

**TRANSPERICARDIAL ACCESS TO THE
DESCENDING THORACIC AORTA**
- AN OPTION FOR SINGLE-STAGE EXTENSIVE REPAIR -

Kay-Hyun Park

Thoracic and Cardiovascular Surgery
Seoul National University Bundang Hospital
Seongnam, Korea

Disclosure

Speaker name: Kay-Hyun Park

.....

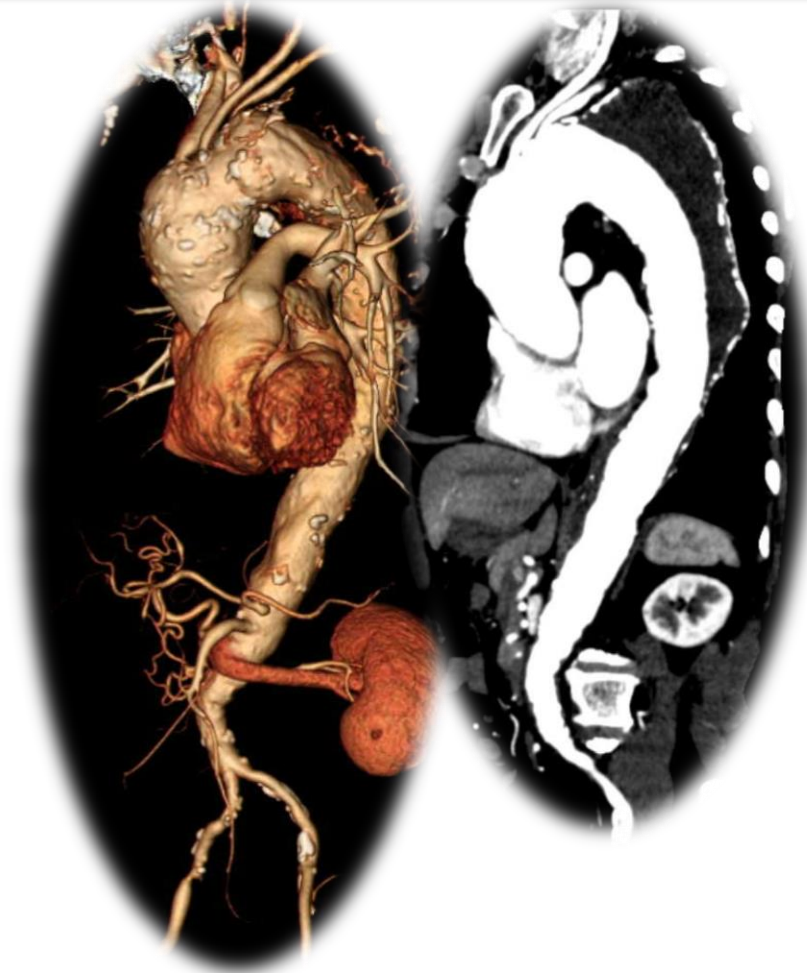
I have the following potential conflicts of interest to report:

- ☐ Consulting
- ☐ Employment in industry
- ☐ Stockholder of a healthcare company
- ☐ Owner of a healthcare company
- ☐ Other(s)

