

# Endovascular Treatment of two ascending aorta pseudoaneurysms

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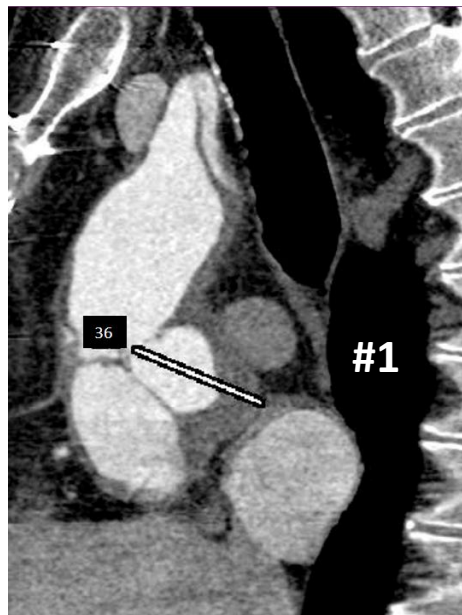
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**Speaker's name : Claudio Cigalini**

I do not have any potential conflict of interest to declare

- Male, 52 y.o.
- **Cardiovascular Risk Factors:** Hypertension, Dyslipidimia, current smoker
- **Background:** in 2015, type A aortic dissection treated by Bentall-De Bono surgery (ascending aorta and aortic valve replacement plus coronary arteries reimplantation)
- **Clinical Presentation:** Asymptomatic. January 2018, finding of two pseudoaneurysms in ascending aorta on follow-up CT-angiography

# CT-Angiography

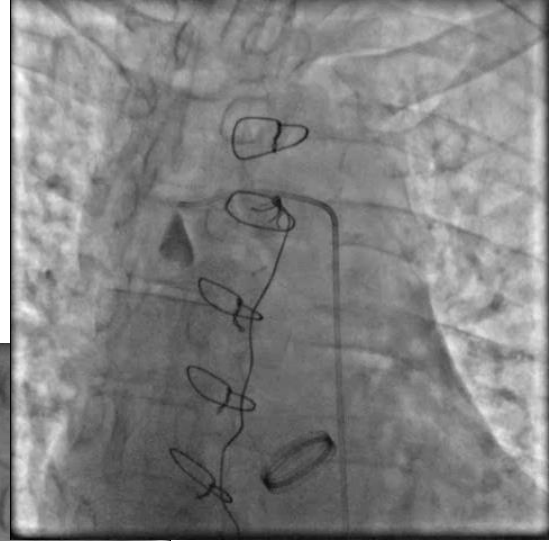
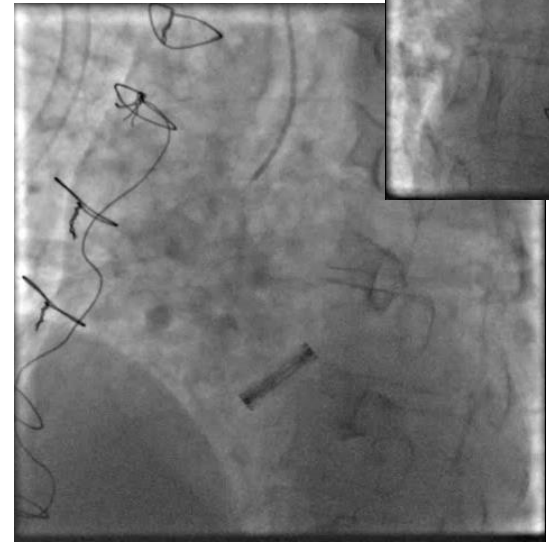
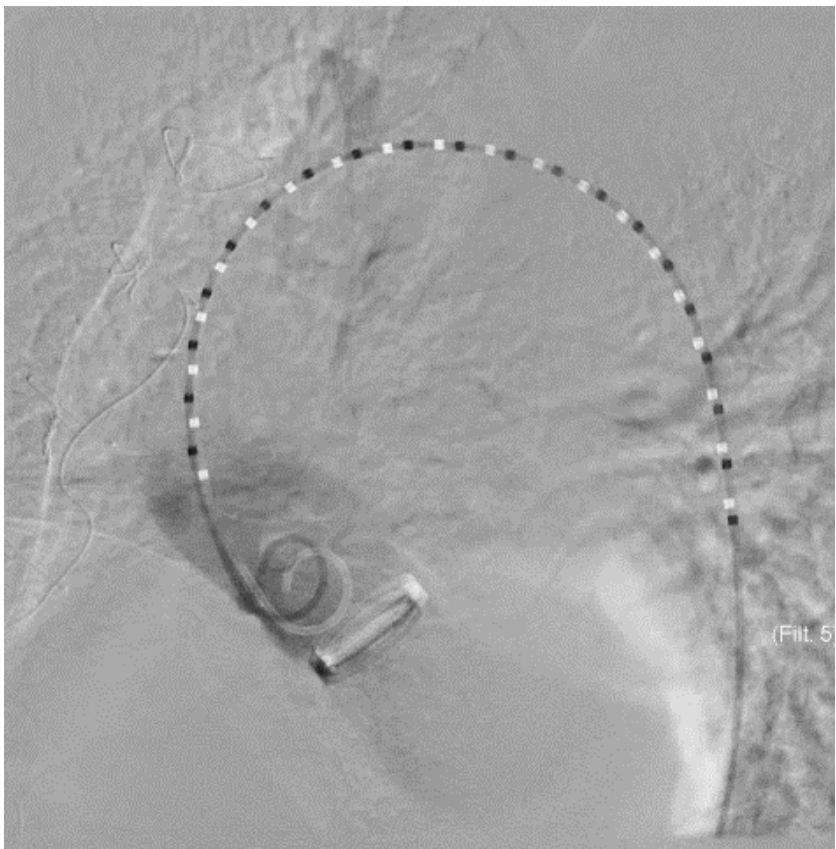


