Photo Clinic

Dehiscence of a Composite Aortic Graft and Pseudoaneursym Late After a Bentall Operation

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A 32-year-old female patient with previous Bentall operation and mitral valve repair surgery due to severe aortic insufficiency, mitral valve insufficiency, and ascending aortic aneurysm was admitted to our hospital with serious dyspnea, fatigue, and mild chest pain. Two-dimensional echocardiography demonstrated a markedly dilated basal aorta and cardiac chambers. Thoracic computed tomography scan highlighted a pseudoaneurysm, 14.5 cm in diameter (Figure 1). Urgent surgery was planned. The operation was performed under deep hypothermic cardiopulmonary bypass (arterial and venous line in the right femoral artery and vein). A large aortic pseudoaneurysm was demonstrated arising from the dehiscence of the proximal graft anastomosis (Figure 2). The composite graft did not require replacement, and it was possible to simply re-suture the composite graft and directly close the tear. The postoperative course was uneventful with no further evidence of leak from the anastomotic sites.

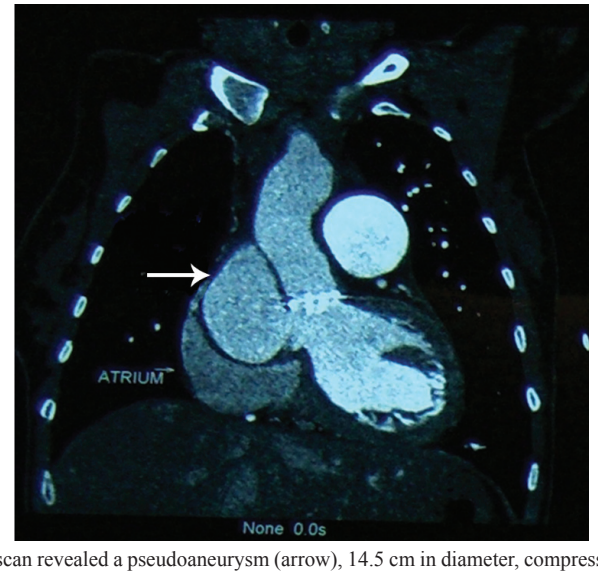

Figure 1. Thoracic computed tomography scan revealed a pseudoaneurysm (arrow), 14.5 cm in diameter, compressing the superior vena cava and right atrium

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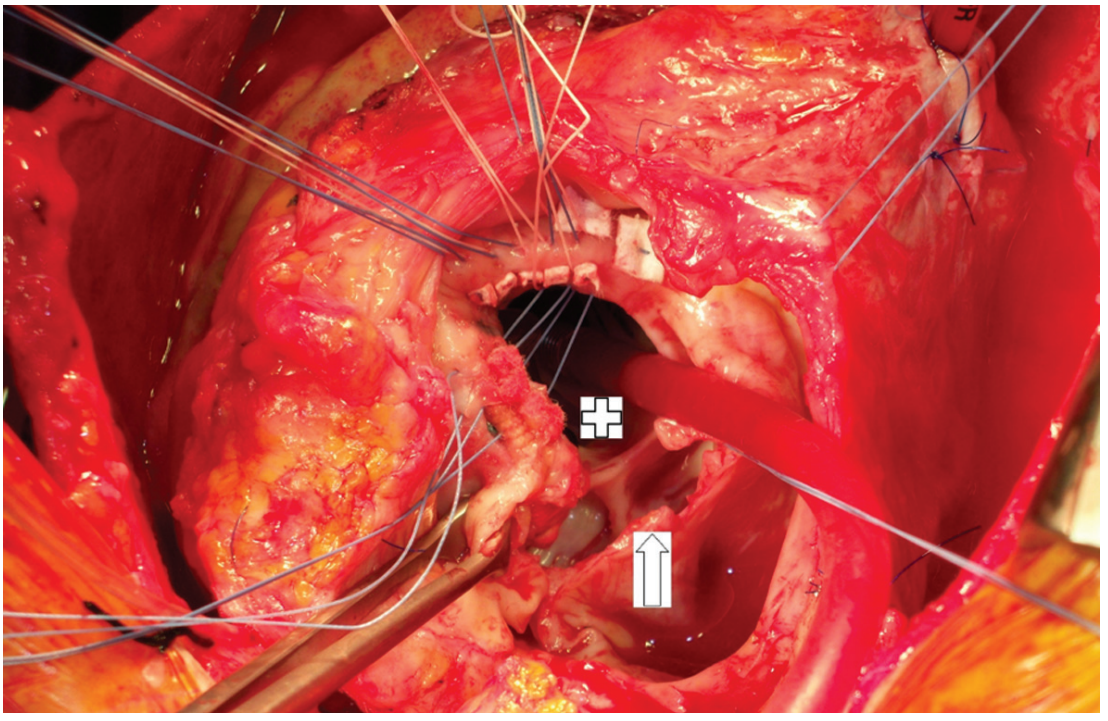

