Clinical case. BMS for B-type aortic dissection: divorced bridge

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Introduction
The incidence of aortic dissection (AD) is 6 cases per 100,000 people (Oxford Vascular study).
A complicated course of AD is an indication for surgery. Traditional method of treatment is TEVAR.
In this case, we resorted operation-bridge tactic.

Operation
- Bilateral radial, bilateral femoral accesses
- Temporary bypass
- Stenting of the true lumen from abdomen aorta to the iliac arteries

The main blood flow in both lower limbs was restored

We used usual diagnostic guidewire, MP and pigtail catheters and self-expanding stents (№ 5)

Postoperative management
The rate of progression of ischemia at the preoperative stage required immediate amputation of the right lower limb (below the knee).
Amputation was performed 18 hours after restoration of blood flow. It was the cause of renal, and later, multiple organ failure.
Autopsy revealed no signs of aortic rupture. There were no signs of stent thrombosis.

Conclusion
✓ A multidisciplinary approach should be applied to all patients with AD
✓ A temporary bypass is cheap, quick and easy
✓ Stenting of the true aortic lumen with BMS is an easily reproducible method as a bridge-operation

Figure 1. CT-angiography
Figure 2. DSA of aortic true lumen from left radial access
Figure 3. Scheme of operation
Figure 4. Temporary bypass (7 Fr sheaths were used)
Figure 5. Final result