



CASSIS

Centre de congrès
Oustau Calendal

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**26 & 27 septembre
2024**

www.sres-symposium.org

Réponse au cas Aorte thoracique

Charlotte SACHS

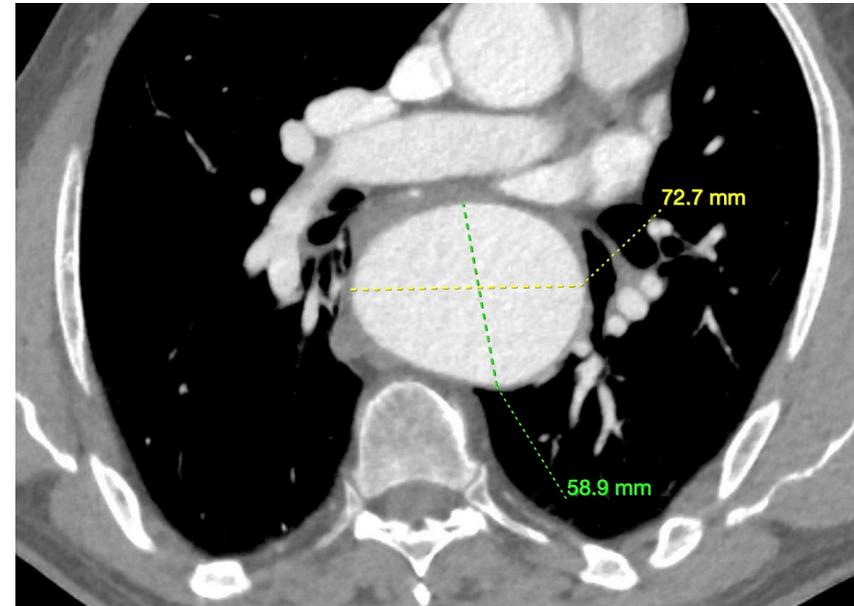
Docteur Junior en Chirurgie Vasculaire



Prise en charge ?

- Anévrisme aorte thoracique descendante > 60mm
- Patient de 72 ans en BEG

=> Indication à une prise en charge chirurgicale



Recommendation 47	Class	Level	References
Open or endovascular repair should be considered for patients at low to moderate surgical risk, with an atherosclerotic or degenerative thoraco-abdominal aortic aneurysm of 60 mm or larger diameter, rapid aneurysm enlargement (>10 mm/year), or aneurysm related symptoms	IIa	C	223

Jonker FH, Verhagen HJ, Lin PH, Heijmen RH, Trimarchi S, Lee WA, et al. OR versus endovascular repair of ruptured thoracic aortic aneurysms. J Vasc Surg

Prise en charge ?