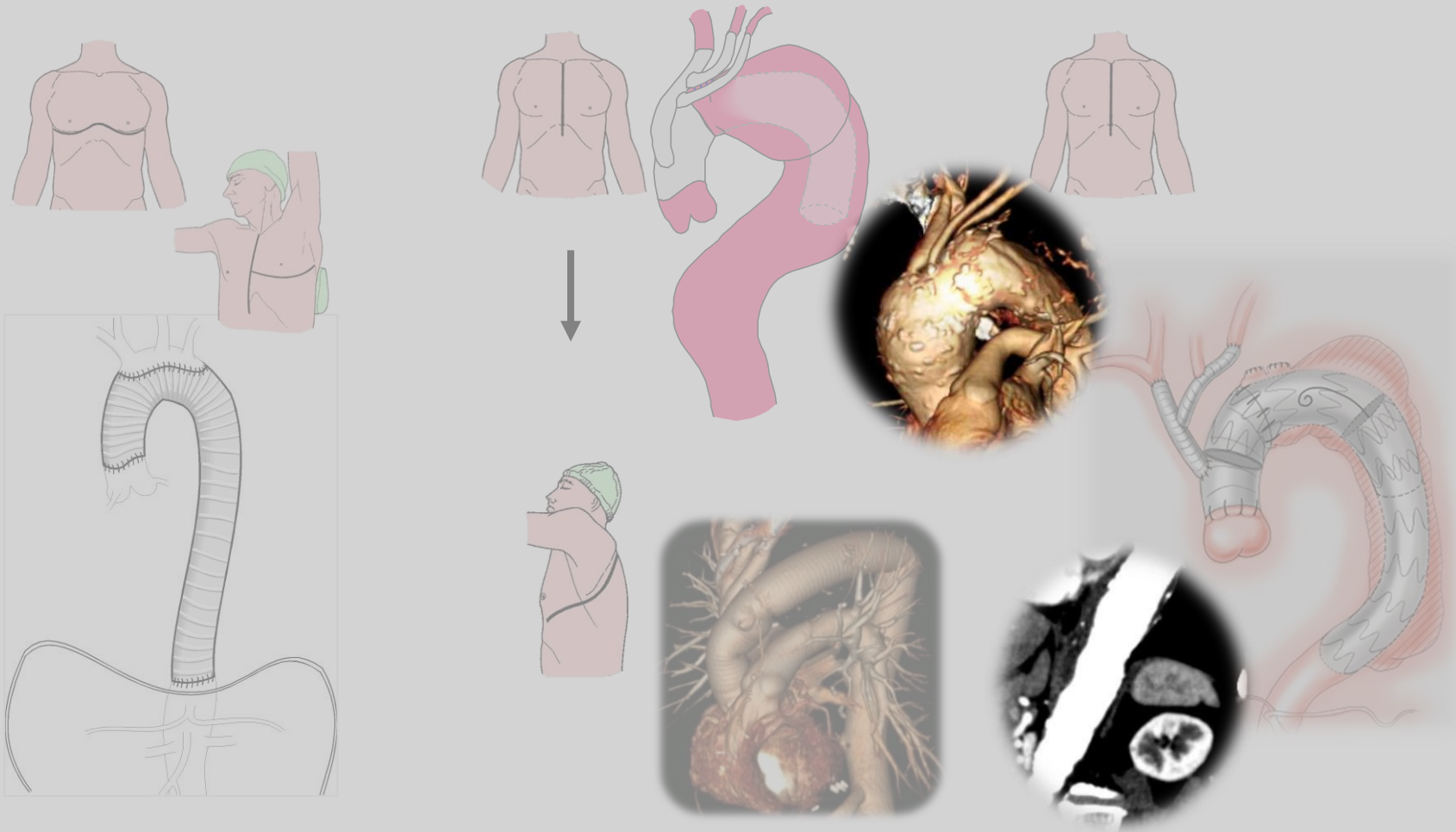
☒ **I do not have any potential conflict of interest**

Case 1

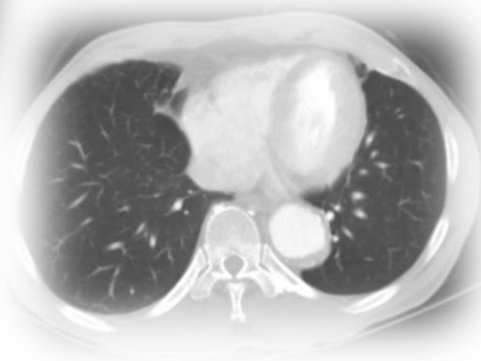
- 62-year-old male
- Incidental extensive thoracic aortic aneurysm (ascending ~ descending thoracic)
- No associated illness except for hypertension