Pseudoaneurysm #1: located at aortic posterior wall. 36 mm diameter - 14 mm neck  
Pseudoaneurysm #2: located at anterolateral aortic wall. 22mm length – 12 mm diameter

# CT-Angiography

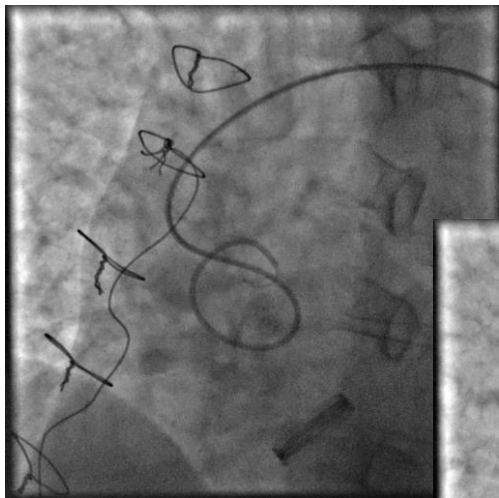


# Pre-intervention angiography

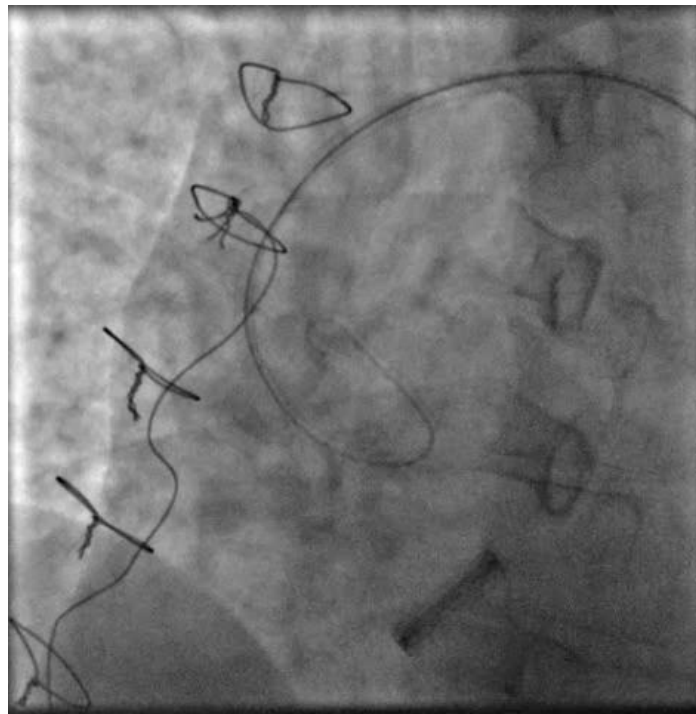
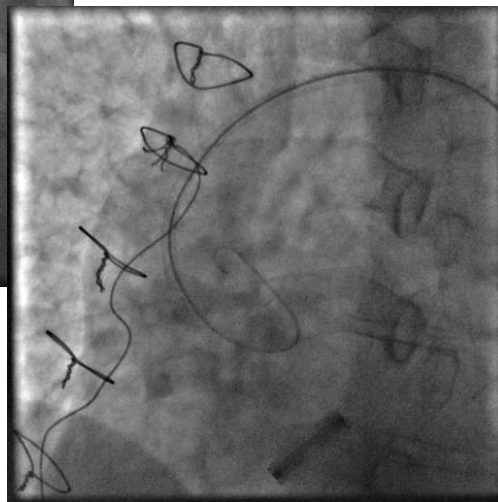