Prise en charge endovasculaire



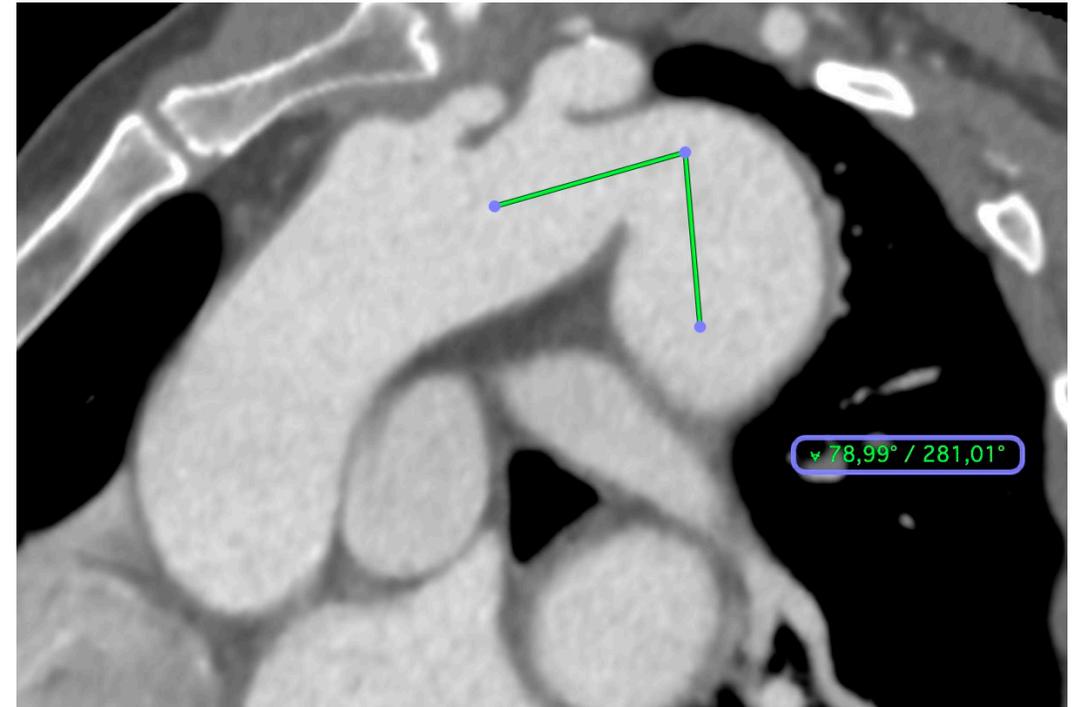
Chirurgie conventionnelle



Walsh SR, Tang TY, Sadat U, Naik J, Gaunt ME, Boyle JR, et al. Endovascular stenting versus OR for thoracic aortic disease: systematic review and meta-analysis of peri-operative results. J Vasc Surg 2008;47:1094e8.

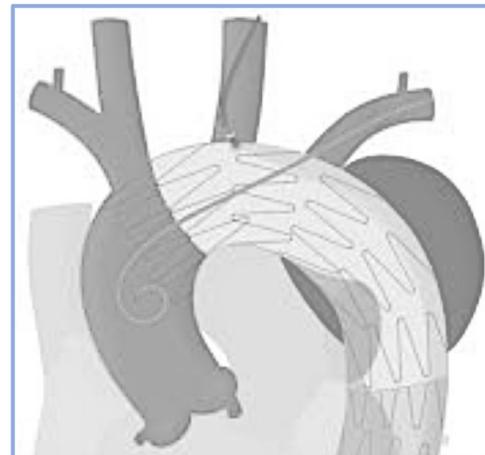
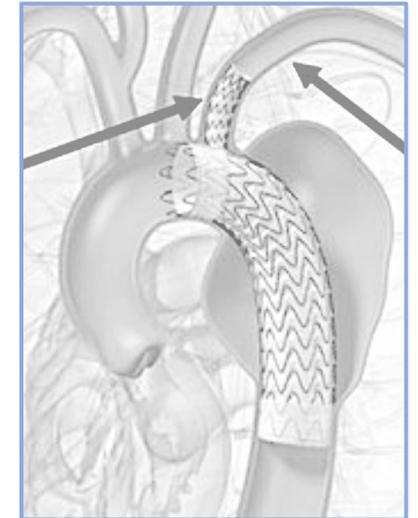
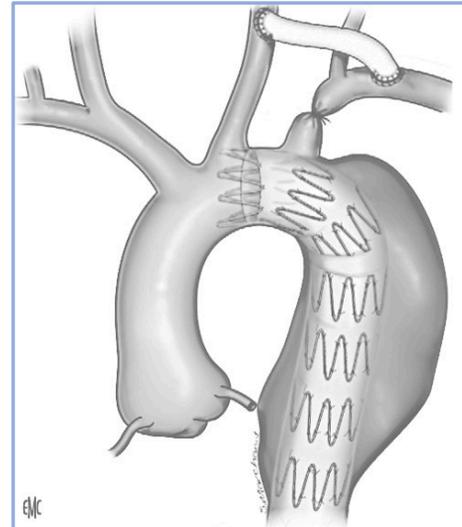
Prise en charge endovasculaire ?

- **Collet proximal**
- Accès
- Angulations aortiques importantes
- Anévrisme large sans thrombus
- Couverture longue



