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Short term outcome of thoracic endovascular aortic repair in patients with thoracic aortic diseases

Huthayfa Ghanem¹* and Mohammed N. El-Ganainy²
¹Alexandria University, Egypt
²National Heart Institute, Egypt

Aim and Background: Open surgical repair for thoracic aortic diseases is associated with a high perioperative mortality and morbidity. Most of type B aortic dissections are uncomplicated and are medically treated which carries a high mortality rate. Thoracic endovascular aortic repair is the first-line therapy for isolated aneurysms of the descending aorta and complicated type B aortic dissection. The aim of this study is to test the efficacy and safety of thoracic endovascular aortic repair in patients with uncomplicated type B aortic dissection and patients with descending thoracic aortic aneurysms.

Methods: A total of 30 patients (24 men and 6 females; mean age 59±8 years) with uncomplicated type B aortic dissection and descending aortic aneurysm who underwent endovascular aortic repair in National Heart Institute and Cairo University hospitals were followed up. Clinical follow-up data was done at one, three and twelve months thereafter. Clinical follow-up events included death, neurological deficits, symptoms of chronic malperfusion syndrome, and secondary intervention. Multi-slice computed tomography was performed at an average of three and six months after intervention.

Results: Of the 30 patients, 24 patients had aortic dissection, and 6 patients had an aortic aneurysm. Seven patients underwent hybrid technique and rest underwent the basic endovascular technique. Success rate was 100% for the basic endovascular procedures. Two patients developed complications, type Ia endoleak and type IIa endoleak, however both improved after short term follow up. The total mortality rate was 10% throughout the follow-up. Early thoracic endovascular aortic repair showed better results and less complication.

Conclusion: Along with medical treatment, early thoracic endovascular aortic repair should be considered as the gold standard in uncomplicated aortic dissections type B and aortic aneurysms.

Biography

Dr. Huthayfa Ghanem did his Bachelor of Medicine and Surgery from College and University of Alexandria, Egyp	t.`
ivihoses@hotmail.com	

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