



ATHENS MEDICAL
GROUP

ENDOVASCULAR REPAIR OF A COMPLEX SYMPTOMATIC DISSECTING ANEURYSM OF THE SUPERIOR MESENTERIC ARTERY

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Education at Larissa, Greece

Disclosures

- Nothing to declare

PMH

- Male
- 50 years old
- Hypertension (under treatment)
- Prior open cholecystectomy due to lithiasis
- Social drinker (<4 units/week)
- Smoker (~15 cig/day)

Present symptoms/signs

- Epigastric pain
 - *Moderate intensity and worsening*
 - *Continuous*
 - *For two months*
 - *Not related to food intake or other factors*
- No other symptoms

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DDX

- Gastritis
- GERD
- Pancreatitis

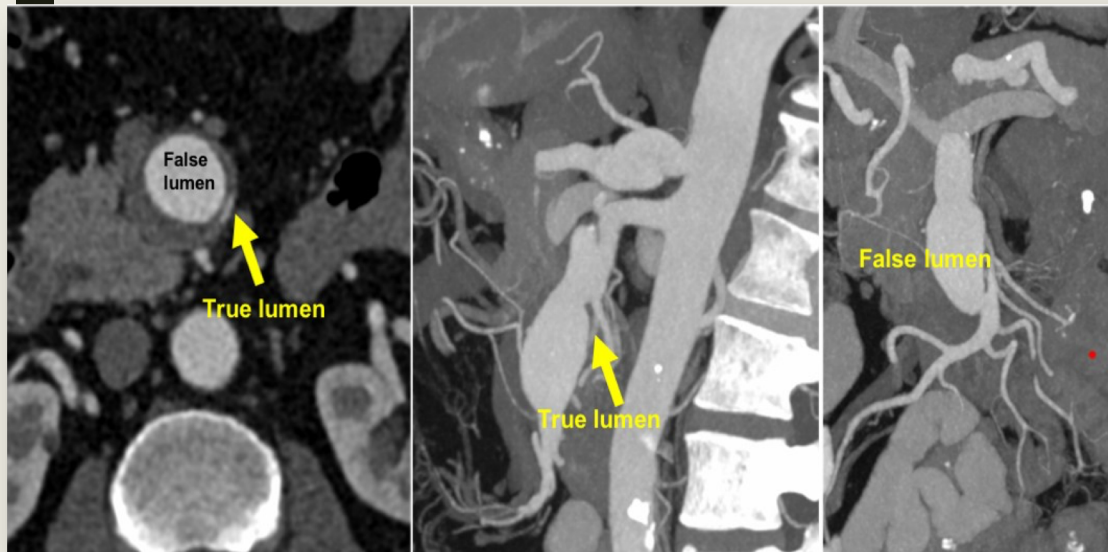
Diagnostic workup

- ECG
- CBC
- Blood biochemistry
- GI endoscopy
- Chest X-ray
- CTA abdomen

Results

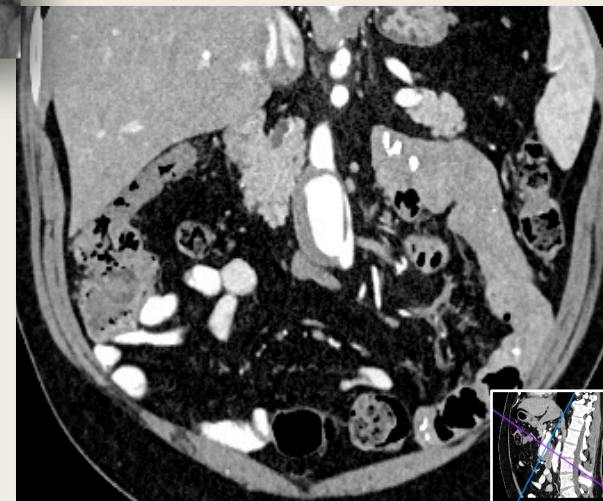
- ECG No pathology
- CBC No pathology
- Blood biochemistry No pathology
- GI endoscopy No pathology
- Chest X-ray No pathology
- CTA abdomen BINGO!!!

