Endovascular Repair of Contained Rupture of Ascending Aorta with Intramural Hematoma

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Clinical Image
A 71 year old woman with chest pain. CT scan demonstrated contained rupture of the ascending aorta with intramural hematoma (Figure 1). Digital subtraction angiography confirmed adequate room to cover the defect endovascularly between the coronary arteries and the arch vessels. A Lunderquist wire was placed through the right femoral artery into the aortic root. A temporary pacing wire was placed via the right femoral vein. While pacing at 180 beats per minute, a 40 mm x 10 cm Gore TAG endostent was placed through a 24 Fr delivery sheath over the Lunderquist wire. The coronary and brachiocephalic arteries were widely patent, and the leak was covered. Follow up CT scan showed regression of the intramural hematoma without leak or extravasation (Figure 2).

Figure 1: CT scan demonstrated contained rupture of the ascending aorta with intramural hematoma.

Figure 2: CT scan showed regression of the intramural hematoma without leak or extravasation.