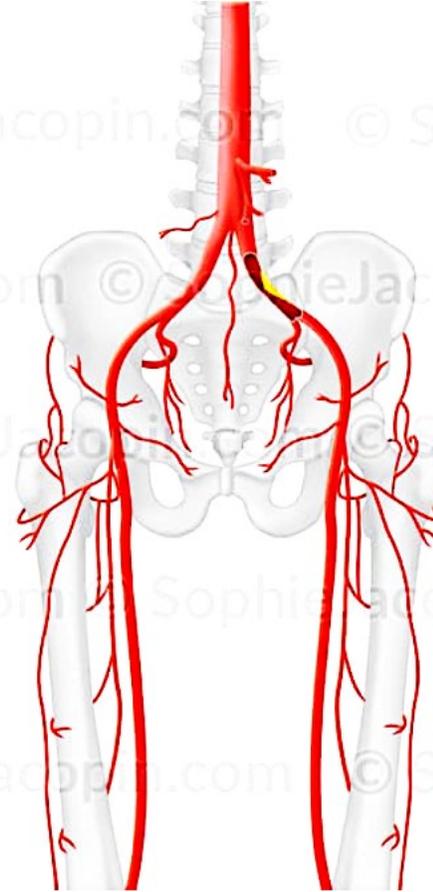
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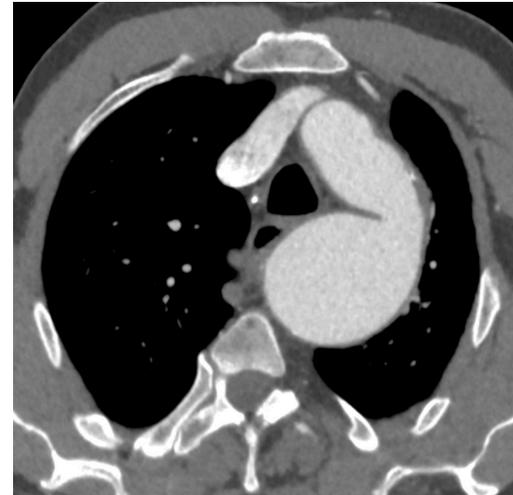
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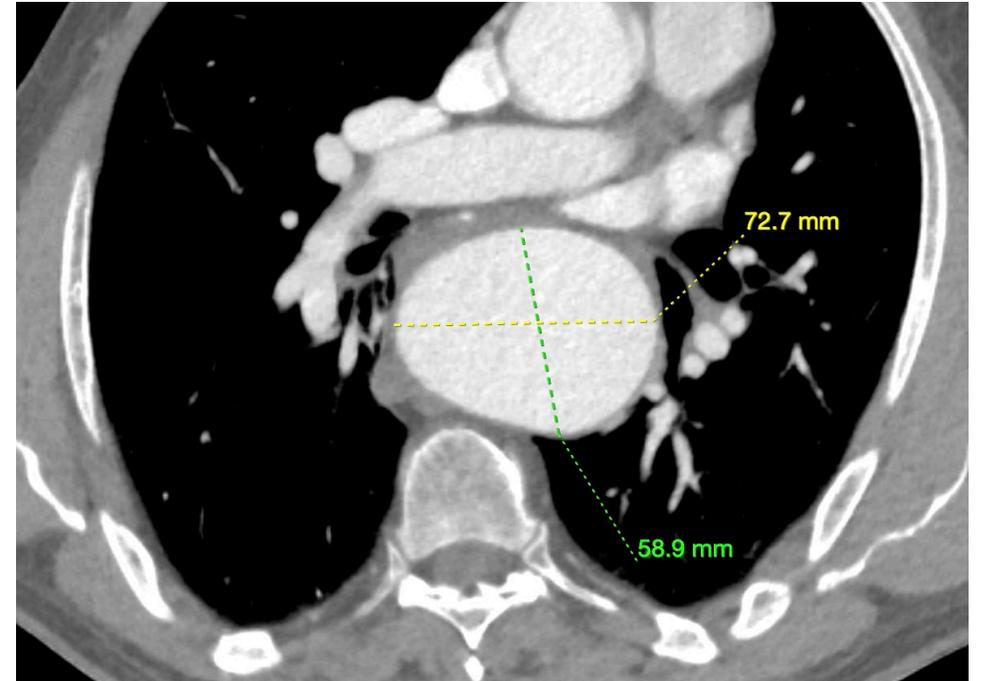
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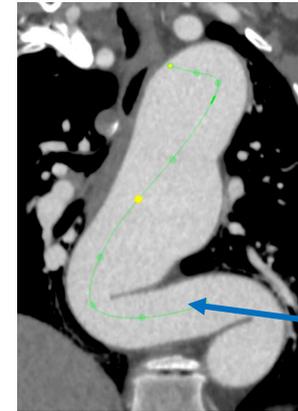
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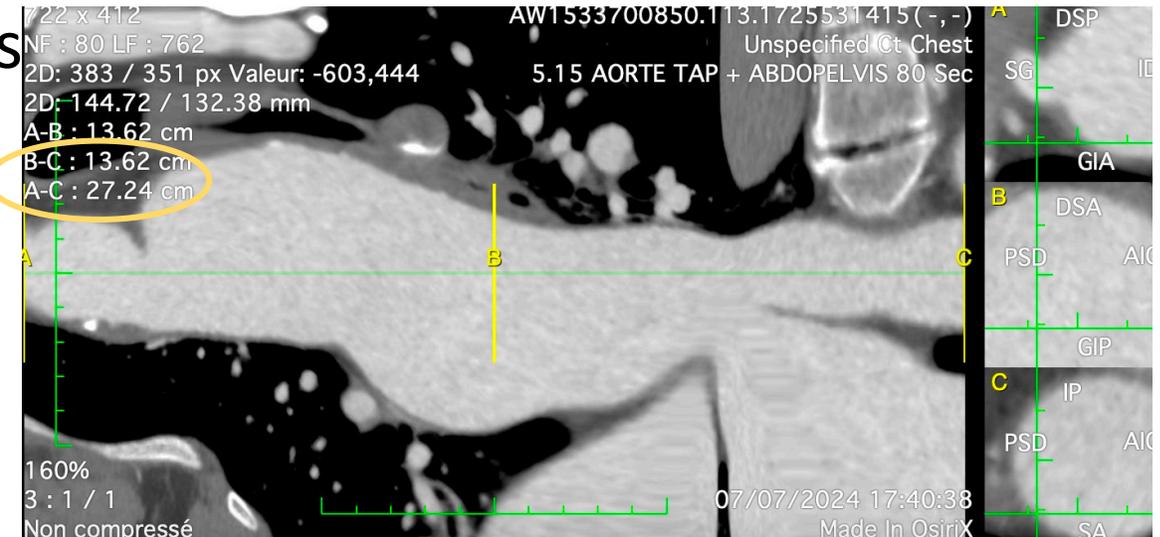


