Modified Hybrid Debranching for Ruptured Aortic Aneurysm

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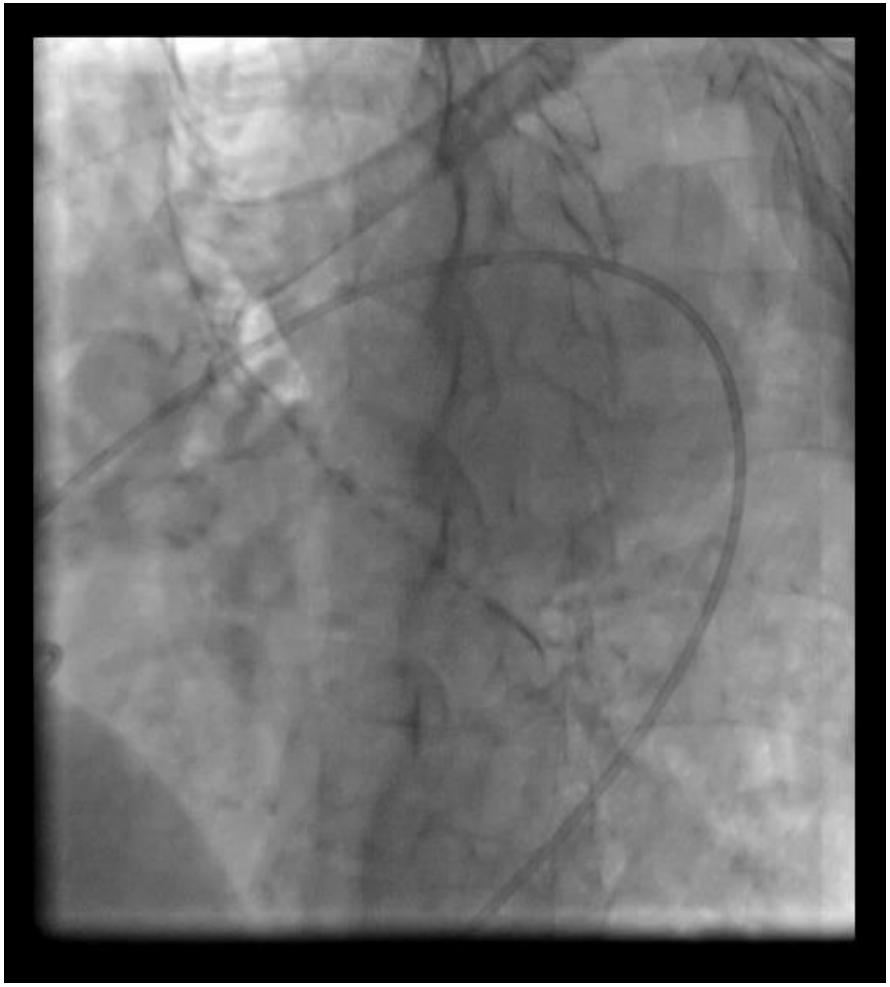
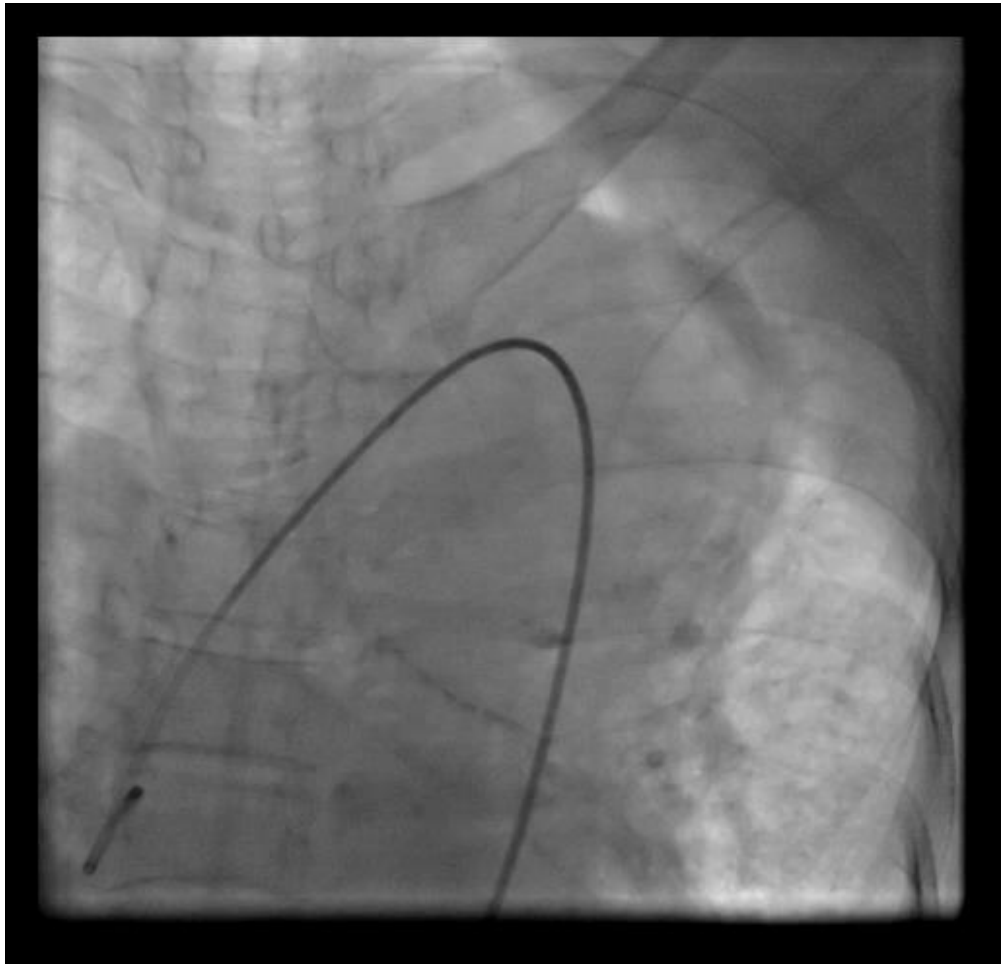
Case History

