

NON-FATAL PSEUDOANEURYSMS OF THE DESCENDING THORACIC AORTA AFTER SHRAPNEL INJURY: HYBRID AND ENDOVASCULAR TREATMENT

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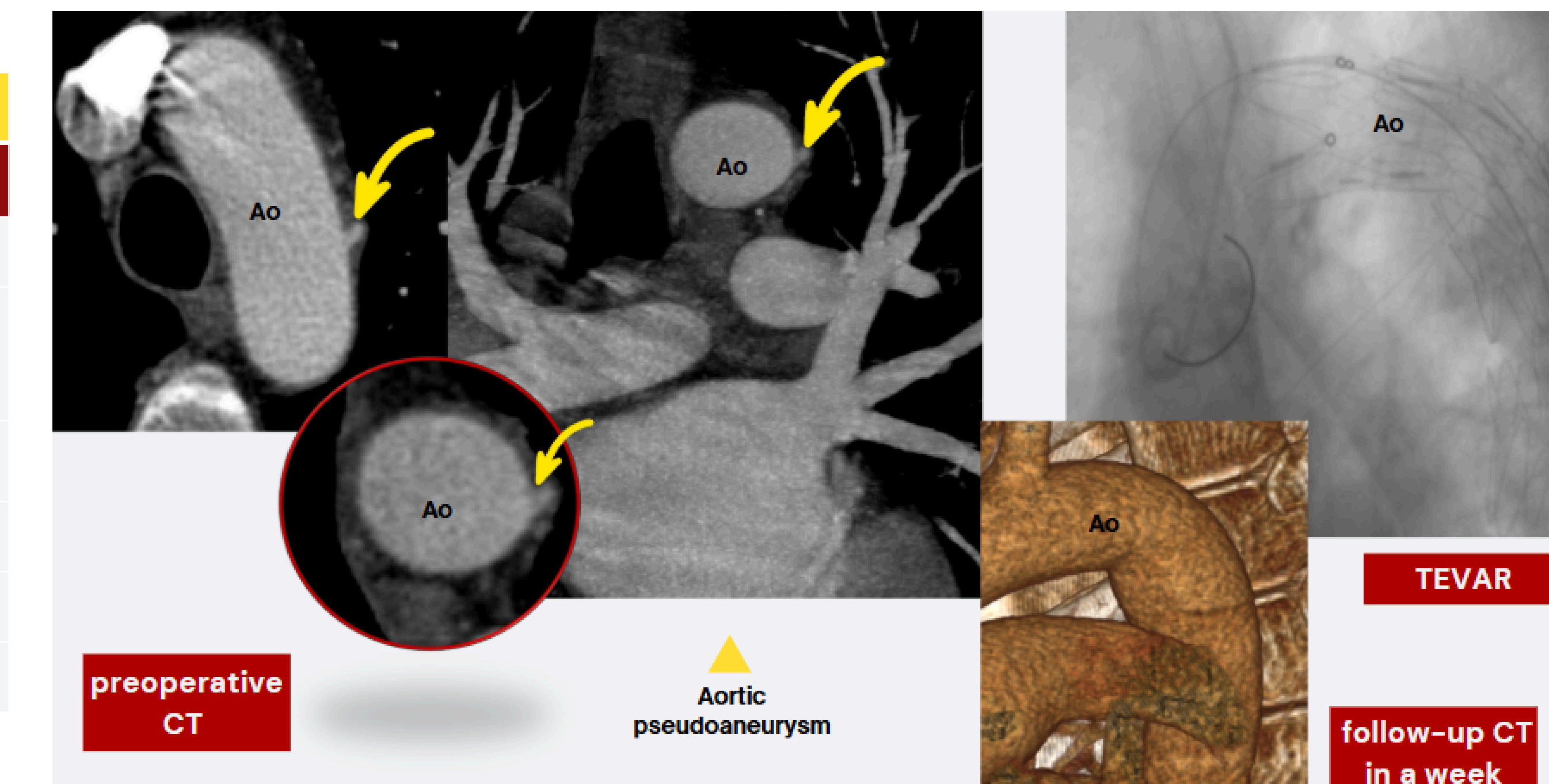
OBJECTIVE

To evaluate early and mid-term outcomes after descending TEVAR for non-fatal post-shrapnel pseudoaneurysms of the descending aorta

and to analyze the correlation between antibiotic therapy duration and early CT signs of endograft infection, particularly concerning aortoesophageal fistula formation.

