ENDOVASCULAR TYPE B AORTIC DISSECTION UNDER LOCAL ANAESTHESIA AND SEDATION

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BACKGROUND

Type B aortic dissection leads to a blood flow through the walls of the descending aorta. Treatment consists in aggressive control of blood pressure in order to prevent the dissection from progressing. Emergency surgery is reserved for patients with complications such as malperfusion or active hemorrhage. Open surgery implicates risks of paralysis, lung dysfunction and fatal bleeding. Even though endovascular stent grafting is an established therapy for other type of aortic aneurysms it is now evolving as a treatment for these cases.

CASE REPORT

74yo male
 Hypertension
 Dyslipidemia
 Child A hepatic cirrhosis
 Previous smoker
 Alcohol abuse

Symptoms
 Back pain
 Chest pain
 Dyspnea

XRAYs
 Widen mediastinum
 Left pleural effusion

ANAESTHESIC APPROACH

Labetalol CP

Sedation **Midazolam 2 mg**
Remifentanyl 0.05/mcg/kg/min.

SURGICAL APPROACH

The stent graft was advanced through the left femoral artery previous infiltration of **levobupivacaine 0.5%** and deployed beyond the left subclavia emergence. Unexpectedly, **no hemodynamical changes were observed.**

DISCUSSION

ANAESTHETIC APPROACHES

General anesthesia

Local anesthesia and sedation

STRONG POINTS +

Spinal cord ischemia monitoring
 Avoid airway complications
 Postoperative depression form residual anesthetic drugs

WEAK POINTS x

Patient movements

LEARNING POINTS

In Type B dissection

- Heart rate and blood pressure aggressively controlled with beta-blockers targeting 60 beats/min and 100 mm Hg, respectively.
- Fast access to hybrid operating room is needed for endovascular and/or surgical treatment options.

Endovascular thoracic aortic repair in Type B dissection has better early and midterm outcomes relative to open surgery therapy.