

Lower Extremity Malperfusion From Blunt Type B Aortic Dissection

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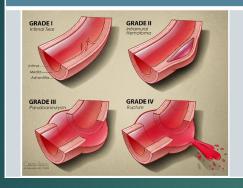
Introduction

- Blunt traumatic aortic injury (BTAI) remains the second leading cause of mortality in non-penetrating traumas
- BTAI graded from 1 to 4, we present a case with unique presentation not fitting typical classification
- 64 yo male with history of hypertension and COPD
- fell from greater than 25 ft from a tree with complaints of chest pain and ischemic right lower extremity. Computed Tomography (CT) revealed a Type-B aortic dissection with extension of the dissection flap from the left subclavian artery and into the right common iliac artery (CIA).

Case Presentation

- TEVAR (Thoracic Endovascular Aortic Repair) via right CFA
- Left subclavian spared
- Cook dissection stent to level of celiac artery

Grading



Results

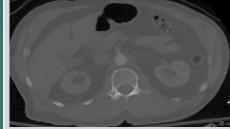
- Excellent remodeling throughout the visualized portions of the aorta with only minimal false lumen remaining within the abdominal segment
- Resolution of previously noted right CIA occlusion

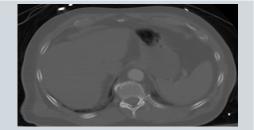
Conclusion

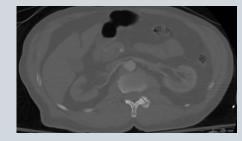
While BTAI typically occurs along a spectrum graded from 1 to 4, we demonstrate a case not clearly along this spectrum. Despite this we demonstrate successful repair with TEVAR with adjunctive dissection stent placement.

Panel A - Preop

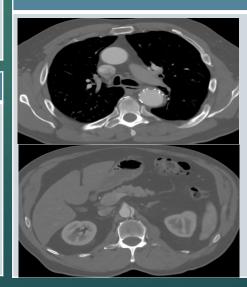








Panel B - Postop





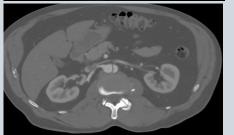


Figure 1

