

Chronic dissective aortic aneurysm as a result of cannulation performed 20 years ago

Yirmi yıl önceki kanülasyon girişimine bağlı gelişen kronik dissekan aort anevrizması

Muzaffer Bahçivan, MD, Ferişt Kolbakır, MD, Hacı Akar, MD*

Department of Cardiovascular Surgery, Medical School, Ondokuz Mayıs University, Samsun
*Samsun State Hospital, Samsun, Turkey

A 64-year old woman presented to our institution with complaints of dyspnea, fatigue and palpitation for last 10 years. The patient had undergone surgery for ostium secundum atrial septal defect twenty years ago. Echocardiography showed presence of severe aortic valve regurgitation. In spiral thorax tomography, type-A dissection (6.5 x 7 cm in diameter) of the ascending aorta was revealed. The dissection involved the aortic root and extended toward arcus aorta (Fig. 1). We have performed MR angiography in order to evaluate coronary arteries and obtained normal results. The patient was referred for surgery with the diagnosis of the type-A dissective aortic aneurysm and 3rd degree aortic valve regurgitation. In the operation, an aneurysm beginning from the aortic root level of ascending aorta and ending at the immediate proximity of innominate artery was detected. The ascending aorta was excised longitudinally. The dissection was ending with double lumen. There was an intimal tear at the site where the aortic cannulation was done (Fig. 2). There was damage of the aortic valve structure and it was not appropriate for repair. For this reason, a number 23 Carbomedics brand prosthetic aortic valve was placed in the aortic annulus after a graft anastomosis of 28 mm Dacron tube. After reimplantation of the coronary ar-

teries, an end-to-end anastomosis between the distal graft and distal aorta was made. The patient was released from the pump without any problem and was discharged from the hospital a week later.

Some of the iatrogenic aortic dissections of cardiac surgical operations may be localized and remain asymptomatic for a long period of time in the form of chronic dissective aneurysm. Nevertheless, these types of dissections may eventually result in an aneurysm that would cause aortic valve regurgitation (1, 2). Therefore, it is important for the patients to undergo radiological and clinical examinations periodically. Preoperative identification of high-risk patients, appropriate preventive measures and careful surgical manipulations may reduce the risk. Furthermore, routine monitoring of the patients suspected for perioperative dissections is important for prevention of aneurysm formation, related symptoms and mortality.

References

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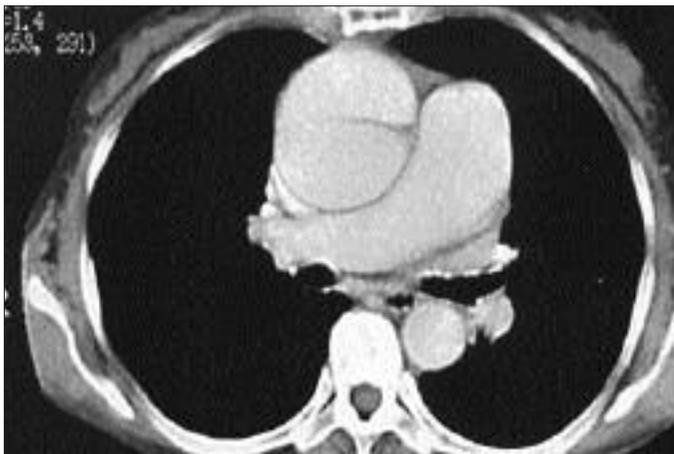


Figure 1. Axial image of computerized tomography arteriogram showing double lumen in ascending aorta

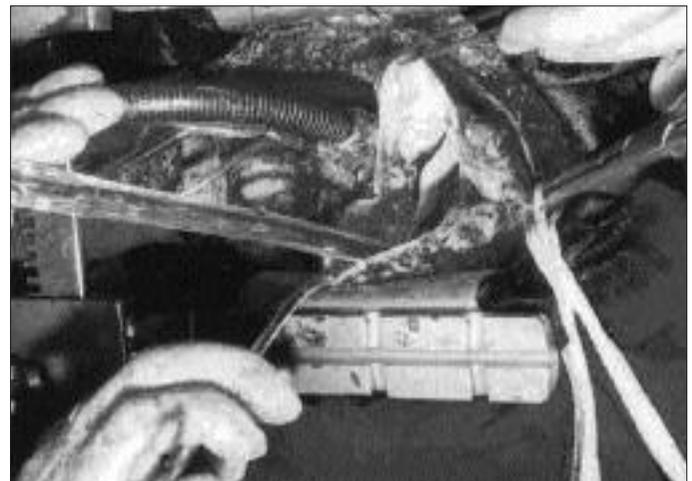


Figure 2. Intimal tear at the cannulation site