

Amplatzer occluder device use for the treatment of ascending aortic pseudoaneurysms

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We read with interest the manuscript of Megaly et al.^[1] in which the authors presented a challenging treatment of an ascending aortic pseudoaneurysm with endovascular stent grafting. However, we would like to comment on the paper with an alternative treatment option.

With the introduction of advanced technology, medicine and experiences, new devices have been developed for the facilitated treatment for different medical problems in recent years. Occluder devices are one of the pioneers in the field which provide percutaneous treatment of patent ductus arteriosus and atrial septal defects; otherwise, these patients would require open surgical reconstruction. On the other hand, these medical devices are frequently used out of the supplier's instructions for use. Recently, we implanted an Amplatzer duct occluder II successfully for the treatment of an aortic pseudoaneurysm which developed within six years at the proximal anastomosis region in a patient who underwent supracoronary ascending aortic replacement for the treatment of aortic dissection developed four years after coronary artery bypass grafting.^[2]

Considering the presented case of the aforementioned authors, there should be a proximal saphenous vein anastomosis at the ascending aorta.^[1] However, it is not clear in the images where the pseudoaneurysm developed.^[1] On the other hand, theoretically there are two options; i.e. either at the ascending aorta cannulation part or from the proximal saphenous vein anastomosis region. Hence, a long shaft stent graft body may compromise the saphenous vein and coronary flow. Rather, could the authors comment if it could not be possible to implant a smaller Amplatzer occluder device to treat the pathology?

REFERENCES

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