

meet the
experts

Challenging Issues in Aorta Surgery
Case based panel discussion
Esfand 1397-Feb, 2019

Moderator :

Alireza A. Ghavidel



Meet the Experts

Case based panel discussion

(Challenging Issues in Aorta Surgery)

- **Panelists:**

- Dr. Mojgan Iaali (Paris)
- Dr. Ata Firouzi (Tehran)
- Dr. Saeed Hosseini (Tehran)
- Dr. Mehrab Marzban (Tehran)
- Dr. Mehrdad Salehi (Tehran)



Case Presentation



A 51 years gentleman presented with nonspecific abdominal (Epigastric) and radiated back pain and diarrhea for one week

PMH: Heavy smoker, poor controlled HTN, GI bleeding

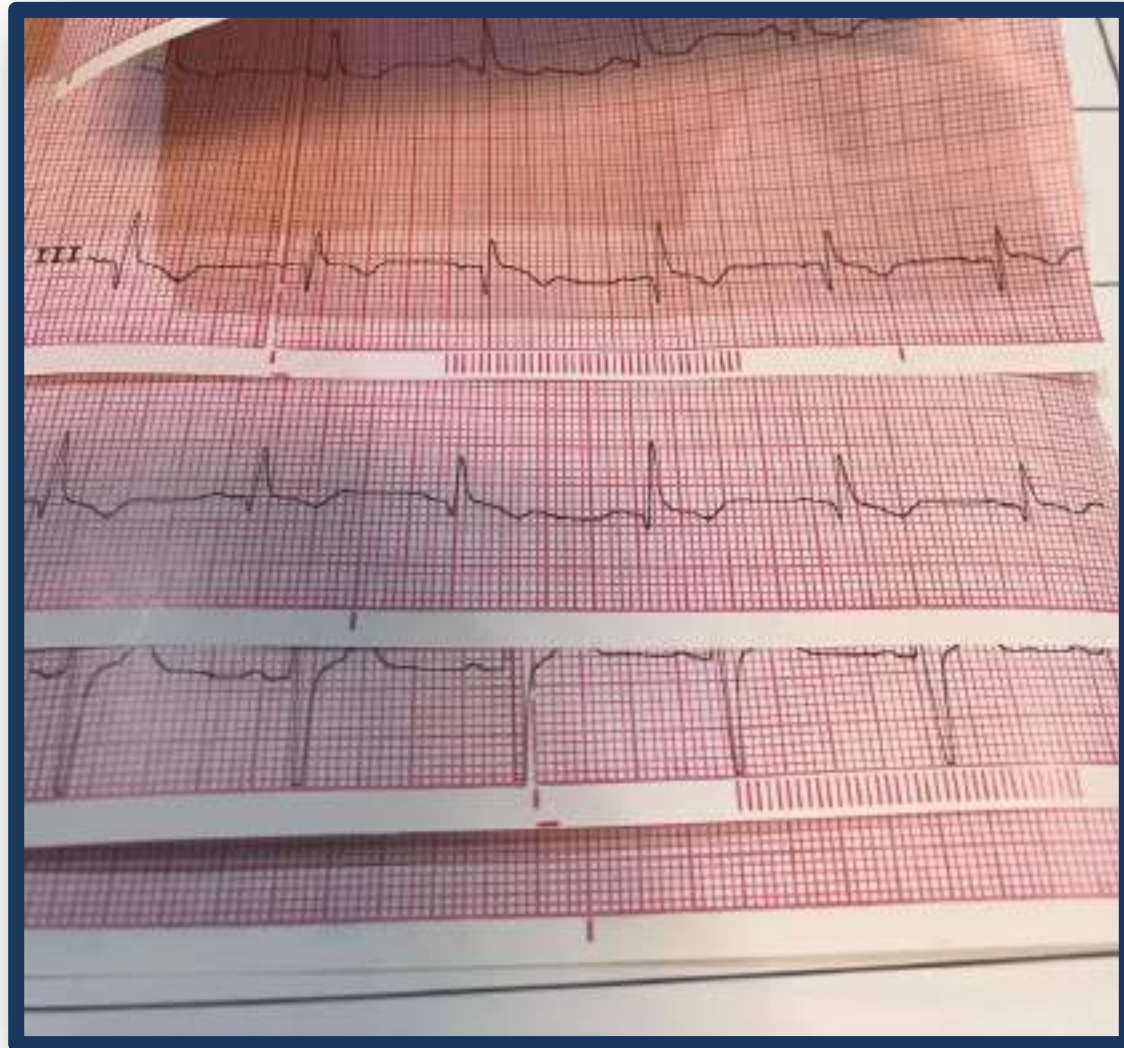
BP: 140/85 HR: 88 RR:14 BT 36.7

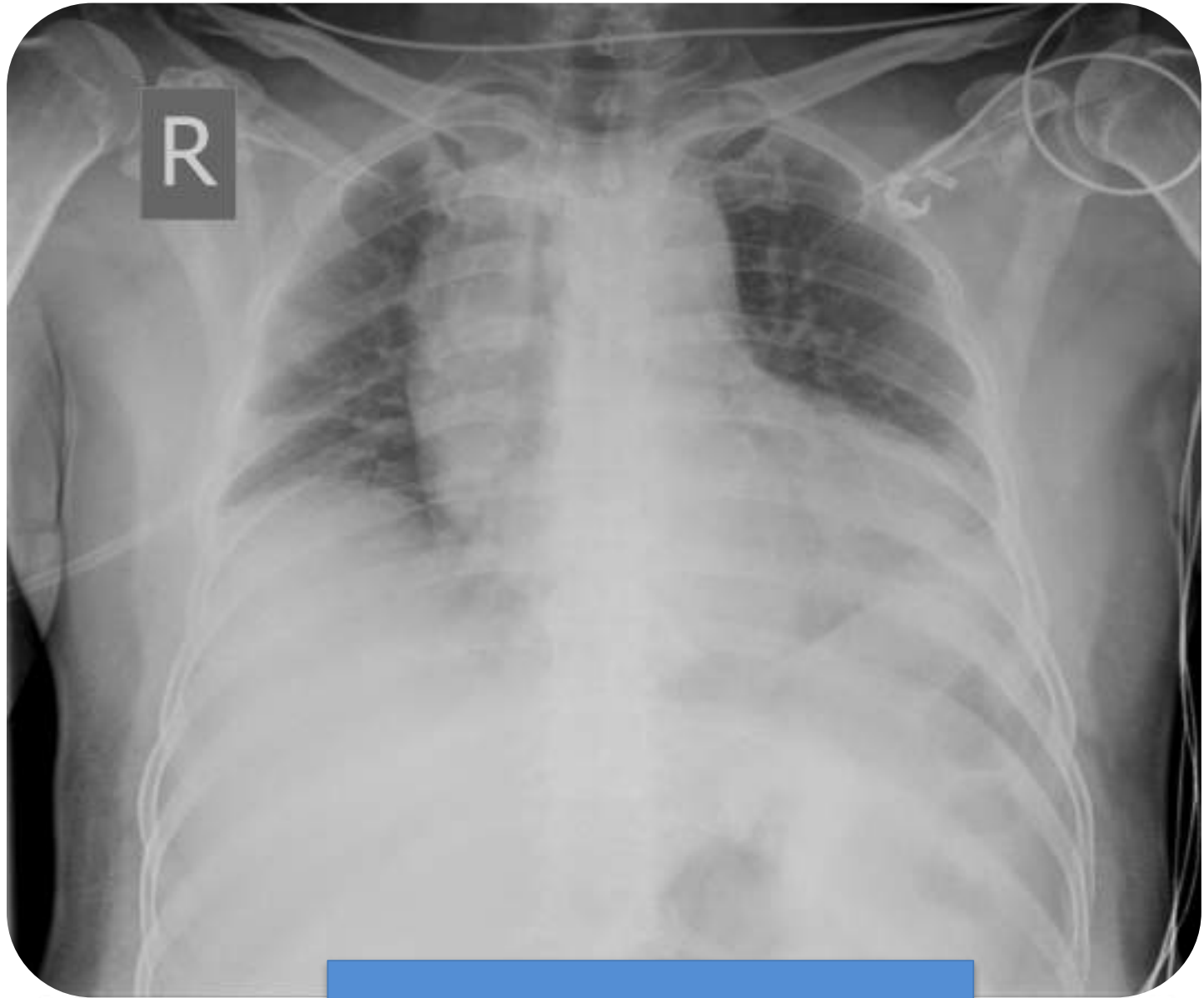
Lab Data: Hgb 15.4

WBC 13600 (PMN 88%)

Cr: 1.8

Pre-op ECG





PRE – OP CXR

Pre opTTE

LVEF 50%

PAP 39

BAV, Mod AI No AS

Asc. Aorta 54 mm Valsalva Sinus 47 mm Annulus 28mm

Intimal flap from RCC to the arch



Pre operative Evaluation

Do we need for Further Evaluations?

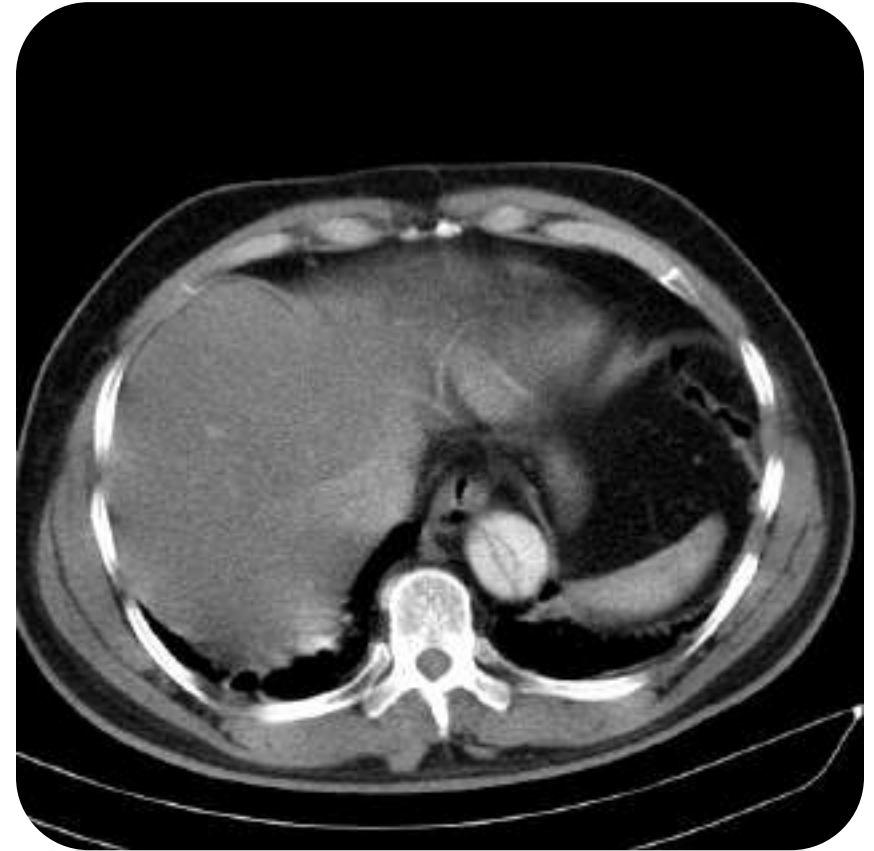
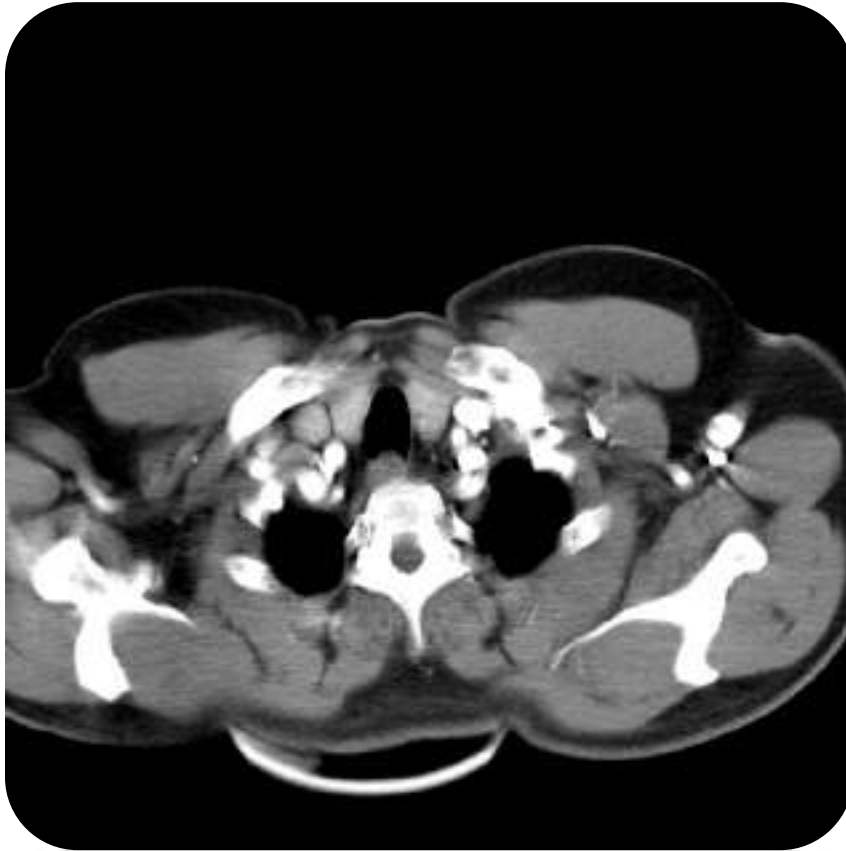
Quick Presentation