Parameter	Details
Procedure	TEVAR
Follow-Up Duration	3-8 months
Control CT Scans	3-4 days post-implantation (1) Before discharge (2) 3 months after TEVAR (3)
Complications	AEF in 1 patient (6 months after TEVAR)
Fatal Outcomes	AEF developed empyema in the left pleural cavit (n=1)
Other Patient Outcomes	Remaining 10 patients in good condition
Neurological Complications	None

RESULTS/FINDINGS



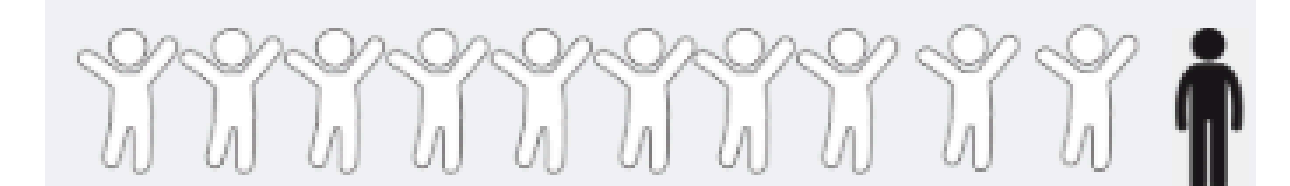
All patients (n=10) underwent TEVAR without neurological complications with 3-8 months follow-up

CT

3-4 DAYS POST-IMPLANTATION

BEFORE DISCHARGE

3 MONTHS POST-TEVAR



n=1, AEF 6 months after TEVAR with empyema of the left pleural cavity and a fatal outcome

METHODOLOGY

AORTIC PSEUDOANEURYSMS

Study population:

All patients underwent TEVAR:

- LifeTech Ancura
- MINOS Hercules
- Brille prostheses

Injury

6-8 months post-injury with antibiotic therapy for six months.