Prise en charge endovasculaire ?

- Collet proximal
- Accès
- Angulations aortiques importantes
- Anévrisme large sans thrombus
- **Couverture longue**



33mm



Prise en charge ?

Prise en charge endovasculaire



Chirurgie conventionnelle



Recommendation 44b

Open repair should be considered for fit patients, with a descending thoracic aorta exceeding 60 mm in diameter, who are unsuitable for endovascular repair

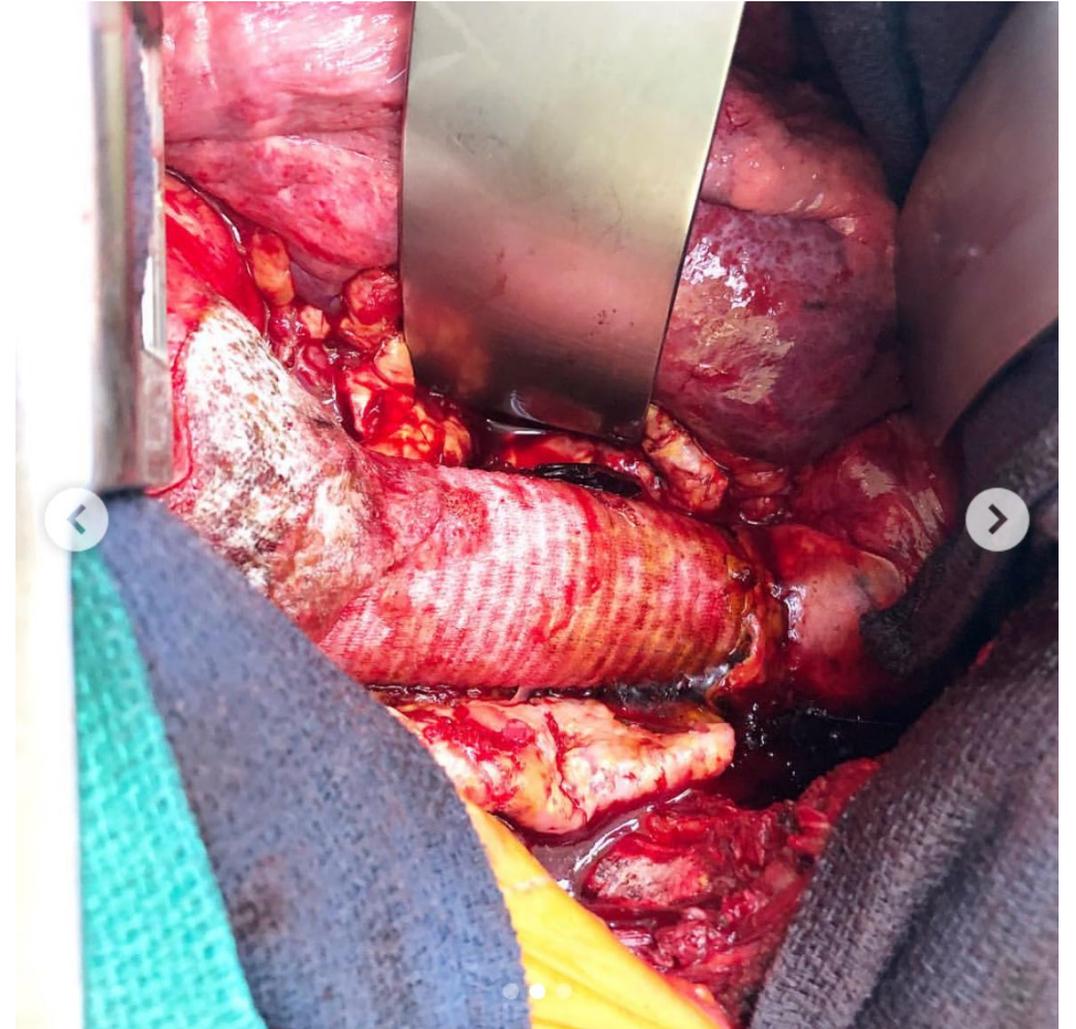
IIa

C

88,197

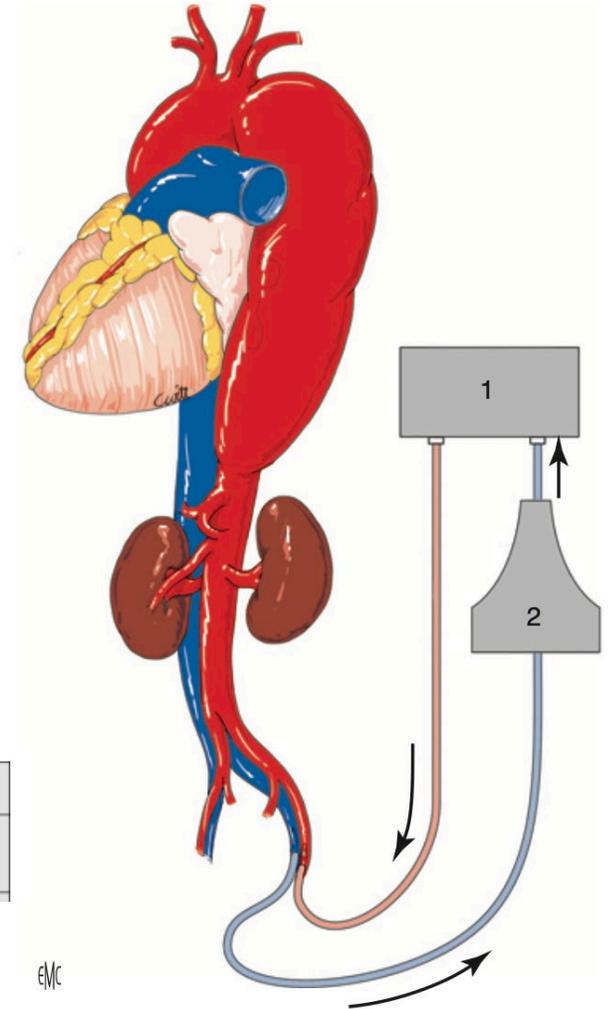
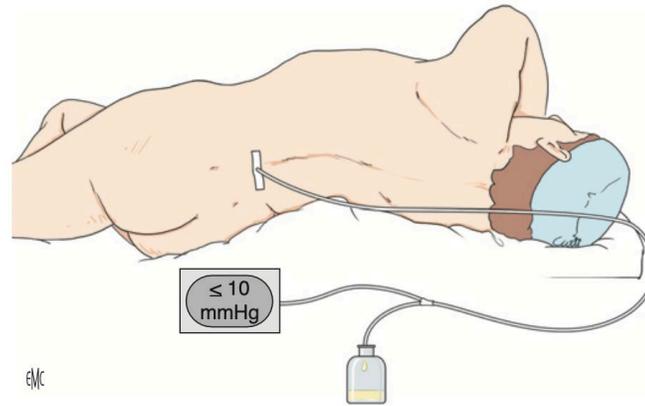
Prise en charge chirurgicale conventionnelle

