Endovascular management of aortic trauma in a young patient

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Disclosure Statement of Financial Interest

I, Claudio Cigalini, DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Faculty disclosure information can be found on the app



19 year-old male

<u>Risk factors</u>: none <u>Prior medical history:</u> epilepsy (levetiracetam 1gr bid)

Presentation: severe polytrauma resulting from a horse fall during COVID-19 outbreak.

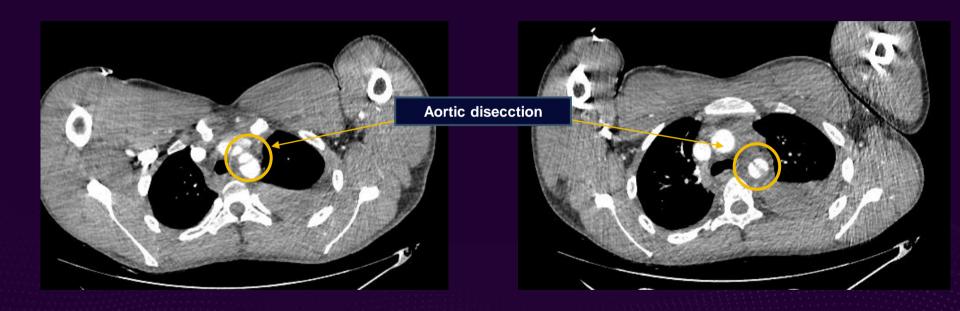
Phisical exam:

- BP 140/90 mmHg in both arms, 114 bpm.
- Glasgow Comma Score 15/15
- Bilateral bipalpebral haematoma, multiple contusions and bruising on the facial mass and thorax.
- Multifocal 2/6 sistolic murmur
- Left lung hypoventilation (midfield to base) with pain on palpation.

Laboratory investigations:

Hct	39%	Creatinine	0.94 mg/dl
Hb	13,5 g/dl	Lactid	19,5 mg/dl
WBC	25.800 /mm ³	Acid	10,0 1119/01
Platlet	213.000 / mm ³	рН	7.39
Count		HCO3	17,7 mEq/L
Glucose	215 mg/dl		

CTMS

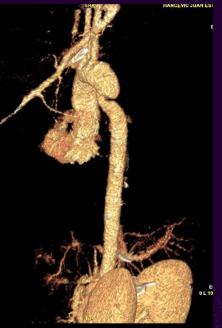


CTMS











Pseudoaneurysm





Angiography

TEVAR

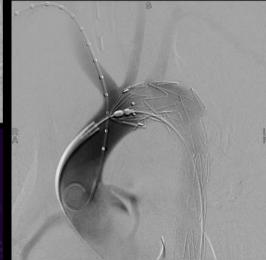


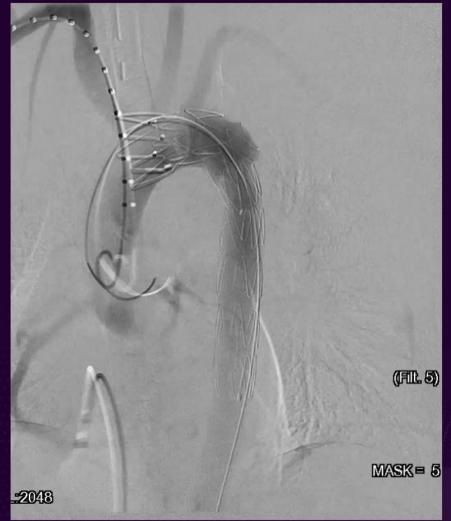




TEVAR







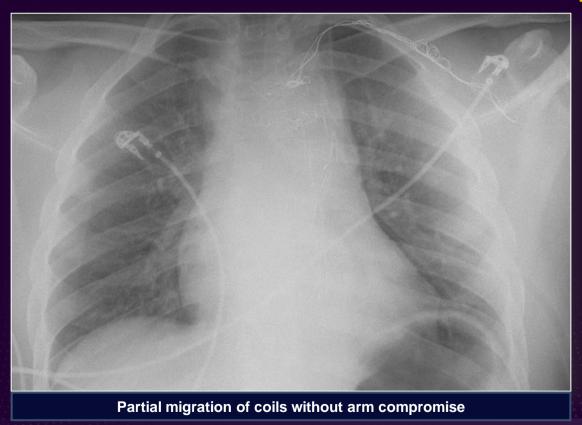
Oclussion of left subclavian artery





Medtronic Concerto 12x40 3D, 16x40 3D and 9x30 helix

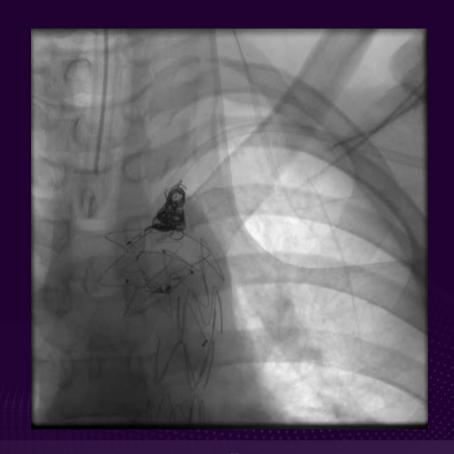
Chest X-Ray (24h)







Coils repositioning using a snare



TCT CONNECT

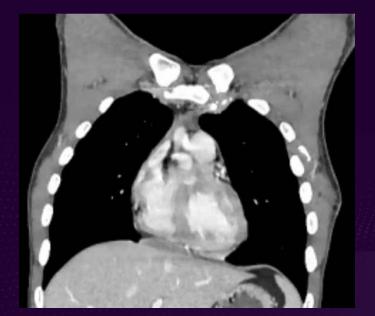
Implant of vascular plug on left subclavian artery



Memopart Oclusor plug 18mm







Follow-up CTMS

