
Clinical vignette

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 endo-prostheses 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.