# ASD Occluder implantation

First attempt by femoral approach, percutaneous access.  
We couldn't get a stable position.

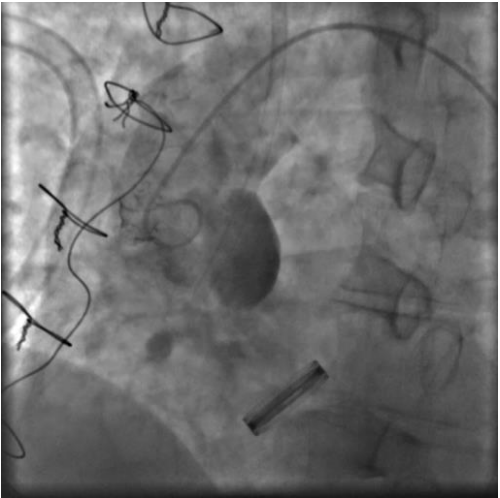


Pseudoaneurysm #1

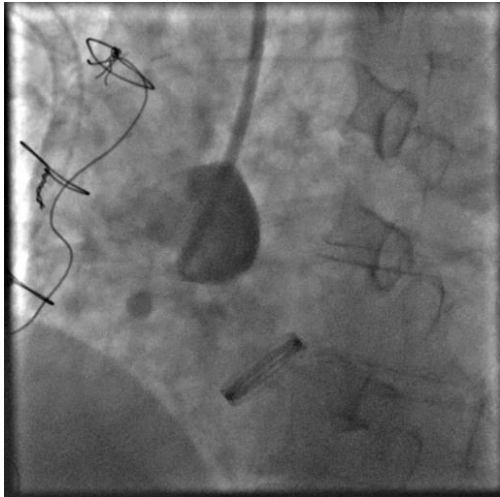


# ASD Occluder implantation

Brachial approach, surgical access.  
Straight access to the aneurysm, stable position.

