

Clinical image

Aortic Dissection in a Patient With Lung Transplantation

Dissección aórtica en un paciente trasplantado pulmonar

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Surgical complications after lung transplantation are relatively common, mainly in the first month.¹ We would like to present a case of an aortic dissection as a surgical complication.

This is a 64-year-old male who underwent double lung transplantation. The postoperative period proceeded without significant complications and the standard postoperative tests did not show relevant abnormalities.

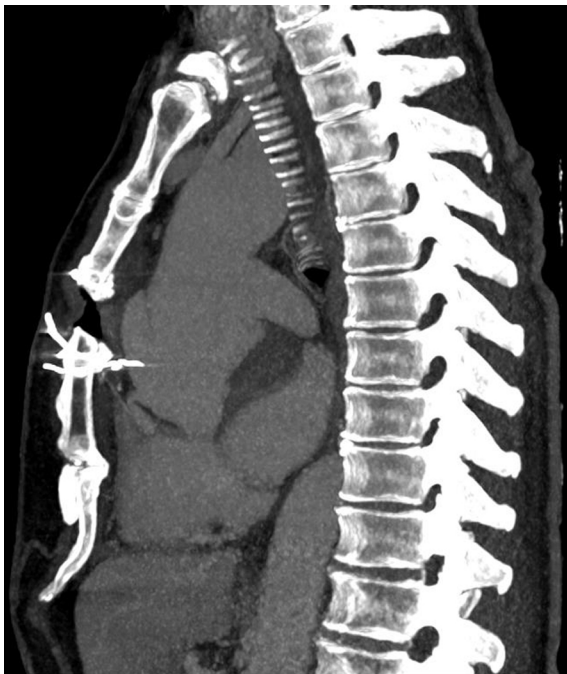


Fig. 1. Thoracic aorta CT angiography (sagittal MIP reconstruction) showing a type A dissection flap extending from the aortic root to the aortic arch, adjacent to the displaced sternal suture fragment.

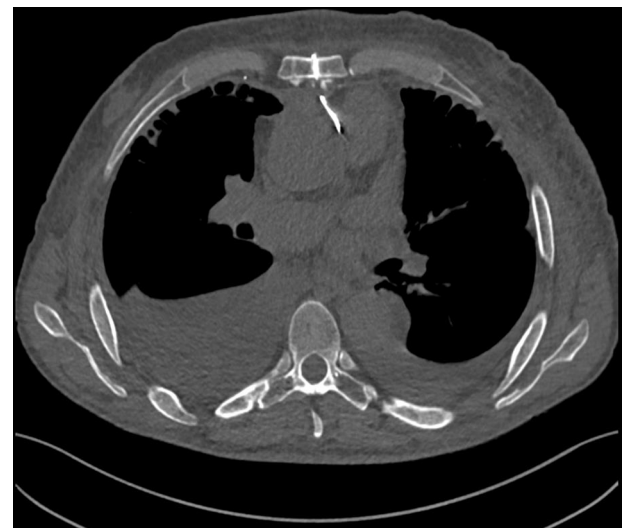


Fig. 2. Axial CT scan of the thoracic aorta showing the suture thread directed towards the ascending aorta.

After discharge, the patient started with progressive dyspnea and a chylothorax was diagnosed. A CT scan was performed to determine the cause, and incidentally, it revealed that the suture of the median sternotomy had come loose, which was likely the origin of the chylothorax. During readmission the pleural drainage remained high, so a new chest CT scan was done and we could see that one of the wires from the sternotomy was directed towards the mediastinum (Figs. 1 and 2), next to the ascending aorta and the trunk of the pulmonary artery. A type A aortic dissection (AD) from the aortic root to the aortic arch was diagnosed.

This is the first case that describes an AD as a complication after sternal suture wire migration in a lung transplantation patient. Although this complication, the patient evolution after 1 year is satisfactory.

Informed consent

We have obtained the patient's consent to publish this article after providing the necessary information.

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This study has not passed the ethics committee because it is not necessary to present this clinical case.

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Authors' contributions

All three authors have contributed to the creation of this paper.

Conflicts of interest

The authors declare no conflicts of interest.

Reference

1. Paul N, Patsios D, Walsham A, Chung T-B, Keshavjee S, et al. Imaging of lung transplantation: review. Am J Roentgenol. 2009;192 3 Suppl, <http://dx.doi.org/10.2214/AJR.07.7061>.