

## Chronic aortic dissection and recoarctation as a late complication of aortic coarctation surgery

### *Aort koarktasyon cerrahisinin geç dönem komplikasyonu olarak kronik aort diseksiyonu ve rekoarktasyonu*

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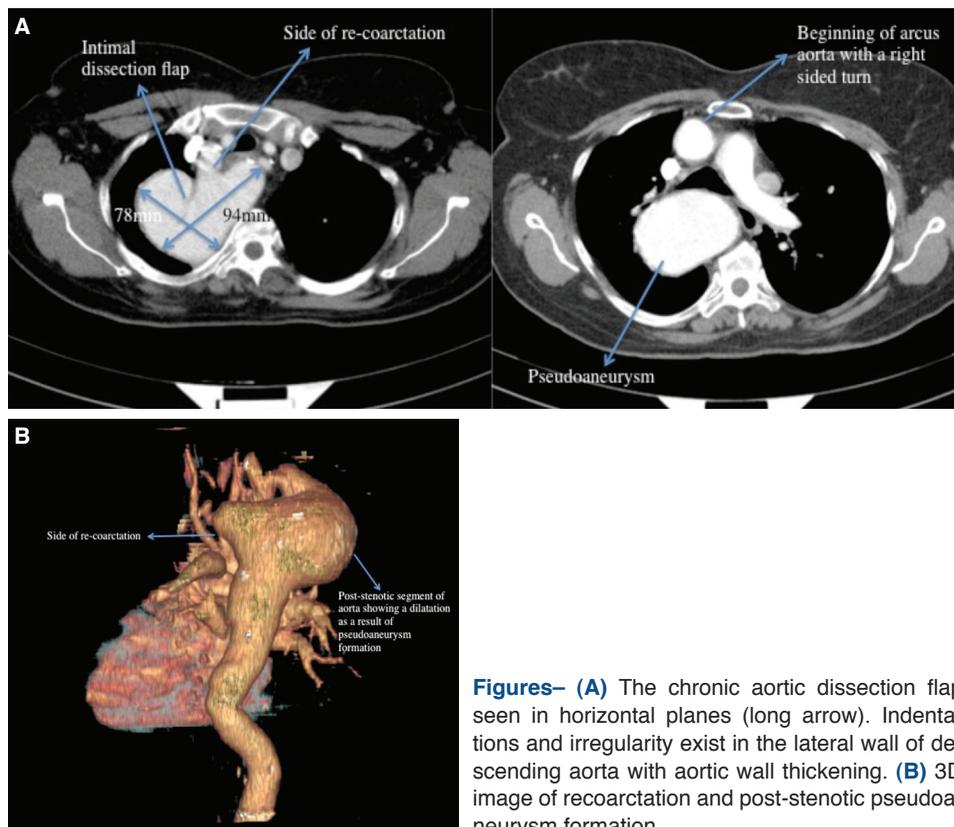
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A 53-year-old female patient was admitted to the outpatient cardiology clinic for control, and described no complaints at admission. She had a history of operation for aortic coarctation 35 years previously with no follow-up in the intervening period. Transthoracic echocardiography revealed a 50 mmHg peak transaortic gradient

at the descending aorta. Thoracic computed tomography (CT) with contrast injection was performed to reveal the aortic anatomy. This showed a giant pseudoaneurysm 94x78 mm in size located at the end of the arch after the level of the recoarctated part to the descending

aorta. A chronic dissection flap was also present (Figure A). A 3-D CT image revealed the recoarctation site with pseudoaneurysm (Figure B). Reoperation for chronic aortic dissection and recoarctation was offered. Coarctation of the aorta, a congenital malformation, is generally detected in infancy and sometimes in childhood or early adulthood. Patients with a surgically-repaired aortic coarctation frequently remain asymptomatic for a long period. However, many late complications can occur with aging and some patients may need repeat surgery or reintervention. The median time from coarctation repair to reoperation is 25 years. Because of the silent progression of late complications, careful and close follow-up is needed in patients operated on for aortic coarctation. As seen in the present case, patients may remain entirely asymptomatic for life. We wished to present the CT images of the patient due to the asymptomatic clinical nature of the giant pseudoaneurysm.



**Figures– (A)** The chronic aortic dissection flap seen in horizontal planes (long arrow). Indentations and irregularity exist in the lateral wall of descending aorta with aortic wall thickening. **(B)** 3D image of recoarctation and post-stenotic pseudoaneurysm formation.