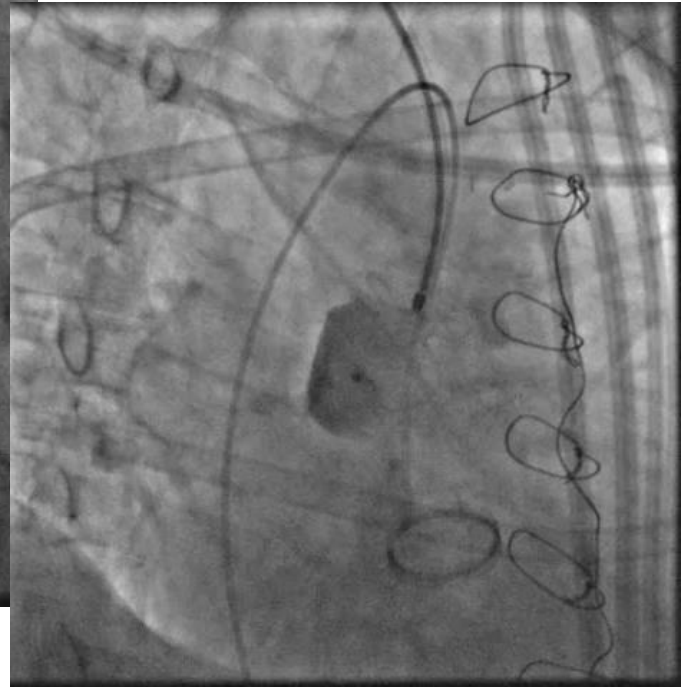
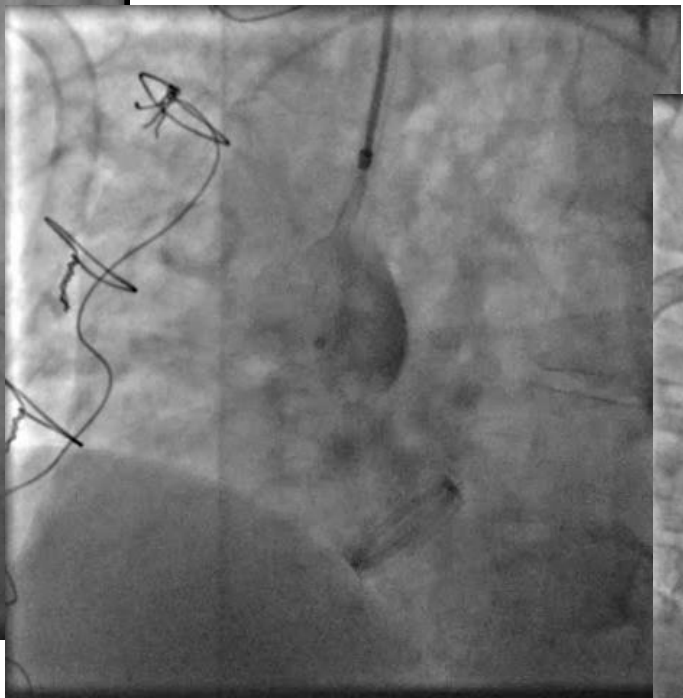
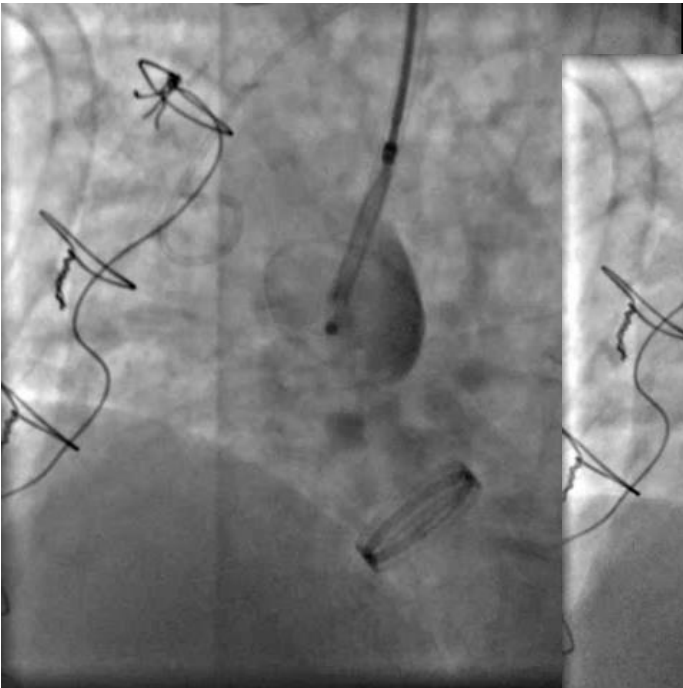


