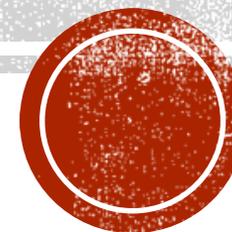


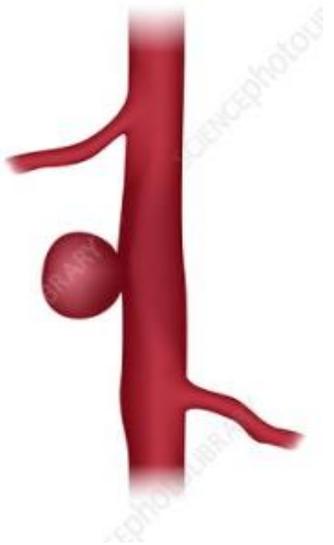
# AORTIC ARCH PSEUDO-ANEURYSMS TREATED ENDOVASCULARLY

Noam N., **Saltiel A.**, Rabinovich Y., Rubinstein C., Levy Y., Kori I.,  
Sheick-Yousif B. Tel Aviv Medical Center.



# PSEUDOANEURYSM

- A disruption in the arterial wall continuity
- A sac with persistent communication to the arterial lumen



# PSEUDOANEURYSM - CAUSES

- Trauma
- Surgical intervention
- Infection
- Inflammatory disorders



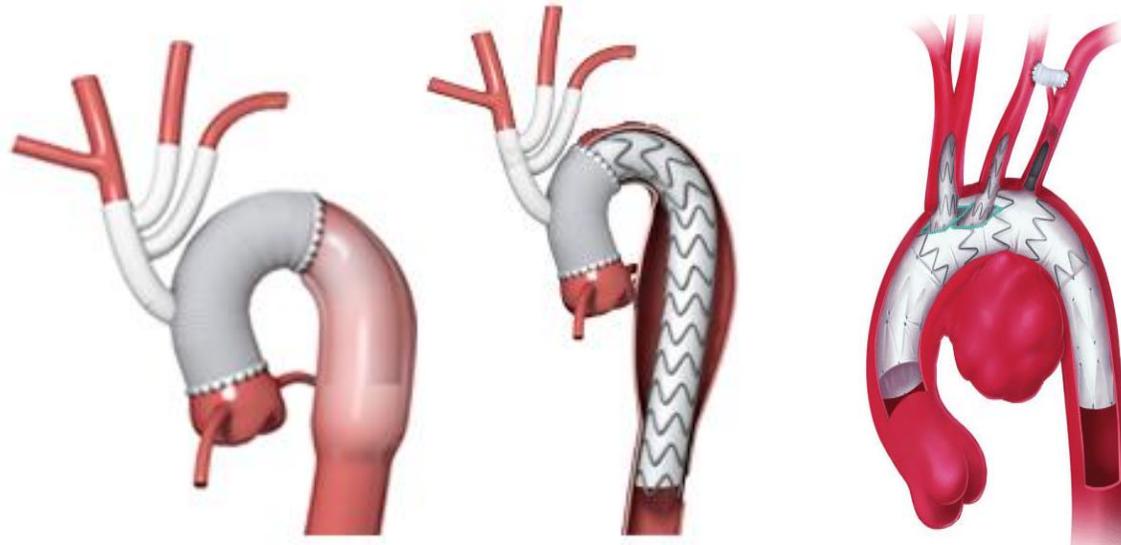
# INFECTED PSEUDOANEURYSMS

- Hematogenous seeding of bacteria into the vasa vasorum
- Most commonly appears after vascular interventions
- Most frequent pathogens: Staphylococcus aureus and Salmonella
- Immunosuppressed patients are the most susceptible
- Poor outcomes: older patients, rupture, suprarenal abdominal aneurysms, non-Salmonella bacteria



# AORTIC ARCH PSEUDOANEURYSMS

- High incidence of mortality (61% with non surgical treatment).
- Treatment options: open surgery, hybrid surgery or total endovascular surgery



