



IX Congresso
Novas Fronteiras
em Medicina
Cardiovascular

22 a 24 de Fevereiro 2019

The Village Praia
D'El Rey - Óbidos

A CASE OF TYPE 2 POST-DISSECTION THORACOABDOMINAL ANEURYSM WITH ISTHMIC COARCTATION AND ABDOMINAL AORTA OCCLUSION

How the story begins...

Male, 46Y

- Obesity
- Hypertension
- Psoriasis
- Type B chronic aortic dissection

25/3/2015: arrives at the ER with Chest Pain >15 days and systolic HT >170mmHg

Analgesia

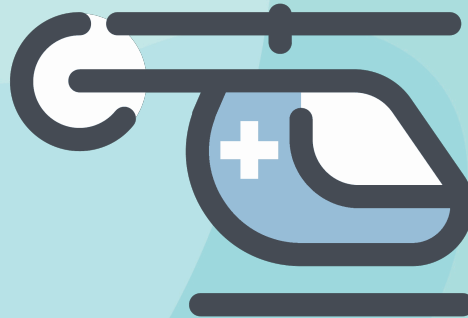


AngioCT

**Labetolol perfusion so
Systolic pressure <120mmHg**

How the story begins...

→ Thoraco-abdominal aneurysm type II post aortic dissection



26/3/2015



HOSPITAL DE
SANTAMARIA



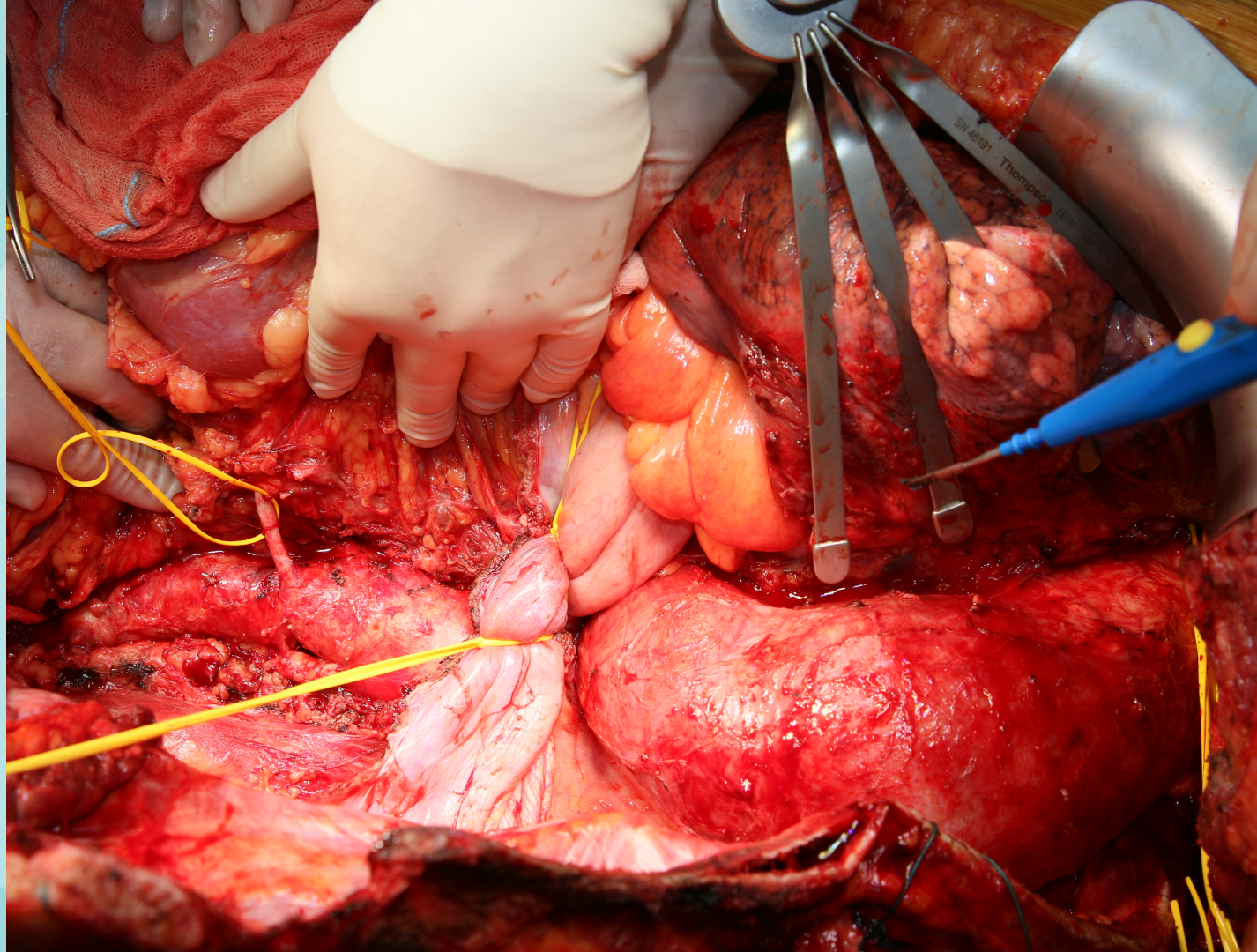