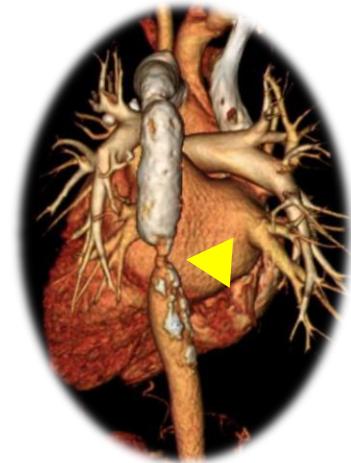
Options for extensive thoracic aneurysm

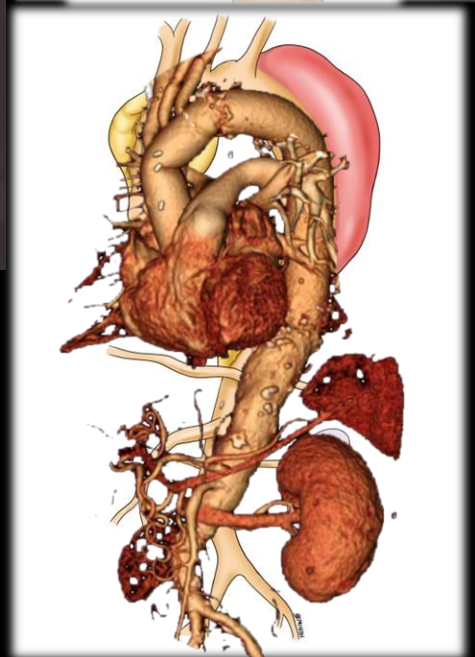
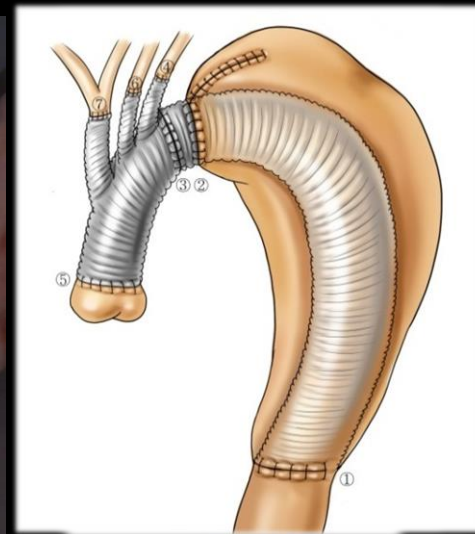
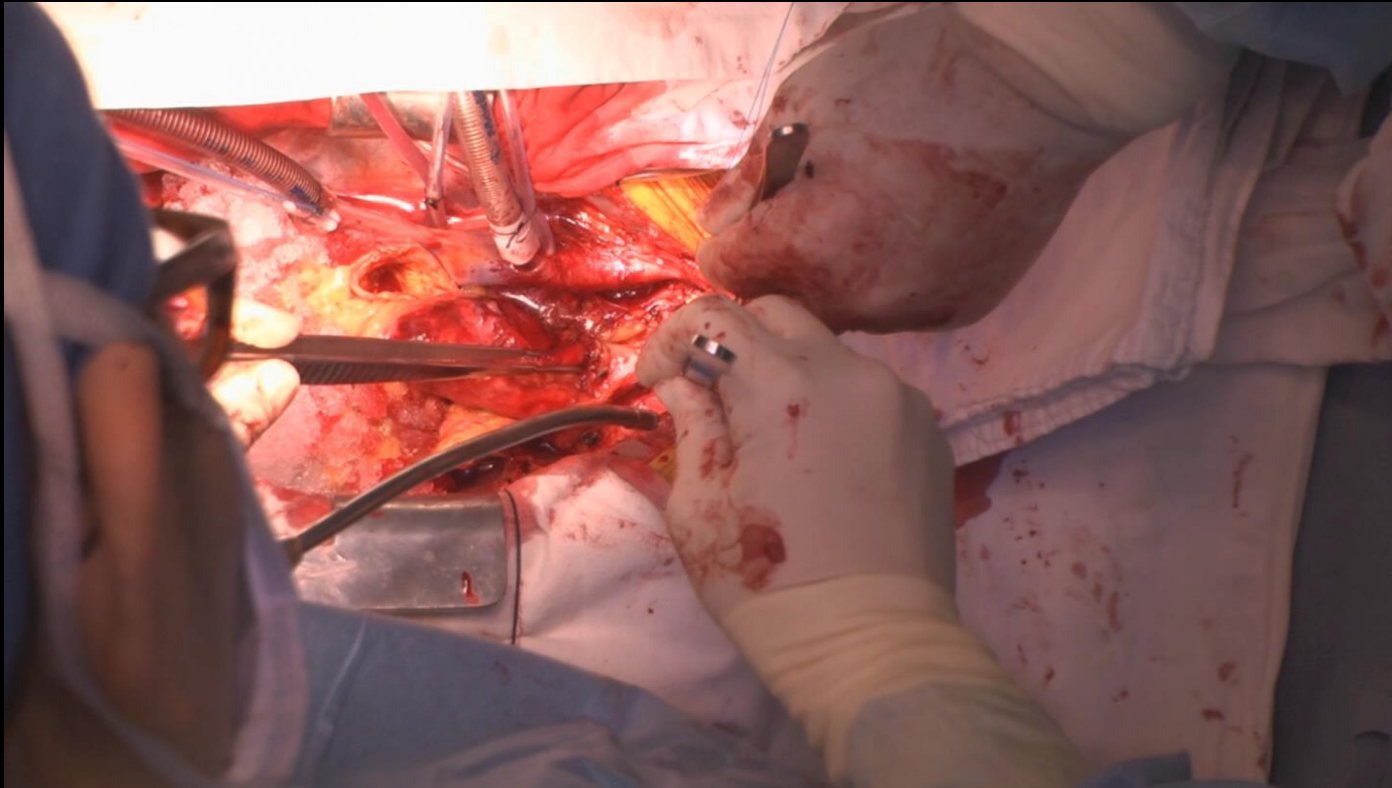


