

Pseudoaneurizma uzlaznog dijela aorte i luka aorte s ugradnjom grafta uz anterogradnu perfuziju mozga – prikaz slučaja

Resection of ascending aorta and aortic arch pseudoaneurysm with reconstruction using graft and brain protection with anterograde perfusion – case report

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UVOD: Intramuralni hematom aorte, ulkus aorte, akutna disekcija aorte, ruptura odnosno zadržana ruptura aorte su entiteti koji su objedinjeni u terminu akutnog aortalnog sindroma. Pseudoaneurizma tipično nastaje kao posljedica traume prsnog koša, ali ponekad nastaje spontano.

PRIKAZ SLUČAJA: U Kliniku je primljena bolesnica s febrilitetom i pritiskom u prsima koja je unazad dvadesetak godina operirana zbog intrakranijalnog krvarenja u čijoj podlozi se nalazila ruptura intrakranijalne aneurizme. Zbog terminalnog bubrežnog zatajenja provodi se peritonejska dijaliza, da bi kasnije bolesnica bila podvrgnuta transplantaciji bubrega. U ovom je bolničkom boravku isprva učinjen RTG srca i pluća na kojem je registrirana aneurizmatska dilatacija uzlaznog dijela te luka torakalne aorte. Učinjena je kompjuterizirana tomografija (CT) aortografija s rekonstrukcijama kojom se dobila detaljnija informacija o dimenzijama odnosno anatomske distribuciji pseudoaneurizme. S obzirom na planirano kirurško liječenje aorte, učinjena je i klasična koronarografija transfemoralnim pristupom kojom se nije našlo patologije. Postproceduralno dolazi do razvoja većeg hematoma u području trbušne stijenke odnosno retroperitonealnog prostora te se aktivno krvarenje zaustavilo perkutanom procedurom u smislu okluzije donje epigastrične arterije BeadBlock Terumo sferičnim česticama uz optimalan rezultat. Nakon stabilizacije kliničkog stanja bolesnica je podvrgnuta resekciji pseudoaneurizme u uzlaznom dijelu i luku aorte s rekonstrukcijom graftom uz anterogradnu perfuziju mozga tijekom zahvata. Pseudoaneurizma je potvrđena intraoperativno s kasnijom histološkom potvrdom. Bolesnica se izrazito brzo oporavlja, bez komplikacija. Kontrolna CT aorte pokazala je optimalan postoperativni rezultat.

ZAKLJUČAK: Pseudoaneurizma aorte je rijedak klinički entitet koji nosi visok rizik za rupturu aorte. Neophodna je kirurška intervencija, a anterogradna perfuzija mozga tijekom procedure predstavlja njezin ključni dio.

INTRODUCTION: Intramural hematoma, aortic ulceration, acute dissection, rupture or contained rupture (pseudoaneurysm) of the aorta are clinical entities comprised in one term of acute aortic syndrome. Aortic pseudoaneurysm is a contained rupture of the aorta. It typically occurs as a result of penetrating or blunt thoracic trauma. It can also take place with non-traumatic causes such as penetrating atherosclerotic ulcers typically involving aortic arch.

CASE REPORT: We present a 53-year-old patient who received her kidney transplant ten years ago. Twenty years ago she was hospitalized and operated due to subarachnoid hemorrhage as a result of intracranial aneurysm rupture. On admission she had fever and chest pain. Conventional chest X-ray showed aneurysmatic dilatation of the aorta with computerized tomography (CT) of the aorta with reconstructions verifying pseudoaneurysm of the ascending aorta and aortic arch (6.2x2.7 cm). Also, aneurysm of the lienal artery was appreciated. Her hospital stay was complicated with postprocedural hemorrhage originating from hypogastric artery after routine preoperative transfemoral coronary angiography. Hemorrhage was terminated percutaneously with coiling of the artery. Following stabilization of the patient resection of the ascending aorta and aortic arch was performed with reconstruction using graft. Anterograde perfusion was used for brain protection. Patient recovered swiftly and without complications. Diagnosis of the pseudoaneurysm was confirmed intraoperatively and histologically. Postoperative CT showed optimal result of the procedure.

CONCLUSION: Ascending aorta and aortic arch pseudoaneurysm is a rare condition with high risk of rupture. Surgical treatment is necessary with periprocedural brain protection being the crucial part of the procedure.

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LITERATURE

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