

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Vascular Diseases Quiz – Case 52

A 78-year-old patient was diagnosed with an infrarenal abdominal aneurysm (AAA) with a maximal diameter of 7 cm. During the pre-operative evaluation, a severe aortic valve stenosis was also diagnosed. A transthoracic echocardiogram showed critical aortic stenosis (AS) with an aortic mean gradient of 50 mmHg and valve area of 0.9 cm². The patient was asymptomatic during treadmill stress test.

- Which pathology should be treated first?
- Should the patient undergo an open or an endovascular repair of the AAA?

Comment

In daily practice, concomitant AS and large aneurysm of the abdominal aorta (AAA) are not rare. This combination of pathologies can present a management quandary. Although the risk of acute cardiac events during the perioperative period is high in patients with untreated heart conditions, there is a risk of premature aneurysm rupture after any open procedures. Endovascular repair for the aneurysm is a less invasive technique that can be performed under general, regional (spinal or epidural) or even local anesthesia. The guidelines of the European Society of Cardiology for non-cardiac surgeries supports that if AS is asymptomatic, non-cardiac surgery of low to intermediate risk can be performed safely. Moreover, many authors have illustrated the feasibility and safety of a concomitant percutaneous treatment of AS and AAA.

ARCHIVES OF HELLENIC MEDICINE 2019, 36(2):282
ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2019, 36(2):282

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Answers: (a) AAA; (b) EVAR (endovascular)