Images in cardio-thoracic surgery

Type III dissection treated with percutaneous fenestration and stenting

Frank A. Baciewicz Jr.*, Lourdes Andaya, David M. Williams
Wayne State University, Harper University Hospital, 3990 John R. Street 2102, Detroit, MI 48201, USA

Received 28 July 2001; received in revised form 9 November 2001; accepted 14 November 2001

Keywords: Dissection; Paraplegia; Stenting

A 50-year-old male presented with lower extremity weakness and numbness. His evaluation included a chest CAT scan (Fig. 1) which demonstrated a Type III dissection with a 4.0 cm descending thoracic aorta. Since his only symptoms were referable to the artery of Adamkiewicz, the patient was treated with fenestration and stenting of the descending thoracic aorta. Fig. 2 is the post-procedure angiogram. The patient’s symptoms have not recurred for 3 years and the thoracic aortic diameter has remained stable.

Fig. 1. Type III aortic dissection beginning distal to the left subclavian artery and extending through the thoracic aorta. The true and false lumens are visualized.

Fig. 2. Post-procedure angiogram demonstrating flow in the true lumen.