False lumen embolization in a case of ruptured acute aortic dissection

By:
Mahmoud Nasser
MD, MRCS, FEIN, FEBVS
Assistant Professor of Vascular & Endovascular Surgery
Cairo University
Disclosure

Speaker name:

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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
Clinical history:

• 67 years old male
• Not DM or cardiac
• Known HTN
• Presented with sudden onset chest pain, Dyspnea, hypotension
• Initial chest X ray showed left hemothorax and left lung collapse
• Preoperative CTA
Plan:

- CSF drainage catheter was inserted
- Right femoral cut down
- Big tail left femoral
- Terumo wire true lumen then exchanged by Lunderquist wire
- 90 cm 6fr sheath with diagnostic angiogram to confirm true lumen pathway
True lumen access
TEVAR with 2 Zenith TX2
- 34-26-194
- 34-34-204
Pressure in False lumen still high
Embolization options:

- **Candy plug**
  - Not an off-shelf device
  - Requires time to be custom made
- **Coil embolization**
  - Large number needed
  - Time consuming
- **Glue embolization**
- **Iliac occluder**
- **Other plugs** as amplatzer septal occluder

False lumen embolization:
- amplatz ASD occluder 22 mm
- cera plug 15 mm
Left SA embolization by detachable coil
IDC interlock 15*20 cm
postoperative

- Patient recovered well
- Improved respiratory parameters after chest tube insertion and CPAP
- Discharged home at day 8
Conclusion:

• Ruptured false lumen in acute AD has very high mortality rate
• False lumen embolization may be used in certain cases
• Amplatzer ASD occluder can be used especially in small false lumen up to 22 mm
Thank you