

R1 施騰泰
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CASE CONFERENCE

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THE PATIENT

- ✖ 78-year-old man
- ✖ DAY1 08:41
- ✖ T/P/R: 36.5°C/97/20
BP 106/67 SpO2: 100%
E4V5M6
- ✖ Chief complaint: chest pain
- ✖ Triage: 1

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PRESENT ILLNESS

- ✖ Chest pain with radiation to interscapular area
- ✖ Chest tightness all day long for 2-3 days
- ✖ No cold sweating
- ✖ 翻身更痛

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PAST HISTORY

- ✖ Hypertension, DM
- ✖ CAD s/p stenting
- ✖ AAA, TAA s/p OP
- ✖ DU bleeding
- ✖ Adhesion ileus s/p enterolysis
- ✖ Allergy: Ketoprofen, transfusion

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PHYSICAL EXAMINATION

- ✖ Clear consciousness
- ✖ Chest: coarse breathing sound
- ✖ Abdomen: OP scar, no tenderness
- ✖ Extremities: no edema

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IMPRESSION? WHAT TO DO NEXT?

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IMPRESSION

- ✗ Chest pain
- R/O ACS
- R/O DAA

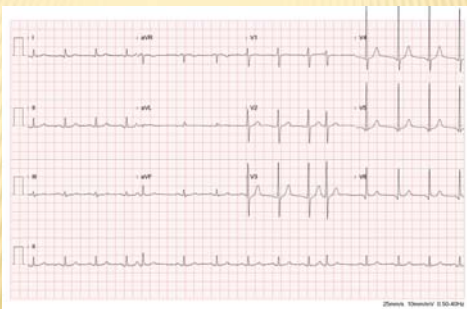
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08:45

- ✗ ECG
- ✗ CBC/DC/Plt
- ✗ Panel I
- ✗ CK, CK-MB, Troponin-I
- ✗ PT/aPTT
- ✗ d-Dimer
- ✗ CxR
- ✗ On monitor
- ✗ 四肢血壓
- ✗ Millisrol 1.2 mL/hr

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ECG



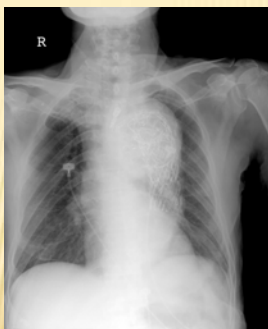
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09:06

- ✗ Bokey 2# PO ST → hold
- ✗ Morphine 3mg iv

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CXR



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09:49

- ✗ Aorta CT

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LAB DATA

Hb	WBC	Plt	PT/INR	aPTT	
9.7	7800	99000	12.4/1.14	33.4	
glucose	AST	Crea	BUN	Na	K
108	24	1.0	18	133	4.4
CK	CK-MB	Troponin-I	D-Dimer		
41	0.5	<0.01	>10000		

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10:48

- ✖ On critical
- ✖ 備PRBC 12U, FFP 12U, Plt 12U
- ✖ Consult CVS
- ✖ DC Bokey & Millisrol

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14:04

- ✖ Admitted to SICU

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HOSPITAL COURSE



Day 1: admission
Impression: leakage over ascending aorta stent
Plan: control BP

Day 5: bloody stool passage → transfusion

Day 6: angiography

Day 17: segmental resection of small bowel

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DISCUSSION

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DISCUSSION

- ✖ Complications of thoracic endovascular aortic repair
- ✖ Thoracic aortic aneurysm

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THE LARGEST STUDY WITH MEDIUM-TERM FOLLOW-UP

- ✗ The "first generation" of endovascular stent-grafts for patients with aneurysms of the descending thoracic aorta. *J Thorac Cardiovasc Surg.* 1998;116(5):689.
- ✗ A prospective, uncontrolled study of 103 patients with descending thoracic aortic aneurysms since 1992, median follow-up was 1.8 years

Thoracic endovascular aneurysm repair
UpToDate

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COMPLICATIONS OF TEVAR

- ✗ Stent graft misdeployment or removal
- ✗ Endoleak
- ✗ Aortic dissection
- ✗ Distal embolization
- ✗ Gut ischemia
- ✗ Infection
- ✗ Rupture of the treated aneurysm
- ✗ Aortoesophageal fistula
- ✗ Arterial injury
- ✗ Excessive bleeding

The "first generation" of endovascular stent-grafts for patients with aneurysms of the descending thoracic aorta. J Thorac Cardiovasc Surg. 1998;116(5):689.

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THORACIC AORTIC ANEURYSM

- ✗ Definition: a segmental, full thickness, dilation of a blood vessel having at least a 50 percent increase in diameter compared with the expected normal diameter

Clinical manifestations and diagnosis of thoracic aortic aneurysm
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CLASSIFICATIONS

- ✗ Ascending aortic aneurysms (60 percent)
- ✗ Aortic arch aneurysms (10 percent)
- ✗ Descending aortic aneurysms (40 percent)
- ✗ Thoracoabdominal aneurysms (10 percent)

Clinical manifestations and diagnosis of thoracic aortic aneurysm
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RISK FACTORS

- ✗ Risk factors for atherosclerosis
- ✗ Aneurysm at other sites or prior aortic dissection
- ✗ Connective tissue disease
- ✗ Known aortic valve disease
- ✗ Family history of aortic dissection or thoracic aortic aneurysm

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CLINICAL MANIFESTATION

- ✗ TAA is usually **silent** unless a complication occurs (dissection/rupture)
- ✗ Patients can present initially with symptoms related to compression of other structures
 - + Heart failure
 - + Dysphagia
 - + Hoarseness
 - + Hemidiaphragmatic paralysis
 - + Wheezing
 - + Back pain

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IMAGING DIAGNOSIS

- × CxR
- × CT
- × MR
- × TTE
- × TEE

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THANKS FOR YOUR ATTENTION!

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