

# **Emergency intervention for retrograde type A acute aortic dissection with PETTICOAT technique**

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# Disclosure

Speaker name:

Yutaka Kobayashi

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)
  
- I do not have any potential conflict of interest

# case

74 y.o. Woman

Chief Complaints: Syncope and left side paralysis

History of Present Illness:

She was referred by another hospital for diagnosis of acute type A aortic dissection.

Past History: Non

Physical examination:

B.P. 70/50 mmHg

H.R. 90/ min, regular

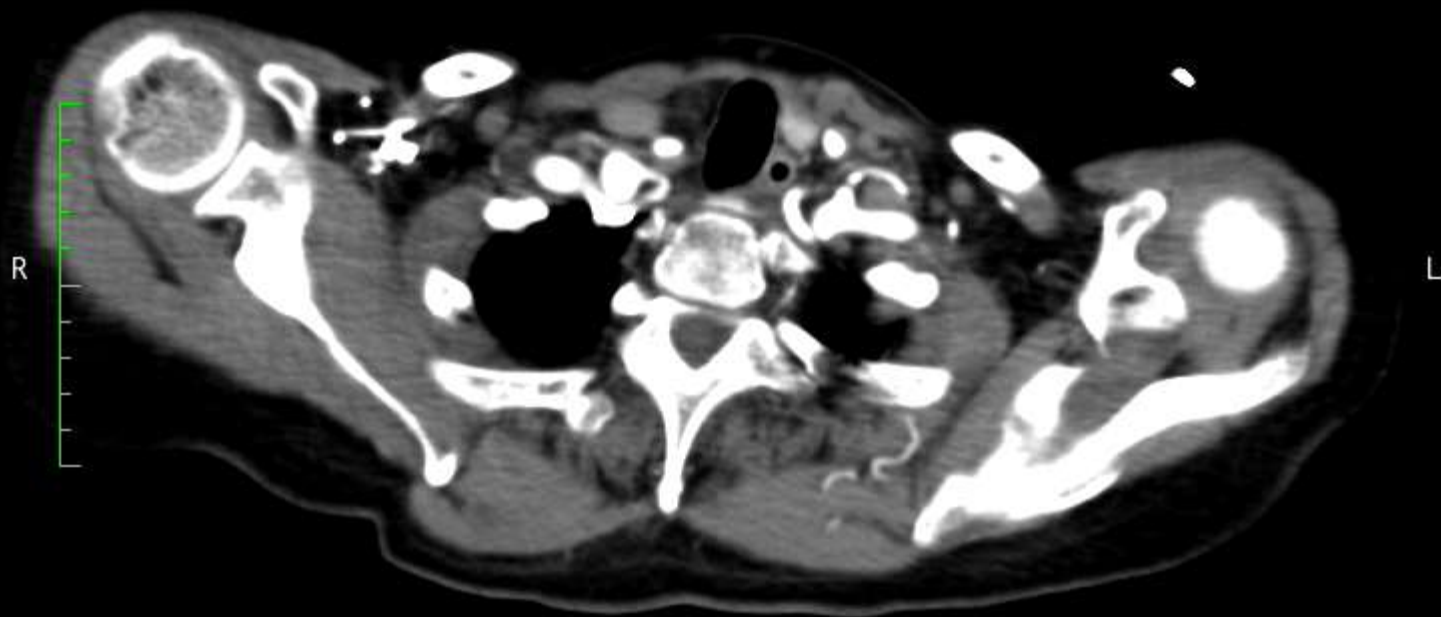
left femoral artery: pulselessness

Image size: 512 x 512  
WL: 50 WW: 350

A

00385128 ( 74 y , 74 y )  
