

Midterm Clinical Outcomes of Endovascular Treatment in Patients with Complicated Type B Aortic Dissection and Malperfusion Syndrome

[Purpose] There were a few data with the safety and long term clinical outcome after endovascular treatment for complicated descending aortic dissection and malperfusion syndrome. The objective of this study is to investigate safety and midterm clinical outcome after endovascular treatment for these pathologies. [Methods] This was the observational retrospective study. 17 patients who were managed with endovascular treatment from Jan. 2005 to Dec. 2010 at our hospital were enrolled. [Results] Mean age of patient was 58.2 ± 15.6 years old. Male was 76.5% (13/17). The study included 12 cases of acute aortic dissection, 5 cases of chronic aortic dissection with aneurysm. 8 cases of malperfusion syndrome were treated with aortic stent graft (n=3), and selective branch artery stent insertion (n=7, renal 4, celiac 3 carotid 1 common iliac 2), fenestration (n=1), combined procedures (n=4). The aortic stent grafts were deployed for 4 cases of ruptured aortic dissection. There was 1 case of in-hospital mortality. The cause of death was hepatic failure because of compromised celiac trunk. Mean follow up duration was 19.3 ± 11.2 months. Mortality of complicated aortic dissection managed with endovascular treatment showed 11.8% (2/17). Mortality of malperfusion syndrome was 12.5% (1/8). Rate of reintervention was 11.8% (2/17). 2 cases of chronic aortic dissection with aneurysm were relapsed aortic dissection in the distal part of aortic stent graft which was managed with extension of stent graft. [Conclusion] Endovascular treatment for complicated aortic dissection and malperfusion syndrome was a safe procedure with good midterm clinical outcomes.