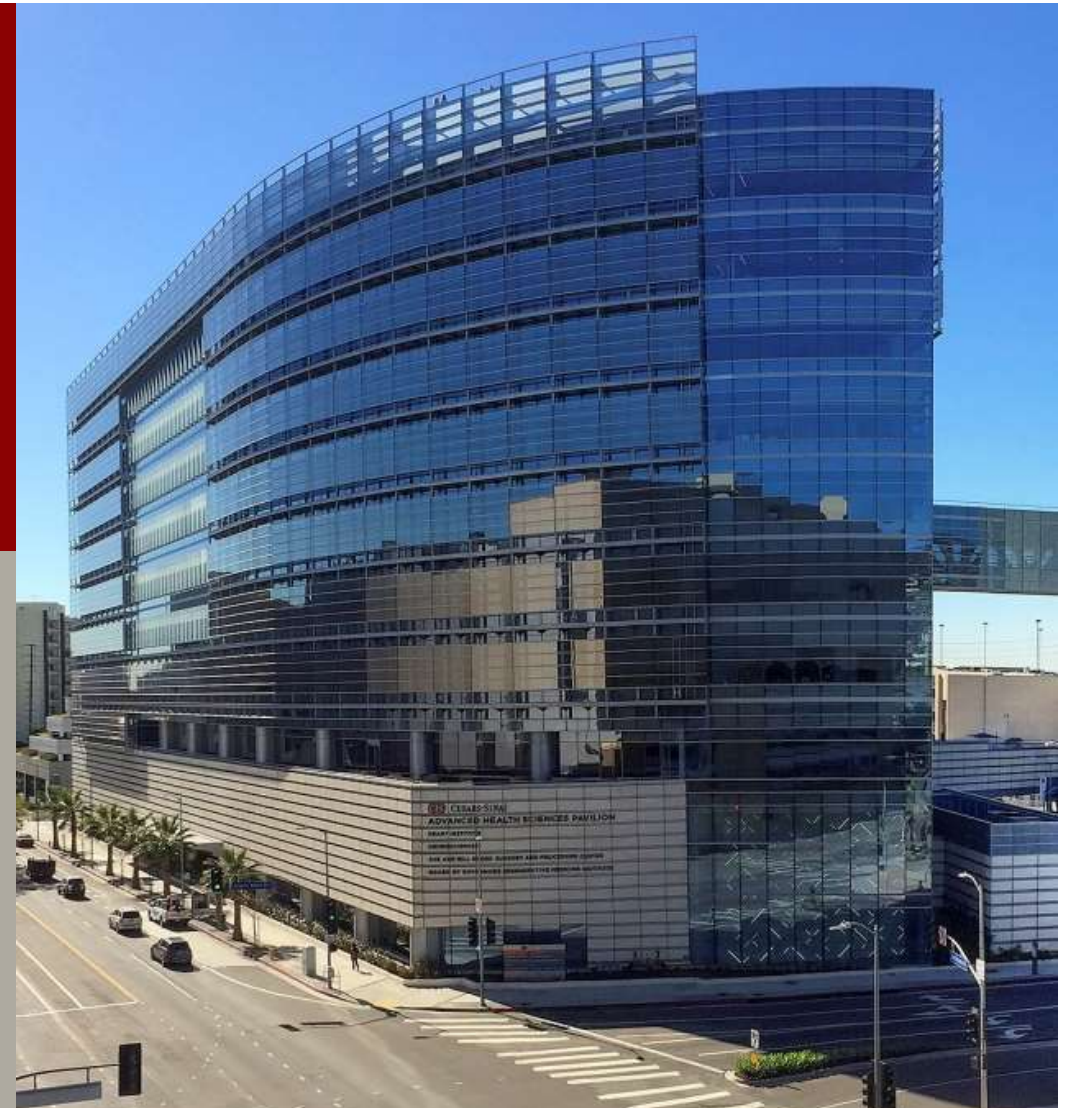


Ruptured Ascending Aortic Aneurysm in a Nonagenarian

Ali Azizzadeh, MD, FACS

Director, Vascular Surgery
Vice Chair, Department of Surgery
Associate Director, Heart Institute