Pre-op Spiral CT



Pre-op Spiral CT





SURGICAL APPROACH

**Surgical
strategy?**

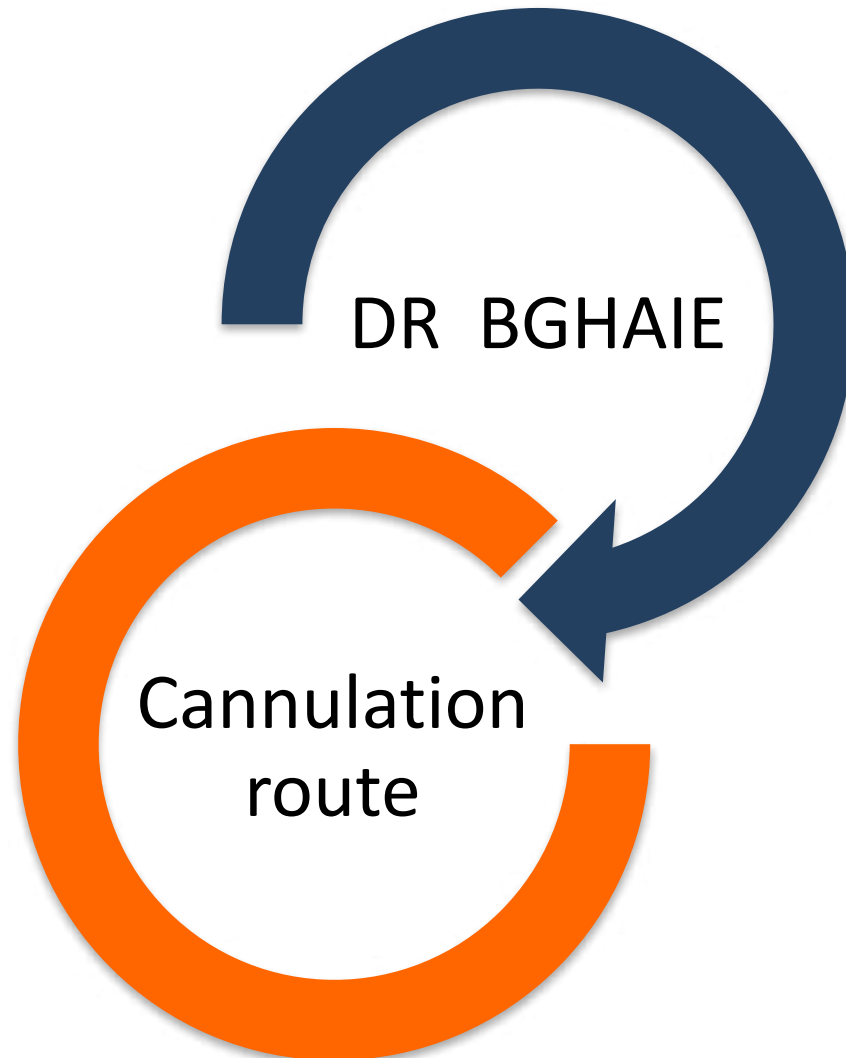
Cannulation ?

TCA?

Arch Surgery?

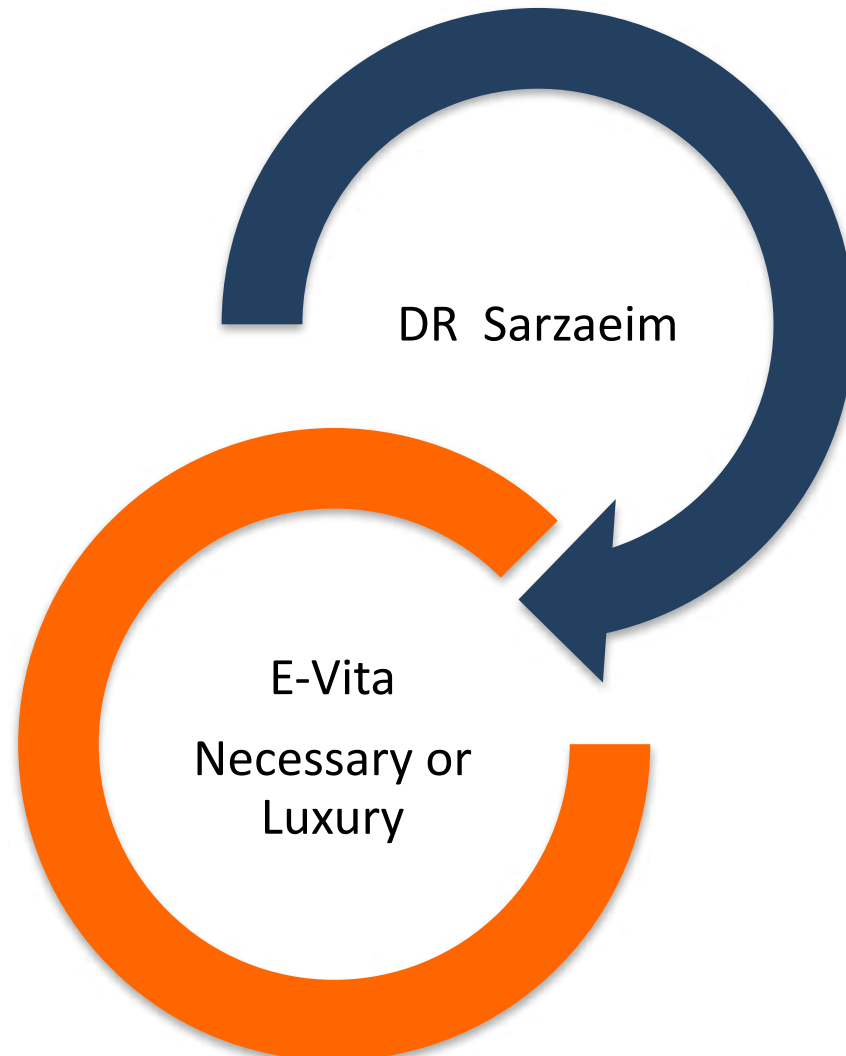
Root
Replacement/
Reconstruction?

