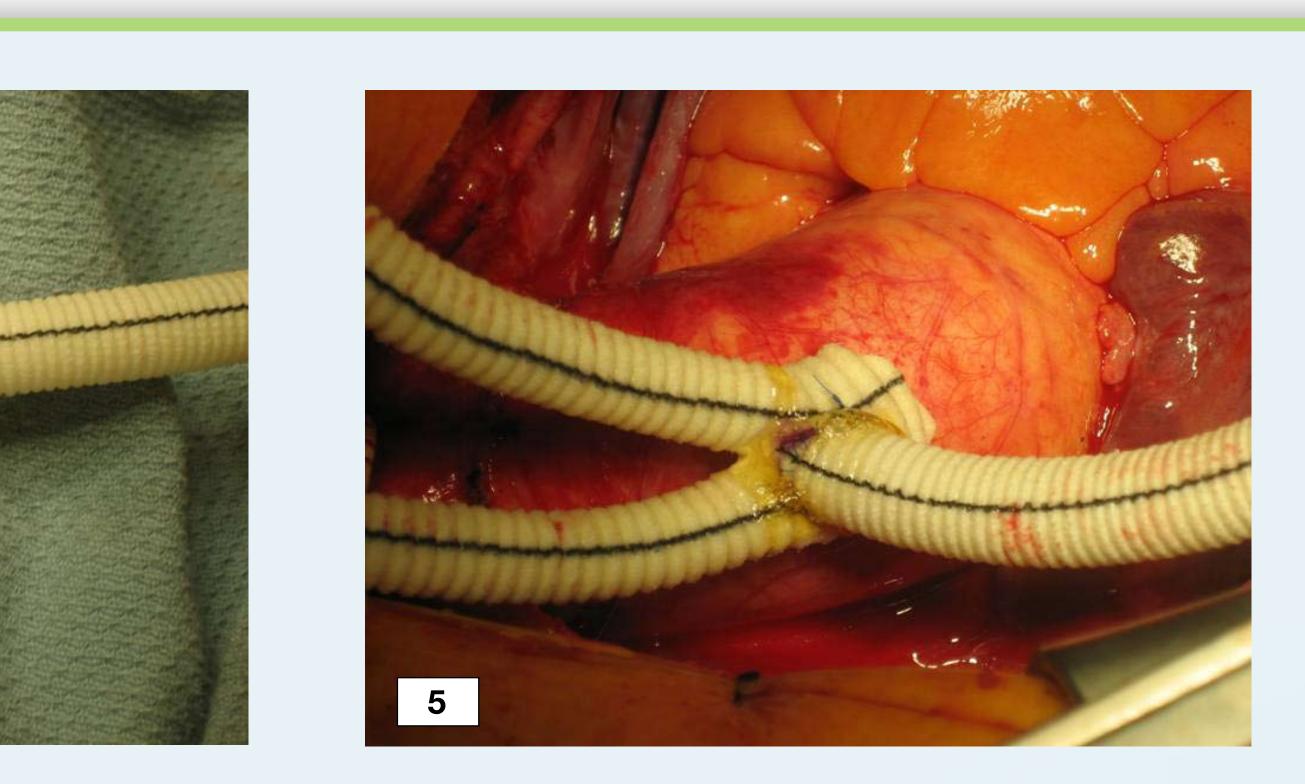




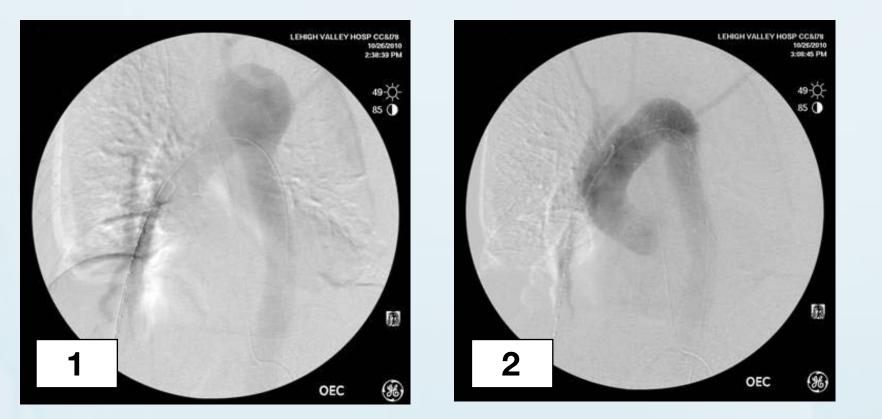
Angio 1: Intraoperative angiogram prior to TEVAR deployment. **Angio 2:** Intraoperative angiogram after TEVAR deployment showing exclusion of aneurysm.

Figures 6-7: Completed aortic arch debranching - in situ.

Conclusion



Figures 4-5: Custom made grafts for debranching procedure.



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