# CASE REPORTS

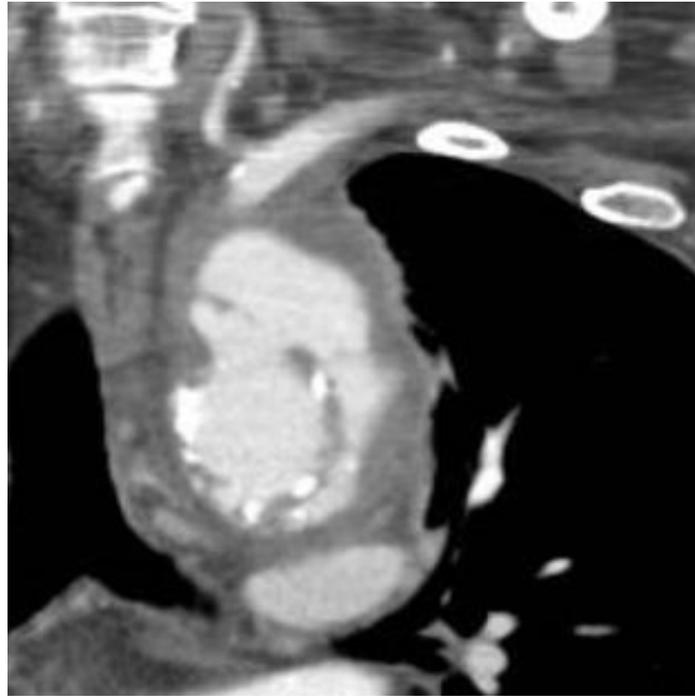


# CASE REPORT 1

- 71 year old male
- Syncope, fever of 38.7 degrees Celsius
- Chest pain, general weakness, weight loss of about 8 Kg
- Medical history: Myasthenia Gravis



# CASE REPORT 1



# CASE REPORT 1

- Blood cultures - Salmonella Enteritidis
- Chosen treatment → Total endovascular surgery



# CASE REPORT 1

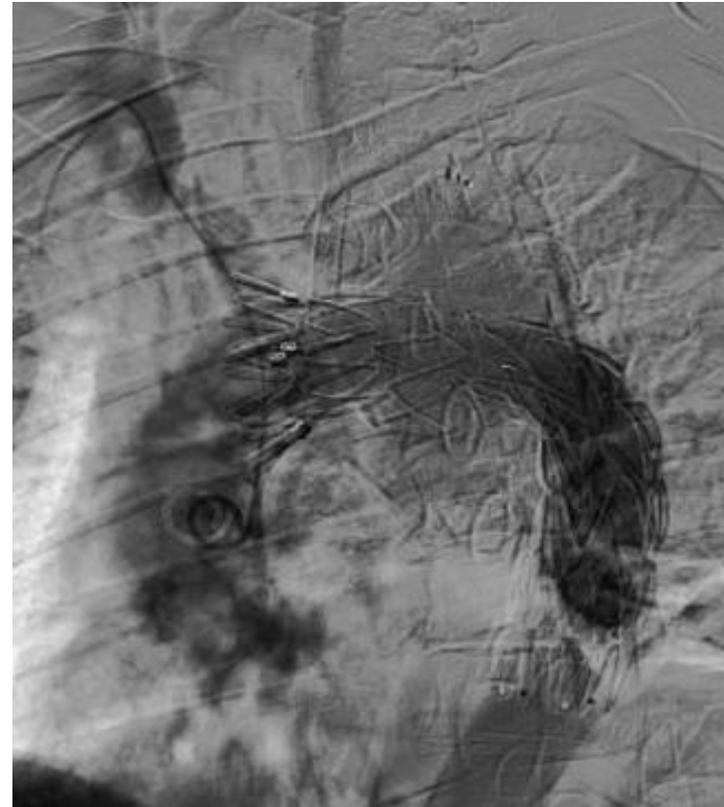
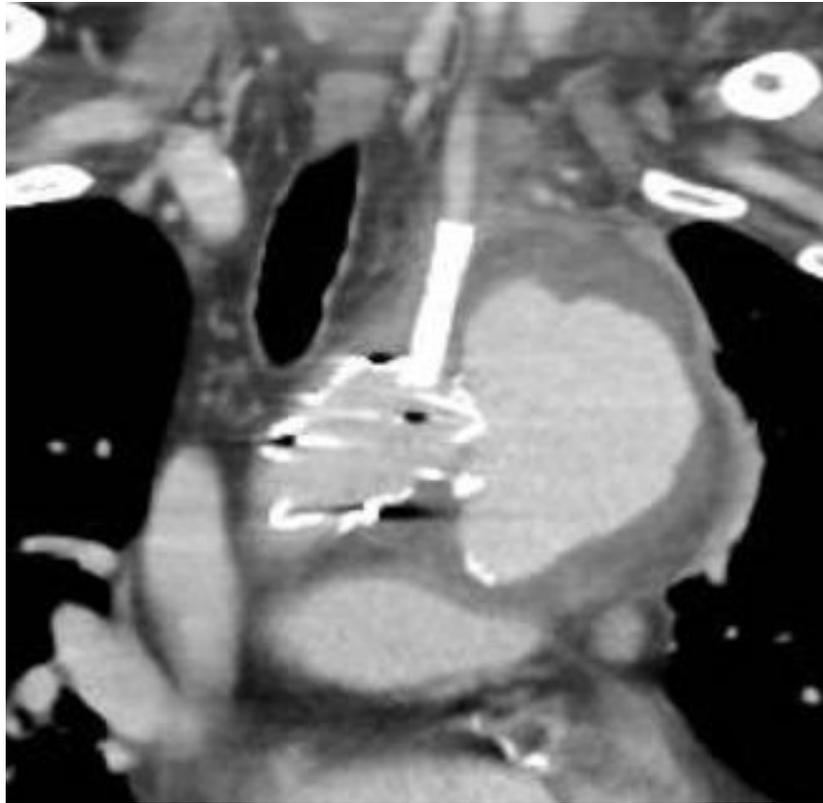
- Zone 1 TEVAR with Medtronic Valiant Captiva thoracic stentgraft
- The left subclavian artery - occluded with an Amplatzer plug
- Chimney to the LT common carotid artery - BeGraft Bentley covered stent



