

Cite this article as: Wyss TR, Makaloski V, Geppert CJ, Schmidli J. Complete remodelling after iatrogenic Stanford Type A acute aortic dissection. Eur J Cardiothorac Surg 2016; doi:10.1093/ejcts/ezw172.

Complete remodelling after iatrogenic Stanford Type A acute aortic dissection

Thomas R. Wyss*, Vladimir Makaloski, Corinne J. Geppert and Jürg Schmidli

Clinic of Cardiovascular Surgery, Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland

* Corresponding author. Clinic of Cardiovascular Surgery, Inselspital, Bern University Hospital, University of Bern, 3010 Bern, Switzerland. Tel: +41-31-6324778; fax: +41-31-6322919; e-mail: thomas.wyss@insel.ch (T.R. Wyss).

Received 4 March 2016; received in revised form 4 March 2016; accepted 19 April 2016

Keywords: Aortic remodelling • Aortic dissection

This 74-year old patient presented with left-sided stroke due to occlusion of the M1 segment of the middle cerebral artery. Attempted catheter-guided thrombectomy caused Stanford Type

A acute aortic dissection (Fig. 1). Owing to the acute and severe stroke, surgery was declined. At 1-year follow-up, the aorta showed complete remodelling.

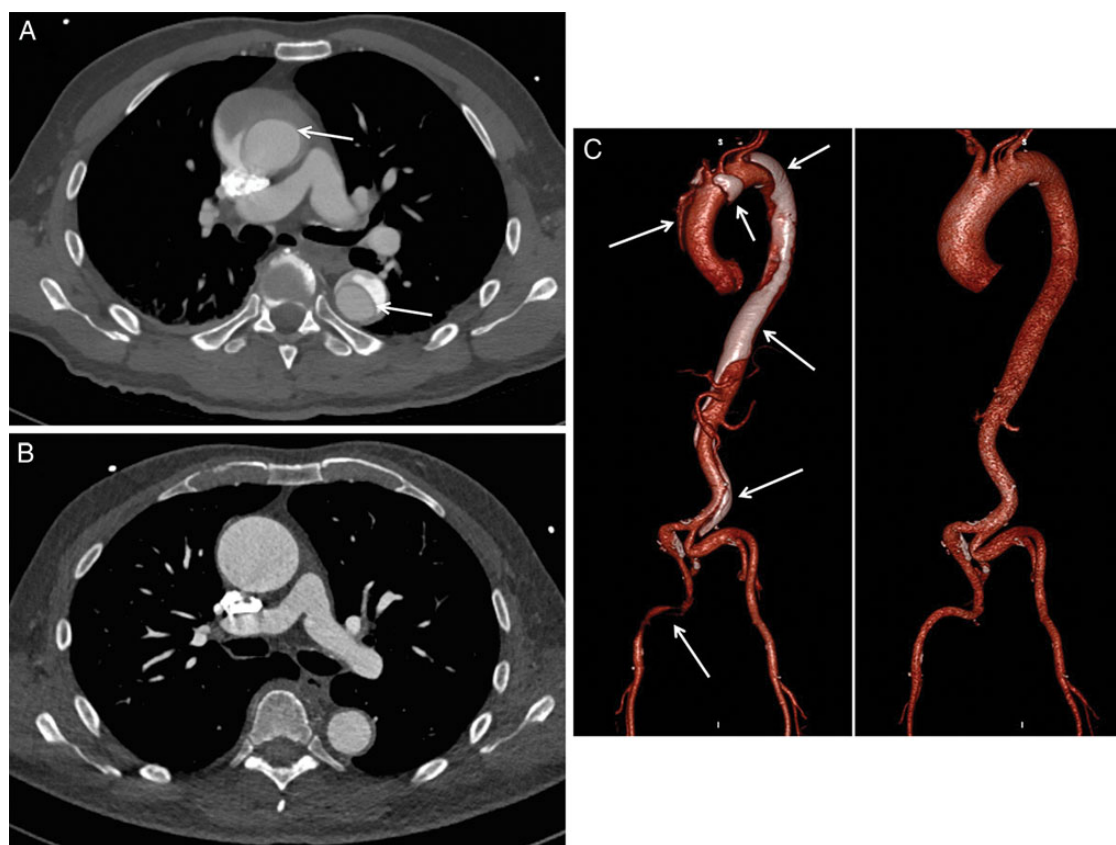


Figure 1: (A) Acute type A aortic dissection (white arrows). (B) One-year follow-up with complete remodelling. (C) 3D reconstruction of acute dissection (white arrows) and remodelling.