Chest\_Pelvis

O



Zoom: 142% Angles L-R: 0°, S-I: -90°

Im: 16/137 S (S->I) Series: 8

LittleEndianExplicit

Thickness: 5.00 mm Location: 1831.50 mm

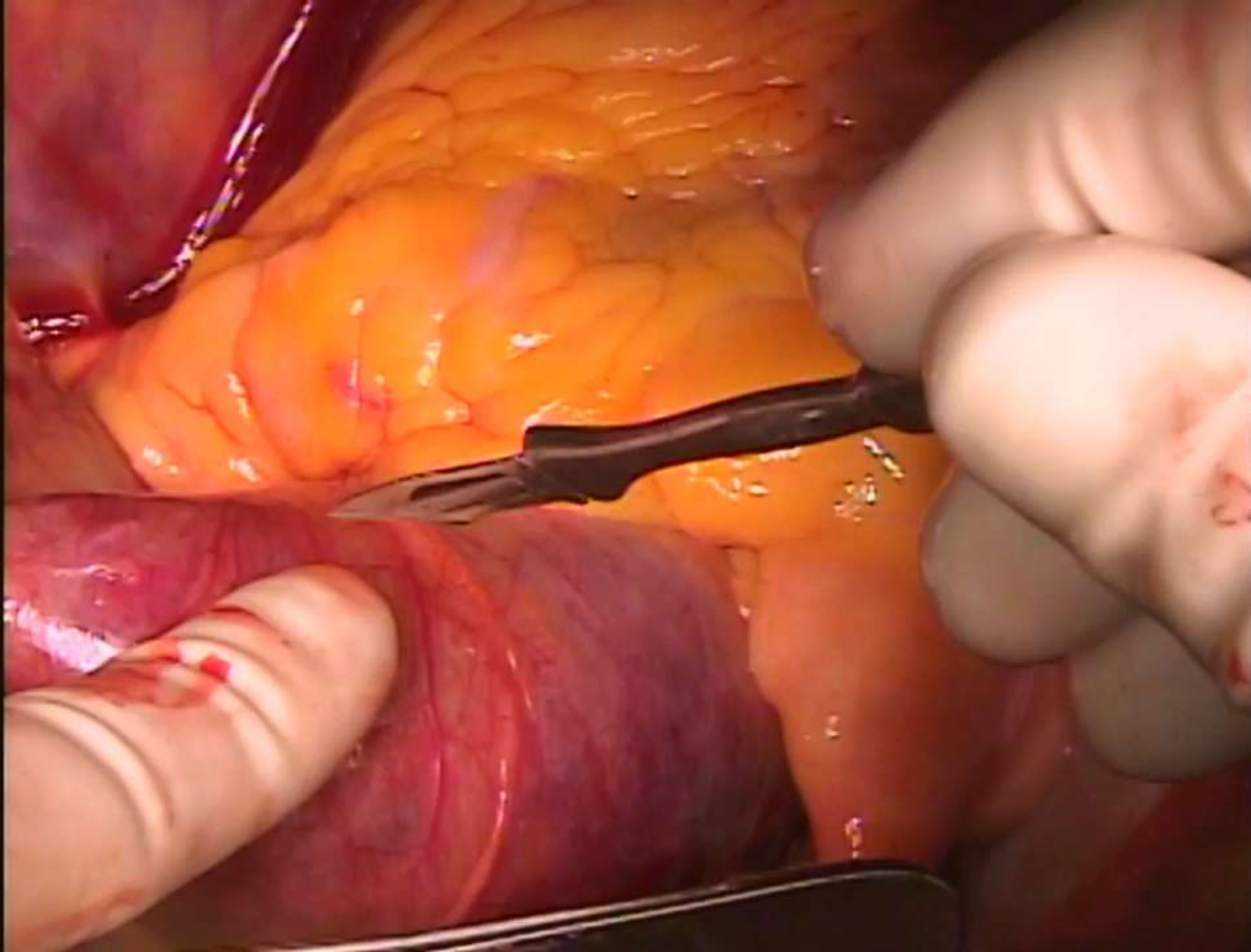
P

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4 min, 31 sec

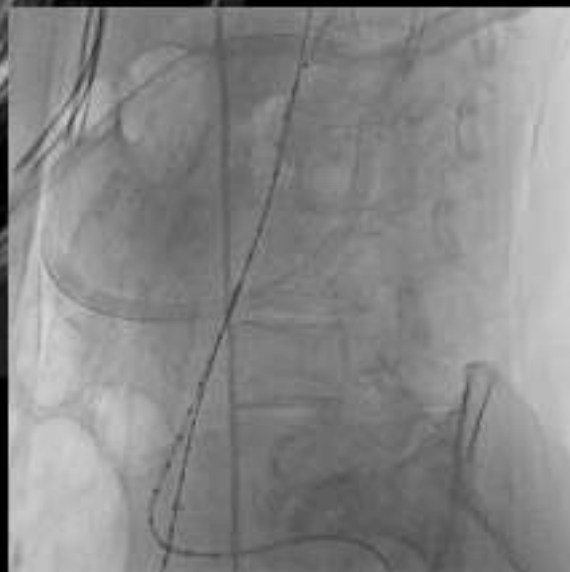
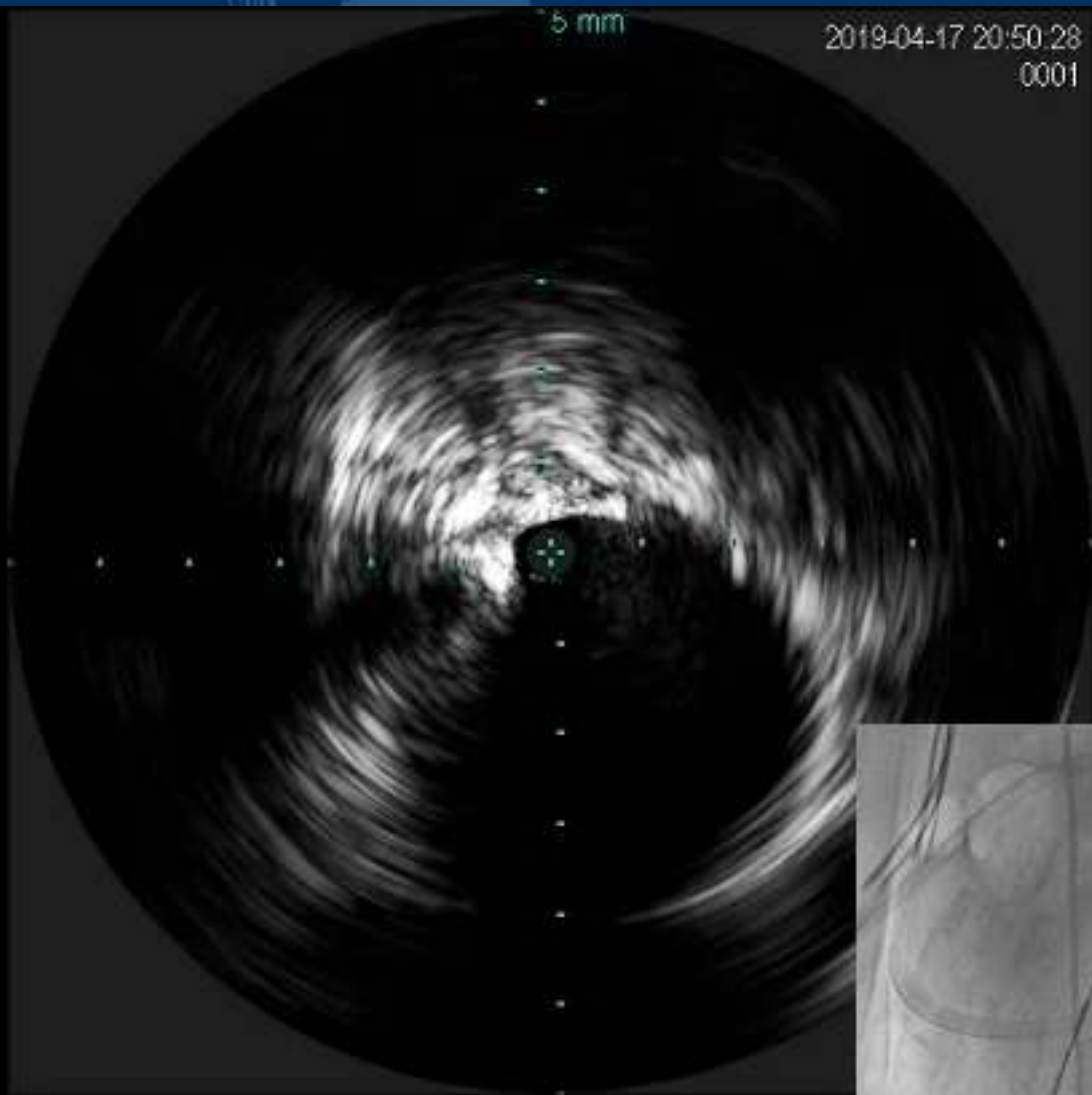
Made In OsiriX

