CLINICAL SNAPSHOT

Late Complication After Surgical Treatment of Aortic Isthmus Stenosis

A 42-year-old man presented to the central emergency department with a 3-week history of left thoracic pain and dry cough. At the age of 11 years he had undergone surgical patch repair of an aortic isthmus stenosis. No follow-up examinations had taken place. No other relevant previous illnesses were known. Thoracic radiography showed a fist-sized mass in the left upper field. Subsequent contrast-enhanced coronal thoracic computed tomography revealed this mass to be a partially calcified aneurysm of the descending thoracic aorta measuring 11 × 8.5 × 8.5 cm. Owing to the size of the aneurysm and the clinical presentation, rupture was a distinct possibility. Formation of an aortic aneurysm is described in the literature as a possible late complication of surgery for aortic isthmus stenosis, especially after Vosschulte patchplasty. The patient was treated by means of carotid–carotid–subclavian bypass and thoracic endovascular aortic repair (TEVAR). Aortic isthmus stenosis in the medical history of a patient with thoracic symptoms or cough represents a risk factor. Regular follow-up of such patients is advisable, particularly when they reach old age. The current treatment of choice is resection of the aortic isthmus stenosis and end-to-end anastomosis.

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