Modified Cabrol shunt by means of a saphenous vein graft after redo aortic root surgery due to a graft infection

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Because of an infection, a 73-year old patient underwent redo aortic root replacement by with xenopericardial conduit. Intractable diffuse bleeding from a non-identified area was managed with a Cabrol shunt, using a bovine pericardial patch and a saphenous vein graft anastomosed to the innominate vein (Figs 1 and 2).

Figure 1: The bovine pericardial patch was attached to the superior vena cava, the right atrium and the ventricle and the ascending aorta, using a running suture (5-0 Prolene). A saphenous vein graft was then implanted between the Cabrol patch and the innominate vein. Intraoperative measurement of the graft revealed a flow of 173 ml/min (pulse index 0.9). The thorax was temporarily closed.

Figure 2: (A) On postoperative day 1, transoesophageal echocardiography showed complete thrombus formation around the pericardial conduit. On postoperative day 2, the chest was closed; the shunt had already been occluded, as confirmed by flow measurement. (B) Computed tomography scan image 2 weeks after surgery.

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