

Endovascular Repair of Ascending Aortic Pseudoaneurysm After Open Aortic Replacement Through Percutaneous Right Axillary Artery Access

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We present a case of a 71-year-old patient admitted to our department with a suspected pseudoaneurysm in a follow-up echocardiogram study after ascending aortic aneurysm repair. The pseudoaneurysm was confirmed by a computed tomography angiography (CTA) exam. Although the patient was asymptomatic the finding

required an urgent repair. We opted an endovascular repair over open surgical repair in order to avoid redo thoracotomy, decompression of the pseudoaneurysm with the need for full cardiopulmonary arrest.

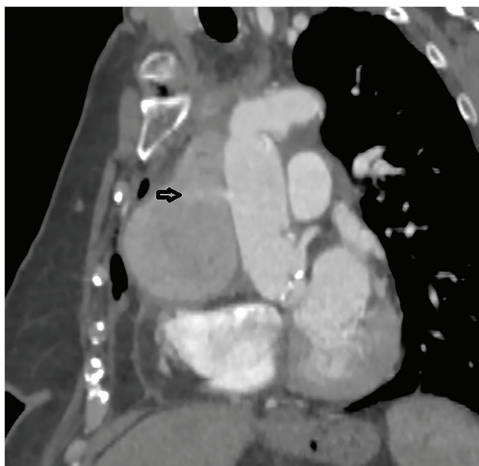


Figure 1 A CTA revealed a large pseudoaneurysm with a clear jet of contrast – marked with arrow.

Ethics Statement

- (1) All the authors mentioned in the manuscript have agreed to authorship, read and approved the manuscript, and given consent for submission and subsequent publication of the manuscript.
- (2) The authors declare that they have read and abided by the JEVTM statement of ethical standards including rules of informed consent and ethical committee approval as stated in the article.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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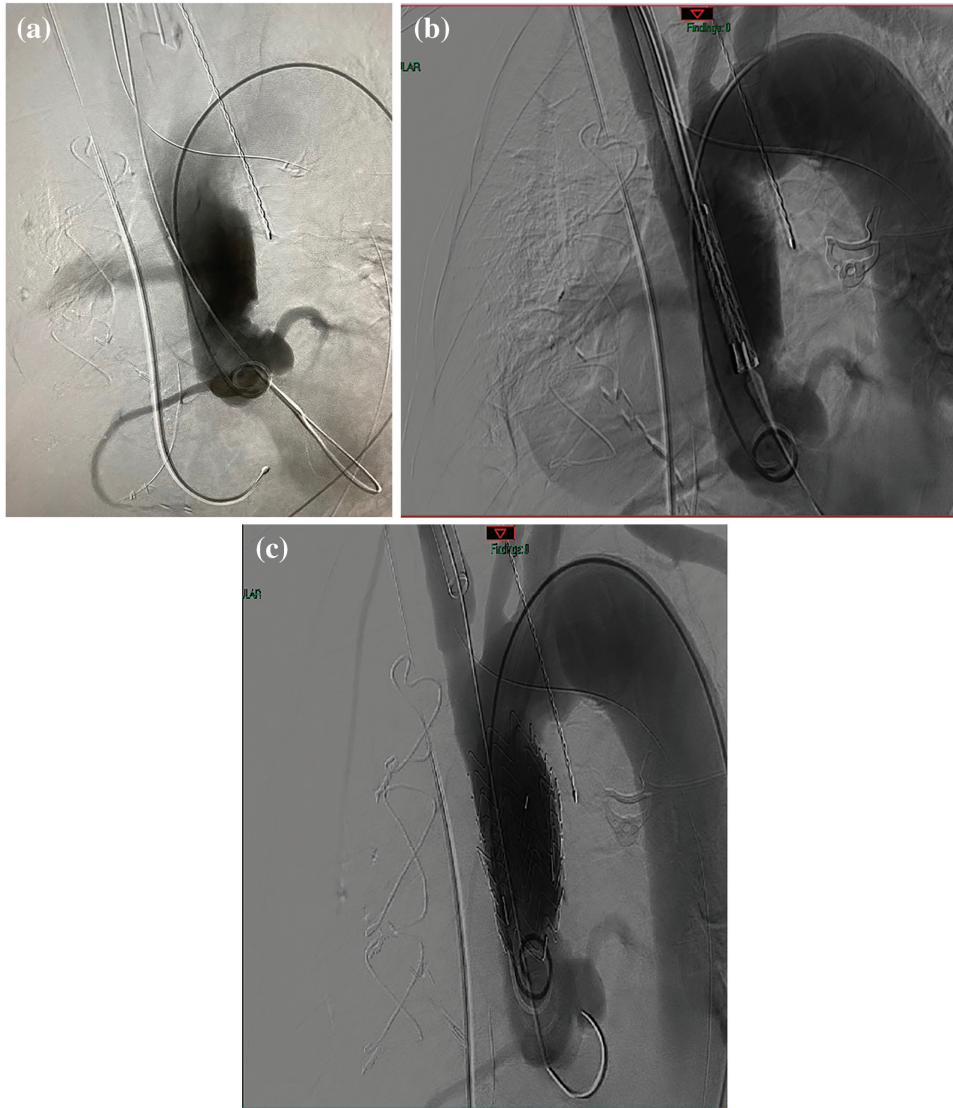


Figure 2 The defect in the ascending aortic graft and the jet leak seen on angiography in the lateral oblique view (a). An aortic extender endoprosthesis (GORE 36–36–45 mm) was introduced through the right axillary artery in an 18 Fr sheath and the graft was positioned (b) and then deployed under rapid pacing. Angiography showing good results (c).

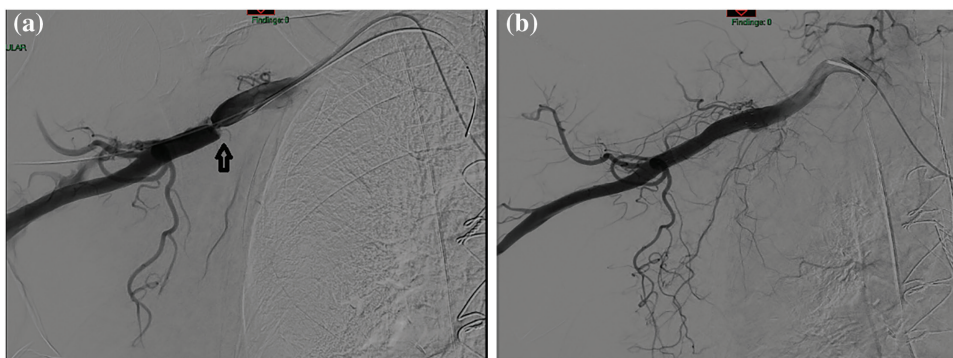


Figure 3 Completion angiography of the axillary access after closure with Proglide (Abbott) showed critical stenosis (marked with arrow, most probably due to a faulty puncture). The stenosis was crossed through the femoral access and treated with a Viabahn 10 mm/5 cm endoprosthesis (GORE) with good results.