Endovascular management of unusual, late presentation of mid-aortic syndrome infra-renal type

By
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Disclosure

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I do not have any potential conflict of interest
Background

• Mid-aortic syndrome is a rare poorly defined disease affecting distal thoracic and abdominal aorta
• Mostly presented in childhood or young adult.
pathogenesis

• idiopathic
• Genetic failure of fusion of 2 dorsal aortas
• Neurofibromatosis (von Recklinghausen disease)
• Alagille’s syndrome or Williams’ syndrome
• Acquired inflammatory (Takayasu’s arteritis)
• Intrauterine infection (particularly rubella).
Areas of Aortic Involvement

3% Distal Thoracic Aorta

Vessels Involved*

97% Abdominal Aorta

20% Celiac Trunk

43% Unspecified

30% Superior Mesenteric Artery

29% Suprarenal

70% Renal Artery

8% Interrenal

60% Bilateral

8% Infrarenal

20% Unilateral

12% Suprato Infra renal

* Multiple vessels could be involved
Usual presentation

PRESENTED IN CHILD HOOD AND YOUNG ADULT

• severe arterial hypertension (MI, HF, CVS)
• severe renovascular hypertension
• absent femoral pulses
• abdominal bruit
• claudication of the lower limbs.
case

• 45 y female patient
• Agonizing rest pain
• Cyanotic changes
• Mild cold periphery
• Multiple sclerosis
• No femoral pulses
CT Angiography
Transluminal endovascular

Covered CP Stent ™
Conclusion

• Infrarenal mid-aortic syndrome is a rare condition
• This syndrome can be presented with distal ischemic symptoms and our case presented in late middle aged
• However, the lack of evidence about the best approach of treatment of mid-aortic syndrome
• But, we found endovascular stenting could be considered as a safe and alternative option compared to the open surgery.
THANK YOU
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