A 53-year-old man was admitted to our hospital with severe chest and back pain lasting for five hours. CT angiography and aortogram confirmed the presence of B aortic dissection (AD) with multiple intimal ruptures coexisting with a ruptured orifice in the proximal left subclavian artery (SA) (Picture a-b). The AD was treated with transluminal implantation of an endovascular stent covering the multiple entry sites of the dissection and a patent ductus arteriosus (PDA) Amplatzer duct occluder to prevent retrograde blood flow to the false lumen. Prior to performing the endovascular procedure, transposition of the left carotid artery to the left SA was completed via a supraclavicular approach. The patient remained asymptomatic during a postoperative follow-up of one year. Follow-up CT angiography showed the carotid-subclavian bypass to be well-functioning and demonstrated the disappearance of the false lumen, the absence of any endoleaks and the subclavian steal phenomenon (Picture c-d). The use of endovascular repair together with rerouting of one or more supra-aortic vessels is promising for the management of the patients with complex thoracic aortic dissection.
The authors state that they have no Conflict of Interest (COI).

Reference