Percutaneous exclusion of traumatic abdominal aortic pseudoaneurysm from a brachial approach.


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Abstract

Abdominal aortic pseudoaneurysm (AAP) is a rare lesion, although traumatic aortic injury is described as one of the main causes; both the rupture as the surgical treatment of the defect has high morbidity and mortality. Therefore, endovascular treatment either by chemical embolization or exclusion of defect with devices has emerged as an alternative treatment. However, there are risks such as occlusion of visceral vessels near the neck of the defect, embolization material or aortic rupture. Therefore, the choice of material and method of approach should be planned carefully in each case.

We report a patient who ten years after abdominal wound firearm was diagnosed with AAP 17 x 13 cm, with short neck originated close to the ostium of the celiac trunk at an acute angle with the aortic axis. We perform the exclusion of the defect with a device designed for closing atrial septal defect from the left brachial access due to the angulation of the neck defect. There were no complications. At 72 hours was granted discharge. A month later, CT scan control showed the false aneurysm of equal size and no residual flow. The monitoring to date is five months and the patient remained asymptomatic.