CTA Findings

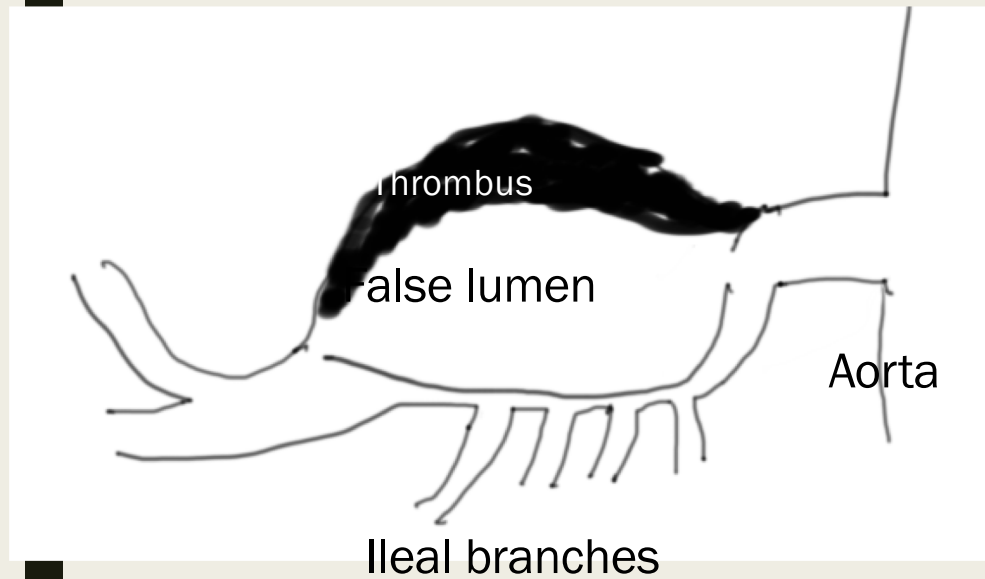


- SMA dissecting aneurysm (3.3cm)

- Celiac trunk dilatation



- SMA proximal diameter 9mm
- SMA distal diameter 7.6mm
- Dissecting aneurysm length 110mm
- 4 branches from collapsed True Lumen