- 82y/f DM, HTN,COPD admitted with severe chest pain and SOB x 1 day
- CAG grossly normal
- aortic root angio- revealed large saccular aortic aneurysm involving left SCA,
- CT aortic angio - revealed leaking aneurysm filled with laminated thrombus

Pigtail Shoot

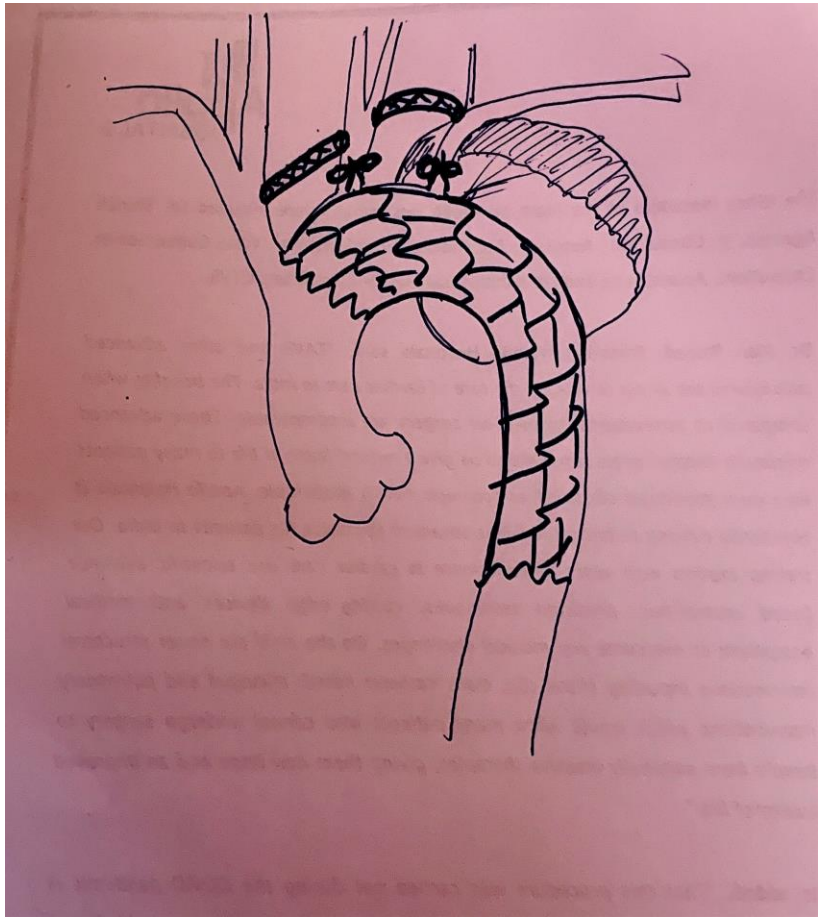




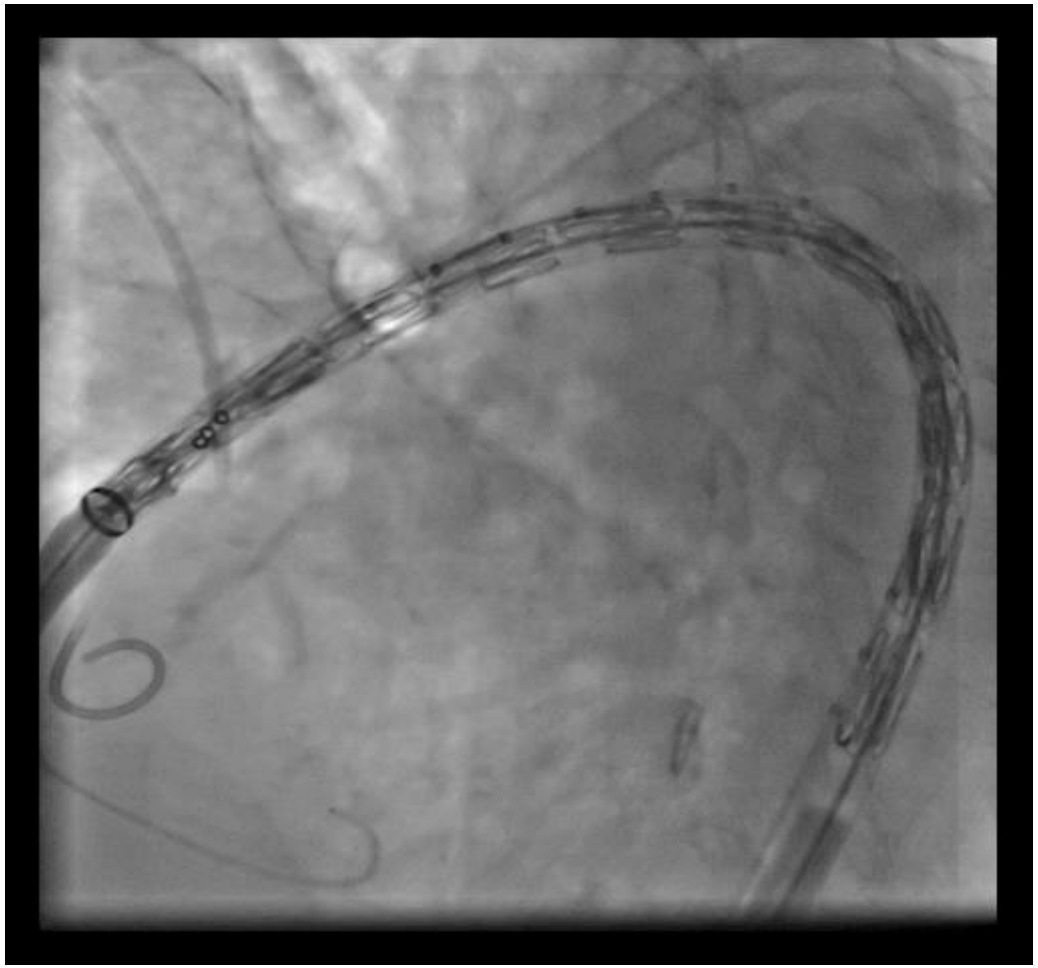
- CT angio of brain revealed dominant right vertebral artery forming the circle of willis and left was diminutive
- also the aneurysm was involving left CCA as well so there was no way we could save it if we deploy a covered stent
- option of surgery was given which was promptly denied and also it was very high risk because of frailty and bad copd
- it was decided to do debranching of neck vessel followed by aortic stenting
- but typical debranching involves very extensive dissection of neck and upper thorax which itself is very high risk in patient with bad lungs
- so only small neck incisions were given and innominate was connected to LCA and LCA to right SCA thru subcutaneous tunnelling and next day the patient was taken up for TEVAR