Cedars-Sinai Medical Center
Los Angeles, CA



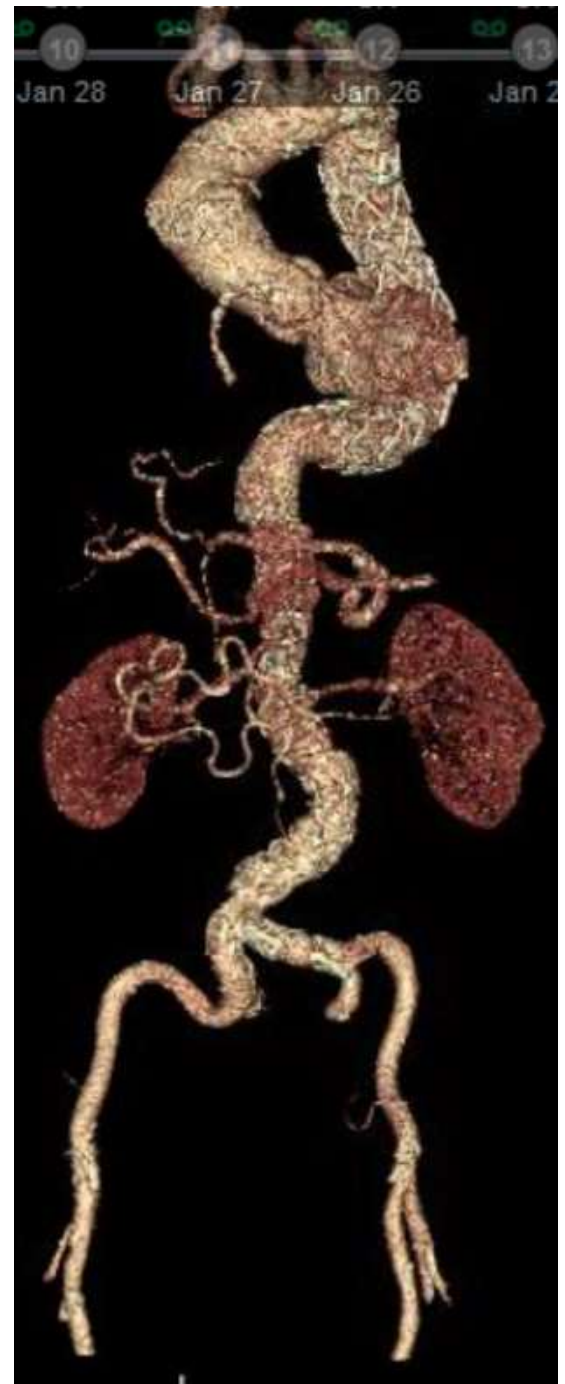
13th International Symposium
on Endovascular Therapeutics

School of Medicine, University of Barcelona
27th to 29th MARCH 2019

Presentation

- 90 yo male presented to ER with chest pain
- PMH: CAD, Asc Ao aneurysm, Descending PAU/IMH, AAA, hypothyroidism, cataract,
- PSH: s/p TEVAR 08/17 for sx descending thoracic PAU & IMH, CABG 2000, Inguinal hernia repair, cataract surgery
- Medications: ASA, Atenolol, Prozac, Synthroid, Rosuvastatin, Flomax
- Allergies: Percodan
- FH: Heart disease in brother and sister
- SH: Former smoker

