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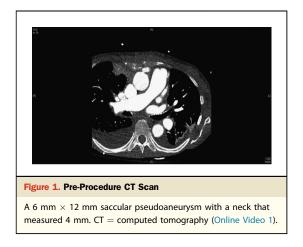
IMAGES IN INTERVENTION

Percutaneous Closure of an Aortic Pseudoaneurysm Due to Saphenous Vein Graft Dehiscence With an Amplatzer Vascular Plug

Satya S. Shreenivas, MD,* Scott Lilly, MD,* Nimesh D. Desai, MD,† Ali Farooki, MD,‡ Albert T. Cheung, MD,‡ Michael A. Acker, MD,† Howard C. Herrmann, MD,* Saif Anwaruddin, MD*

Philadelphia, Pennsylvania

An 80-year-old woman with a past medical history significant for coronary artery bypass surgery (7 months prior) complicated by cardiac arrest 3 days post-surgery was found to have saphenous vein graft dehiscence from the aortic anastomosis, mediastinal bleeding, and a large hemothorax. She was then re-admitted for a bleeding chest wound. A computed tomography (CT) scan of the chest revealed a saccular pseudoaneurysm arising from the anterior wall of the ascending aorta close to the anastomosis of the previously dehisced saphenous vein graft. There was concern for ongoing



From the *Division of Cardiovascular Medicine, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania; †Division of Cardiovascular Surgery, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania; and the ‡Department of Anesthesia and Critical Care, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania. Dr. Herrmann is a consultant for St. Jude Medical. All other authors have reported that they have no relationships relevant to the contents of this paper to disclose.

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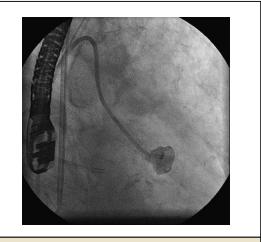


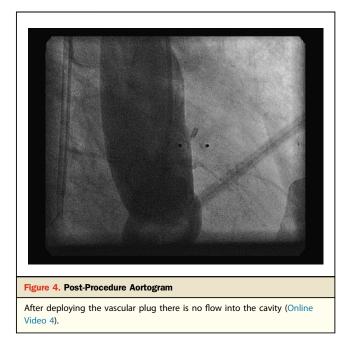
Figure 2. Aortogram

The pseudoaneurysm was directly engaged with a left coronary bypass guide catheter (Online Video 2).



Figure 3. Post-Procedure TEE

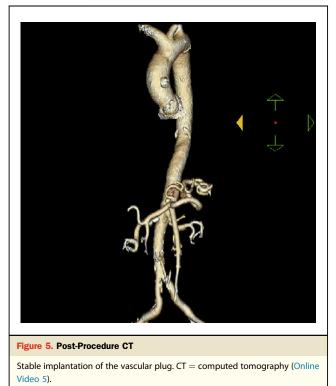
After deploying the vascular plug, there is no flow into the cavity by color-flow doppler. TEE = transesophageal echocardiogram (Online Video 3).



extravasation from this site and impending rupture (Figs. 1 and 2, Online Videos 1 and 2).

Due to multiple comorbidities, advanced age, and prior sternotomies, she was deemed high risk for open repair. Other alternatives were considered, including a covered stent in the ascending aorta or percutaneous closure of the pseudoaneurysm with a vascular plug. Due to the more invasive nature of an aortic stent graft, she was referred for urgent percutaneous closure of the pseudoaneurysm with a vascular plug (Figs. 3 to 5, Online Videos 3, 4, and 5).

Multimodality imaging including fluoroscopy, CT scan, and transesophageal echocardiography were key in locating, sizing, and successful closure of the pseudoaneurysm with an



8-mm Amplatzer Vascular Plug II (AGA Medical Corporation, Plymouth, Minnesota).

Reprint requests and correspondence: Dr. Satya Shreenivas, Hospital of the University of Pennsylvania, 8 Gates Pavilion, 3400 Spruce Street, Philadelphia, Pennsylvania 19104. E-mail: satya. shreenivas@tuhs.temple.edu.

Key Words: amplatzer vascular plug ■ aortic pseudoaneurysm ■ coronary artery bypass complication ■ saphenous vein graft dehiscence.