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clinical practice

Huge ascending aorta and aortic arch aneurysm in ultra octogenarian

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SUMMARY: **Huge ascending aorta and aortic arch aneurysm in ultra octogenarian.**

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Giant ascending aorta aneurysms (AAA), which are larger than 10 cm, are rarely been reported (1-7). We hereby present the case of a giant AAA of about 11 cm in a very old women who was successfully operated on for ascending aorta and aortic arch replacement under deep hypothermic circulatory arrest.

KEY WORDS: Aortic aneurysm - Cardiac surgery - Cerebral perfusion - Octogenarians - Ascending aorta replacement.

Case presentation

A 82 years-old woman was admitted to the emergency department for acute chest pain. She was affected by systemic hypertension and diabetes but she had not previously symptoms related to the ascending aorta aneurysm. CT scanning urgently performed showed a huge ascending aorta and aortic arch aneurysm with no signs of rupture or dissection nor evidence of bleeding (Figure 1). She was emergently operated on for ascending aorta and aortic arch replacement (tubular graft 30 mm) under deep circulatory arrest at 25°c with direct antegrade cerebral perfusion according to Kazui technique. Extracorporeal circulation was established amongst the right femoral artery and the right atrium. Intraoperative image showed a huge aneurysm of the ascending aorta (Figure 2) with no evidence of dissection or rupture: however, the wall was very thin almost near the sino-tubular junction. Postoperative course was uneventful and she was discharged two weeks later with no complications.

Even though this is not the largest aneurysm reported in literature (1-5), its particularity belongs to the age of the patient, the dimension of the aneurysm that reached about 11 cm and the very good result of surgical operation in a such high risk patient.

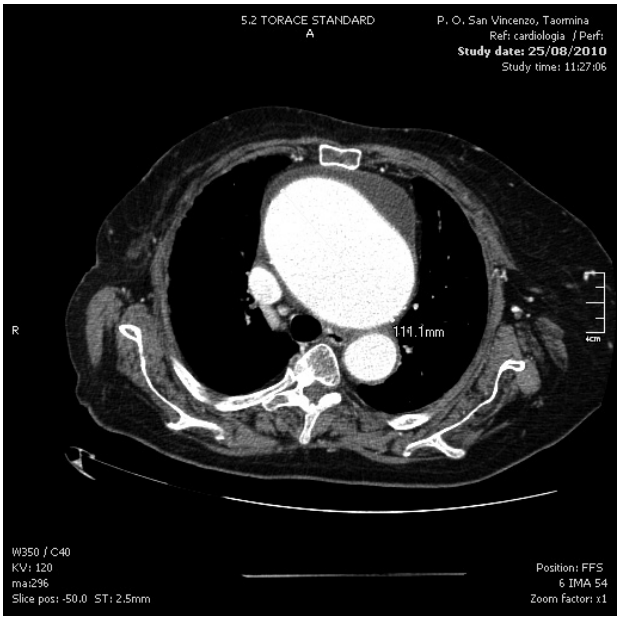

Fig. 1 - The image of CT scan chest showed a huge aneurism of ascending aorta and aortic arch with no evidence of pericardial effusion.

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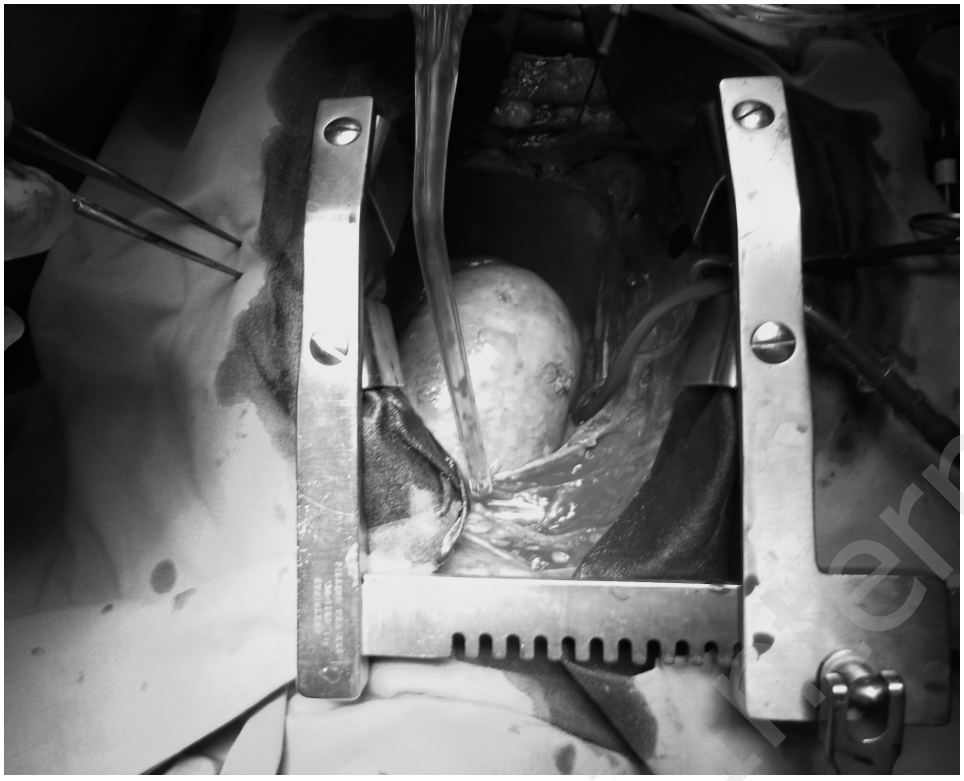

Fig. 2 - Intraoperative image of the huge aneurysm.

Conclusions

Even though ascending aorta aneurysms are frequently enough observed and have been largely published, the size of this lesion and the short distance from the sternum make this a rare case and, to our knowledge, this is one of the largest aneurysm in a such old patient who was successfully treated (1-4). Moreover, the complete absence of the patient's symptoms before the onset of chest pain and the successful surgical treatment are interesting for physicians involved in the management of elderly with ascending aorta aneurysms.

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