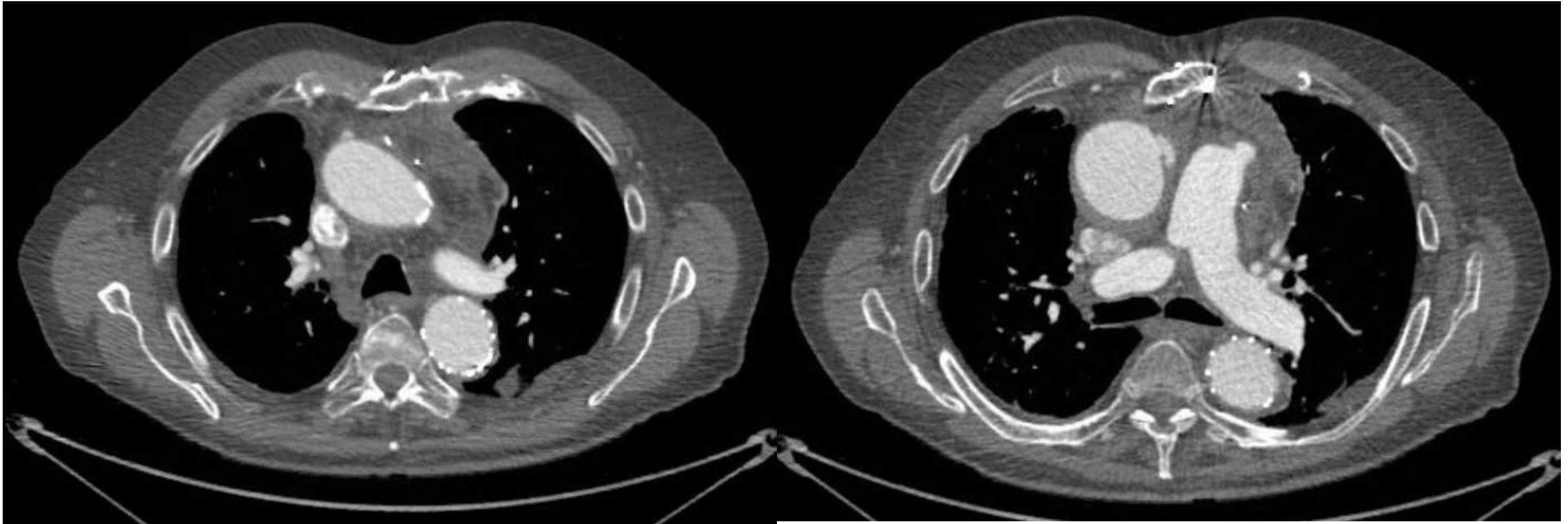
H/O TEVAR 8/22/17



Emergency Room 1/18/18

- Chest pain radiating to back
- Vitals: T 98, HR 73, BP 143/93, RR 18, Sat 98%
- O/E:
- CV: RRR
- Respiratory: Clear to auscultation
- Abdomen: Soft, non-tender, non-distended
- Extremities: Radial, ulnar, PT,DP pulses are palpable

CTA: Ascending PAU/IMH



- Interval enlargement of the ascending aorta from 51 mm to 69 mm (3 months)

