Case report of successful endovascular repair of giant thoracoabdominal aneurysm
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Introduction:
Aortic aneurysms often combine with multisite artery disease. It is a challenge problem to determine the optimal way of treatment. Multidisciplinary approach is obligated. We present our experience of immediate endovascular giant thoracoabdominal aneurysm repair with simultaneous iliac artery stenting in patient with coronary artery disease

Case presentation:
A 59-year-old woman with intermittence claudication observed in 2014. Giant thoracoabdominal aneurysm from distal part of descending aorta till celiac trunk diagnosed. Max size of aneurysm was 105*94 mm. Surgery was indicated, but patient refused. In December 2016 patient complained about permanent lumbago, chest pain. After survey three-vessel coronary disease, aneurysm size increase till 115*112 mm (Fig. 1), iliac arteries lesions diagnosed.

CABG was indicated. Due to very high risk of aneurysm rupture the first stage was endovascular aortic stent graft placement. Via both femoral approaches critical left external iliac artery stenosis was stenting (Fig. 2).

Endograft was placed from ThVI down to superior mesenteric artery (Fig. 3). There was no endoleaks on postprocedural CT-angiography of the aorta (Fig. 4). Postoperative period was uneventful too.

Figure 1. (A) Axial CT-angiography before surgery. (B) Sagittal CT-angiography before surgery. Narrow indicates the intimal tear.

According to the echocardiography data ejection fraction was 79%, no a- and hypokinesia zones of myocardium

Figure 2. (A, B) Intraoperative angiography. Left EIA balloon angioplasty.

Figure 3. Intraoperative angiography. (A) Stent-graft positioning. (B) Opened device, no endoleaks.

On the 6th day after procedure patient was discharged in a stabilized condition for ambulatory care. In 28 days CABG carried out. Postoperative period was uneventful too.

Figure 4. (A) Sagittal CT-angiography after surgery. (B) 3D CT-angiography after surgery.

Conclusion:
This case report represents that multidisciplinary approach is obligated to determine the optimal treatment in patients with aneurysmal disease, multisite artery disease. Endovascular aortic aneurysm repair may be an alternative procedure in high risk patients with good results.

References: