Complicated type B dissection. Case management

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Disclosure

Speaker name: Jorge Chavarría M.D

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
Case

- 59 year old male.
- Long time HTA.
- JULY 2013
  - Chest pain.
- MARCH 2015
  - Chest pain
  - Postprandial abdominal Pain
  - Left leg no pulse and Ischemic pain
  - ABI: Right 0.9  Left 0.3
Left renal and Polar

Left iliac occlusion
DeBakey 3b with malperfusion Sd.

OPEN SURGERY?  ENDOVASCULAR?  HYBRID?  BEST OPTION???
### Recommendations for treatment of aortic dissection

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Class</th>
<th>Level</th>
<th>Ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In all patients with AD, medical therapy including pain relief and blood pressure control is recommended.</td>
<td>I</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>In patients with Type A AD, urgent surgery is recommended.</td>
<td>I</td>
<td>B</td>
<td>1,2</td>
</tr>
<tr>
<td>In patients with acute Type A AD and organ malperfusion, a hybrid approach (i.e. ascending aorta and/or arch replacement associated with any percutaneous aortic or branch artery procedure) should be considered.</td>
<td>IIa</td>
<td>B</td>
<td>2,118, 202–204, 227</td>
</tr>
<tr>
<td>In uncomplicated Type B AD, medical therapy should always be recommended.</td>
<td>I</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>In uncomplicated Type B AD, TEVAR should be considered.</td>
<td>IIa</td>
<td>B</td>
<td>218,219</td>
</tr>
<tr>
<td>In complicated Type B AD, TEVAR is recommended.</td>
<td>I</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>In complicated Type B AD, surgery may be considered.</td>
<td>IIb</td>
<td>C</td>
<td></td>
</tr>
</tbody>
</table>

MALPERFUSION SYNDROME

2 Times Surgery

First
Carotid-carotid and subclavian bypass.

Second
TEVAR + EVAR + FEM-FEM BYPASS.
RESULTS

1) No neurological events
2) Early extubation.
3) 2 Days in ICU
4) ABI post procedure
   1) Right 1
   2) Left 0.9
<table>
<thead>
<tr>
<th># PTES</th>
<th>TEVAR</th>
<th>HYBRID DEBRANCHING + TEVAR</th>
<th>TECHNICAL SUCCESS</th>
<th>MORTALITY (LESS 30 DAYS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>5</td>
<td>15</td>
<td>95%</td>
<td>1</td>
</tr>
</tbody>
</table>
Nothing is Perfect
“IN OUR EXPERIENCE, LONG LANDING ZONES, WITH HYBRID (DEBRANCHING) PROCEDURES, HAVE THE BEST RESULTS IN MANAGEMENT OF COMPLICATED AND NO COMPLICATED TYPE B DISSECTIONS”
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