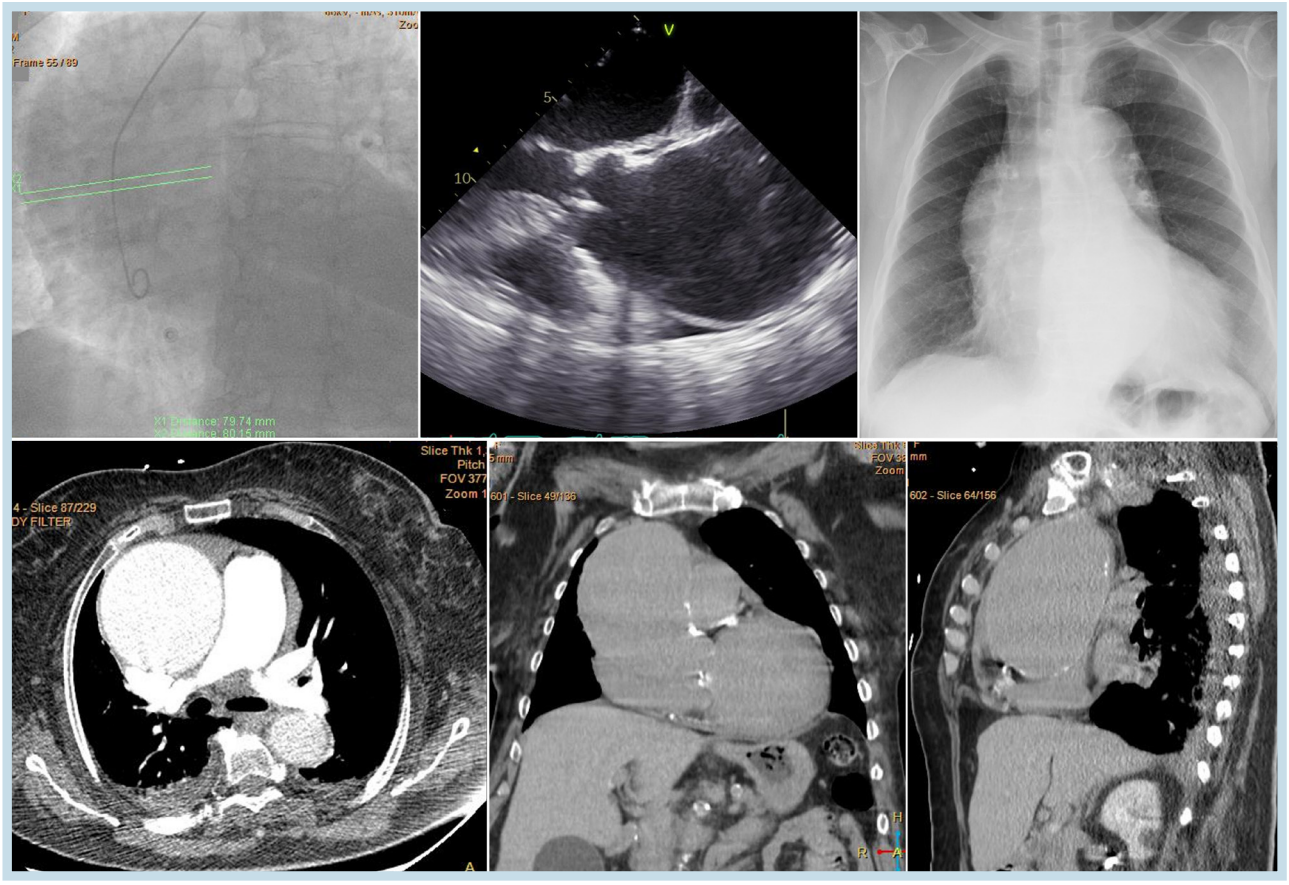
IMAGES IN SURGERY

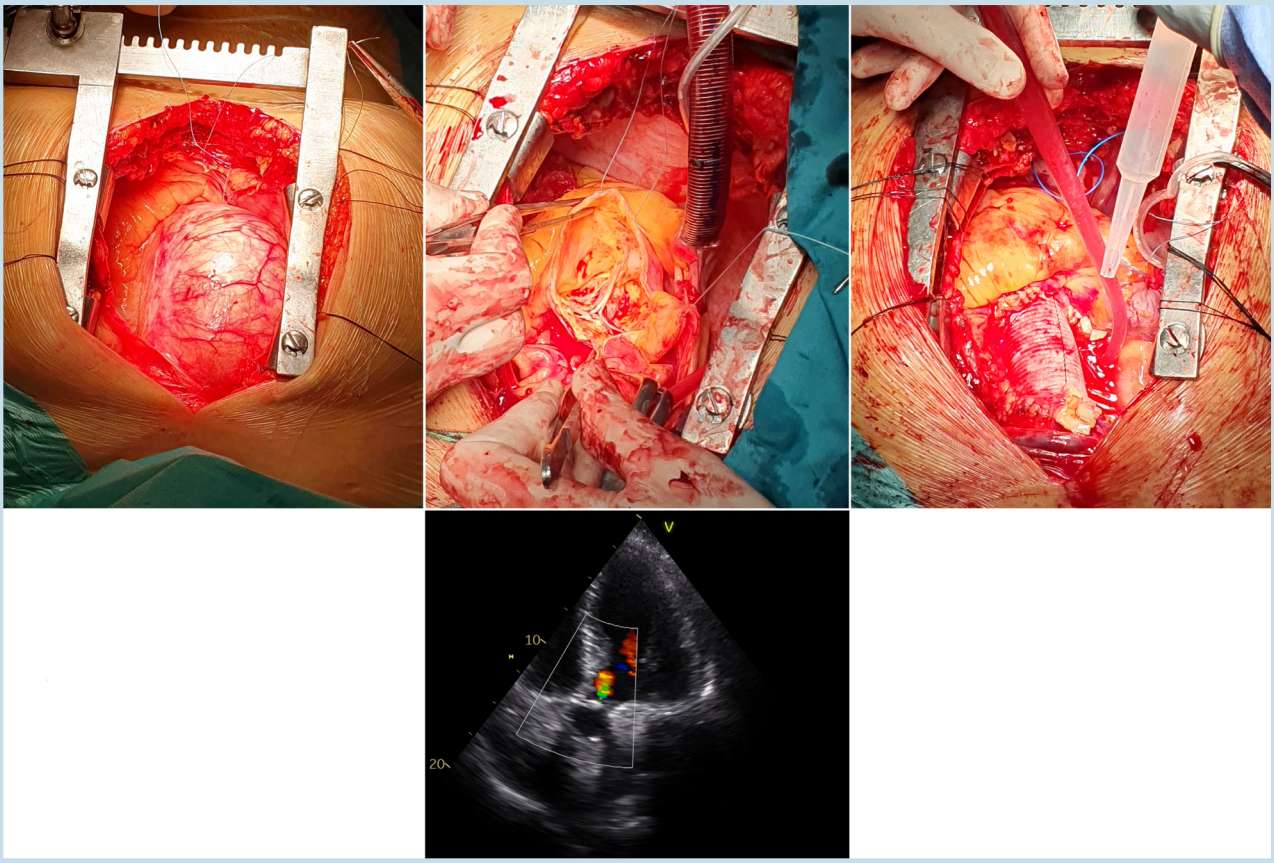
# AN UNUSUALLY LARGE ASCENDING AORTIC ANEURYSM

Ana Margarida Silva[1], André Soeiro[2], Gonçalo Coutinho[2], David Prieto[2]

[1] Instituto Português de Oncologia do Porto Francisco Gentil – Thoracic Surgery Department
[2] Centro Hospitalar Universitário de Coimbra – Cardiothoracic Surgery Department

A 79-year-old female that reported fatigue and chest pain in the previous 2 months was hospitalized with new-onset congestive heart failure, presenting as hypertensive cardiogenic pulmonary edema and type 2 myocardial infarction. Coronary angiography didn't show significant disease, but a severe aortic dilation was detected (Figure 1). A CT scan showed a 95 mm ascending aortic aneurism, not involving the aortic sinuses and without extrinsic compression. There was severe aortic regurgitation due to sinotubular junction enlargement. The case was discussed in Heart Team meeting. Given the patient's age and comorbidities, it was decided to perform a supracoronary ascending aorta replacement with a 30 mm Dacron® conduit and aortic valve repair (decalcification and left coronary leaflet/noncoronary leaflet commissuroplasty). Figure 2 displays the aneurysm, aortic valve (pre-repair), final result and post-operative echocardiogram, which showed minimal aortic regurgitation. The patient was discharged 8 days after surgery and there weren't major events in the postoperative period.




V
10
20