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Endovascular Stent Grafting for Rupture of a Thoracoabdominal Aortic Aneurysm After Replacement of the Entire Aorta

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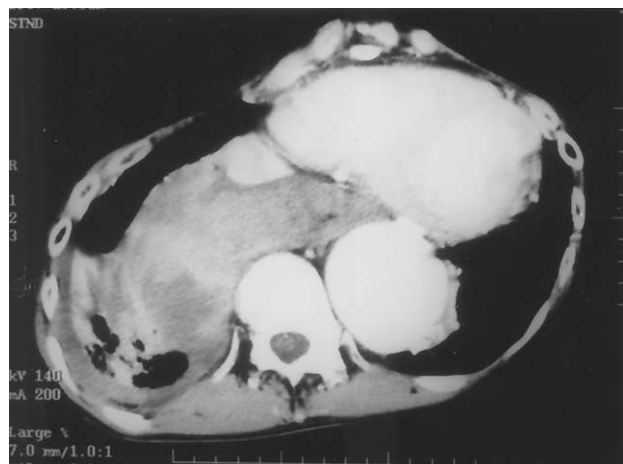


Fig 1.

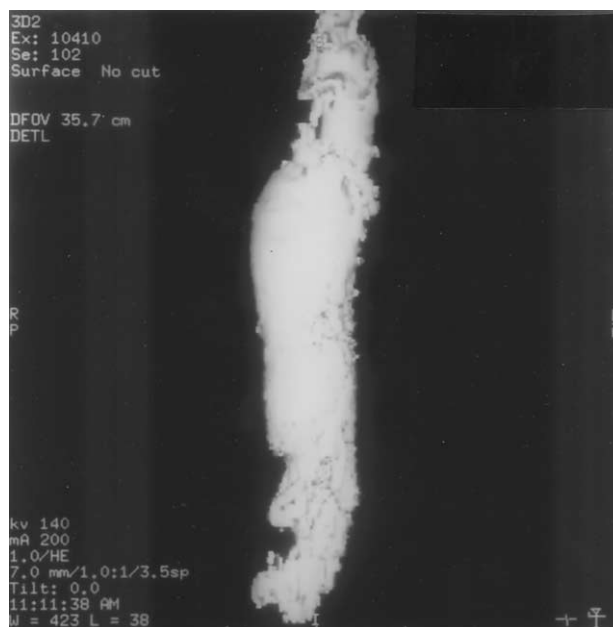


Fig 2.



Fig 3.

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A 30-year-old man with Marfan syndrome was admitted with severe chest pain 3 years after replacement of the entire aorta. The patient's medical history included bilateral bullectomy when he was 16 years old; a composite graft repair of the aortic root and total arch replacement with a distal elephant trunk graft for acute type A dissection at age 25; abdominal aortic repair for impending rupture of a chronic dissecting aneurysm at 28 years; and thoracoabdominal repair to resect an expanding chronic dissecting aneurysm that same year. During the last reconstruction, the intercostal arteries (T8 to L1) were reimplanted end-to-side with the aortic prosthesis using a patch of native aorta. The visceral arteries were reconstructed end-to-end using small-caliber interposition grafts to the aortic prosthesis.

Computed tomography (Fig 1) demonstrated rupture of a recurrent thoracoabdominal aortic aneurysm with massive hematoma extending into the right side of the chest. Three-dimensional computed tomography (Fig 2) showed dilation of the thoracoabdominal aorta at the origin of the intercostal arteries. We decided that implantation of an endovascular stent graft, rather than the usual thoracotomy and graft replacement, was indicated because of the presence of dense adhesions and a history of methicillin-resistant *Staphylococcus aureus* wound infection. The high risk of paraplegia was explained, and informed consent was obtained. The endovascular graft was implanted successfully, and the patient was without neurologic deficits 13 months after the operation. A posterior-anterior chest roentgenogram (Fig 3) demonstrates the intravascular long stent.

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