Quick Presentation



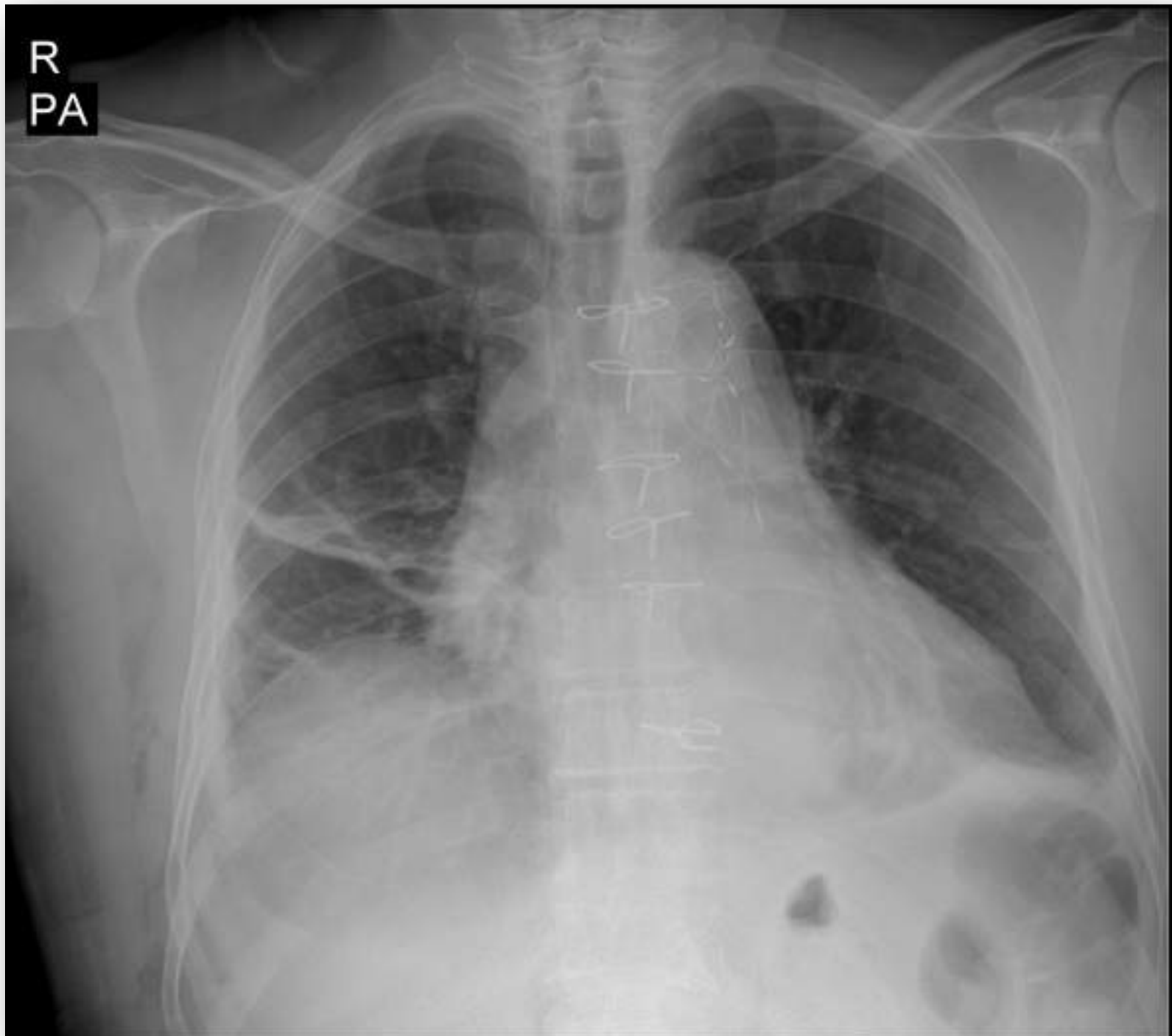
Surgical Technique

Quick Presentation





R
PA



Challenging Issues in Aorta Surgery

Case based panel discussion

A person wearing a dark blue suit, a white shirt, and a yellow tie is holding a white rectangular sign horizontally. The sign has the text "ASK AN EXPERT" written on it in a bold, blue, sans-serif font. The background is a blurred blue and white bokeh.

ASK AN EXPERT

Case Presentation



A 21 years gentleman presented by DOE FCII and
Early fatigue

PMH: unremarkable

BP: 145/90 HR: 88 RR:12 BT 37 BSA:1.73

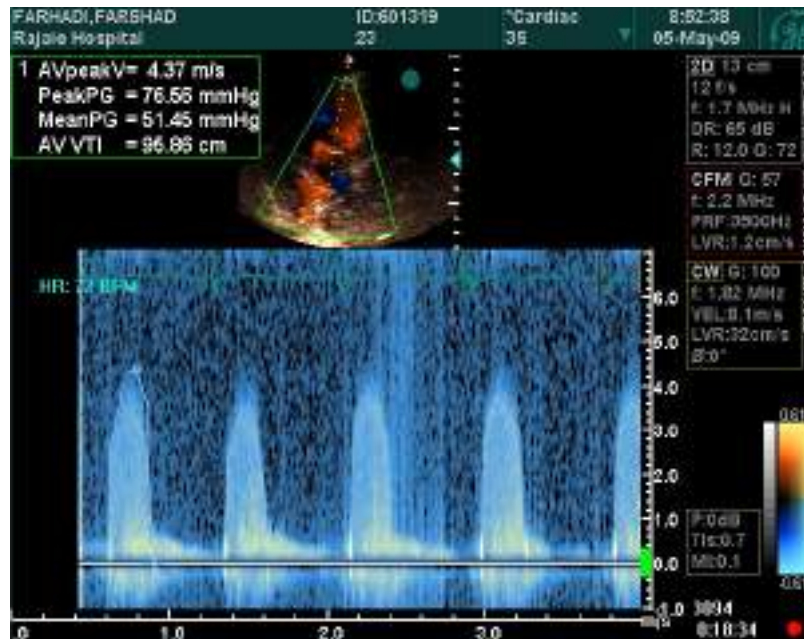
Patient Evaluation

- TTE/TEE

- LVEF 45-50%
- Mild RV dysfunction
- BAV, type I
- Sever calcified AS, Mod AI
- Mild MR
- Aortic annulus 22 mm
- Valsalva sinus 29
- STJ 46
- Small VSD
- Sever CO-A 60 mmHg