SURGICAL INTERVENTION

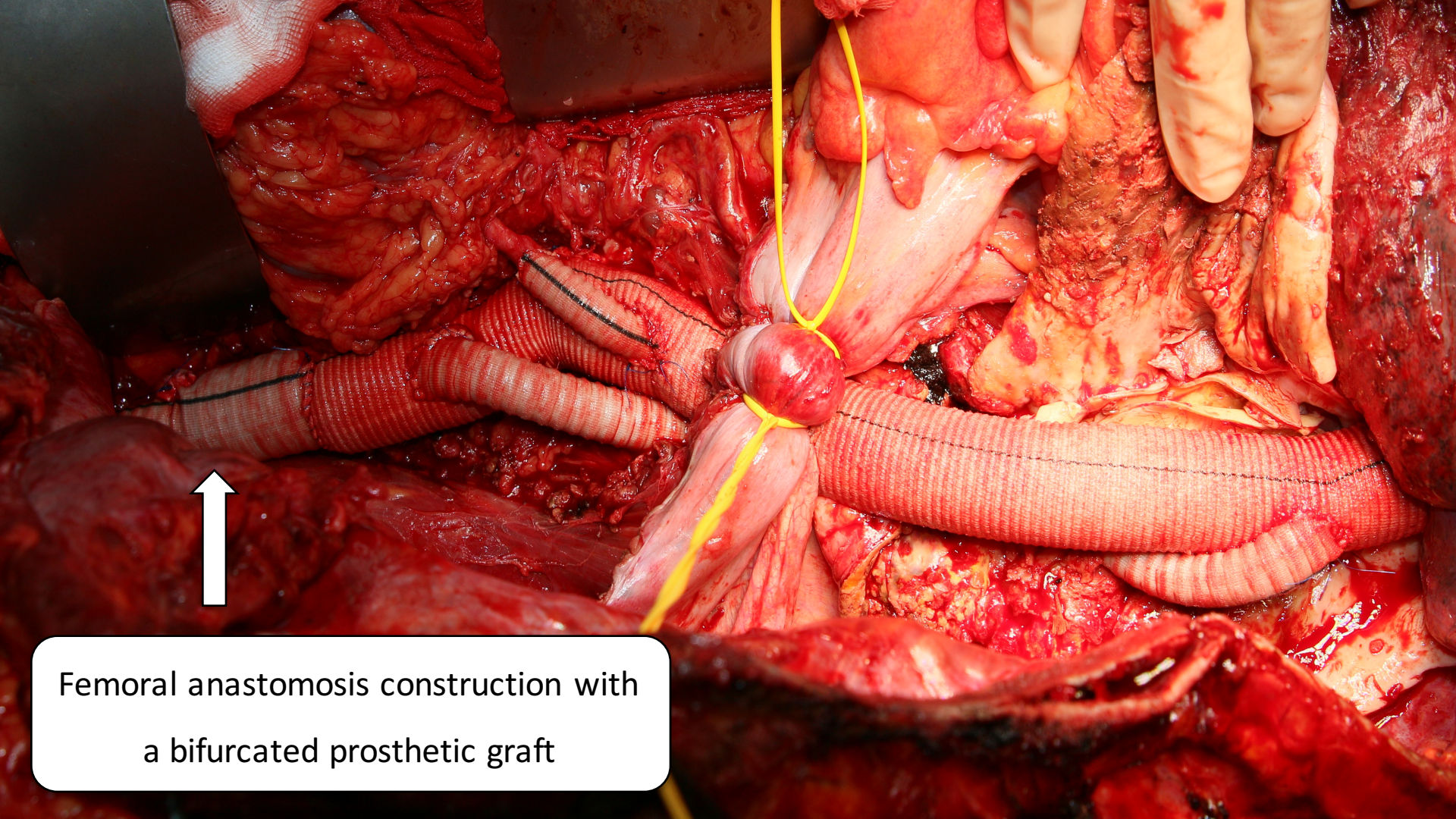
07.04.2015

Cerebrospinal fluid
drainage

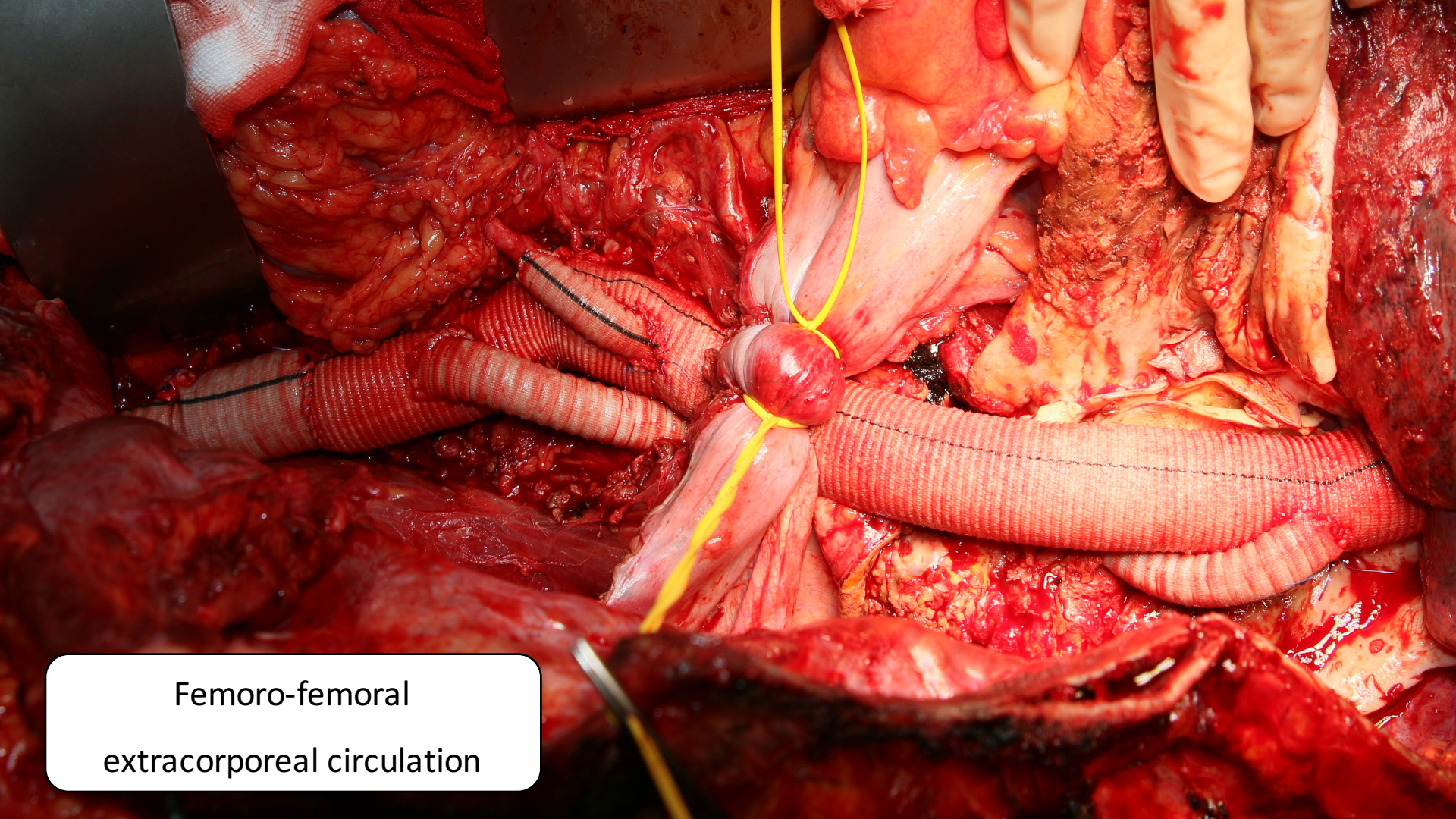
Evoked potentials
monitoring

Transesophageal
echocardiography

