Endovascular solution in case of abdominal aortic dissection with bilateral lower limb ischemia in a man trampled by a bull

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Disclosure

Speaker name:
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☐ I do not have any potential conflict of interest
History

• A 73 year-old male was referred from another province after trampled by the bull.
• He presented with abdominal pain and bilateral leg pain.
• Physical examination: can not palpated Rt.CFA but Lt.CFA +2
• Acute limb ischemia Rt.leg was suspected.
Investigation

- CTA showed aortic dissection at lower abdominal aorta with extension of dissection flap down to bilateral CIA and Lt. EIA.
At ER Lampang hospital

• 2 hours later from previous hospital
• Physical examination: cannot palpated both CFA
• Bilateral acute limb ischemia were suspected.
• Patient was transferred to OR immediately.
Planning

• We applied concept of CERAB in this case because of small diameter of native abdominal aorta.
  • by using tube graft as a main body and bilateral kissing stent graft.
Procedure

• There were multiple re-entry sites in Lt.EIA & Lt.CIA.
Procedure

- We had to advance 0.035 hydrophilic guidewire and 5 Fr.JR catheter gradually after sporadically confirmed of angiography that we were in true lumen.
Procedure

• After 0.035 hydrophilic guidewire and 5 Fr. JR catheter from bilateral CFA were in aorta (with same technique), stiff guidewires were substituted.
Procedure

- Tube graft 23mm of Endurant II was deployed in aorta (covered dissection area)
- Bilateral kissing stent graft 13mm of Endurant II were deployed orderly. Fluency plus stent graft 13.5mm was extended to Lt.EIA.
Procedure

- Completion angiography showed completely resolution of aortic dissection and patent of bilateral Iliac artery.
Procedure

• Bilateral CFA were repaired with 6/0 prolene.
• Subcutaneous tissue and skin were closed.
• Operation times were 90 mins
Follow-up

• CTA at two-month after operation showed completely resolution of aortic dissection and patent of stent graft.
Follow-up

- At six-month follow-up, ABI of Rt. Leg and Lt. Leg were 0.92 and 0.95, respectively.
- At twelve-month follow-up, ABI of Rt. Leg and Lt. Leg were 0.91 and 0.94, respectively.
Conclusion

• Endovascular treatment is limb-salvage procedure with good early outcome.
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