Hospital Course: Medical Therapy

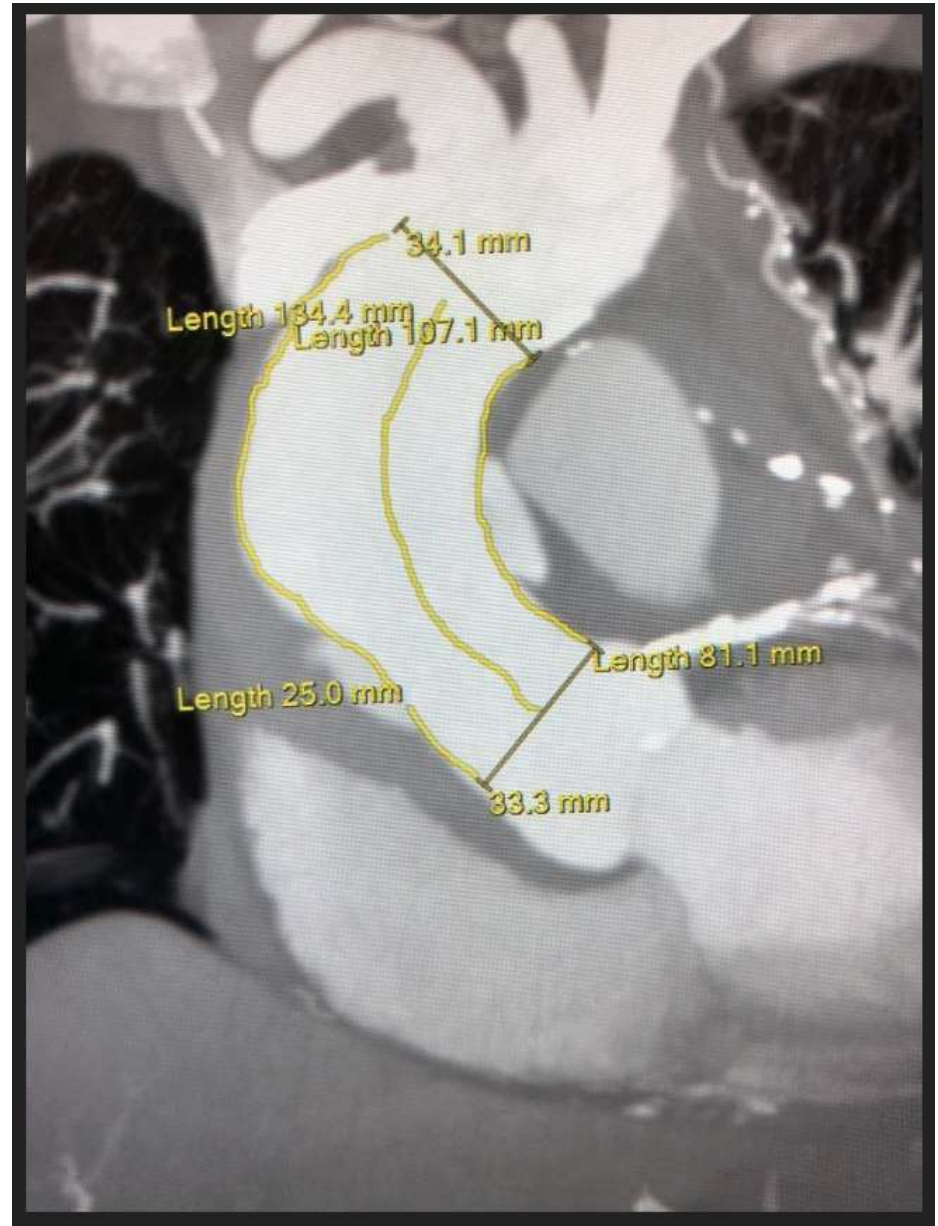
- Due to advanced age and high risk for open ascending repair, the patient was offered medical therapy
- HD #1: Admitted to C-SICU for anti-impulse control (Nicardipine drip)
- HD#2: Off Nicardipine drip, transferred to the floor

Hospital course

- HD# 4 (1/22/18): Severe chest pain with desaturation to 80s% and transient hypotension
- Stat CTA of the chest was obtained: contained ruptured ascending aortic aneurysm with intramural hematoma, 76 mm compared to 69 mm on 1/18/18