Normal lab data





27Yr-M, FARSHAD
684
57
9



27Yr-M, FARSHAD
7534

SHAHID



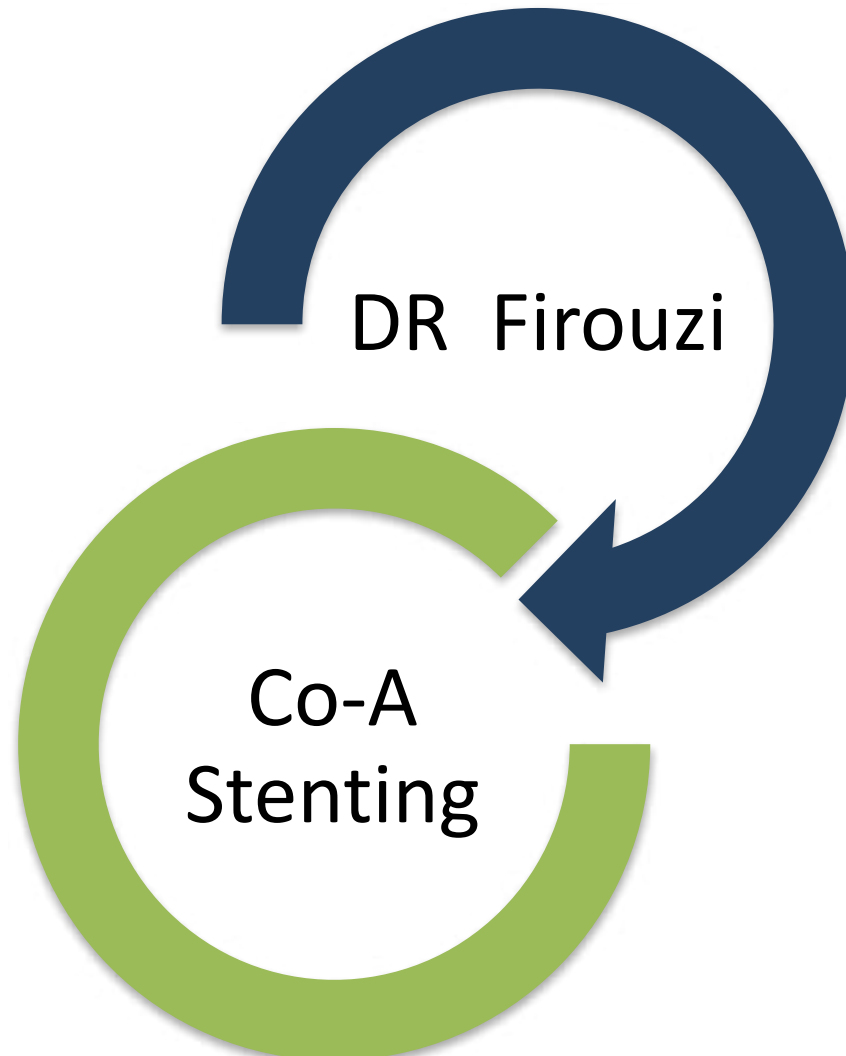
Best management Strategy?

Surgery :
single
stage?
Two Stage

Hybrid
Approach?

Priority

Quick Presentation



Operative Management

Classic Two Stage

Surgical or Percutaneous?

First Stage?

