

JCK Poster

JCK Poster 1 (II-JCKP1)

Basics/New Insights/Others

Chair: Tran Cong Bao Phung (Cardiology Department, Children Hospital 1, Ho Chi Minh City, VietNam)

Sat. Jul 8, 2017 6:15 PM - 7:15 PM Poster Presentation Area (Exhibition and Event Hall)

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[II-JCKP1-08] Pleural effusion as complication of middle aortic syndrome treated by stent implantation

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Objectives: describe a rare complication of stent implantation in one patient with long abdominal and thoracic aortic stenosis due to middle aortic syndrome

Methods: one case report

Result: Patient: 12 year old girl with upper limb hypertension due to long segment abdominal and thoracic aortic stenosis due to middle aortic syndrome. Intervention: Aortic radiography shows a 56mm long abdominal and thoracic aorta stenosis (about 6 cm below the aortic isthmus and 3 cm above the renal artery origin). Covered stent 61 x 12 was implanted at the lower part of the narrow segment. Aneurysm at the upper ending of stent was discovered after that. Another stent 61 x 12 was implanted to cover that aneurysm. However, a fistula between the two stent still exists. Balloon dilation at the junction site was performed. The fistula finally disappeared. There was no pressure gradient through the stent

Complication: massive right pleural effusion.

Cause: the aneurysm after first stent implantation drained into the right pleural cavity.

Conclusion:

Inflammation in Takayasu disease, long and severe stenosis are high risk factors for ruptures during stenting procedures. We suggest staged dilation by using long covered stents for those cases to prevent complications.