Can we use endovascular graft stenting in all type B dissections?

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doi:10.1510/icvts.2007.169367A

According to the MRI angiography, this is just a thoracic descending aortic dissection with rupture [1]. Using endovascular graft stenting should be the first choice. But, if dissection spreads toward the celiac axis, SMA and renal arteries, can we use endovascular graft stenting bravely. We can say ‘NO’ if the dissection spreads from the visceral arteries, sometimes endovascular graft stenting duration is for a long time. Surgical therapy can be better than endovascular graft stenting especially for thoracic aortic rupture.

Secondly, the benefit of spinal drainage is confirmed by so many studies [2]. Thirdly, why did you use CT after procedure, you can use MRI angiography again because the patient had a renal dysfunction.

References