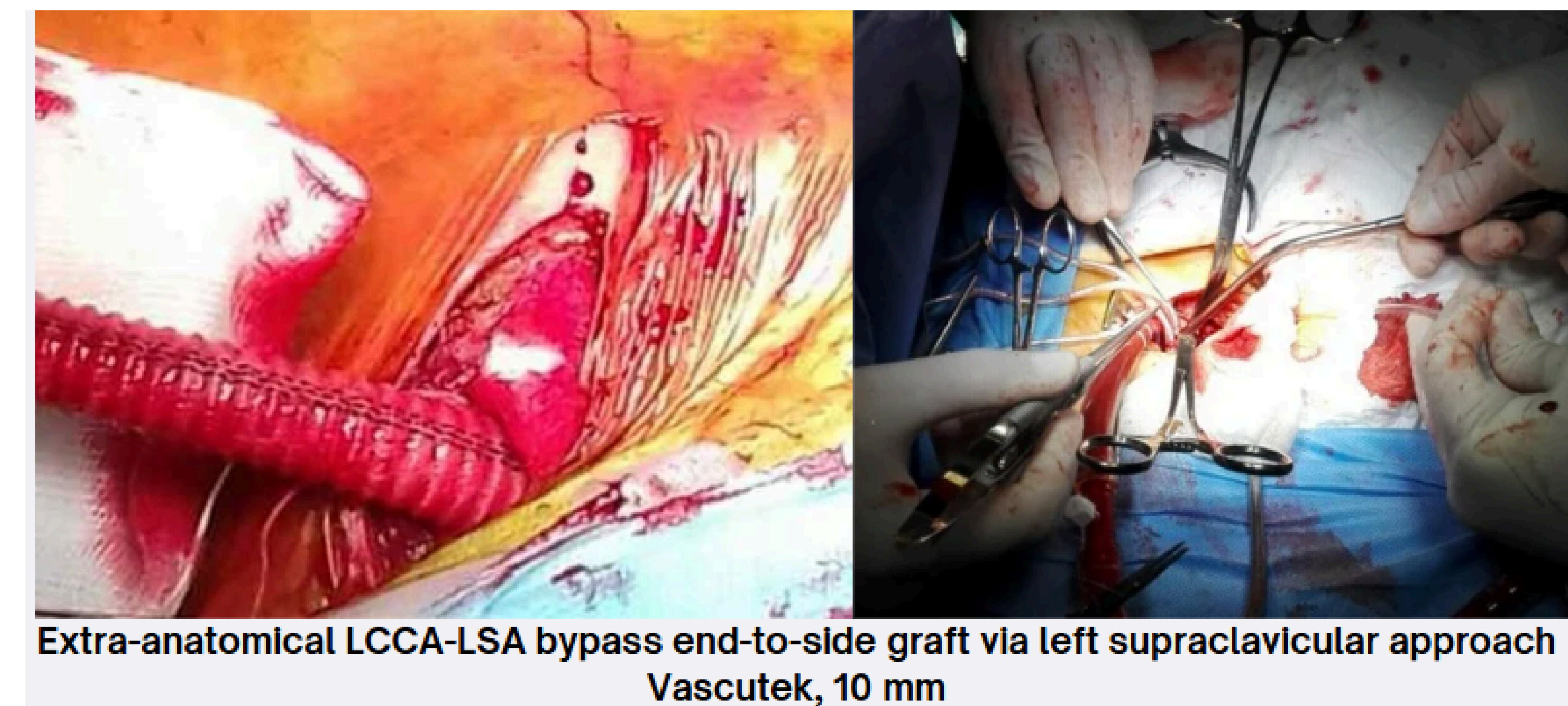
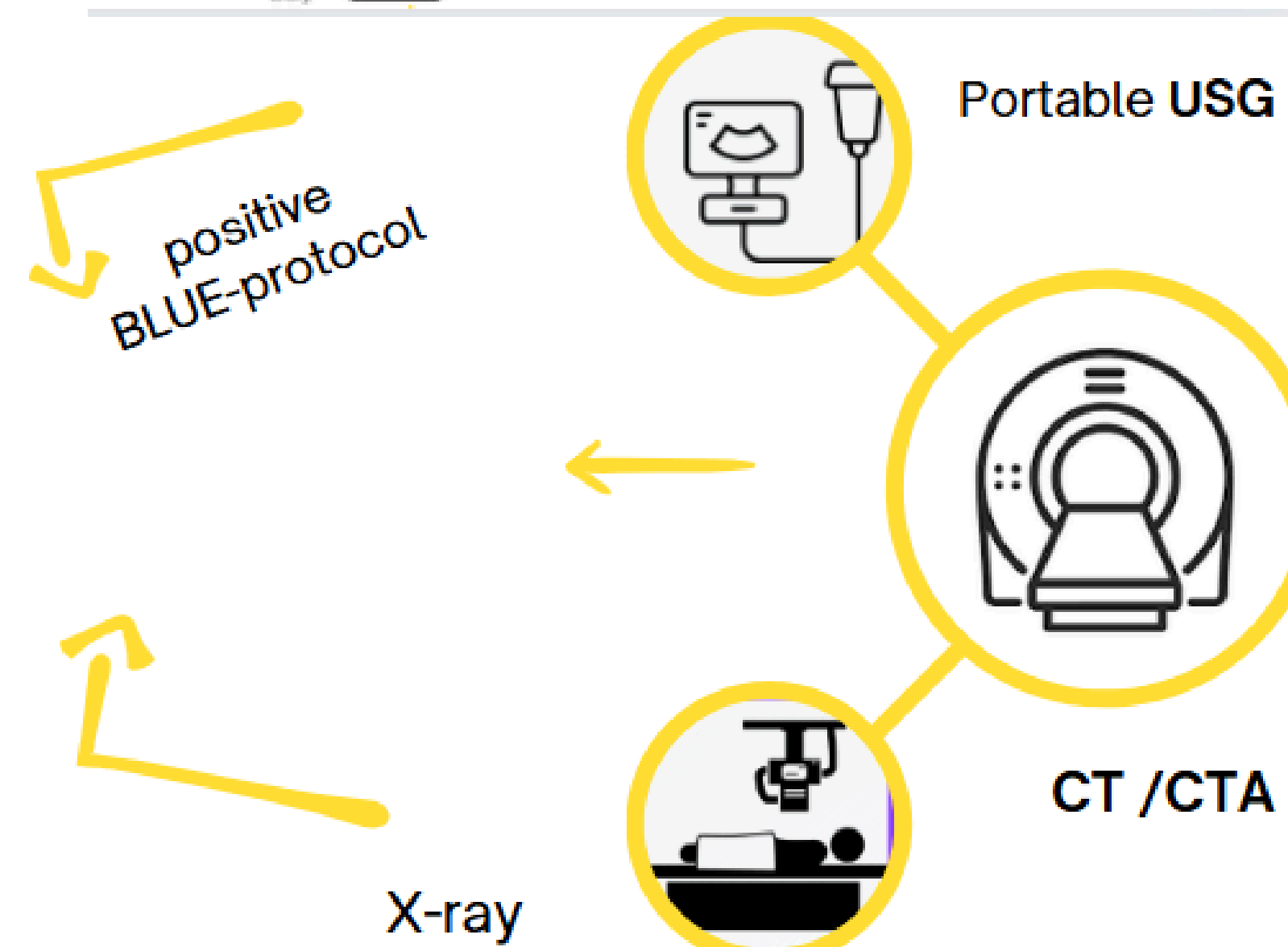
