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My worst arterial case of 2018

Case: A 38-year-old female patient from the basic health system presented on June 1st, with abdominal pain that was investigated with abdominal ultrasonography and showed cholelithiasis. Patient was treated for cholecystitis in the basic unit and evolved with new episodes of abdominal pain, chest pain and hypotension. The patient underwent abdominal angiotomography showing a type B aortic dissection of stanford, beginning in the proximal descending portion extending to the emergence of the superior mesenteric artery, occlusion of the celiac trunk and thrombus at 8 cm from the origin of the superior mesenteric artery. Signs of renal and splenic infarctions. Patient was referred to our service on June 16th with abdominal distension and abdominal pain associated with oral feeding, She evolved with non-acceptance of enteral diet and the parenteral diet was started. Loss of 20 kg during hospitalization of 81 days.

Treatment: Performed open surgery with embolectomy of superior mesenteric artery without thrombus outlet and opted to perform aorto-hepatic bypass with PTFE 4 and cholecystectomy.

After surgical procedure decided by abdominal evaluation that evidenced a new finding of important ileal semi-occlusion. Performed enterectomy with primary enteroanastomosis.

Patient progressed well postoperatively, with gradual weight gain after oral feeding and absence of abdominal pain.

Biography

Rodrigo Riemma graduated in medicine from Federal University of Goias in 2006. He specialized in vascular and endovascular Surgery in 2014. Angiology and vascular surgery specialist of the Brazilian Society of angiology and endovascular surgery. Angioradiology, endovascular surgery and Doppler ultrasound specialist at the Brazilian College of Radiology. CEO at Instituto de Vascular e Laser since 2015. He currently works as a vascular and endovascular surgery Professor at Hospital das Clinicas de Goias - HC-UFG, Brazil.

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