Mise à plat greffe prothétique de l'aorte thoracique descendante



Prise en charge chirurgicale conventionnelle

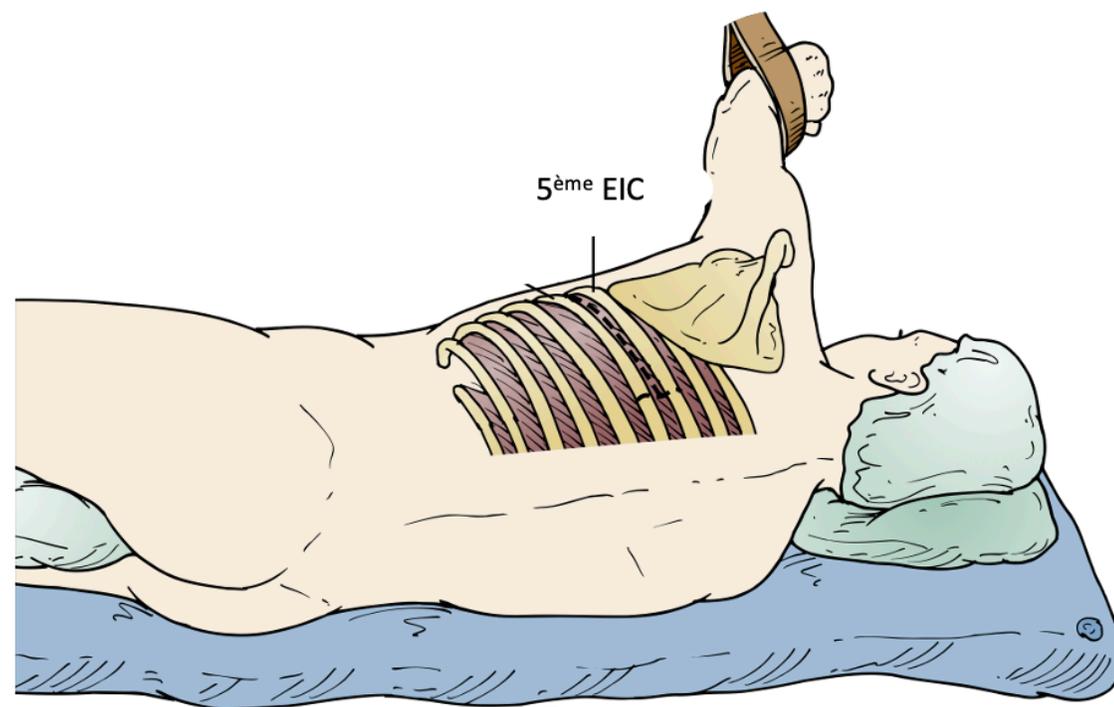
- Protection médullaire par DLE
- Protection viscérale par CEC fémoro fémorale



Recommendation 6	Class	Level of evidence	References
Cerebrospinal fluid drainage has a role in the prevention of paraplegia and paraparesis and should be considered during extensive open repair of the descending thoracic aorta	Ila	B	29,37

Prise en charge chirurgicale conventionnelle

- Installation: DL droit, intubation sélective
- Voie d'abord: Thoracotomie postéro latérale du 5^e EIC