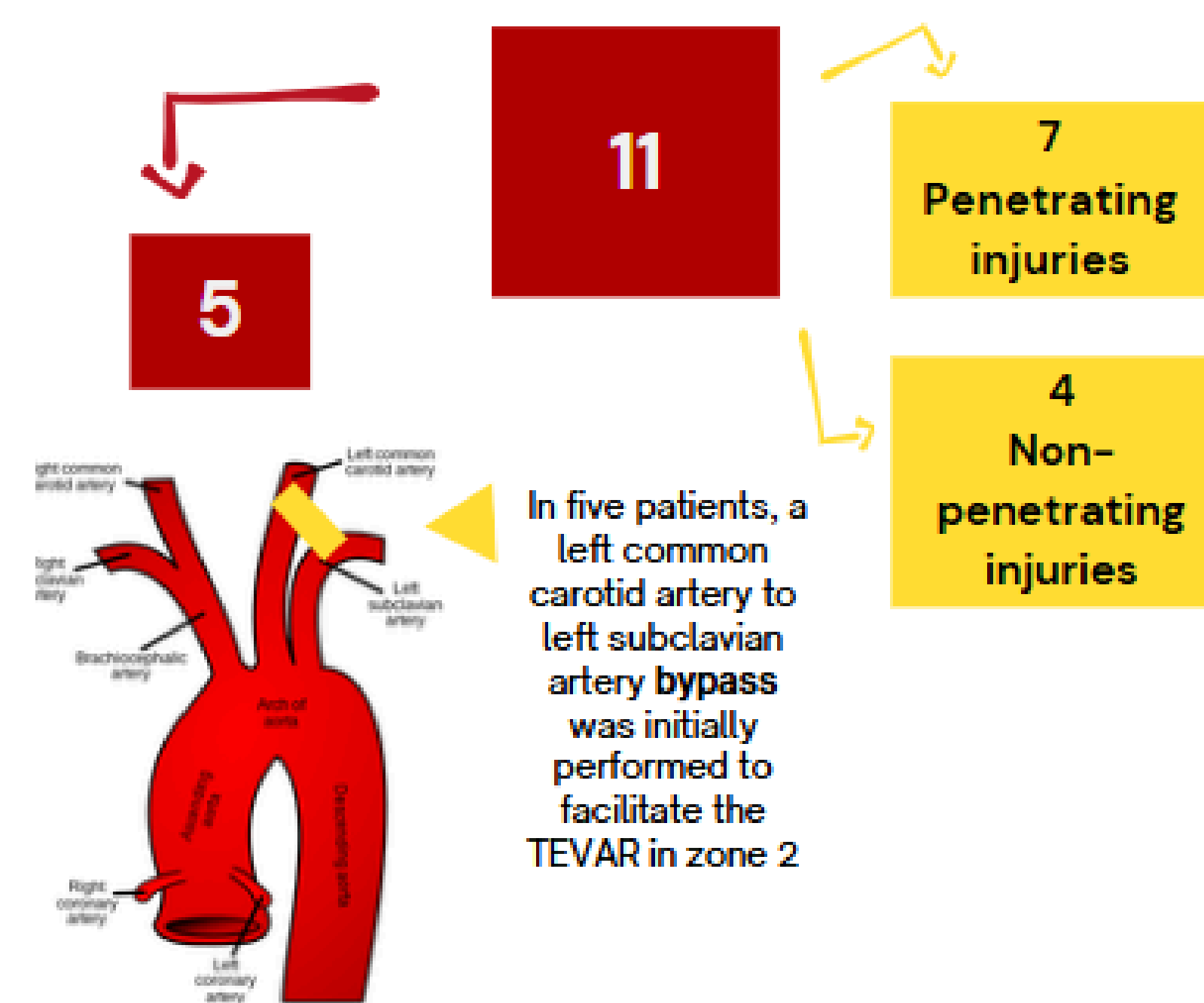