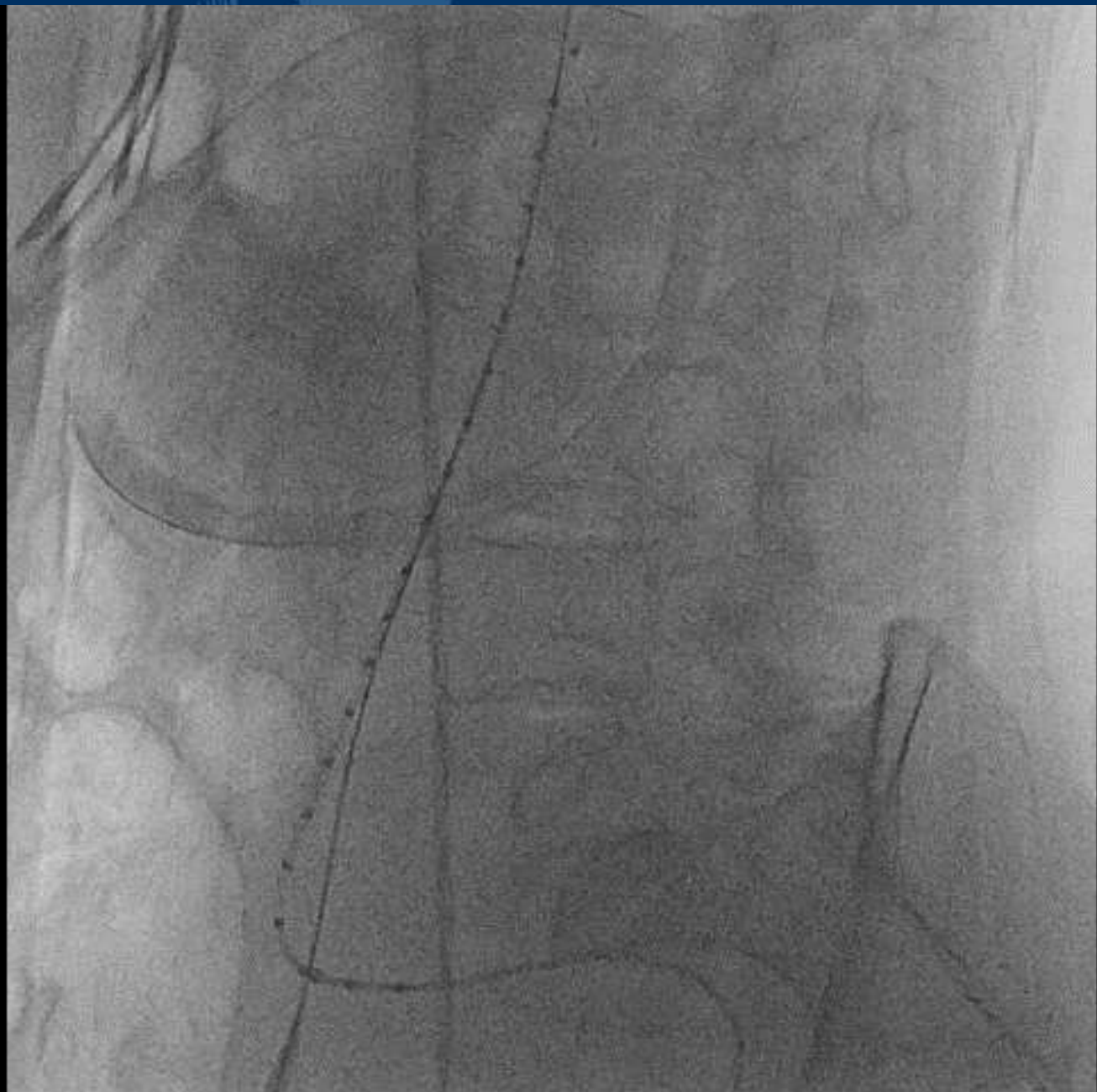
# surgery



5 mm

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0001











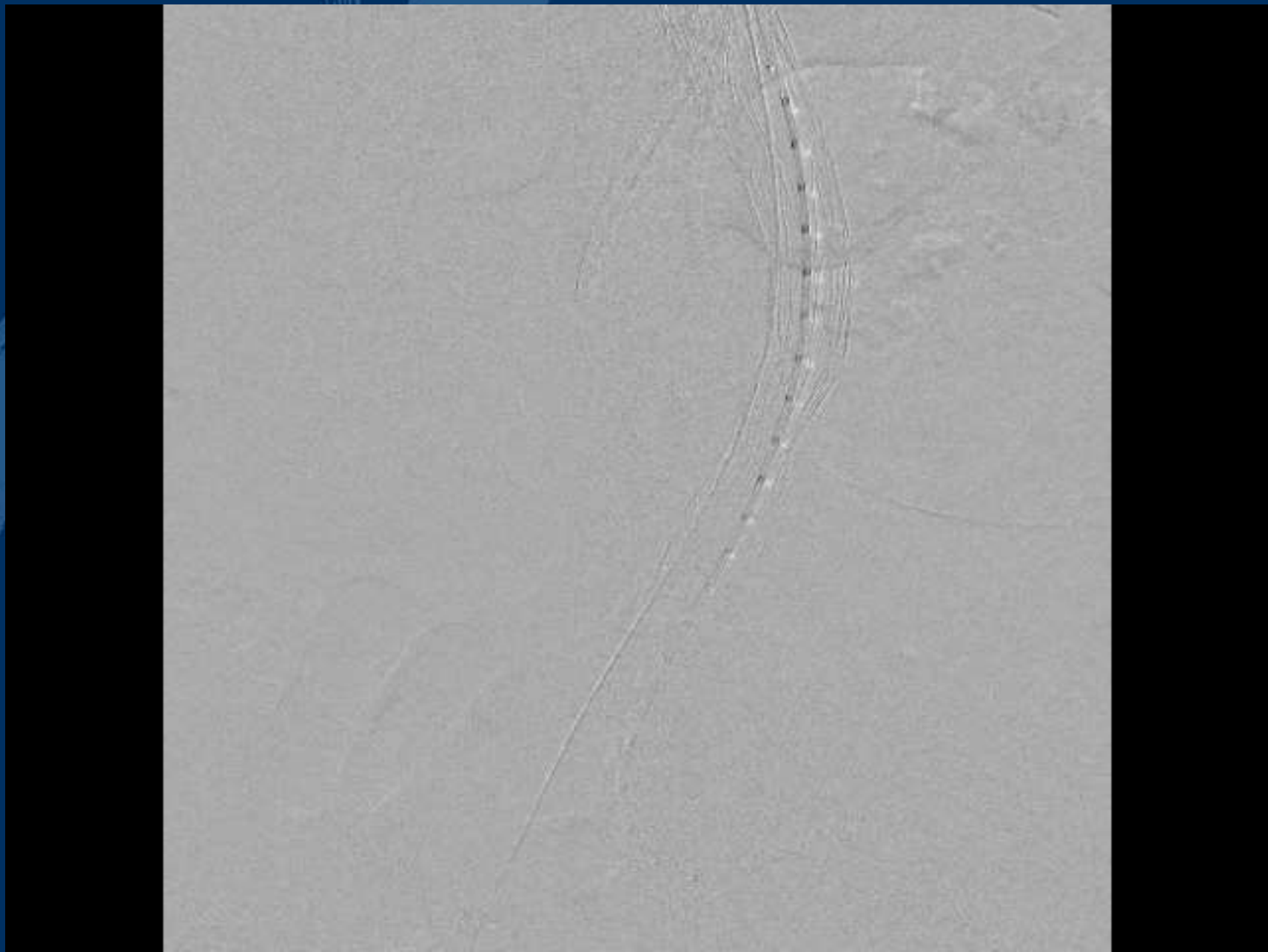
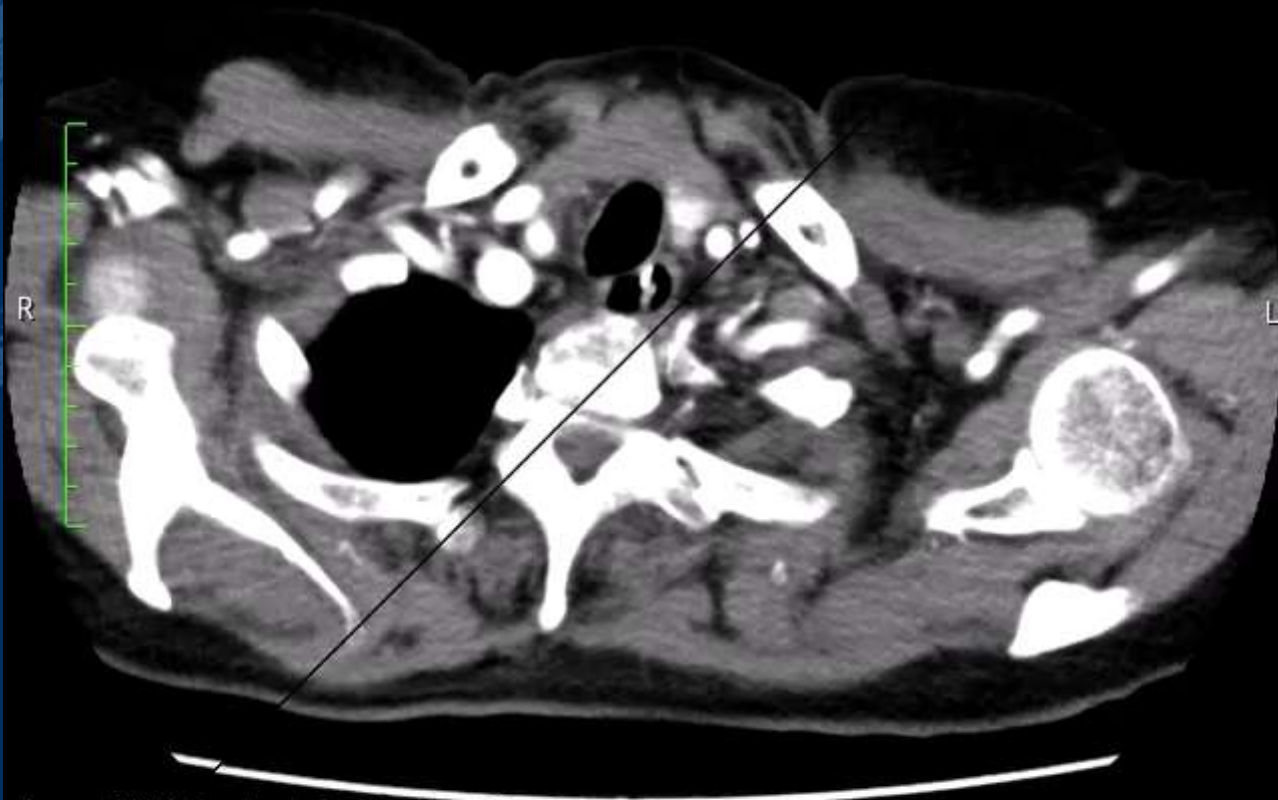


Image size: 512 x 512  
WL: 45 WW: 350

A

00385128 ( 74 y , 74 y )  
Localizers



Zoom: 125% Angles L-R: 0°, S-I: -90°

Im: 6/97 S (S -> I) Series: 7

LittleEndianExplicit

Thickness: 7.00 mm Location: 1851.50 mm P

2019/04/24 11:18:05

7 min, 30 sec

Made In OsiriX

# Conclusions

- Although there are reports that only stent graft is performed for retrograde type A aortic dissection, open surgery may be necessary when cardiac tamponade or rupture is involved as in this case.
- Even in this case, it is necessary to always consider the possibility that it is necessary to secure the true lumen by urgently closing the entry with TEVAR or PETTICOAT technique as an additional treatment for residual dissociation.

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retrograde type A acute aortic dissection  
with PETTICOAT technique**

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