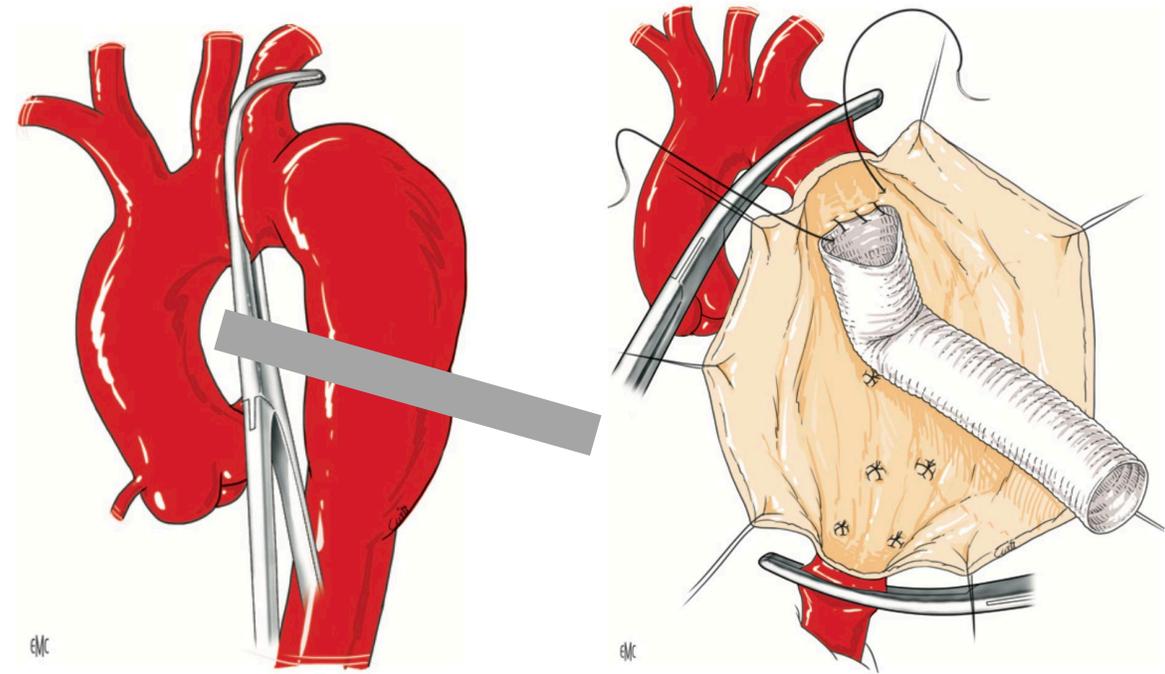
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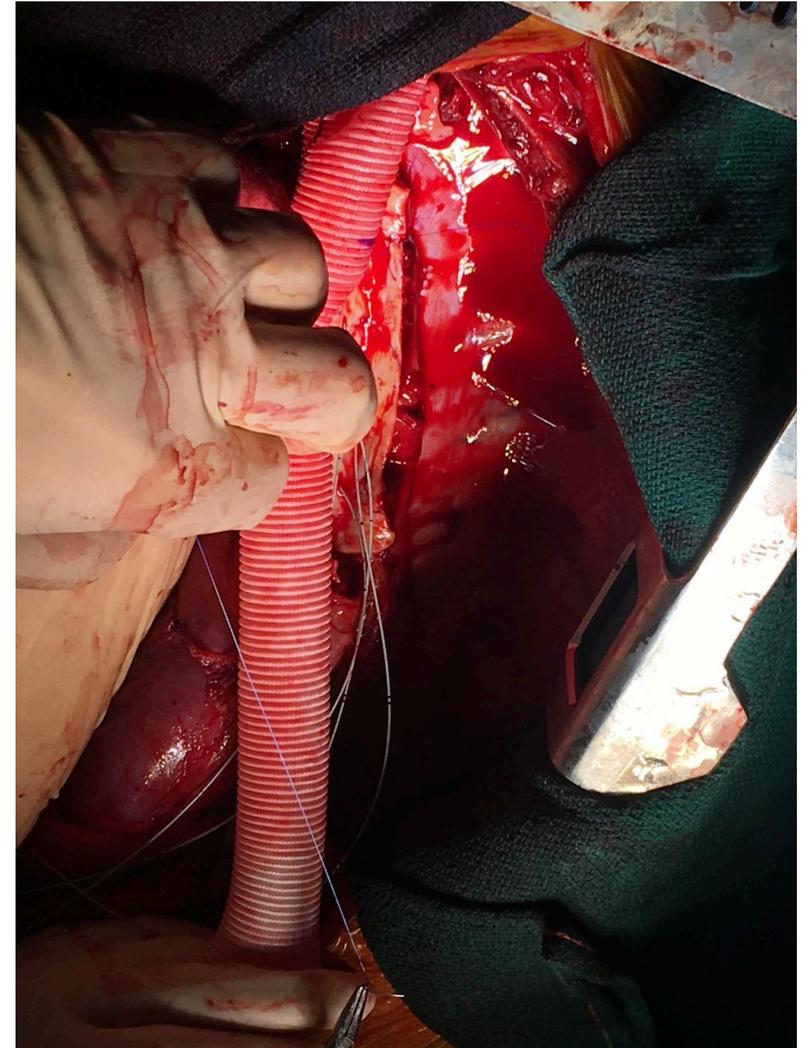
Prise en charge chirurgicale conventionnelle

- Collet proximal: clampage entre CCG et ASCG
- Anastomose proximale: section de l'hémi-conférence antérieure de l'aorte



