

TREATMENT OF BLUNT AORTIC ISTHMUS RUPTURE: 20-YEARS SINGLE CENTER EXPERIENCE

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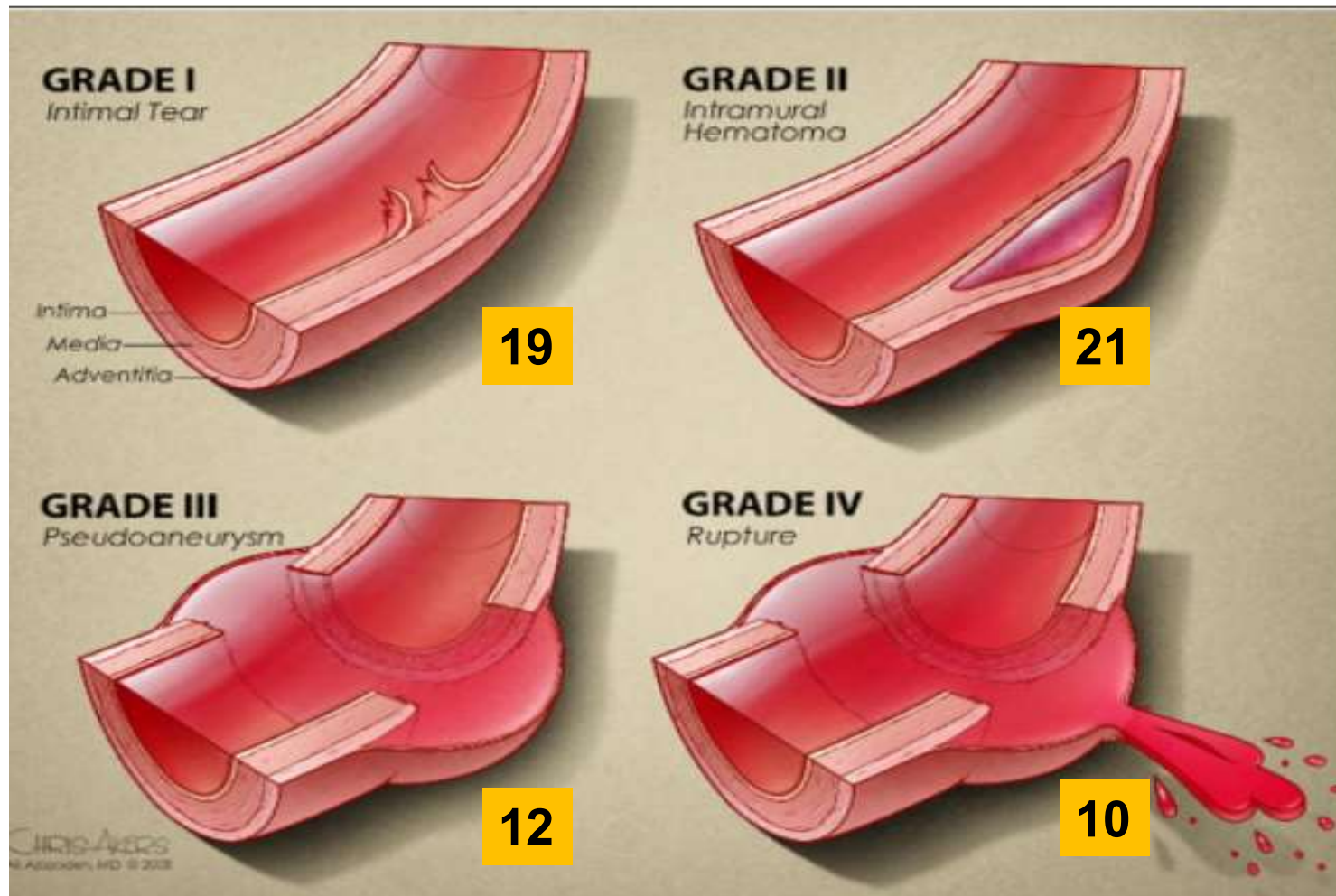
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NO DISCLOSURE



BACKGROUND

- Retrospective study concerning 62 patients admitted between 2002 – 2022
- 48 males – 14 females with mean age of 47 years-old
- Mechanism of injury:
 - 55 road traffic accident
 - 6 fall from height
 - 1 crush injury





OUR RESULTS

Death before management of aortic lesion (n)	9%
Management :	
Open surgery repair	32%
Endovascular Repair:	
TEVAR only	14,50%
with previous Carotido-subclavian bypass	11,30%
Non operative management	34%
Mean hospital stay (days)	
Non operative management	13,1
Endovascular Repair	13,4
Open surgery repair	22,8
Median Follow up (Months)	59



COMPLICATIONS

- **Open surgery :**
 - 1 paraplegia (no distal perfusion during surgery) and 1 paraparesia
 - 1 acute lower limb ischemia
 - 2 recurrent nerve palsy
 - 1 respiratory failure
 - 1 acute kidney injury
 - 1 critical illness polyneuropathy
 - 1 death during procedure
- **Endovascular repair was *not associated with any complications, mortality or spinal cord injury.***



IN CONCLUSION

In our experience, endovascular repair of aortic isthmus rupture is safer than surgical treatment.

TEVAR can be delayed if the patient is stable with associated injuries,

If surgery is performed, it has to be done with distal perfusion to prevent spinal cord injury.

We recommend endovascular treatment as a first choice for blunt aortic injuries



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THANK YOU
FOR YOUR ATTENTION