



Images in cardio-thoracic surgery

Full metal jacket for thoracoabdominal aneurysm

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Open repair was refused by a 60-year-old man with a symptomatic thoracoabdominal aortic aneurysm (Fig. 1), previous thoracic aneurysm repair and renal insufficiency. Therefore, a hybrid technique including visceral debranching and endovascular aneurysm exclusion was used (Fig. 2). There were no complications and discharge was on the ninth day.



Fig. 1. A 6 cm type IV aortic aneurysm (arrow).

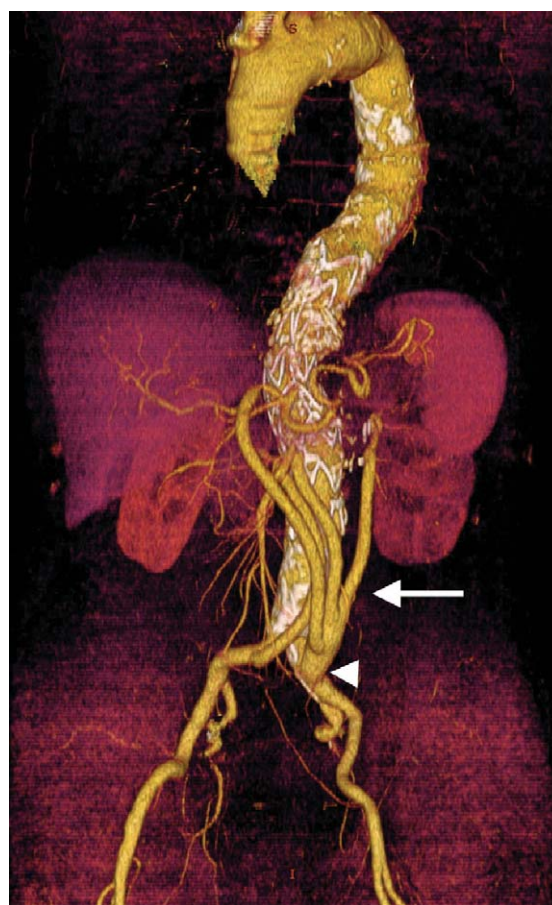


Fig. 2. The different steps of the single procedure. (1) Through a median laparotomy limbs of a bifurcated polyester prosthesis (diameter 14 mm × 7 mm) were anastomosed end-to-side to the four main visceral arteries (arrow). (2) Proximal anastomoses (arrowhead) were performed to both common iliac arteries. Using two donor vessels the risk of abdominal ischemia is likely to be reduced or mitigated in case of inflow problems. (3) Subsequent aneurysm exclusion was achieved by two endovascular tube grafts inserted via the right femoral artery. (4) Thereafter, the visceral arteries were ligated at their origin. The present follow-up computed tomographic angiography at six months shows patency of all four bypasses and aneurysm exclusion without an endoleak.

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