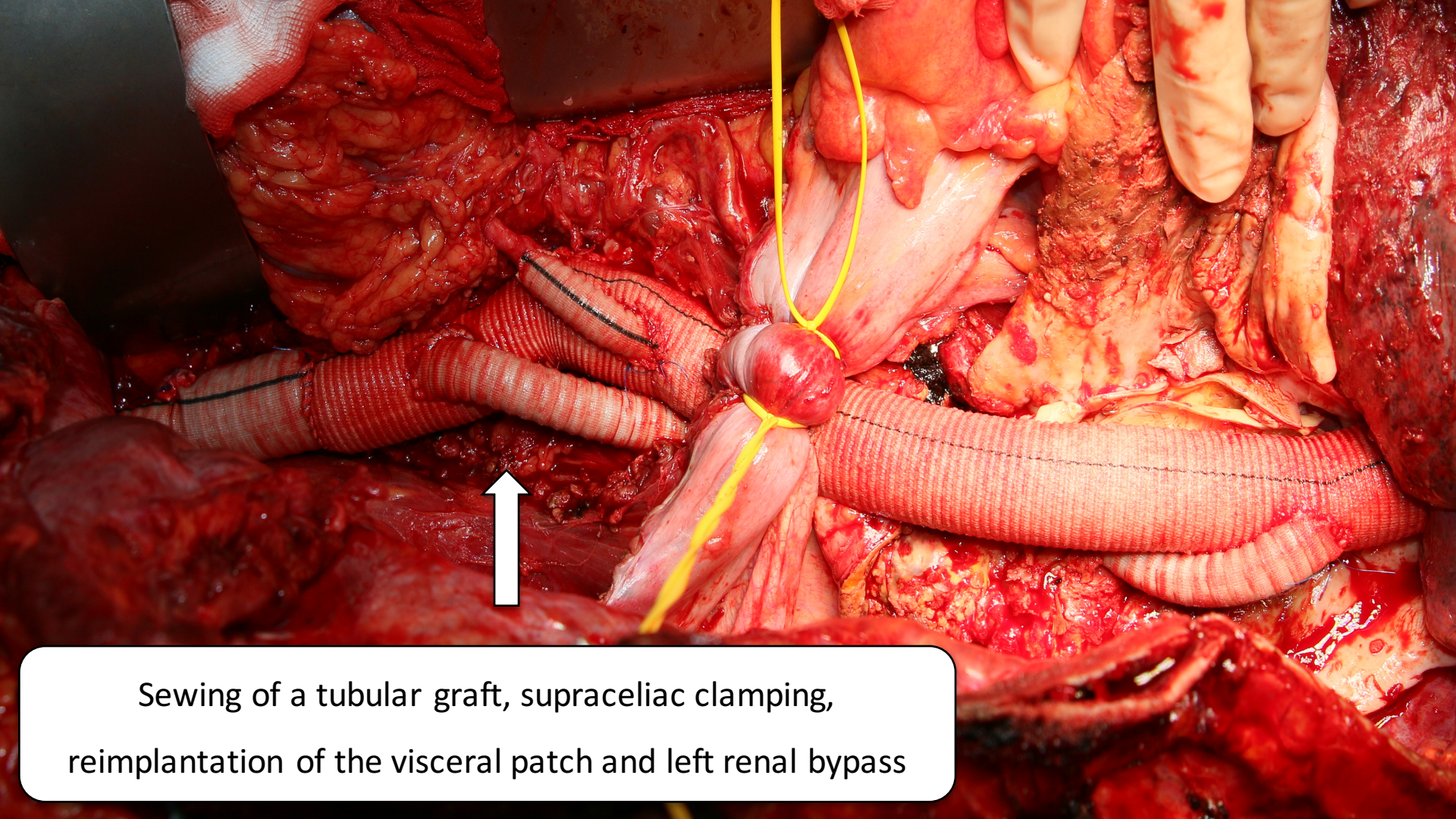




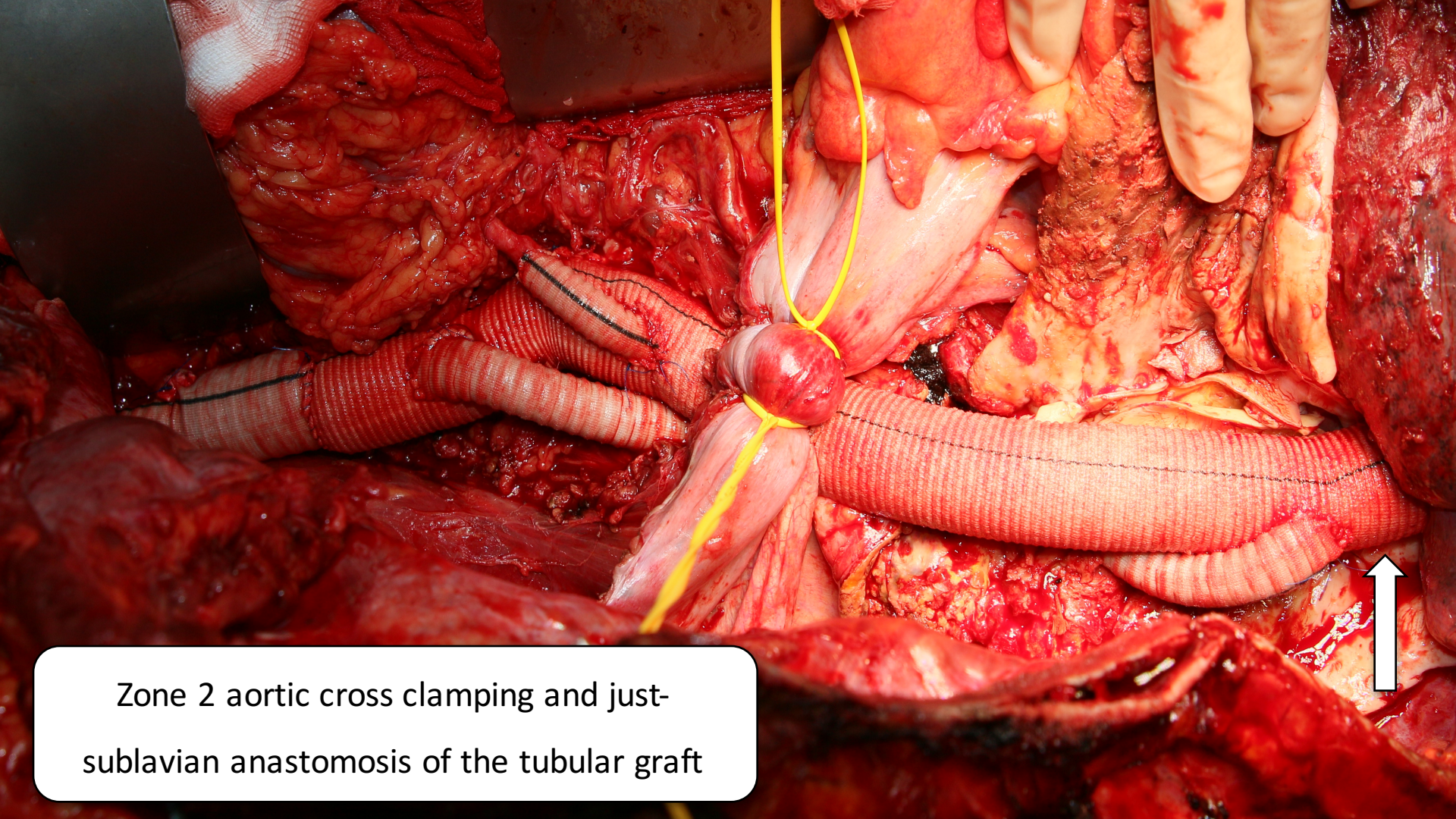
Femoral anastomosis construction with
a bifurcated prosthetic graft



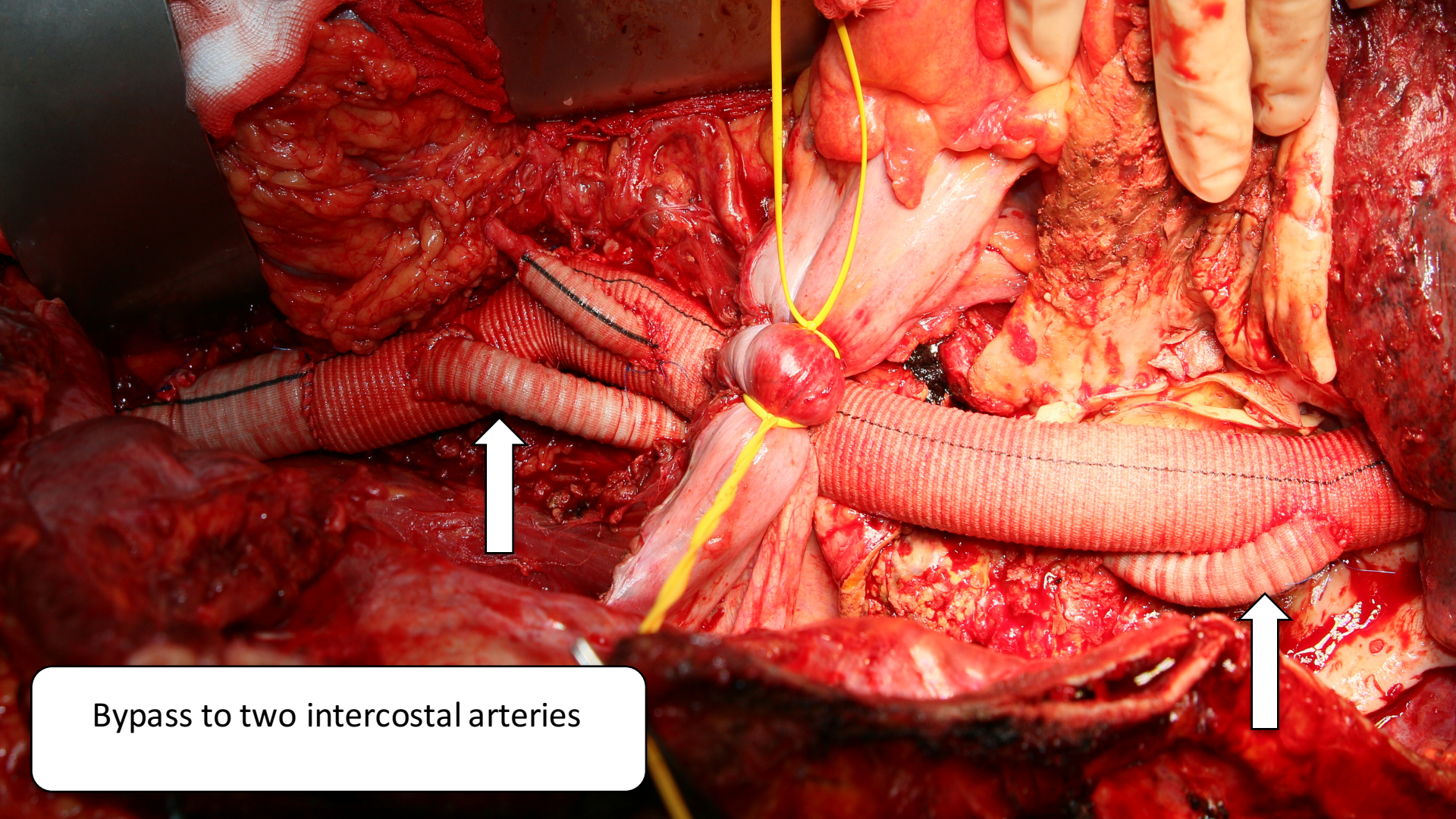
Femoro-femoral
extracorporeal circulation



