

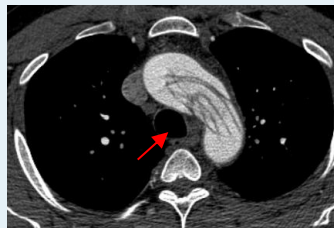
# Iatrogenic Aortic Coarctation after Elephant Trunk For Acute Type A Aortic Dissection

Emidio Germano MD, David Dexter MD, Hosam El Sayed MD, Matthew Rossi MD, Animesh Rathore MBBS

Eastern Virginia Medical School at Old Dominion University | Sentara Vascular Specialists

## Patient:

40-year-old male admitted with chest pain and dizziness. Work-up with CTA showed an acute type A0-3 aortic dissection with complex circumferential intimal tear intussuscepted within the distal aortic arch. Severe aortic valve insufficiency was diagnosed on echocardiogram.



## Type A repair:

Emergent Bentall, ascending and total arch replacement in a classic Elephant Trunk (ET) fashion was performed.

## Postoperative Course:

On POD2, patient was noted to have worsening AKI, transaminitis, and bilateral lower-extremity ischemia. Visceral and lower extremity malperfusion was noted on duplex. Repeat CTA evidenced collapsed ET.

## Urgent TEVAR to expand Collapsed ET:

- Zone 3-4 TEVAR – Gore TAG
- Pre- and post-deployment IVUS
- Zone 3 angioplasty – Gore Tri-Lobe balloon

Palpable pedal pulses noted immediately. Kidney and liver functions normalized after 48h.

## Conclusions:

TEVAR is a safe approach to stabilize and expand the free-floating aortic graft.