# CASE REPORT 1



# CASE REPORT 1



# CASE REPORT 1

- Zone 0 TEVAR – proximal extension with a Medtronic Valiant Captiva thoracic stentgraft
- Chimney to the innominate artery - Gore VBX
- Distal extension of previous chimney to the left common carotid artery - BeGraft Bentley covered stent



# CASE REPORT 1



# CASE REPORT 1

- Discharged a week after the last surgery
- One month after the surgery – fever, atypical pneumonia, CMV infection
- Passed away due to pneumonia related complications



# CASE REPORT 2

- 61 year old male
- Acute Stanford A aortic dissection limited to the ascending aorta and aortic arch
- Emergent replacement of the ascending aorta and the aortic arch



# CASE REPORT 2

- Two emergent operations due to cardiac tamponade:
  - Tamponade drainage
  - Replacement of the aortic graft
- Large stroke – Rt hemiparesis and aphasia
- Tracheostomy



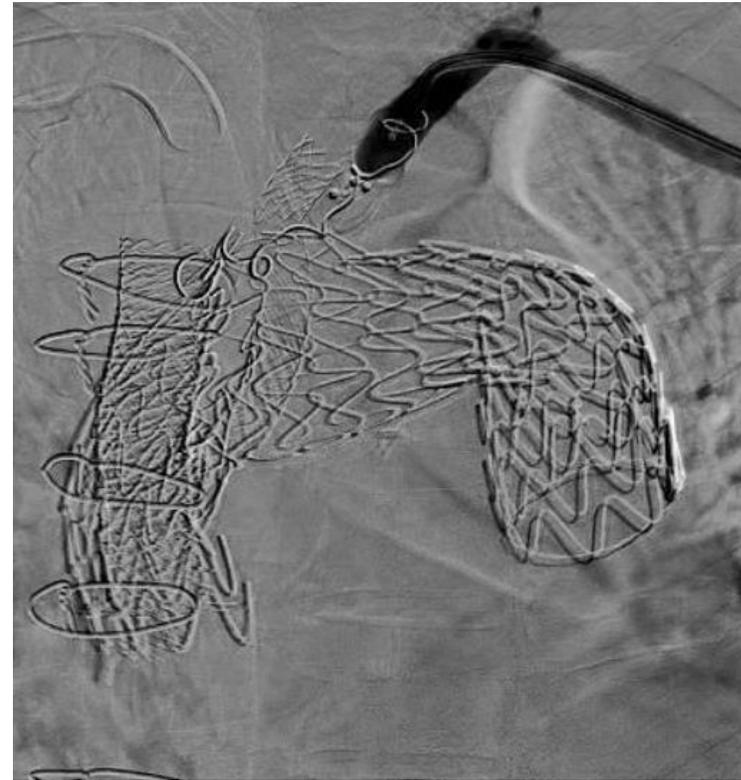
# CASE REPORT 2



# CASE REPORT 2



# CASE REPORT 2



# CASE REPORT 2



# CASE REPORT 2

- Follow up CTA – no additional growth, no endoleak
- Underwent decannulation
- Discharged to rehabilitation





# SUMMERY

- Pseudoaneurysms of the aortic arch are associated with high morbidity and mortality
- Open and hybrid surgeries – high operative risk
- Complete endovascular treatment – better for medically fragile patients
- Recurrent interventions may be needed, but a good outcome can be achieved



# THANK YOU