a forgotten access route



M/42,
+ severe MR
↓
aortic bypass
& MV repair

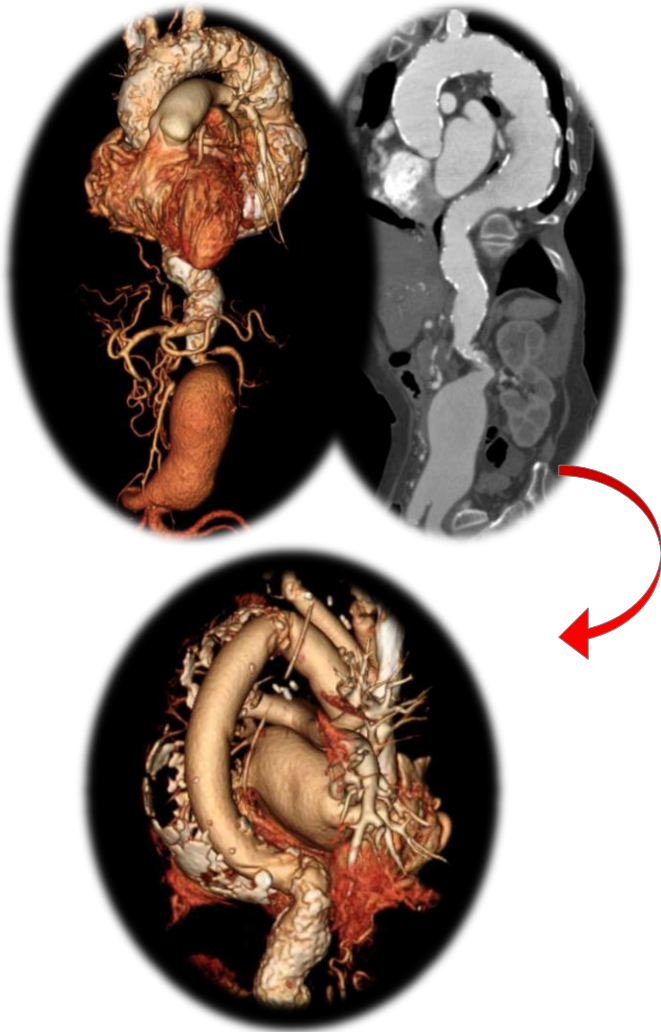




- Total operation time : 290 min
 - CPB 155 min, circulatory arrest 70 min (ACP 50 min)
- Transferred to general ward on the 1st postoperative day
- Discharged on 12th day

