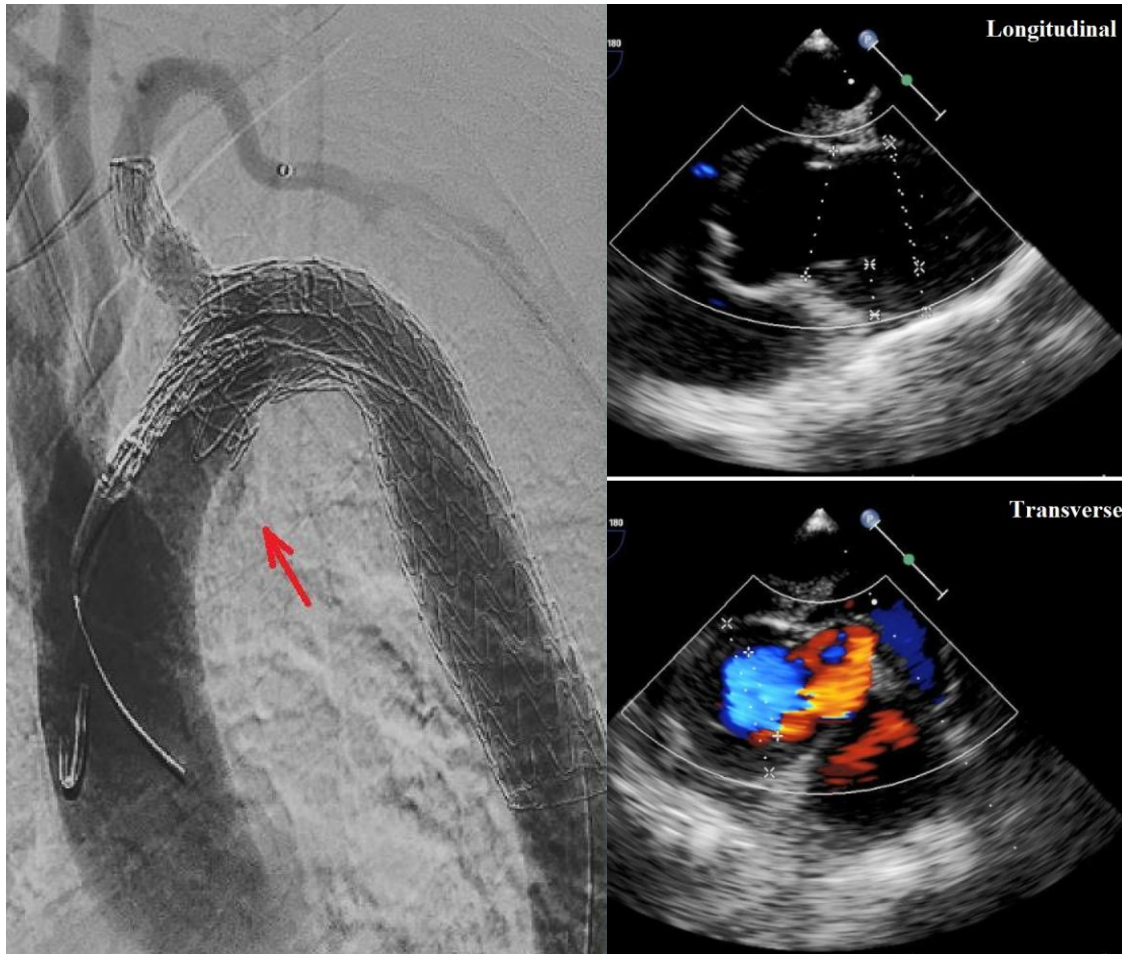


Retrograde type A dissection from zone 2 Gore Thoracic Branched Endoprosthesis managed with proximal extension cuff

Tommaso Cambiaghi, MD MSc

Purpose: to present a case of endovascular management of retrograde type A dissection from a zone 2 TEVAR



Materials and Methods: a 75yo female with history of Turner syndrome and bicuspid aortic valve presented with a saccular proximal descending thoracic aorta aneurysm. Given the proximity to the left subclavian artery, treatment with a 26mm Gore TBE graft deployed in zone 2 was planned. Angiogram after graft deployment and post-dilation demonstrated a retrograde type A dissection which was also confirmed at trans-esophageal echocardiogram. A 26mm by 3.8cm proximal extension cuff was then deployed with successful coverage of the new entry-tear.

Results: intraoperative angiogram and TEE demonstrated no progression of the retrograde dissection and CT angiogram at post-operative day 0, 1, 4, and 25 showed stability of the residual intramural hematoma with no evidence of further entry tears or dissection flaps.



Conclusion: in select cases, retrograde type A dissection can be managed endovascularly by covering the proximal stent-induced new entry tear.