Clinical case of successful acute aortic dissection of DeBakey type III treatment complicated with rupture and massive left hemothorax

Nikolai Zherdev, Mikhail Chernyavskiy, Daria Chernova, Artemiy Chernov
Almazov National Medical Research Centre, Saint-Petersburg, Russian Federation

Introduction:
In point A, there is a 60-year-old smoker who is not committed to antihypertensive therapy, with a suspected rupture of the thoracic aorta. Hemodynamics is stable (controlled hypotension). Clinical, laboratory and instrumental signs of severe acute blood loss, hemothorax, severe dyspnea.

From point A to the Saint-Petersburg 350 km (~4.5 hours by car) + preparation for transportation.

Question: what is the probability (in %) for a cardiovascular surgeon to go to the final of "The Avengers" this evening, when a man lifts high weights at his countryside in the far region?

Not without the help of MARVEL heroes...

EchoCG: EF 60%
Hb 7.56 g/dL
Serum creatinine 98 mmol/l
Malperfusion of visceral branches is clinically questionable
Neurological status without features

He has ability to telepathy and teleportation, can absorb energy, cause illusions and put power barriers.

What we found on CT scan?

Left subclavian artery was covered. During procedure – without neurological deficiency.

Drainage of the left pleural cavity 16 hours after surgery and 18 hours after admission.
The duration of drainage is 4 days
A total of about 3 liters of drainage

Minimal partial thrombosis of the lumen. Significant difference in false lumen density (HU) in the thoracic and abdominal aorta. Retrograde filling of the lumen. When discharged from the clinic on the 10th day: No fever; Echo EF 60%; Hb 12.8 g/dL; Creatinine 95 mmol/l. Patient is happy and satisfied