INTRODUCTION
We reviewed the 2006-18 experience of the Vascular Surgery Department of Ancona about the management of blunt thoracic aortic injuries (BTAI).

MATERIALS AND METHODS
In the period 2006-18, 39 BTAI were managed. All patients were preliminarily studied with Computed Tomography angiography. 13 subjects (33.3%) were also suffered from other complex traumatic injuries requiring surgical treatment (spleen, liver, brain).

RESULTS
Nine patients (23%) with BTAI type I and II lesions were conservatively managed, while 30 subjects (77%) were treated by TEVAR (Type II, III and IV lesions). Endovascular treatment was always performed using Valiant Medtronic endoprosthesis. Technical success was achieved in all cases; subclavian artery coverage was required in 15 patients (50%). We did not detect type I endoleak. We registered only one type II endoleak (3.3%) treated by plug positioning in left subclavian artery and one stroke (3.3%) for micro-embolization. No spinal cord or left upper limb ischemia occurred. Postoperative mortality occurred in 3 patients (10%) secondarily to MOF. There was no mortality related to the aortic trauma. Post-treatment CT angiography found the resolution of the aortic lesion in all patients.

CONCLUSIONS
The endovascular treatment allowed us to optimize the operating times and the Valiant endoprosthesis proved an optimal technical support, manageability and easy positioning.