Figure 2. The dehiscence involved approximately 40% of the aortic circumference and was located on the right and posterior aspect of the graft anastomosis. A fistulous communication was noted between the left ventricle (plus sign) and the pseudoaneurysmal pouch (arrow), resulting in a large shunt

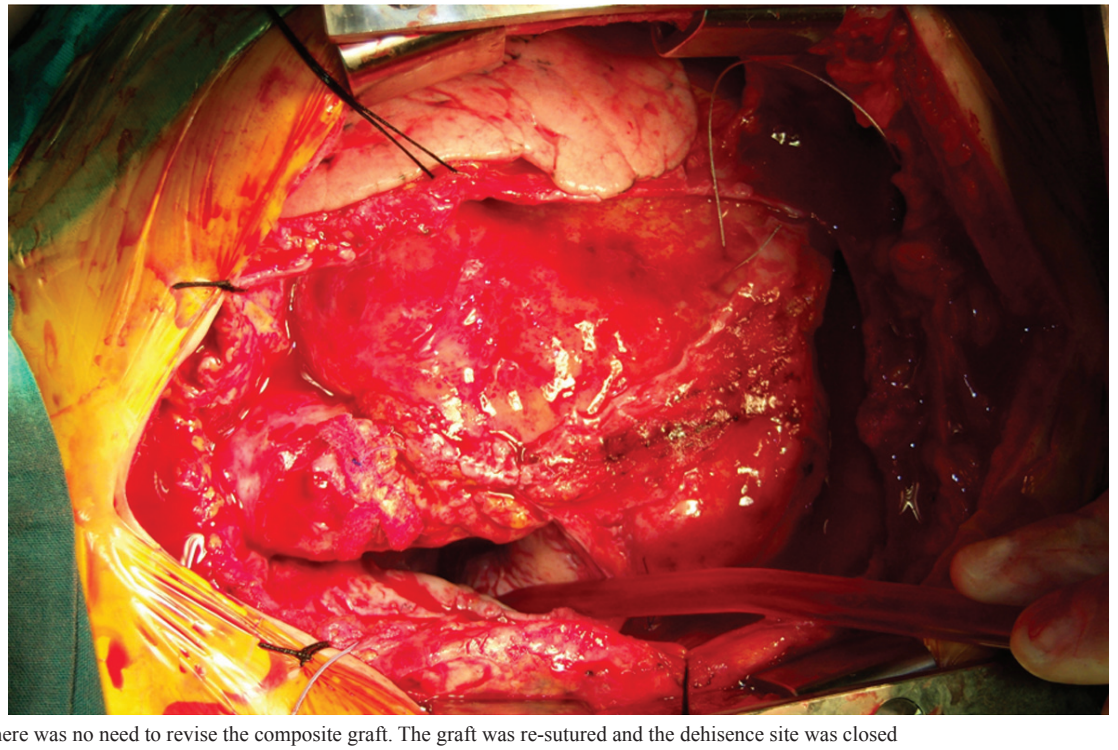

Figure 3. There was no need to revise the composite graft. The graft was re-sutured and the dehisence site was closed