



CASE REPORT

Percutaneous closure of a large ascending aortic pseudoaneurysm



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KEYWORDS

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Abstract Pseudoaneurysm of the ascending aorta is a rare complication, usually after thoracic surgery or trauma.

Since surgical repair is associated with very high morbidity and mortality, percutaneous closure has been described as an alternative.

In this regard, we present a case in which a symptomatic large pseudoaneurysm of the ascending aorta was treated percutaneously due to the high surgical risk.

Despite the technical difficulties, this procedure had a good final result followed by clinical success.

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PALAVRAS-CHAVE

Aorta ascendente;
Pseudoaneurisma;
Encerramento
percutâneo

Encerramento percutâneo de um volumoso pseudoaneurisma da aorta ascendente

Resumo O pseudoaneurisma da aorta ascendente consiste numa complicação rara, habitualmente na sequência de cirurgia cardiorácica ou traumatismo.

Dado que a reparação cirúrgica do mesmo se associa a uma elevada morbimortalidade, o encerramento percutâneo tem vindo a ser descrito como uma alternativa viável.

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Neste contexto, apresentamos um caso caracterizado por um volumoso e sintomático pseudoaneurisma da aorta ascendente, o qual fora submetido a tratamento percutâneo, devido ao elevado risco cirúrgico.

Apesar das dificuldades do ponto de vista técnico, este procedimento obteve um bom resultado final, com sucesso em termos clínicos.

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Introduction

Pseudoaneurysm of the ascending aorta is a relatively rare but serious complication that usually develops following thoracic surgery, including aortic valve replacement, coronary artery bypass grafting, aortic dissection repair and orthotopic cardiac transplantation.¹⁻⁵ The incidence of this complication following aortic surgery can reach 23% at 15 years after surgery. Other potential etiologies include endocarditis and thoracic trauma.⁶

Clinical presentation ranges from completely asymptomatic for years to symptoms related to the mass effect on surrounding structures.⁶

If left untreated, aortic pseudoaneurysms can evolve to rupture, thrombosis, distal embolization and fistula formation, with high mortality (up to 61%).⁶

Surgical repair of this complication is the conventional treatment, but it is associated with very high morbidity and mortality (mortality can reach 46%) and in some cases is not even feasible (due to the technical difficulties in

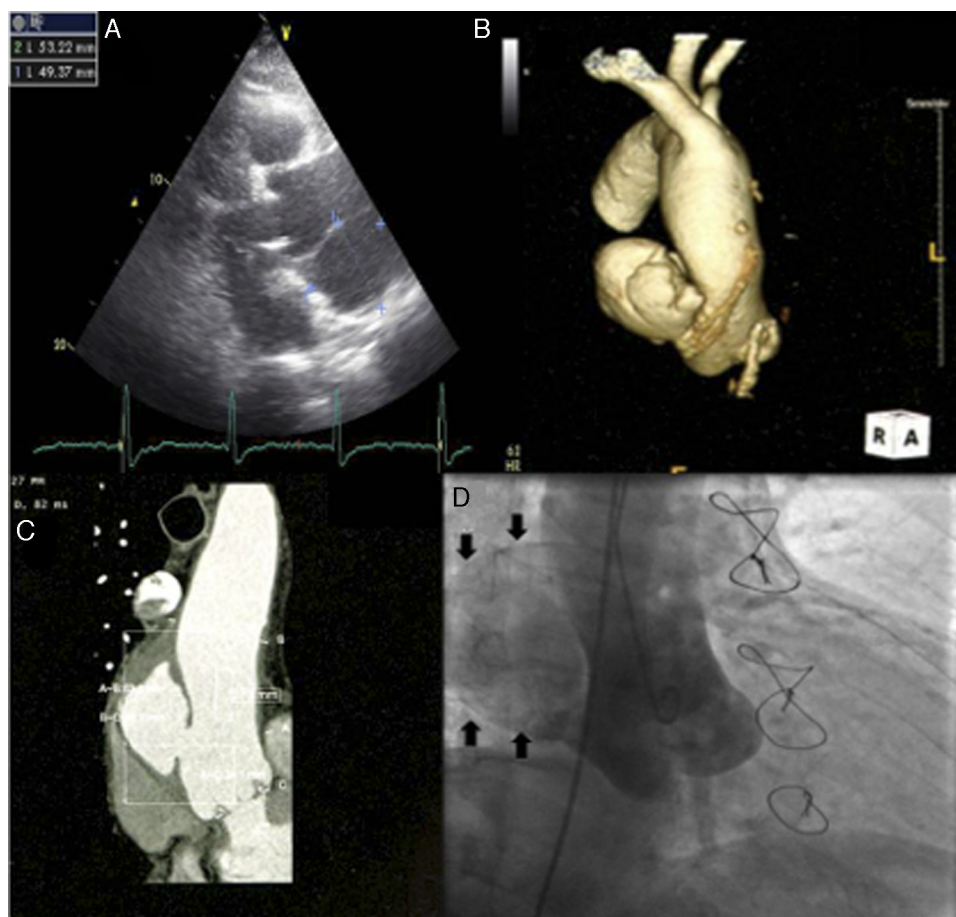


Figure 1 Imaging of ascending aortic pseudoaneurysm. (A) Transthoracic echocardiography showing ascending aortic pseudoaneurysm in parasternal view; (B) three-dimensional computed tomography (CT) reconstruction of aorta; (C) CT scan with intravenous contrast showing the dimensions of the neck and cavity of the pseudoaneurysm; (D) aortography with contrast opacification of pseudoaneurysm cavity (solid arrows).

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