Pseudo-coarctation Following TEVAR in a Young Triathlete

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TEVAR for Iatrogenic Injury of the Distal Aortic Arch after Pacemaker Implantation

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Introduction: We report the endovascular treatment of aortic arch injury due to direct puncture during pacemaker implantation.

Report: After pacemaker implantation a 74-year-old woman showed a progressive decrease in haematocrit with elevation of cardiac troponin-I. Coronary angiography revealed the malposition of the catheters introduced through the aortic wall. The atrial lead was placed in the left circumflex coronary artery. Computed tomography scan confirmed distal aortic arch perforation. A Medtronic-Valiant stent graft was implanted in the distal aortic arch while the two catheters were removed. A new VVI pacemaker was implanted and, 3 days later, the patient underwent percutaneous coronary intervention (PCI) on the dissected left circumflex artery. Four days later the patient was discharged. One-year computed tomography scan showed successful repair of the injured aorta.

Discussion: Endovascular stent grafting has emerged as a less invasive therapeutic alternative to treat traumatic or iatrogenic injuries of the distal aortic arch.

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Introduction: Thoracic endovascular aortic repair (TEVAR) has become the main treatment of traumatic aortic isthmic rupture. The long-term complications of TEVAR may be more important in a young patient population.

Report: A 33-year-old triathlete who had undergone successful TEVAR for aortic isthmus rupture, was diagnosed with resistant hypertension 6 years later. CT angiography showed stent dislocation mimicking a coarctation. He underwent successful surgical repair.

Discussion: Device collapse is a phenomenon observed after TEVAR for blunt thoracic aorta injury. Current testing of endografts are insufficient for the long lifespan of survivors of traumatic isthmic rupture. This case illustrates this complication.

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Leiomyosarcoma of the Inferior Vena Cava: Segment II

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Introduction: A case of leiomyosarcoma from segment II of the inferior vena cava (IVC) treated by excision is presented.

Case report: A 45-year-old woman was admitted with mass and pain in the right upper abdomen. Before surgery, different types of tumors from IVC and right kidney were considered. During surgery tumor arising from the suprarenal IVC was noted. The aorta was clamped to reduce flows, the tumor was excised and the IVC repaired. Post-operative recovery was uneventful.

Discussion: This case shows lateral venorrhaphy of IVC after complete excision of the tumor with cross clamping of the aorta.

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Spinal Cord Ischaemia Following Fenestrated Endovascular Aortic Repair for Infrarenal Aortic Aneurysm: Report of a Rare Complication and Its Successful Treatment

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Introduction: Spinal cord ischaemia (SCI) is a rare complication of infrarenal aortic aneurysm repair.

Report: We present a case of a 68-year-old man with an infrarenal aortic aneurysm treated by fenestrated