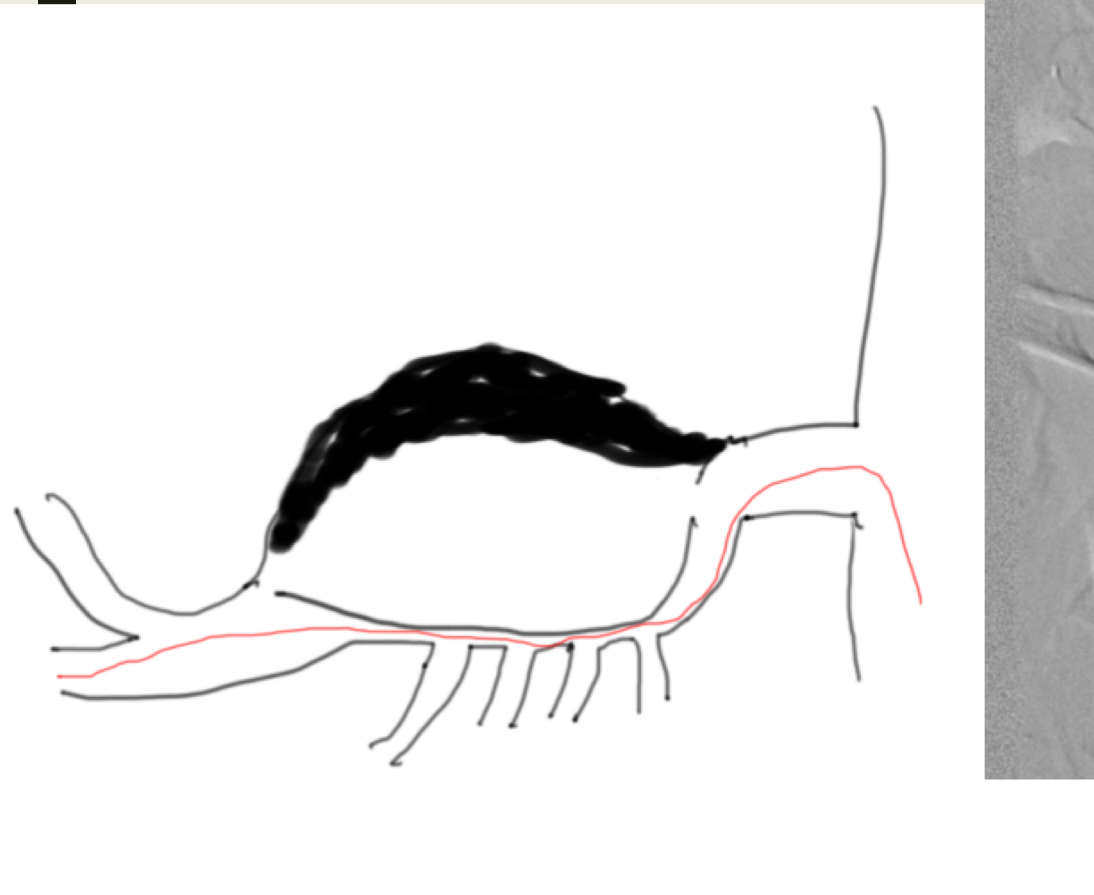


How to fix this?

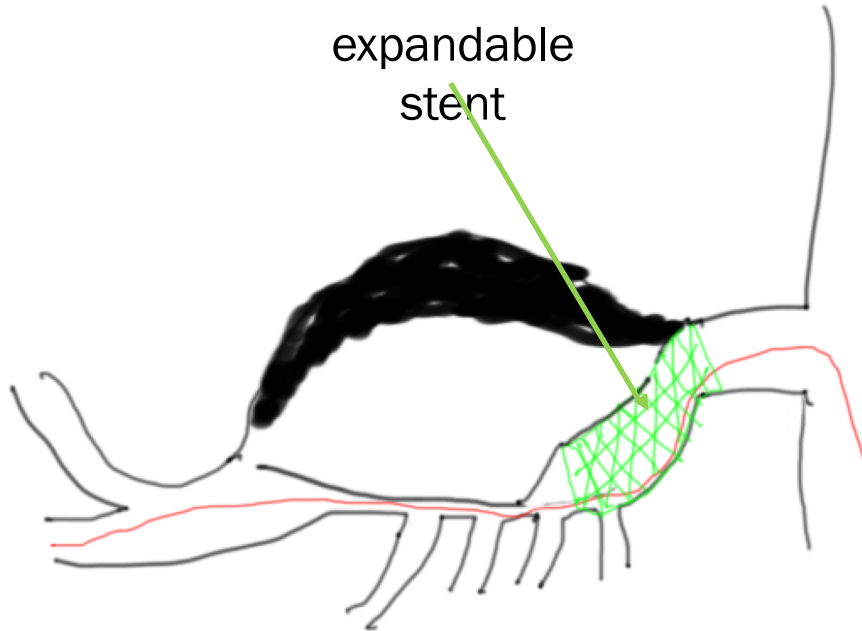
- Conservative treatment / Open surgery / Endovascular intervention
- Local / General anesthesia

How to fix this?