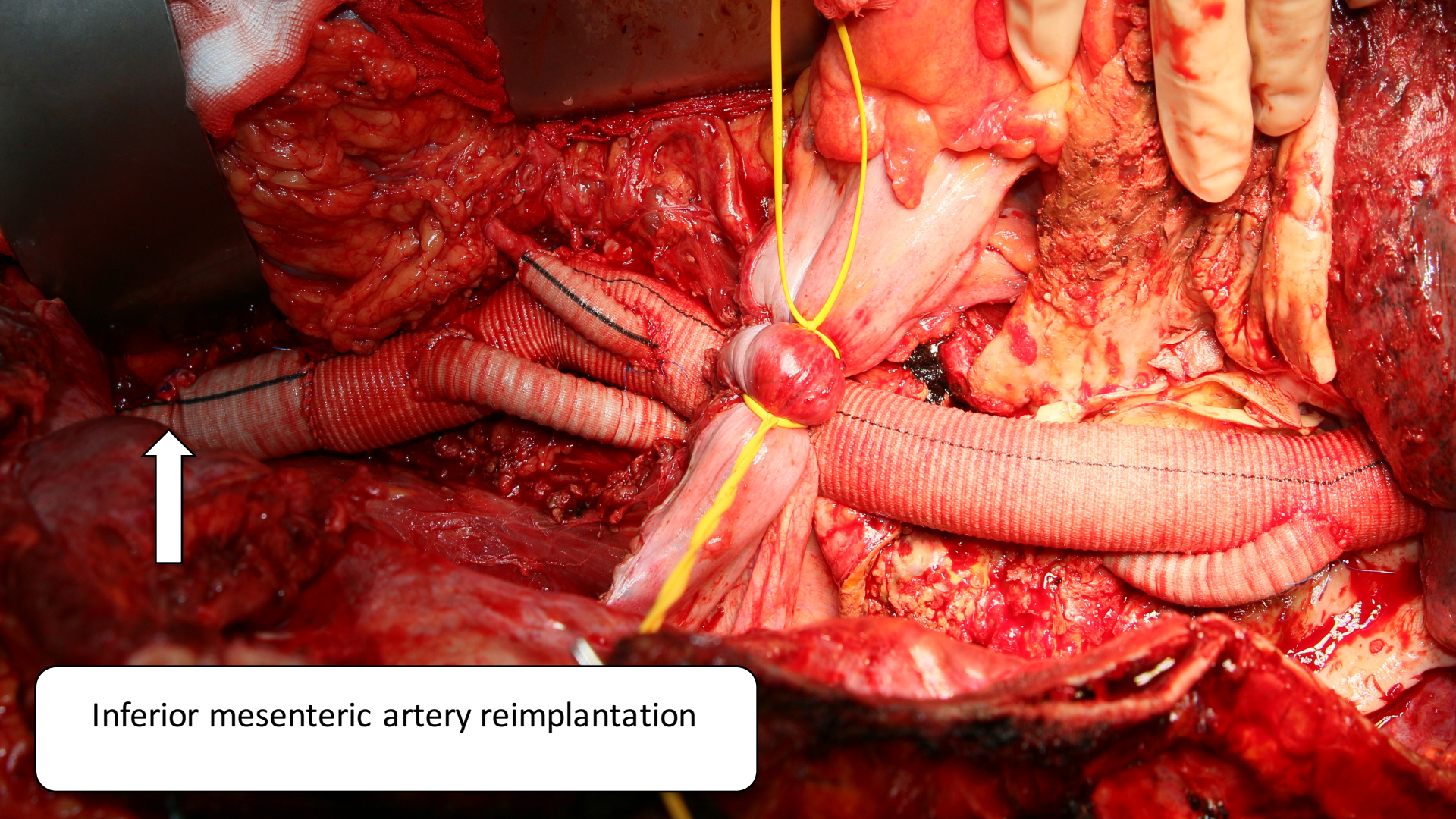
Sewing of a tubular graft, supraceliac clamping,
reimplantation of the visceral patch and left renal bypass