AORTIC PSEUDOANEURYSMS

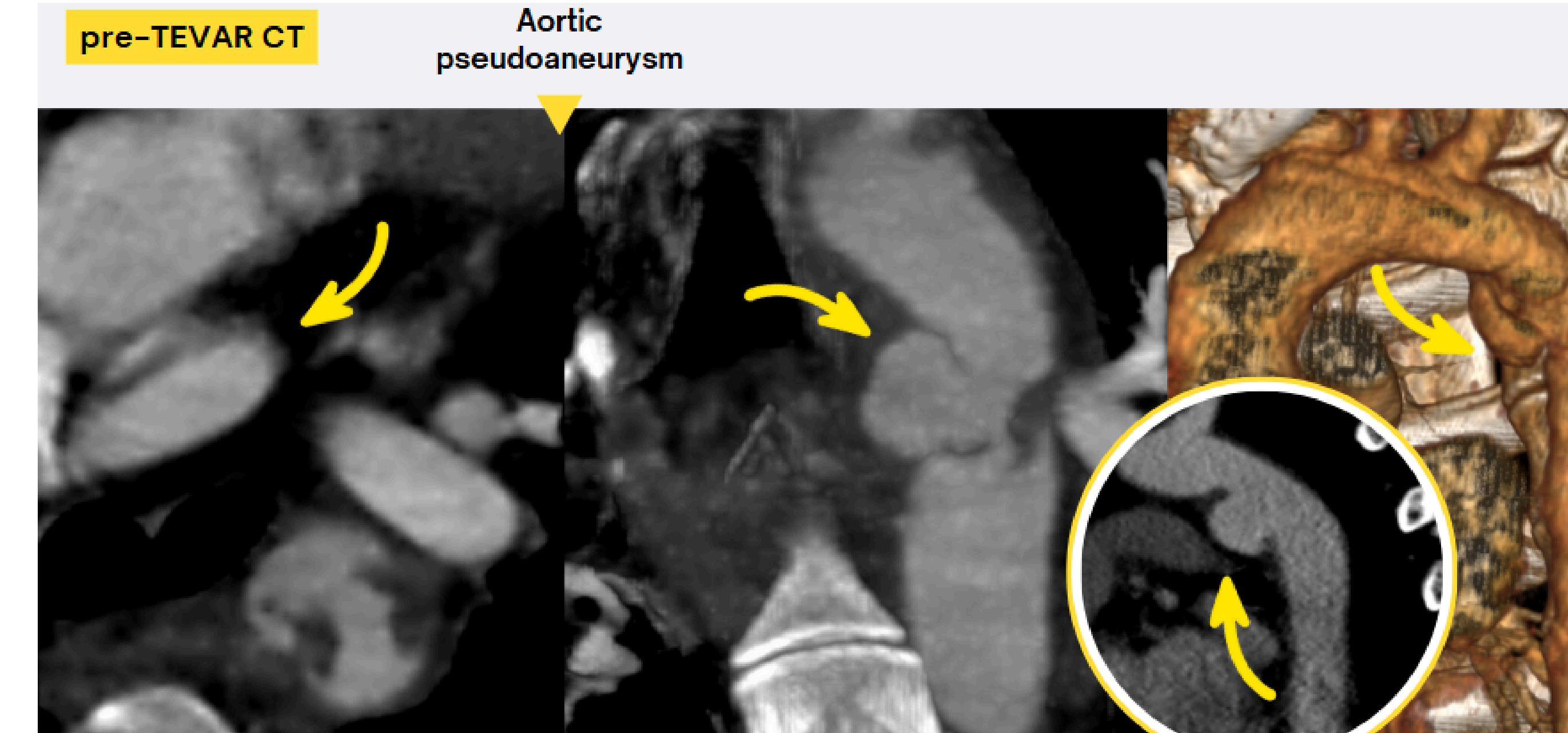
Modalities:



Hybrid procedures: mini-invasive vascular bypass and TEVAR



CT follow-up in 7 months



CONCLUSION

Non-fatal post-shrapnel aortic injuries are potentially infected and associated with a high risk of aortic PSA formation with AEF complications.

CTA remains the “gold standard” for diagnosing and TEVAR – for non-fatal post-shrapnel PSA treatment.