

## Uloga i doprinos perkutanih intervencija u liječenju Stanford B disekcije i disekcije torakoabdominalnih aneurizmi

### Role and contribution of percutaneous interventions in treatment of thoraco-abdominal aneurysm and Stanford B dissection

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**UVOD:** Torakoabdominalne aneurizme (TAA) su relativno čest problem koji zahtjeva interdisciplinarni pristup u kojem se koriste nove perkutane intervencijske tehnike. Kirurgija aneurizme torakoabdominalne aorte je izazovna, zbog složenosti zahvata i mogućih komplikacija. Cilj: pokazati kako je uvođenje novih tehnika poboljšalo perioperativni ishod.

**METODE:** U posljednje dvije i pol godine smo uveli novi pristup liječenju TAA s kombiniranim endovaskularnim i standardnim kirurškim liječenjem.

**REZULTATI:** Od siječnja 2012. do lipnja 2014. godine 20 pacijenata je podvrgnuto kombiniranom operacijskom zahvatu: 14 pacijenata zbog TAA i 6 bolesnika s akutnom Stanford B disekcijom aorte. Svi pacijenti podvrgnuti operaciji akutne Stanford B disekcije su preoperativno razvili znakove ishemije noge ili drugih organa. U 6 bolesnika s TAA (43%) i 2 bolesnika sa Stanforda B disekcijom (33%) korišten je hibridni pristup koji uključuje TEVAR (thoracic endovascular aortic/aneurysm repair). U našoj seriji perioperativna smrtnost je bila 5% (1 bolesnik). Nije bilo postoperativne smrtnosti. U postoperativnom tijeku jedan pacijent je razvio paraplegiju (5%), jedan prolazno zatajenje bubrega. Nije bilo velikih krvarenja.

**ZAKLJUČAK:** U našoj seriji pokazali smo da je kombinirano kirurško i endovaskularno liječenje TAA/Stanford B disekcije sigurno i opravdano. Naši rezultati su usporedivi s rezultatima dostupnim u literaturi. Mislimo da je pristup svakom bolesniku individualan te da se hibridni pristup mora prilagoditi anatomskim i morfološkim karakteristikama bolesnika.

**INTRODUCTION:** Thoracoabdominal aneurysms (TAA) are relatively common problem which requires an interdisciplinary approach using new percutaneous techniques. Surgery of descending and thoracoabdominal aorta is challenging due to the complexity of the surgery and potential complications. Aim: to show how the introduction of new techniques improves perioperative outcomes.

**METHODS:** In the last two and half years we introduced newer approach of treating TAA with combined endovascular and standard surgical treatment.

**RESULTS:** From January 2012 to June 2014 we operated a total of 20 patients, of whom 14 patients due to TAA and 6 patients with acute Stanford B aortic dissection. All patients undergoing surgery for acute Stanford B dissection had developed signs of ischemia of visceral organs or feet. In 6 patients with TAA (43%) and 2 patients with Stanford B dissection (33%) we used a hybrid approach involving TEVAR (thoracic endovascular aortic/aneurysm repair). In our series perioperative mortality was 5% (1 patient). There was no postoperative mortality. In the postoperative course one patient developed paraplegia (5%), one transient renal failure. There was no major bleeding.

**CONCLUSION:** In our series we showed that combined surgical and endovascular treatment of TAA/Stanford B dissection is secure and justified. Our results are comparable with the results available in the literature. We think that the approach to the patient should be individualized and that the hybrid approach has to be adapted to the anatomical and morphological characteristics of each patient.

#### LITERATURE

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