



TYPE B DISSECTION WITH TRUE LUMEN MALPERFUSION POST TYPE A DISSECTION AORTIC REPAIR

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Case

- 59 year old man
- Asian origin
- Hypertension
- Non smoker
- 5th of January 2019 Type A Dissection, emergency aortic root repair and bioprosthetic valve replacement

May 9-11 2019

Larissa Imperial Hotel
Larissa, GREECE

<http://www.live2019.gr>

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Institute of Vascular
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Hellenic Society of Vascular and Endovascular Surgery



Stony Brook University Medical Center, New York, USA



International Symposium on Endovascular Therapeutics



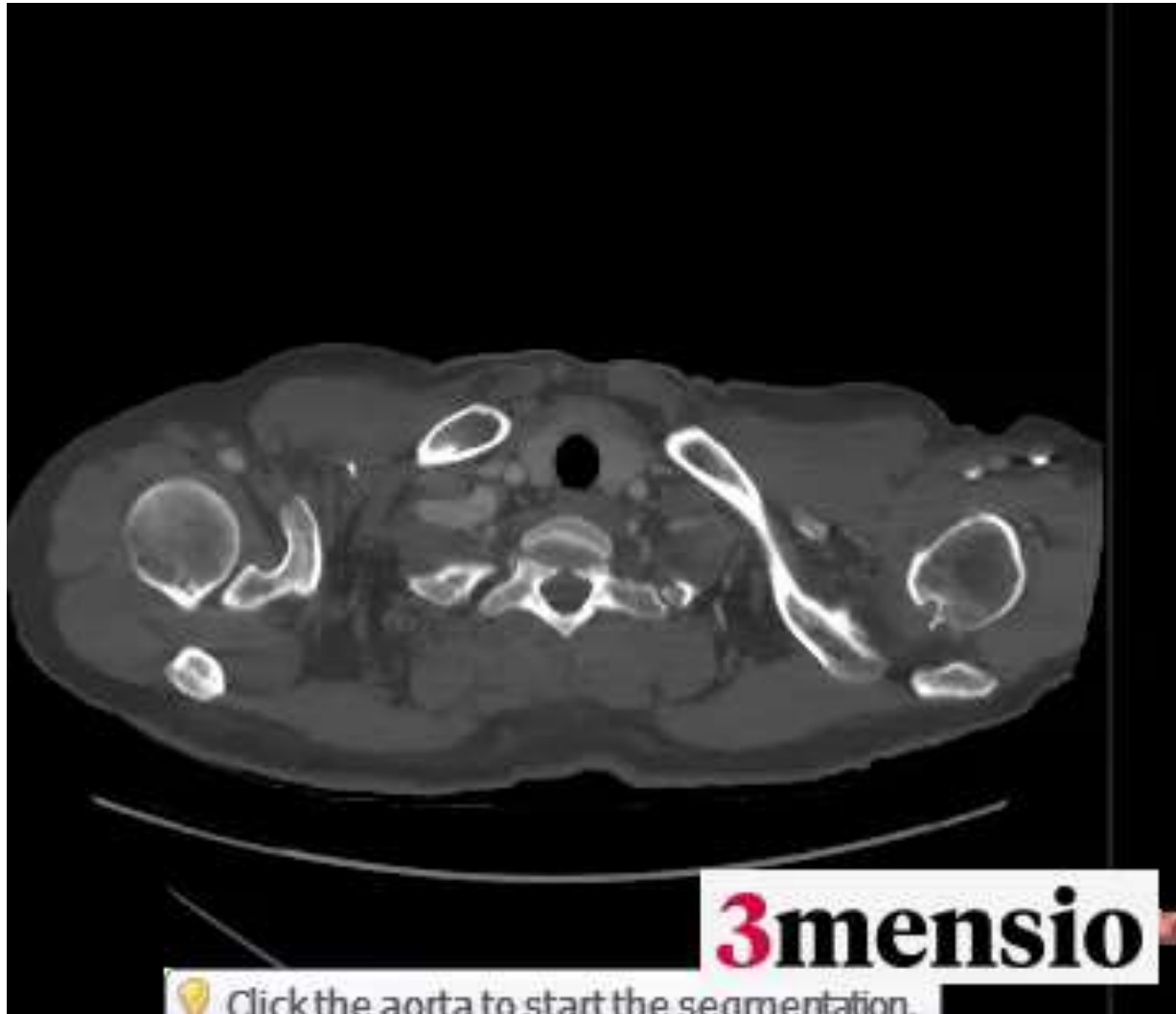
Intervention Master Aortic Course

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- 30th of January he presented to his local Emergency Department with epigastric pain radiating to his back and deranged liver function tests
- CTA : type B Dissection with intramural hematoma and narrow true lumen
- Transfer to ITU
- BP well controlled
- Normal lactate



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- Persistent epigastric pain although BP controlled
- Deranged LFTs, normal US
- Appearance of malperfusion of true lumen
- Coeliac malperfusion
- TEVAR





RT

LAO56/CAU2





**Post OP
CT**





**Post OP
CT**





6 weeks
CT





6 weeks
CT