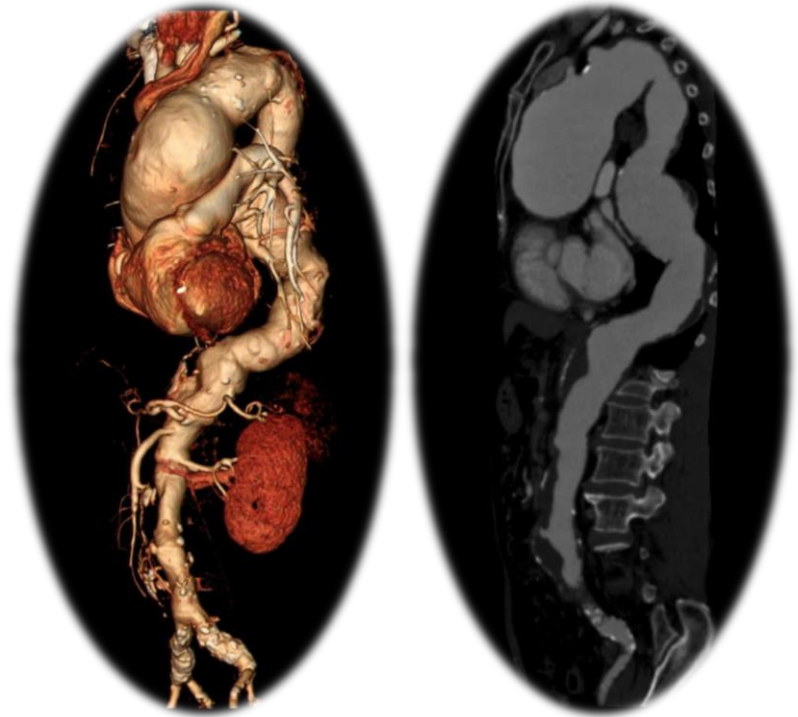
Case 2

F/66, Takayasu
+ severe AR



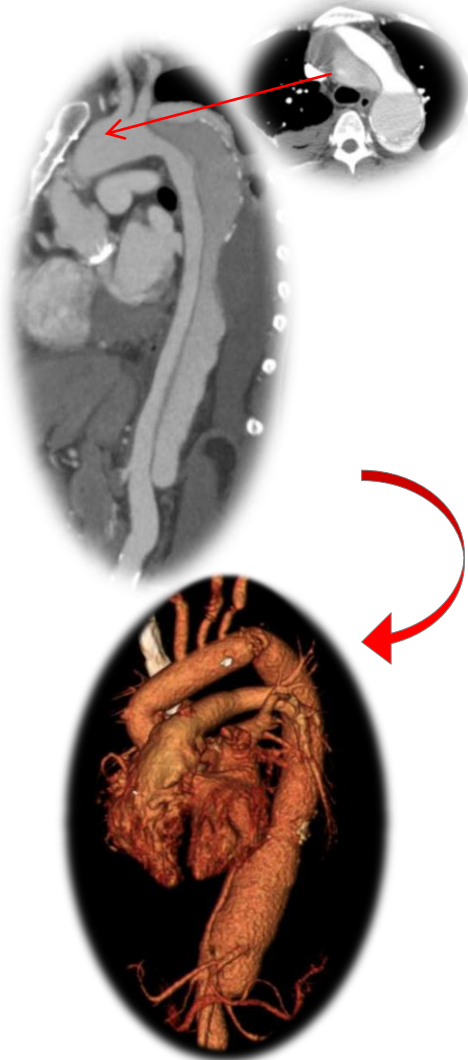
Case 3

F/75
multiple aneurysms



Case 4

M/43, Marfan
dissection rupture, s/p Bentall



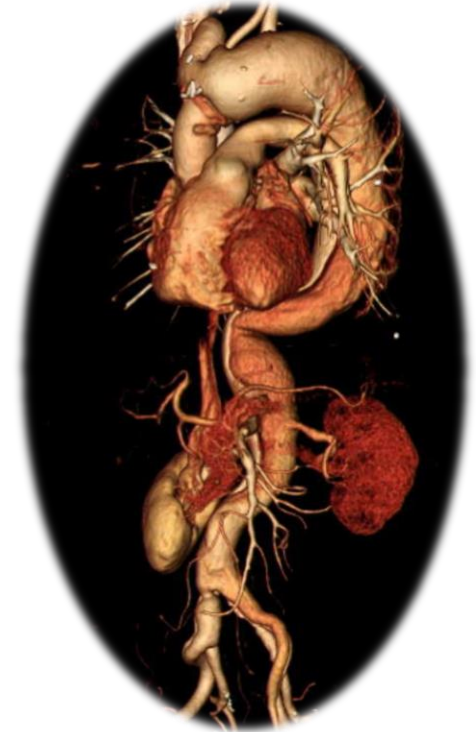
Case 5

M/67
dissection, s/p asc. R

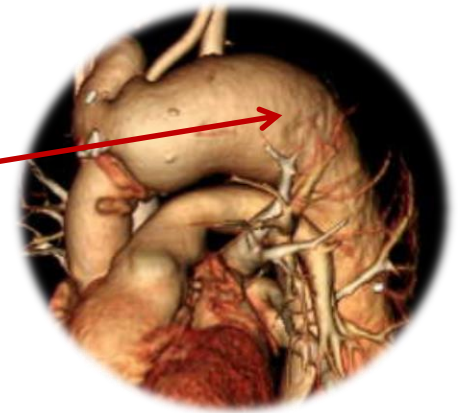
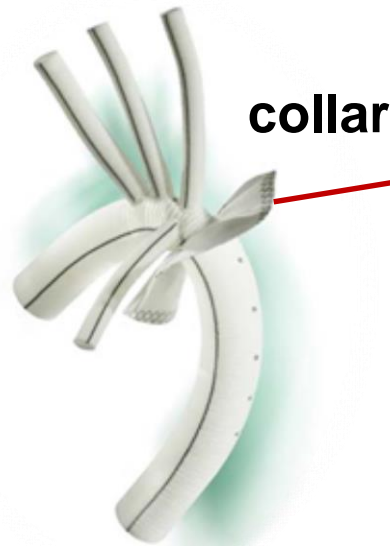


Case 6

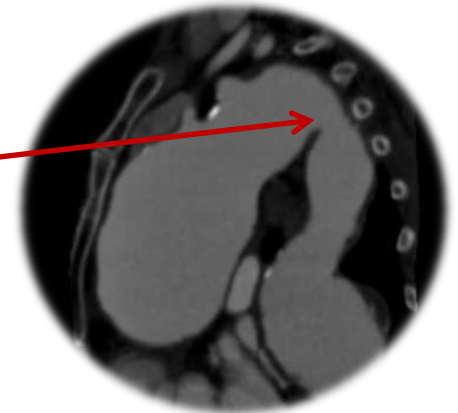
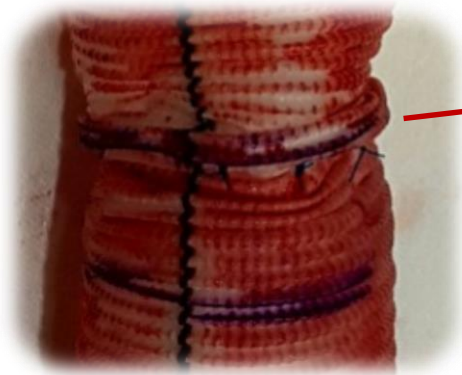
M/65,
dissection, s/p asc. R



composite graft



plication → ridge



Conclusion

In selected patients with extensive aneurysm involving the entire thoracic aorta, one-stage repair is feasible by median sternotomy and approaching the distal descending thoracic aorta through the posterior pericardium.

This technique can be an alternative to one-stage repair via extensive incision (e.g., clamshell incision), two-stage repair, and hybrid procedure with frozen elephant trunk.