Type A aortic dissection followed by elective left subclavian stenting for steal syndrome

Sherstobitov VE, Kashtanov MG, Kochmashev IV, Chernyshov SD, Kardapoltsev LV
Sverdlovsk Regional hospital
Ekaterinburg
Russian Federation
Disclosure

Speaker name: Maksim Kashtanov

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
Demographic data

- 69 years old male
- history of stroke in posterior circulation
- very active
- left upper extremity weakness
Iatrogenic Type A Aortic Dissection after Catheter Intervention for the Left Subclavian Artery

Tochii et al.

Cardiac surgery: a potential aortic dissection artery orifice hematoma fully replaced by clot arrest and resuscitation. (Ann Thor

Key words

Fig. 1. Severe stenosis of the left subclavian artery detected by the multidetector-row computed tomography (a) and catheter angiography (b).
Decision making

- Urgent surgical aortic replacement
- Stentgraft implantation (in aorta? in subclavian artery?)
- Conservative treatment
Therapy

- B-blockers
- ACE inhibitors
- Analgetics
He discharged 20 days after procedure
DAAT lifelong
Conclusions

- Clinical course of Type A aortic dissections after subclavian stenting is unclear
- Conservative approach is appropriate in selected cases
- It needs more data to identify factors of benign course of aortic dissections after subclavian stenting
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