Pseudoaneurysm #1



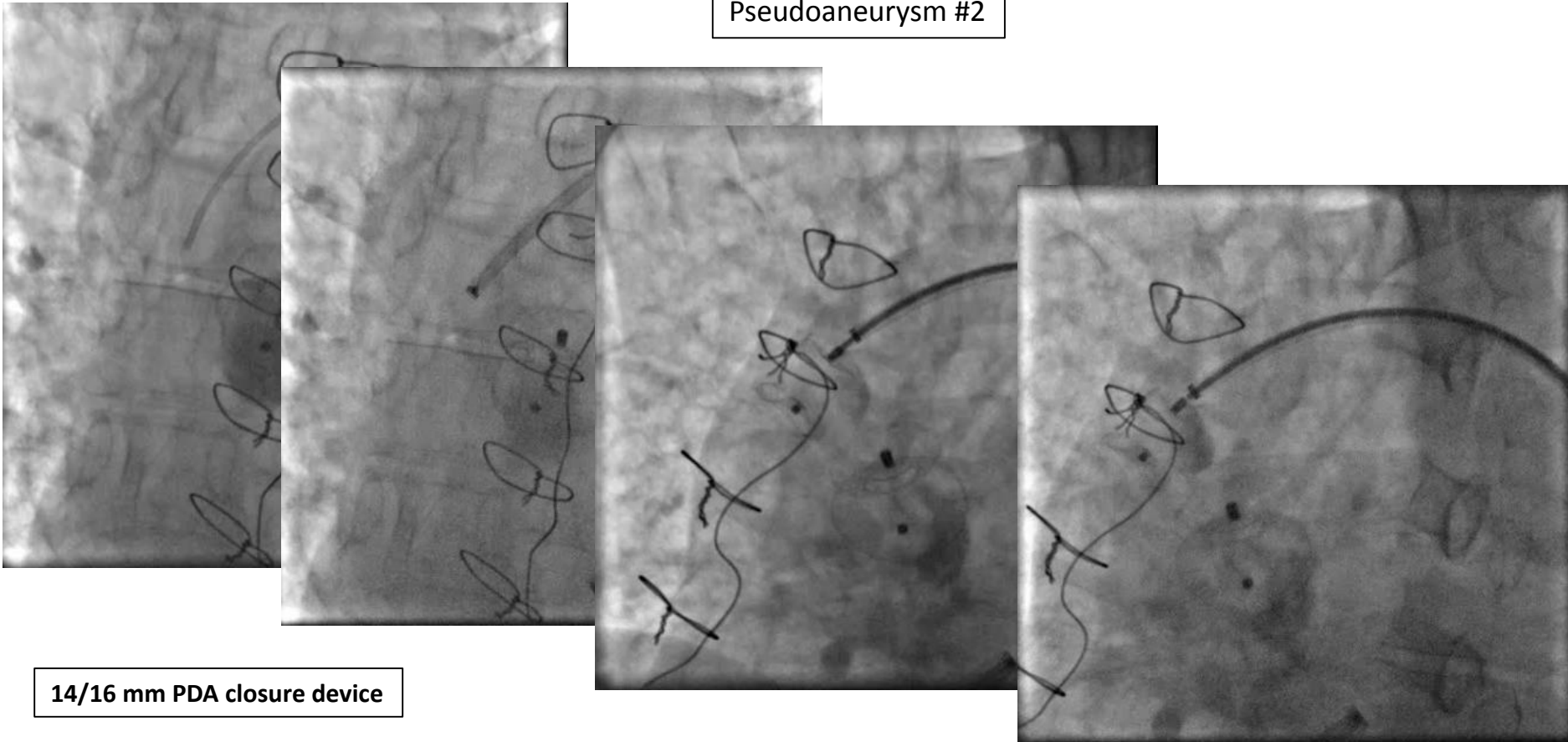


# 29/25 mm (15 mm waist) Atrial Septal Defect closure device

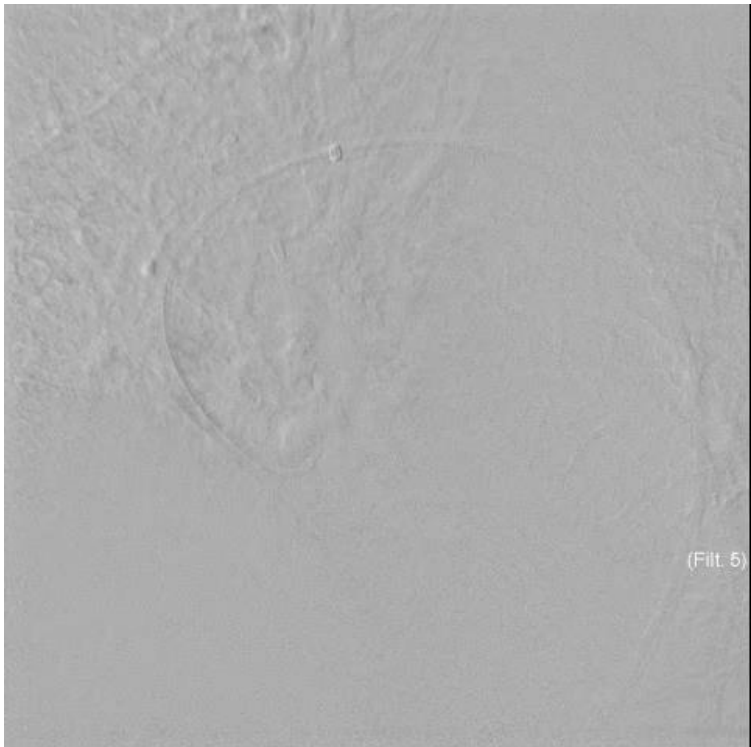
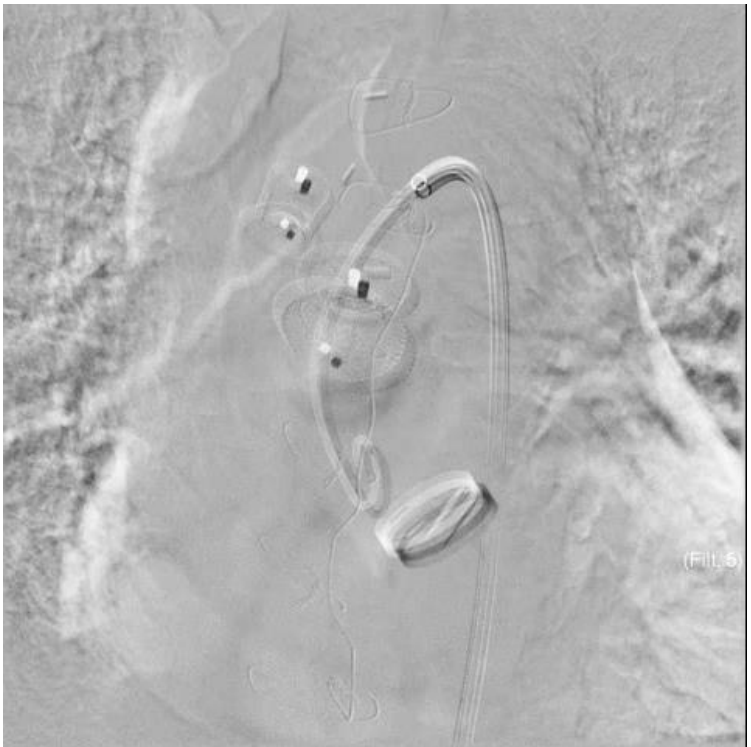