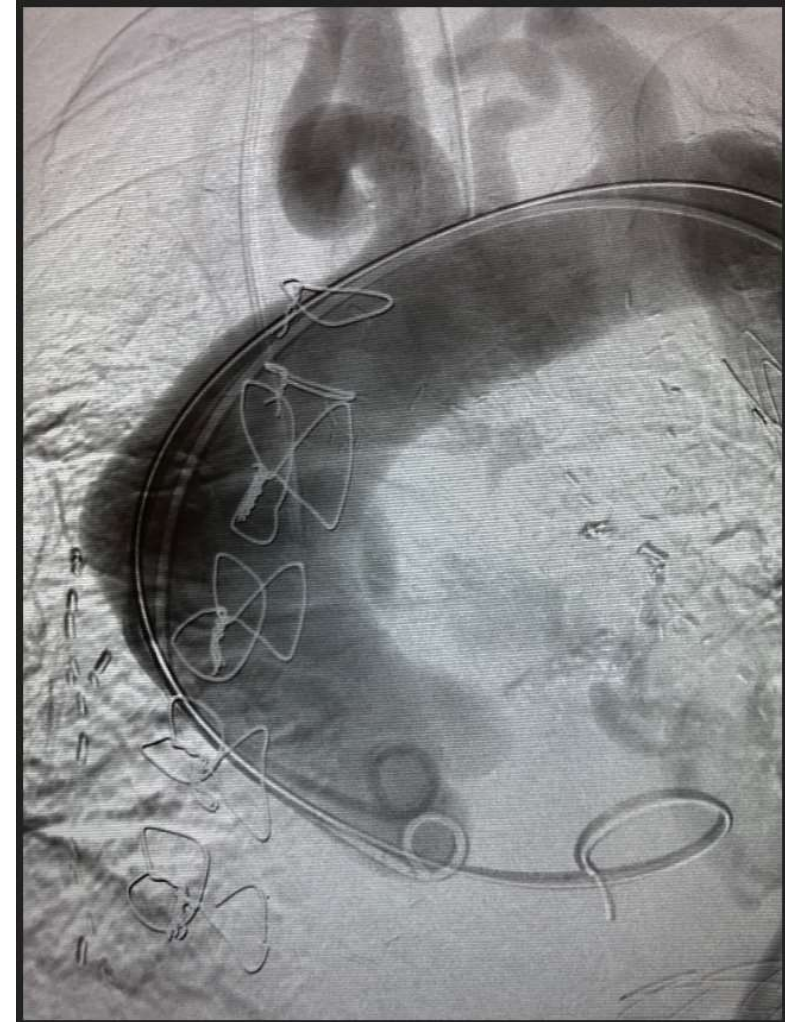




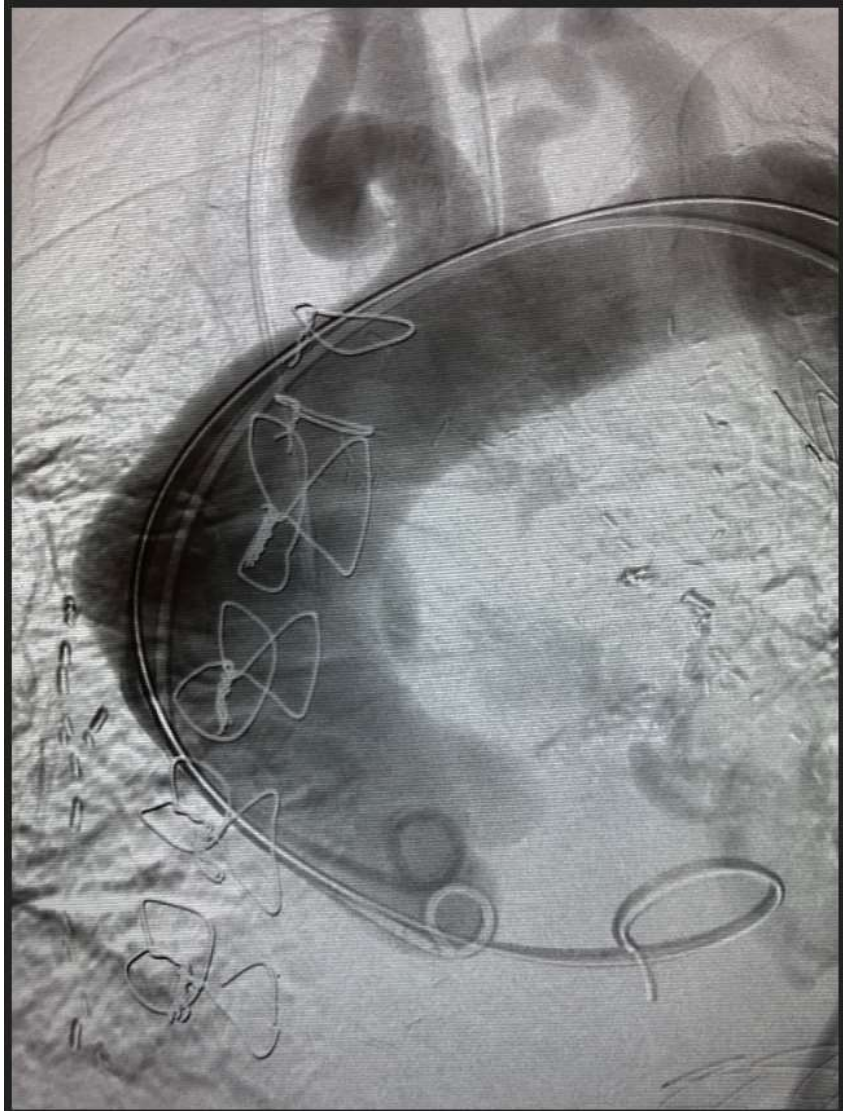


Procedure: TEVAR-Ascending Aorta

- Aortogram: contained rupture in the ascending aorta with 7cm aneurysm
- Coronary and innominate arteries were visualized and marked on the screen
- Adenosine was used as a pharmacological adjunct



TEVAR using 10 cm CTAG (WL Gore)



Hospital course

- Patient tolerated the procedure well and was discharged in POD#8