aortic arch just distal to the left subclavian artery and continuation of the main pulmonary artery into the descending aorta through the ductus arteriosus (Fig. 1 A-B and Video 1. See corresponding video/movie images at www.anakarder.com). We considered that the patient was inoperable due to irreversible pulmonary hypertension and severe left ventricular dysfunction. MDCTA can be used for minimally invasive diagnosis of the aortic arch pathology as an alternative to conventional angiography.

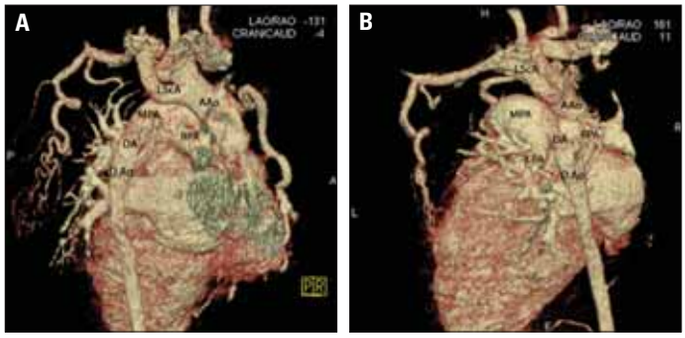

Figure 1 A-B. Reconstructed 3D volume-rendered images shows interruption of the aortic arch just distal to the left subclavian artery, continuation of the main pulmonary artery into the descending aorta through the ductus arteriosus and also well developed aortic collateral vessels
AAo - ascending aorta, DA - ductus arteriosus, DAo - descending aorta, LPA - left pulmonary artery, LScA - left subclavian artery, MPA - main pulmonary artery, RPA - right pulmonary artery

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Sternal wire reaction with wire's skin exposure and its treatment in a patient who underwent coronary bypass surgery

Koroner baypas cerrahisi geçirmiş bir hastada tüm tellerin ciltten görünümü ile sternal tel reaksiyonu ve tedavisi

Our case was an 80-year-old male. His past medical history was significant for chronic obstructive pulmonary disease (COPD) and hypertension. He had undergone coronary artery bypass surgery 3 years ago. After the discharge, he had attended only the 1st week control throughout these years. According to his history, redness of the skin started on the 3rd month postoperatively. Suppurative discharge was also seen from time to time. The wires became exposed within 18th postoperative month. However, he did not apply to any health institution. He was admitted to our clinic with complaints of exposed wires and tenderness on chest. Physical examination showed 3 wires in a "figure-of-eight" appearance. Two of these wires were disrupted. No purulent discharge was observed (Fig. 1). Chest X-ray confirmed these findings (Fig. 2). After preoperative preparations, our patient was taken to the operating room. Under local anesthesia, three sternal wires were removed (Fig. 3). Antibiotherapy was initiated. Control chest X-ray confirmed that all the wires were removed (Fig. 4). Postoperative period was event-free and our patient was then discharged.

Figure 1. Image of skin exposure of the sternal wires

Figure 2. Chest X-ray showing the sternal wires

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Figure 3. View of the anterior chest wall after removal of sternal wires

Figure 4. Chest X-ray after removal of sternal wires

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