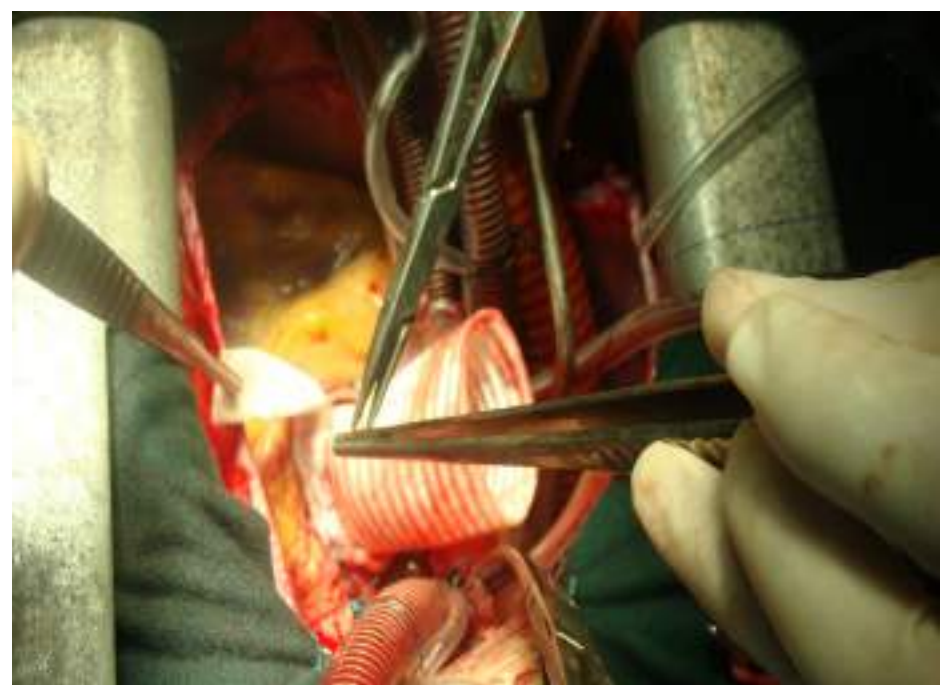
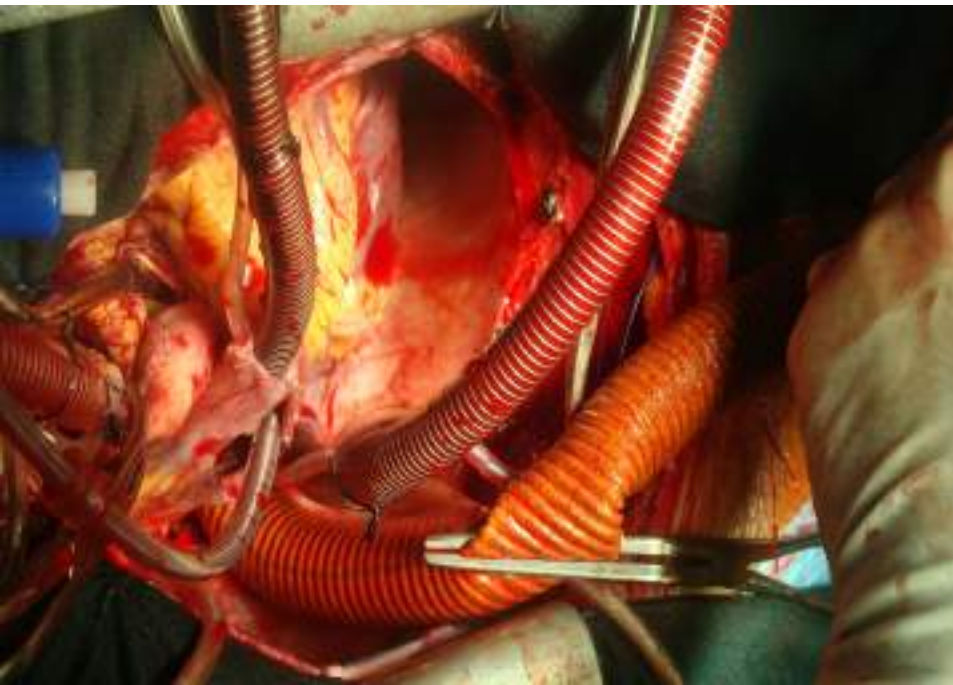
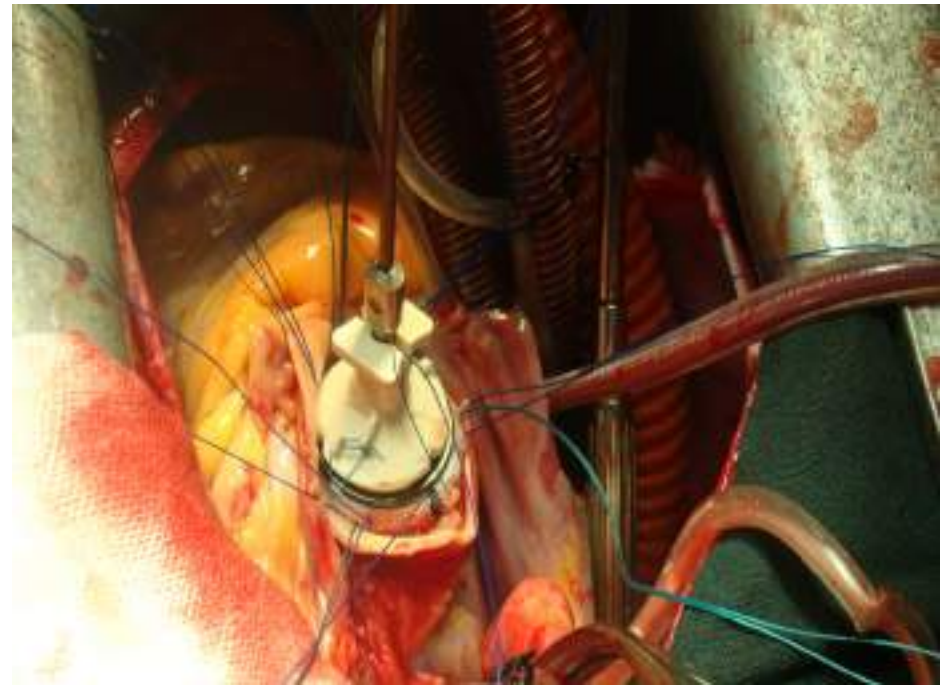
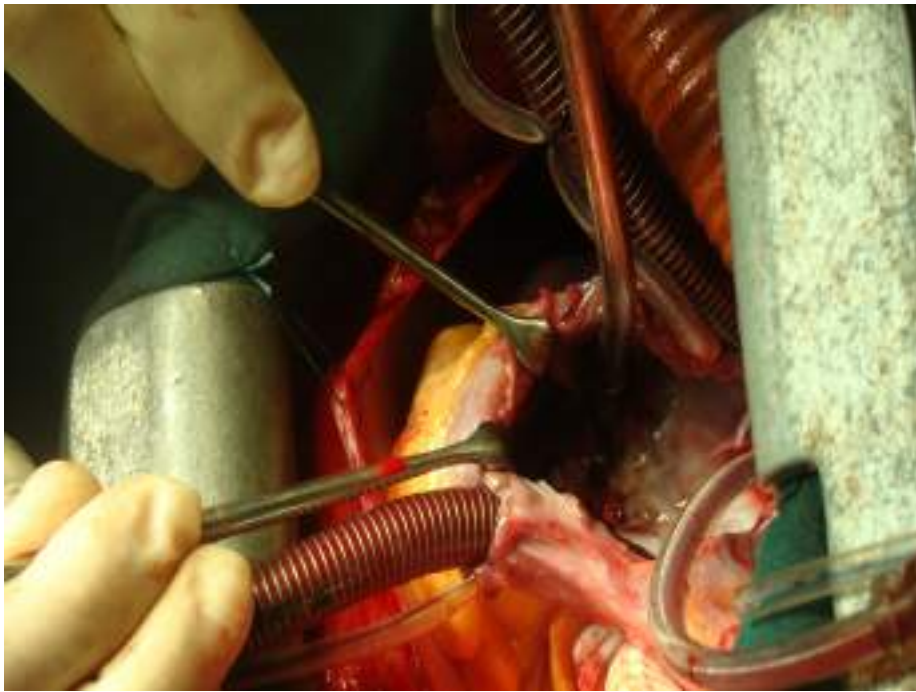
Single Stage:

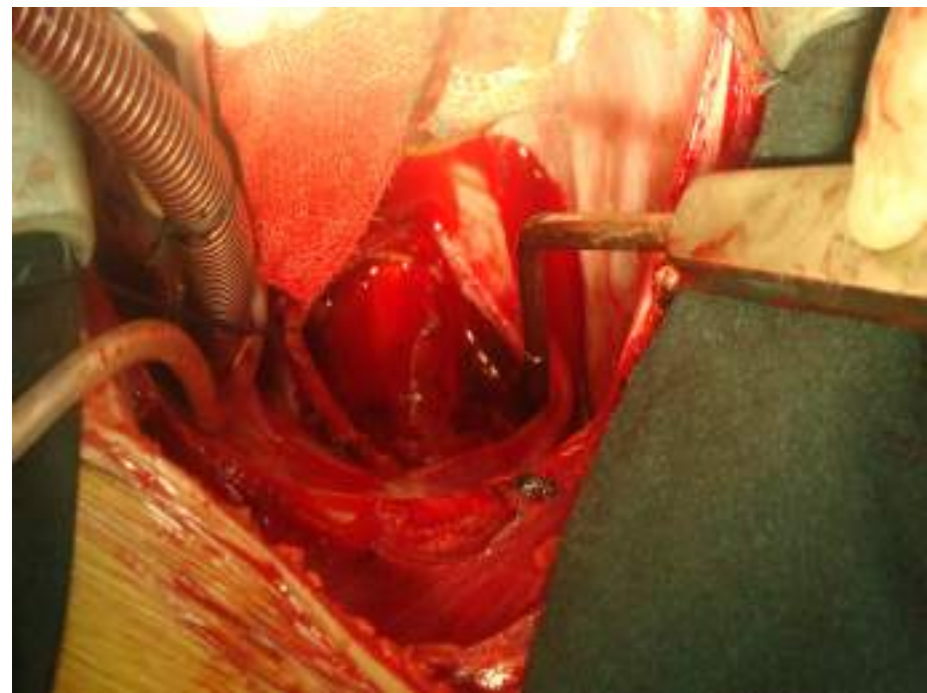
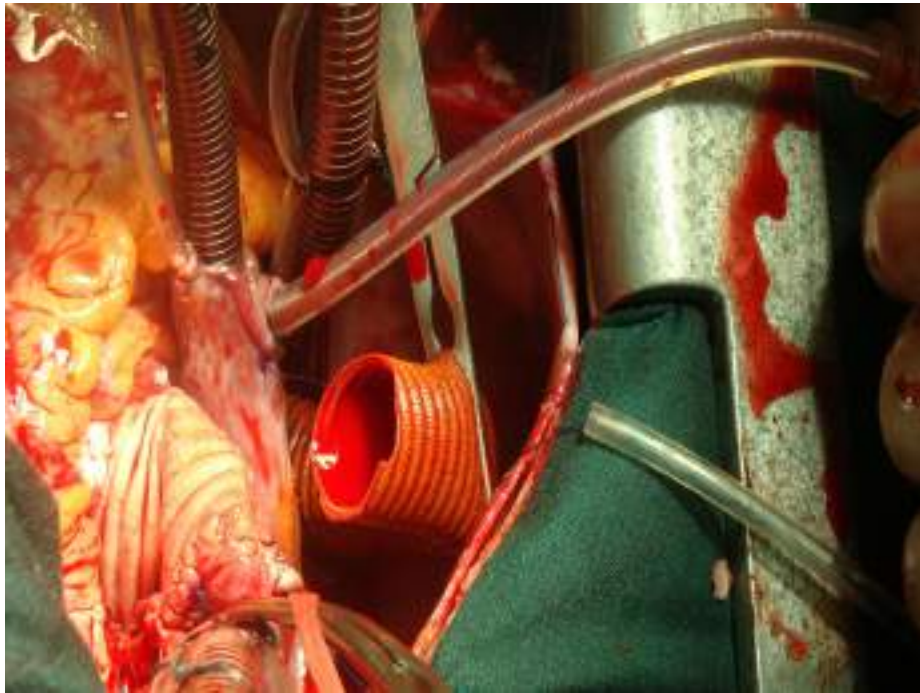
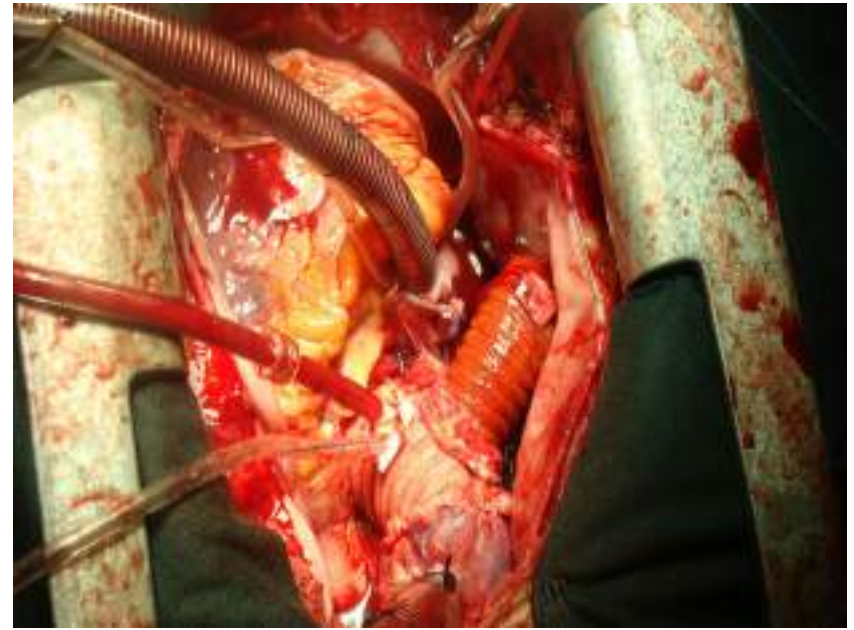
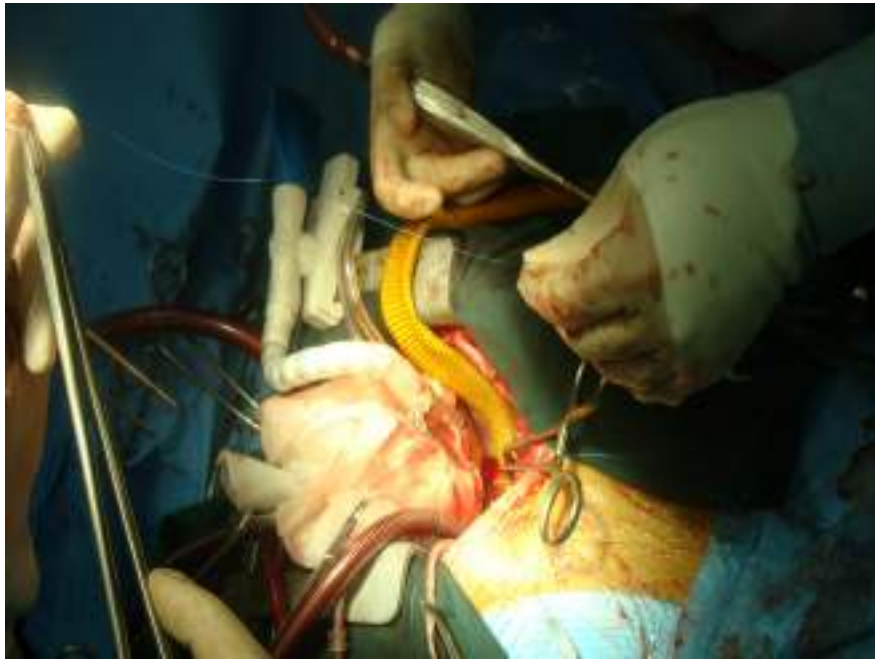
1. Median Sternotomy
(Anatomic or Extra-anatomic)
2. Hybrid Approach