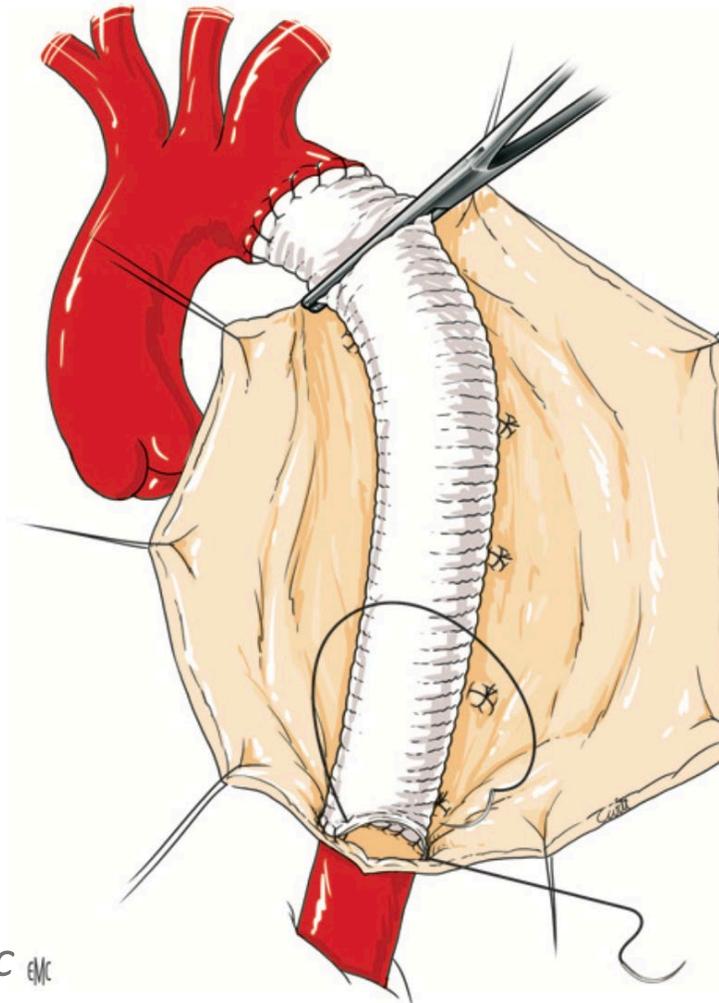
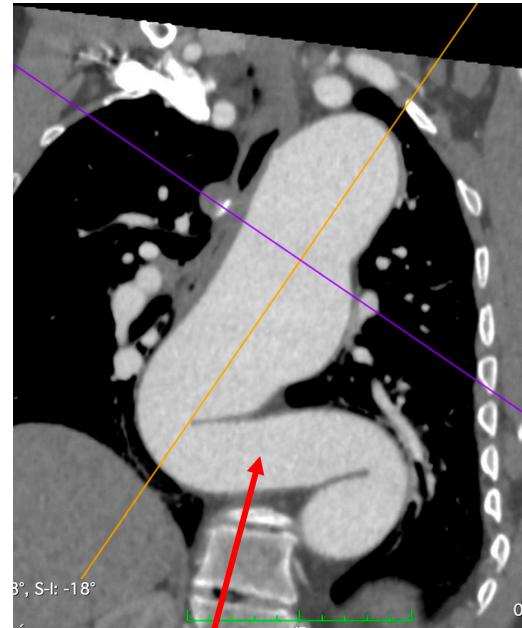
Prise en charge chirurgicale conventionnelle

- Ouverture du sac
- Endosuture des AIC
- Réimplantation avec anastomose en biseau



Prise en charge chirurgicale conventionnelle

- Clampage distal sur la portion horizontale de l'aorte thoracique descendante
- Anastomose termino terminale
- Déclampage en Trendelenburg
- Fermeture du sac





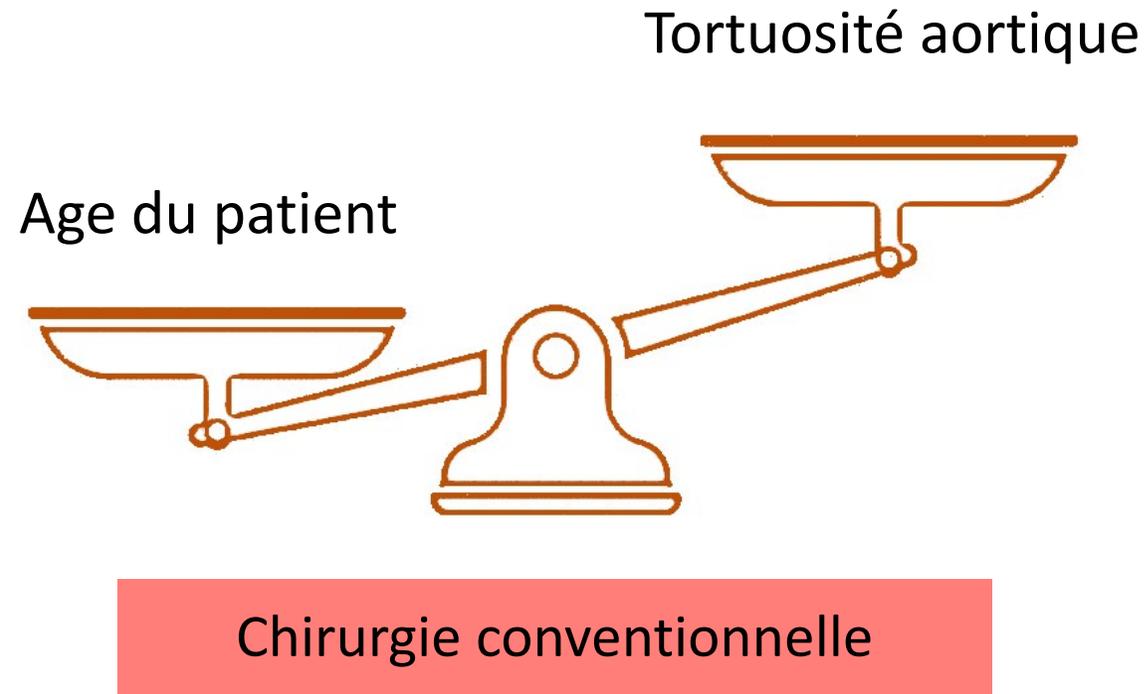
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Merci