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IMAGES IN INTERVENTION

Endovascular Management of Acute Aortic Dissection in Takayasu Arteritis

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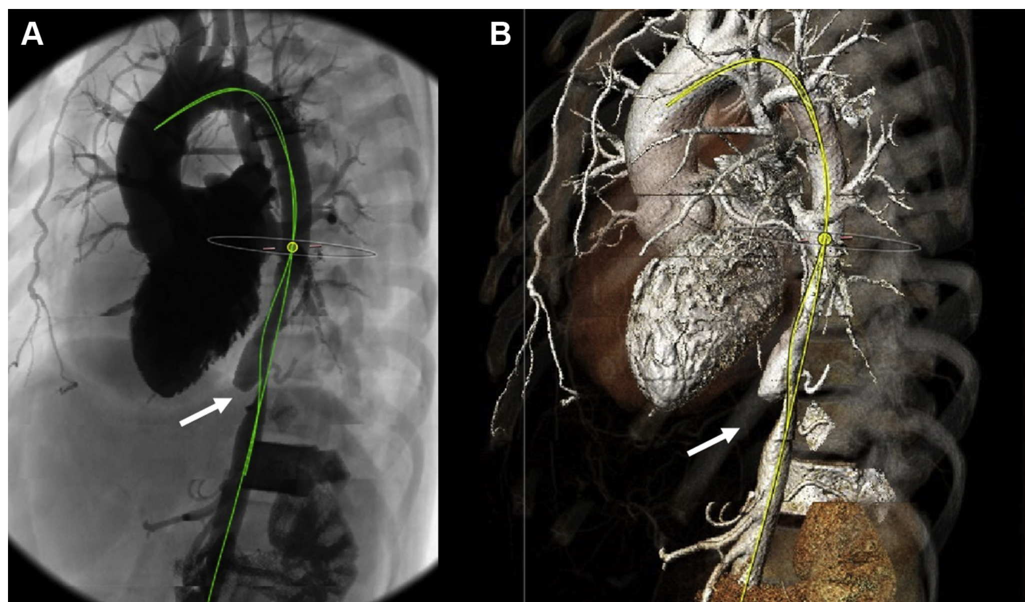
Takayasu arteritis (TA) is an uncommon, chronic vasculitis affecting the aorta and its major branches, causing stenosis, occlusion, and aneurysm formation. Aortic dissection is a rare, catastrophic complication of TA (1), and dissection as the initial presentation is still rarer (2). We report a case of TA with acute aortic dissection, which was successfully treated by endovascular stent graft implantation.

A 35-year-old woman presented to the emergency department with acute, severe breathlessness and history of severe back pain for the past 2 days.

FIGURE 1 CTA and 3-D Reconstructed Image of the Aortic Dissection



Computed tomography aortography (CTA) showing **(A)** aortic dissection (Stanford Type B) of the descending thoracic aorta leading to severe narrowing of true lumen of aorta by displaced intimal flap **(white arrow)**. **Yellow circle** denotes the proximal landing zone of the stent graft; here, the diameter of the aorta is 13.6 mm. **(B)** Three-dimensional (3-D) reconstructed image showing aortic dissection. Also see Online Video 1.

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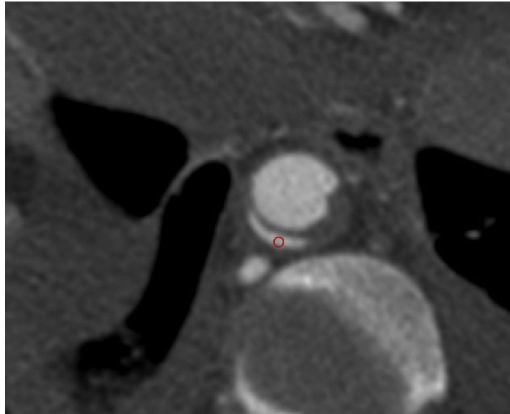
FIGURE 2 CTA of the Aortic Dissection in the Axial View

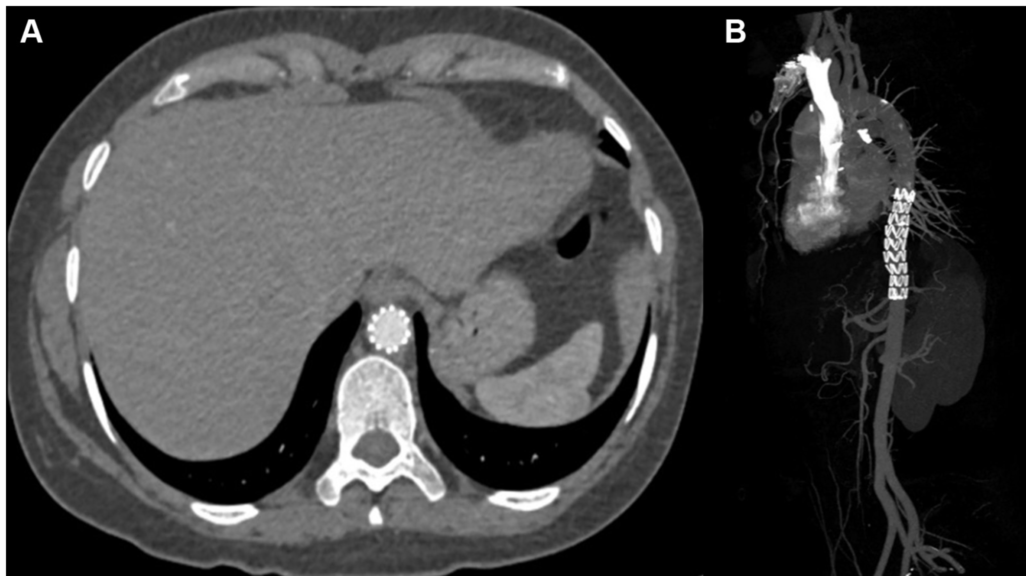


Computed tomography aortography (CTA) showing aortic dissection in the axial view, leading to severe narrowing of the true lumen of the aorta **(red circle)**.

Her left arm pulse and bilateral lower limb pulses were feeble. Electrocardiogram and biochemical investigations were normal. She had acute pulmonary edema and was initially managed by decongestive treatment. She improved but still had exertional dyspnea and bilateral lower limb claudication.

Computed tomography aortography (CTA) revealed aortic dissection (Stanford Type B) of the descending thoracic aorta leading to severe narrowing of true lumen of aorta by a displaced intimal flap (**Figures 1 and 2**), along with occlusion of the left subclavian artery. Conventional aortography confirmed the findings and diagnosis of TA with descending thoracic aorta dissection from the thoracic (T) 9 vertebral level to the origin of the celiac trunk (Online Video 1). An Endurant II stent graft (Medtronic, Santa Rosa, California) with a proximal and distal graft diameter of 16 mm and a total covered length of 93 cm was implanted across the dissection from the T8 to the T12 vertebral level through the femoral route (Online Videos 2 and 3). The false lumen completely sealed off with good flow down the expanded true lumen (**Figures 3 and 4**, Online Video 4). The pressure gradient across the dissection was abolished, and lower limb pulses became palpable. Follow-up CTA at 1 year showed a well-expanded stent graft with complete obliteration of false lumen and good distal flow (**Figure 5**). The patient continues to be asymptomatic.

FIGURE 3 CTA and Reconstructed Image After Stenting



Computed tomography aortography (CTA) showing **(A)** the completely sealed-off aortic dissection and well-expanded stent graft in axial view, and **(B)** the reconstructed image showing stent graft and well-expanded true lumen. Also see Online Video 2, 3, and 4.

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