# PDA occlude implantation

Pseudoaneurysm #2



14/16 mm PDA closure device

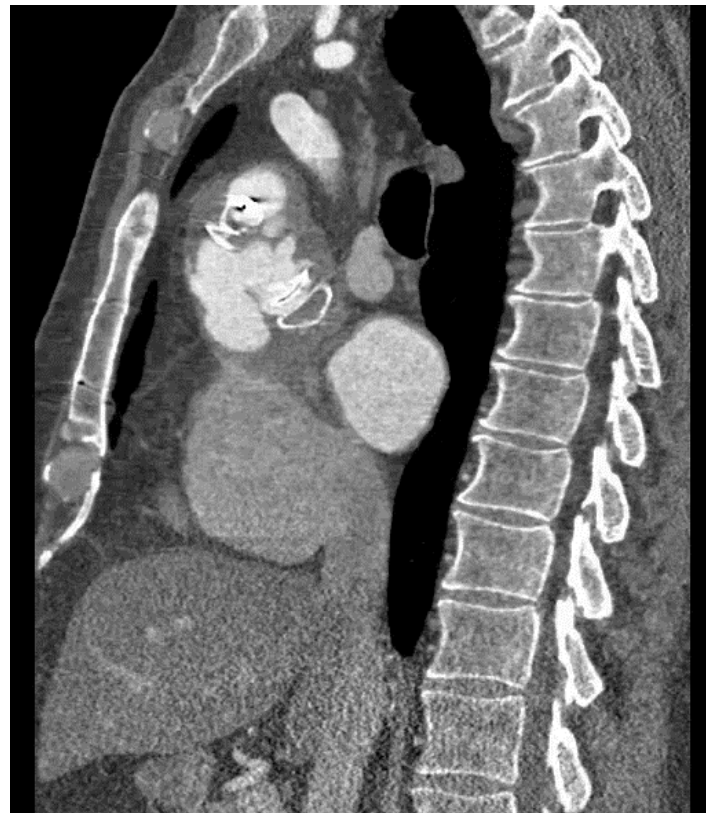


# One month follow-up

No leaks evidence



# One year follow-up



# One year follow-up



- *Pseudoaneurysms are a common late complication of de Bono surgery.*
- *Surgical approach is the most recommended treatment. In spite of that, many surgeons refuse to reoperate these patients.*
- *There are many case-reports or small series of endovascular treatment with successful use of endografts, cuffs or occlusion devices.*
- *There is no randomized trials and a lack of long term data.*
- *Meanwhile, technical solutions will be dependent on the sum of data provided for this kind of contributions*

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