Staged hybrid treatment of pseudoaneurysm of subclavian-aortic bypass as a late complication for aortic interruption surgical correction.

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Disclosure

Speaker name: Jesus F Garcia L

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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest

☐
Case Presentation

• 24y patient, presented at ER with massive and acute hemoptysis, Hb: 7gr%.
• Requiring admission, blood transfusion and workup (AngioCT scan)

Medical History
• Congenital Heart Disease: Aortic Interruption, Aberrant R Subclavian Artery, Bicuspid Aortic Valve.
• Underwent Subclavian-Aortic Dacron Bypass in the childhood
• Spinal surgery in the teenage.
Admission AngioCT Scan

A

- LSA
- Pseudoaneurysm
- Aberrant RSA
- Descending Aorta

B
Staged Procedure Planning

**Pseudoaneurysm Embolization.**

- 3 Flipper Coils 6-5 (Cook Medical) at the bottom of the sac.
- Amplatzer Duct Ocluder II 5x4mm was positioned and deployed in the neck.
- 2 interlock coils 2D (Boston Scientific), 20cm and 8cm.
Pseudoaneurysm Embolization
Pseudoaneurysm Embolization

Interlock coils
Staged Procedure Planning

Final Stage.

• Bilateral Carotid-Subclavian Bypass.

• Crossing the Aortic Interruption using Transeptal Needle Puncture (BRK).

• Tapered 28x22x120mm Ankura Thoracic Stent Graft (Lifetech Scientific).

• LSA Occlusion with 20mm Cera Plug (Lifetech Scientific).
Bilateral Carotid-Subclavian Bypass + TEVAR

Bilateral Carotid-Subclavian Bypass

Anatomical aspects for Crossing the interruption with BRK needle Puncture
Bilateral Carotid-Subclavian Bypass + TEVAR

Thoracic Stent Graft Partial Deployment  Total Deployment  Reshaping with Coda Balloon
Bilateral Carotid-Subclavian Bypass + TEVAR

Cera Plug in LSA

Final Result
AngioCT Scan Follow up (8 Months Later)
Thank you so much...

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