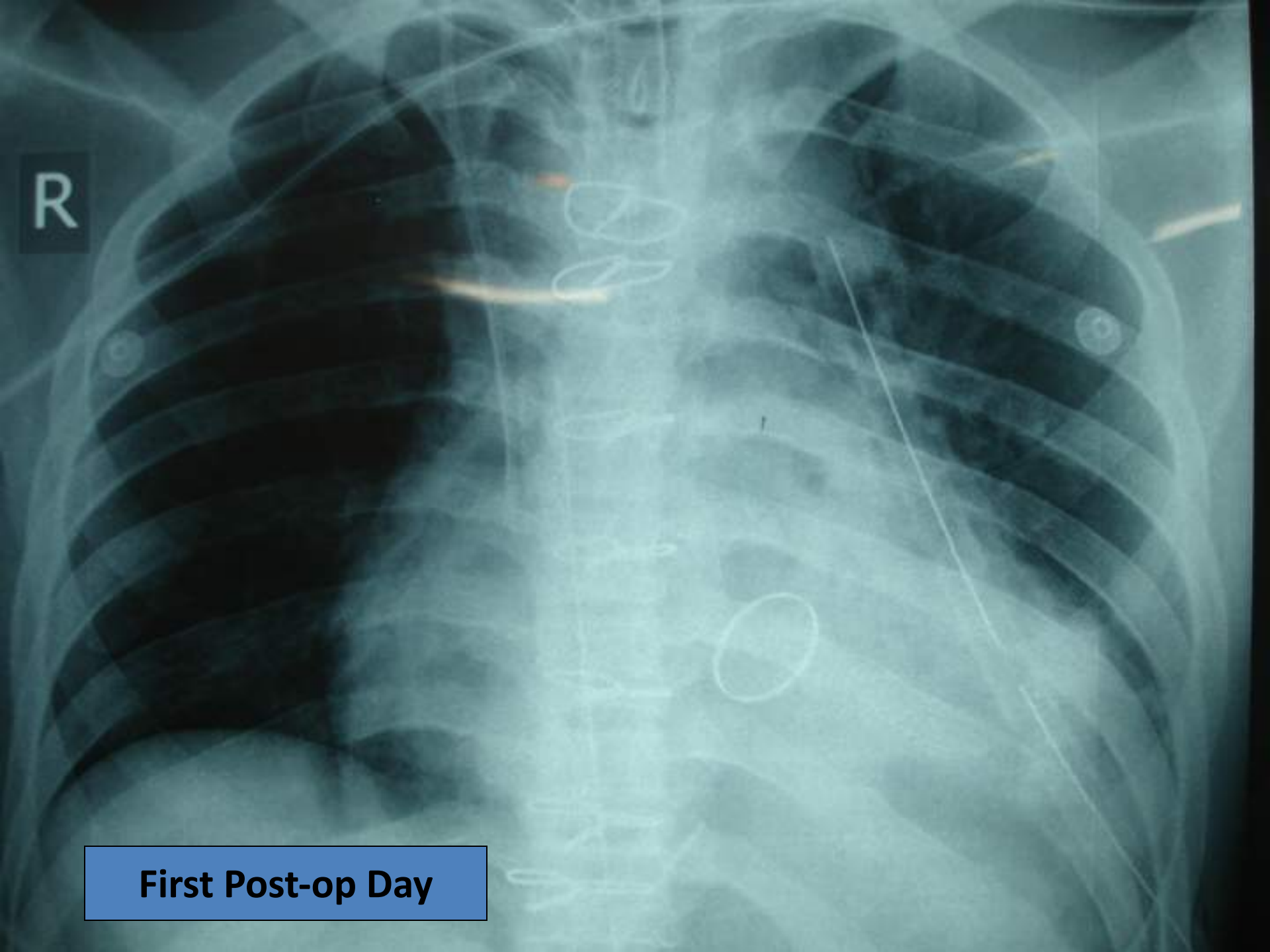
Our Surgical Approach:

Single stage Complete Repair

- 1. Ascending- Descending Posterior pericardial Bypass for Co-A repair (18 mm. Dacron Tube Graft)**
- 2. AVR with Mechanical Valve (23 mm St. Jude)**
- 3. VSD closure with Gore-Tex Patch**
- 4. Ascending Aorta Interposition graft (26 mm Dacron Tube Graft)**







R

First Post-op Day



ASK AN EXPERT



(Challenging Issues in Aorta Surgery)

Case based panel discussion

Case Presentation



A 20 years gentleman, known case of Marfan Syndrome presented by DOE FCII a

PMH: Unremarkable

FH: Sudden Cardiac Death in his Sister

Vital sign: Normal

Lab tests: OK

TTE/TEE Findings



LVEF= 45% normal RV function

Sever AI, No AS

Bileaflet Prolapse, Mod MR, Largest Diameter of MV=38mm C-sept:25mm

Aortic annulus: 28 mm, valsalva sinus 43, STJ 51, Arch 55, Descending Aorta:50



Best management Plan

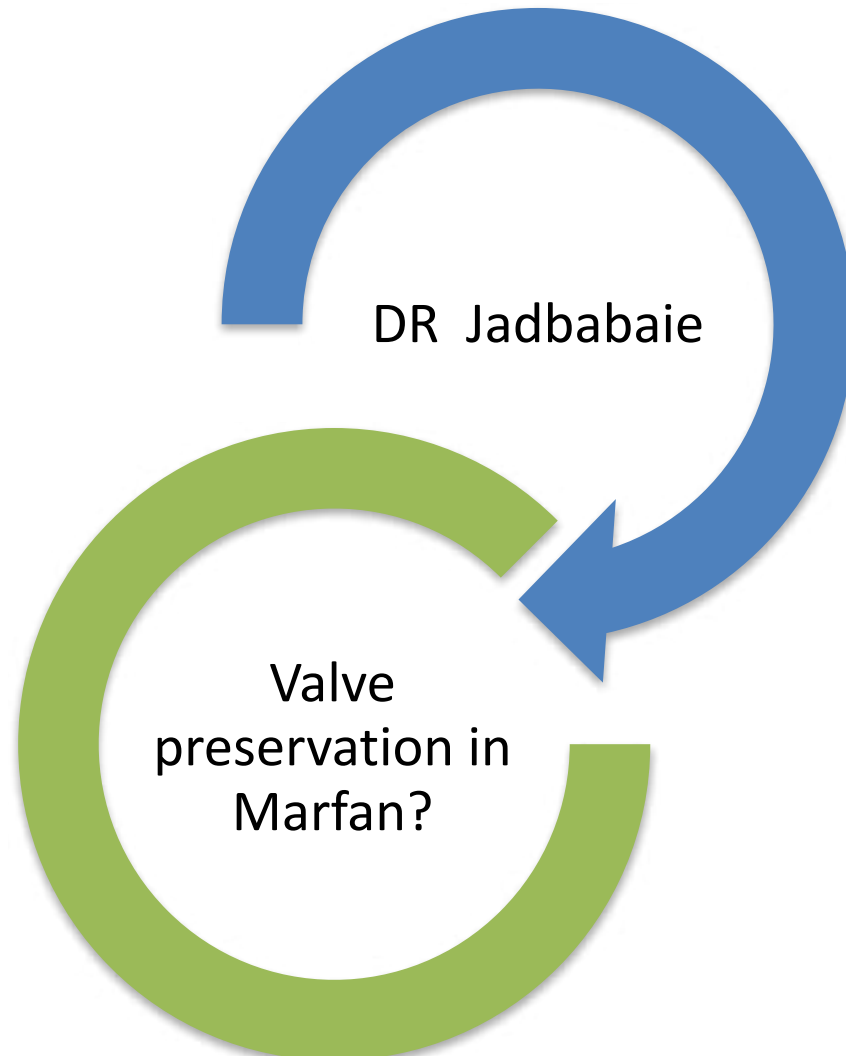
Quick Presentation



DR ABBASI

How to deal
with MR?

Quick Presentation





LATE OUTCOME



Hybrid approach