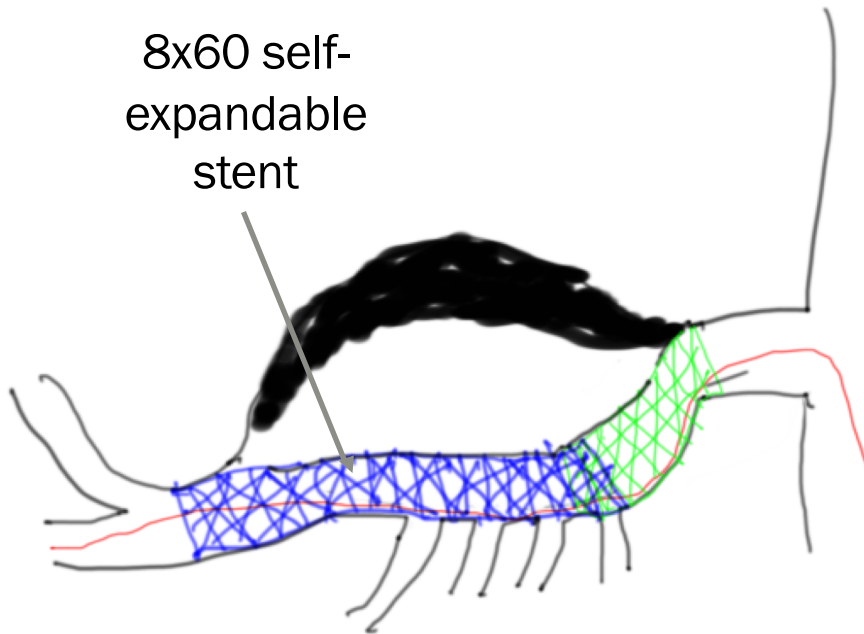
- Endovascular percutaneous intervention
- Local anesthesia

