MY GOD; GIVE MORE SCIENCE.
SYMPTOMATIC ADULT AORTIC COARCTATION (AC)

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Disclosure

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I do not have any potential conflict of interest
AORTIC COARCTATION (AC)

Background

- 4 in 10,000 live births.
- 5–8% of congenital heart defects.
- Reduced life expectancy if not corrected.
- Demands an early treatment.
- Rarely intestinal angina (post prandial abdominal pain).

Agarwala BN, Bacha E. Clinical manifestations and diagnosis of coarctation of the aorta. 2009 [Google Scholar]
Background

• Surgical repair.
• Balloon angioplasty is a technique that was first introduced in 1982.
• Stenting of the aortic coarctation was first introduced in the early 1990s.
• Covered stents have been extensively used.

Case presentation

• A 25 year old male Yemeni patient.
• Four medications to control his blood pressure.
• Bilateral calf claudication pain affecting his lifestyle and post prandial abdominal pain.
• Those symptoms started few months prior to presentation.
• On examination:
  • Both upper limb pulses were felt, elevated blood pressure.
  • Absent pedal pulses bilateral.
Treatment

• Options discussed.

• Hybrid room.

• Femoral access.

• Balloon expandable covered stent.
Intraoperative Angio
Balloon Expanding Covered Stent
Completion angiogram
Post operative angiogram
Post op

• Day 1 he went home.

• OPD 1 week:
  - No more pain.
  - Reduced the medics for HTN.

• Unfortunately missed follow up.
Conclusion

• Although uncommon in adults, aortic coarctation should be in the differential diagnosis of poor controlled hypertension, absent bilateral pedal pulse, post prandial abdominal pain.

• Adult aortic coarctation should be treated to prevent the inevitable fatal outcome.

• Minimal invasive endovascular using covered stent has good results in comparison to surgical repair.

• Long life follow up is needed after both open surgical and endovascular repair.
Participants

- Reda Jamjoom, MD, Head of Vascular Surgery,
- Elsayed Younes, MD acting consultant Vascular surgeon,
- Usama Loutfi, MD, vascular consultant,
- Hosam Shoaib MD, Specialist in vascular surgery,
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