Zone 2 aortic cross clamping and just-subclavian anastomosis of the tubular graft



Bypass to two intercostal arteries

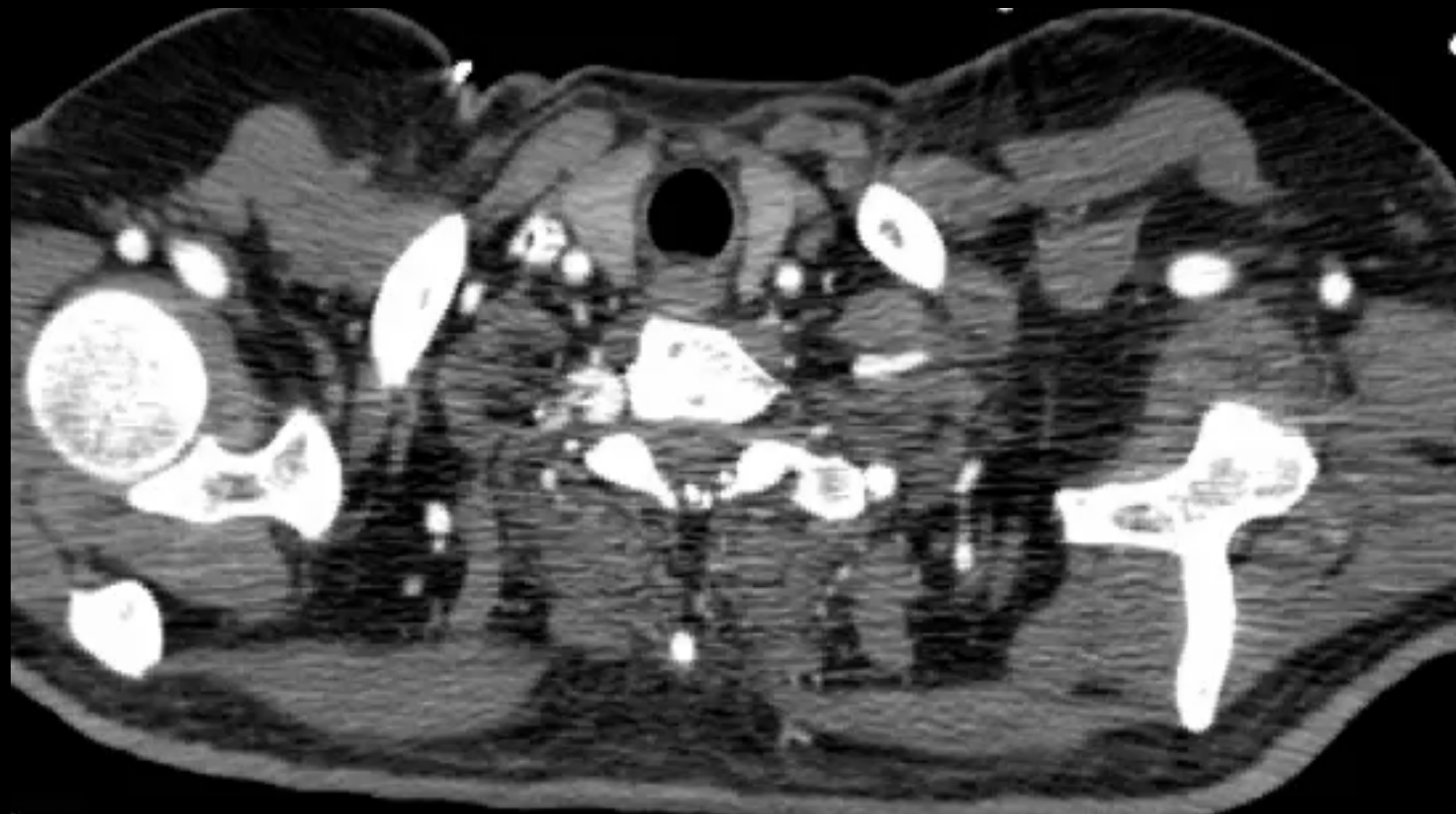


Inferior mesenteric artery reimplantation

POST OPERATIVE COURSE

- ECMO 8 days
- ARF with CVVHDF 26 days -  Cr 1,5 mg/dl and U 64 mg/dl
- Acute respiratory infection (K.Pneumonia  Piperacillin/Tazobactam and Linezolid)
- Extubation D27
- Lower limb paraparesis (spinal cord ischemia and critical illness polyneuropathy)
- Surgical wound infection (MSSA  Flucloxacillin)

POST-OP ANGIO-CT





Patient transfer to São
Teotónio's Hospital at
09.06.2015

And the recovery begins...

9/6/2015: arrives at Centro Hospitalar Tondela Viseu:

- Paraparesis: Muscular strength grade 3 proximal, grade 2-/1 distal
- Urinary and Fecal incontinence
- Pressure Ulcers
- Thoracic wound with partial dehiscence
- Anemia
- Hypoalbuminémia e hypokalemia

Paraparesia

17/6/2015 - EMG: severe bilateral polyradiculopathy L5, severe radiculopathy right S1 and moderate left S1

30/6/2015 - MRI: ischemic dorsal medullary lesion

→ Neurology: poor prognosis



Funcional rehabilitation

Urinary Incontinence

→ Chronic indwelling catheters

→ **Several infections**



AB

Fecal Incontinence

→ Rectal bleeding

17/6/2015: OR: Haemorrhagic haemorrhoid at 7o'clock → ligation

20/6/2015: OR: Haemorrhagic haemorrhoid at 3o'clock → ligation

27/6/2015: OR: Haemorrhagic haemorrhoid at 3o'clock → haemostatic foam + adrenalin

29/6/2015: Colonoscopy: Rectal ischaemic ulcer → salazopyrin + diosmin

8/7/2015: Colonoscopy: Rectal ischaemic ulcer with epithelization

Sacrum Pressure Ulcers

→ Daily wound care with argentic sulfadiazine

23/7/2015: OR: Necrectomy and debridement