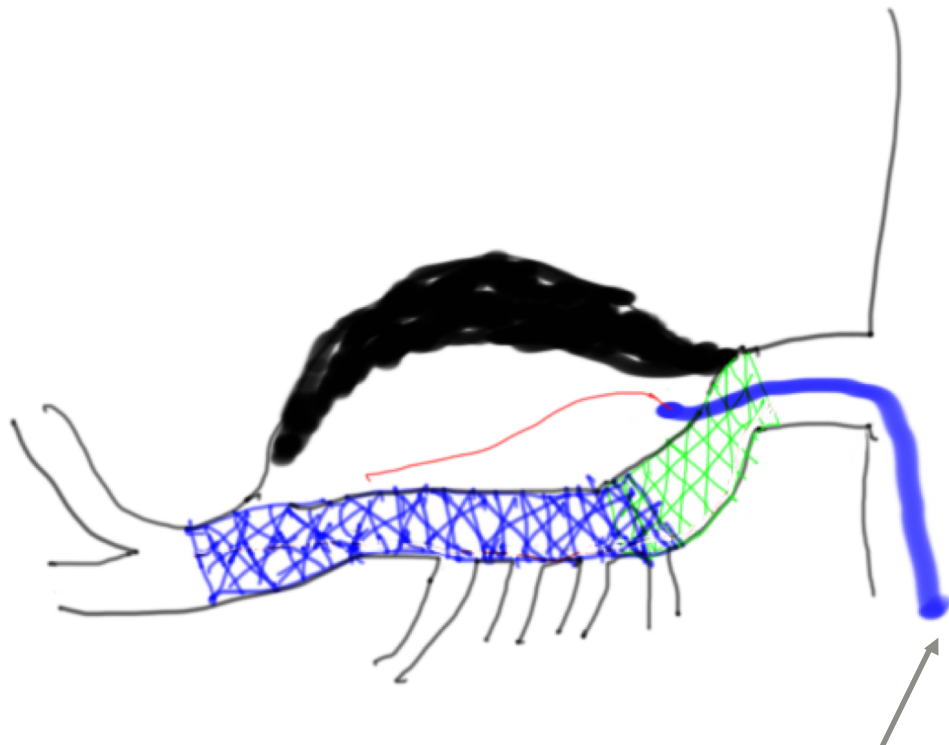


8x57 balloon-expandable stent

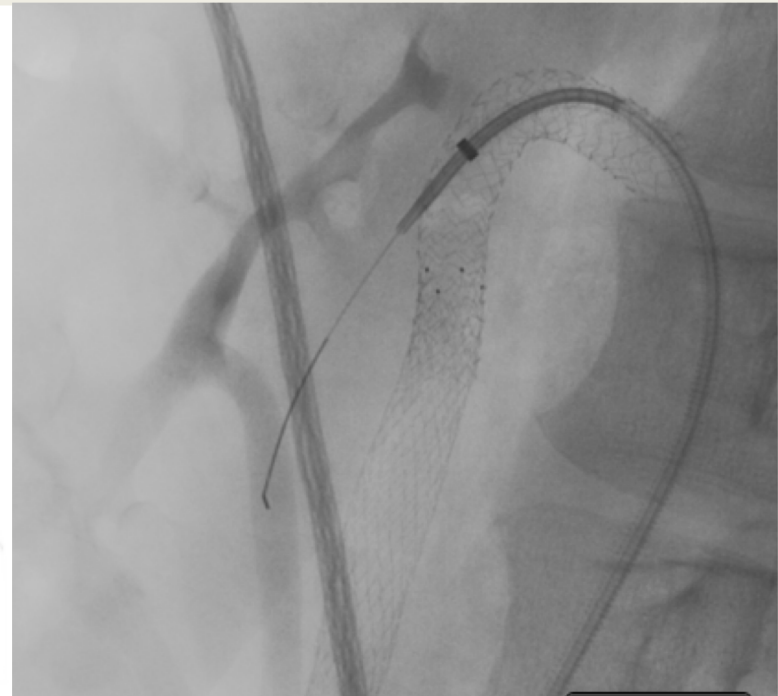


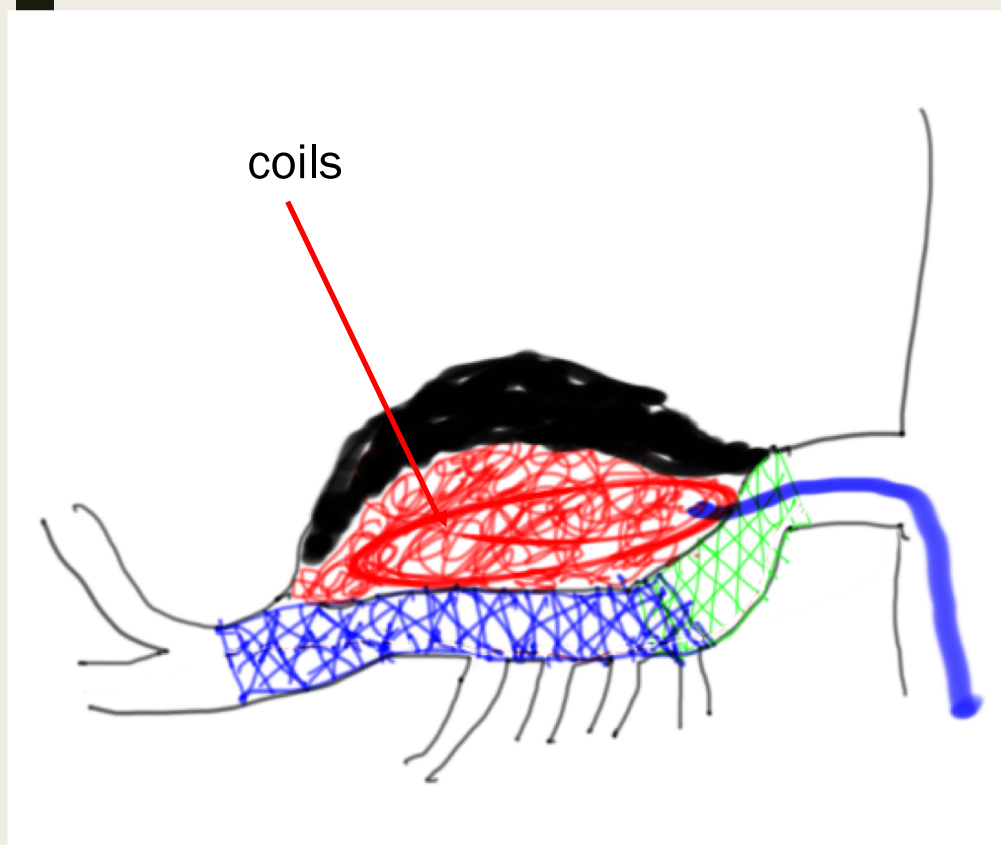
8x60 self-
expandable
stent



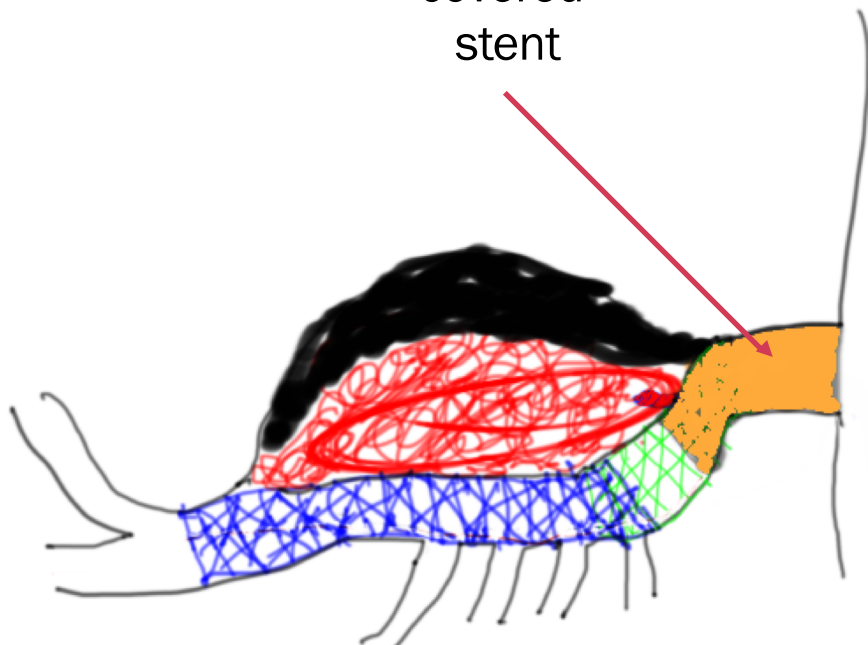


2.5F microcatheter



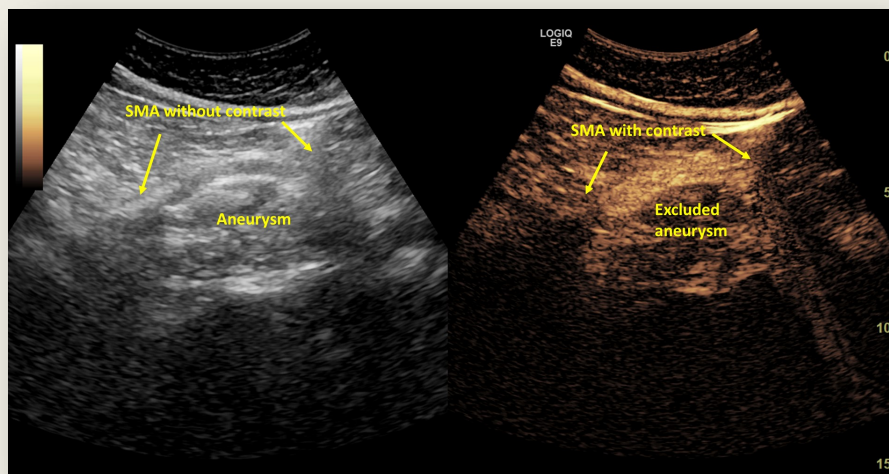


Flared 8x57 covered-stent



Results

- Pt fully recovered and discharged on day 1
- No epigastric pain
- No clinical or lab signs of bowel ischemia
- Mild increase of Creatinine (1.5mg/dL)
- All branches patent as shown on contrast enhanced ultrasound



THANK YOU!