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Clinical vignette

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Emergency endovascular repair of ruptured pseudo-aneurysm at the site of a corrected aortic coarctation

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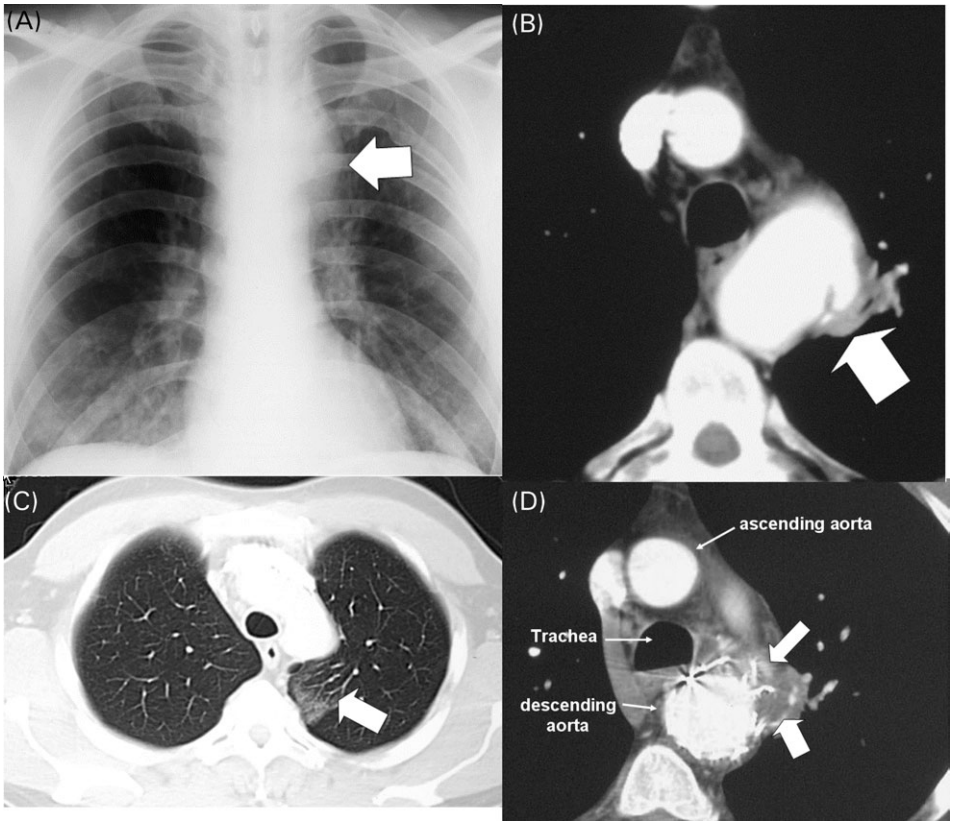
A 51-year-old patient, previously operated on at the age of 33 for a ruptured aneurysm of the descending aorta at the site of a non-diagnosed coarctation, was referred because of acute haemoptysis. Chest X-ray showed an enlarged left upper mediastinum (Panel A). Chest computer tomography showed the presence of a pseudo-aneurysm at the level of the patch (Panel B), with evidence of an upper left pulmonary lobe haemorrhage (Panel C), compatible with an aorto-bronchial fistula.

A successful urgent endovascular repair was performed with an aorto-aortic talent prosthesis (proximal and distal diameter 38/36 mm: Medtronic, MN, USA) excluding the pseudo-aneurysm, stabilizing the patient and improving his symptoms.

No further complication occurred and recovery was rapid without functional sequelae. The 3-year follow-up thoracic spiral CT scan shows correct positioned endoprostheses and exclusion of the endoleak (Panel D). This case illustrates that urgent endovascular repair of aortic aneurysm is feasible in selected cases avoiding major thoracic surgery.



Panel A. Chest X-ray shows an enlarged left upper mediastinum.

Panel B. Thorax CT-scan showing a pseudo-aneurysm in the descending part of the thoracic aorta at the side of the previously implanted patch with evidence of extraluminal contrast medium (arrow).

Panel C. Thorax CT scan showing an upper left pulmonary lobe high-density opacification (arrows) caused by blood, probably due to an aorto-bronchial fistula.

Panel D. Thorax CT scan at 3-year follow-up showing complete exclusion of the aneurysm.