→ Wound care 2-2 days with argentic fibber (aquacel)

Partial Dehiscence of the Thoracic wound

→ 1x6cm loci: daily wound care with iodine

→ Bacteriology: -



Healed

Transfer to a Recovery Unit...

18/8/2015

- Paraparesis: Muscular strength grade 3 proximal, grade 2 distal
- Urinary and Fecal incontinence

1/10/2015: **Manometry anorectal:** hypotonic anal sphincter with normal sensibility

- Pressure Ulcers
- Hypokalemia
- Depression

Transfer to a Recovery Unit...

Rx:

- Triflusal 2id
- Esomeprazole 20 mg
- Furosemide 40mg
- Potassium chloride 600mg 2id
- Trazodone 100mg
- Pregabalin 150 3id
- Escitalopram 10mg
- Buprenorphine 35µg/ 3-3 days

Recovery Unit: 32 weeks

Autonomous in
wheelchair

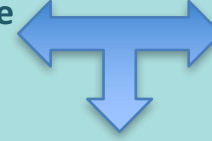


Autonomous for daily
activities

Walks with crutches –
short pathways

→ Discharged for is parents home

No pressure
wounds



Continent
Sphincters

Calm and Sociable

- Triflusal 2id
- Alfuzosin
- Oxybutynin
- Furosemide 40mg
- Pregabalin 150 3id
- Buprenorphine 35µg/ 3 dias

18 month follow-up

27/10/2016: AngioCT: Normal graft permeability, normal visceral revascularization

Neurogenic bladder with left pyelocalyceal dilation



Independent – lives alone
Walks with crutches
Drives an automatic car
Continent sphincters

18 month follow-up

27/10/2016: AngioCT

18 month follow-up

Independent – lives alone

Walks with crutches

Drives an automatic car

Continent sphincters



26 months follow-up

→ **OR:** Enterectomy due to internal hernia with intestinal necrosis

AngioCT: Normal graft permeability, normal visceral revascularization

Left pyelocalyceal dilation

46 months follow-up

→ Pyelonephritis



Conclusion