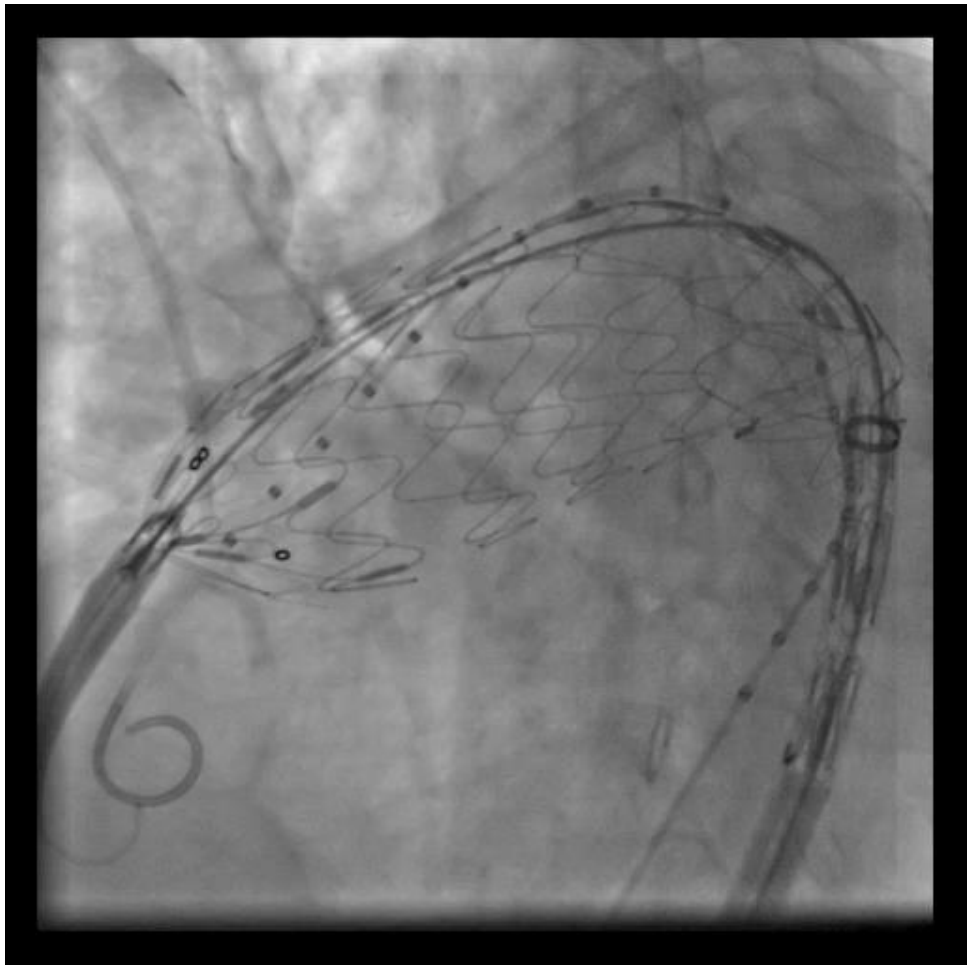
Strategy

- INNOMINATE WAS CONNECTED TO LCA AND LCA TO LEFT SCA THRU SUBCUTANEOUS TUNNELLING

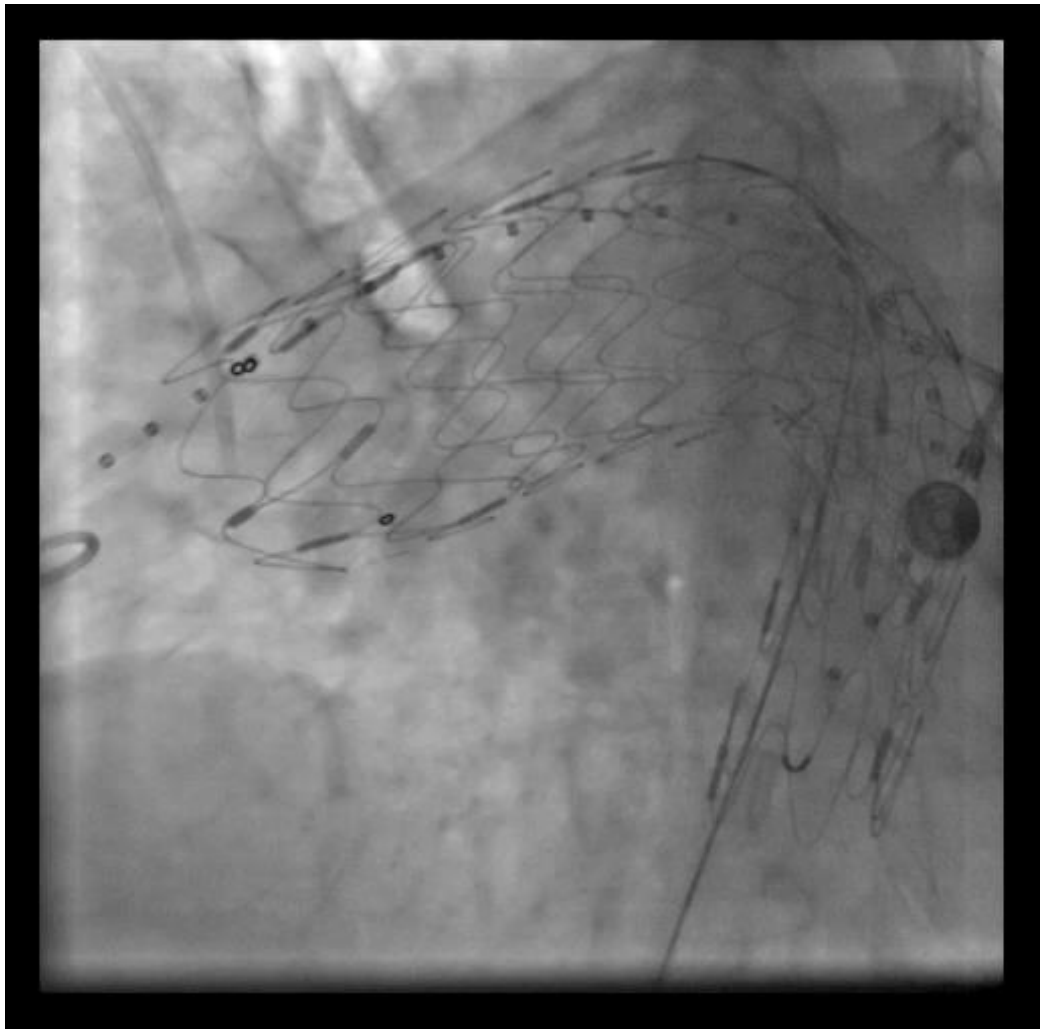


Placing across LCA





Final Result



Take Home

- patient was discharged on 3rd day without any neurological sequela
- any disease with associated frailty is difficult to treat but smaller and shorter procedures under LA as done in this case is relatively well tolerated
- unilateral cerebral perfusion is well tolerated especially if ipsilateral vertebral is dominant as in this case.
- this is a rare case of modified debranching in conscious sedation in an octogenarian for treating aneurysm involving arch vessels