

## Surgery for severe aortic coarctation in a 55-year-old female patient

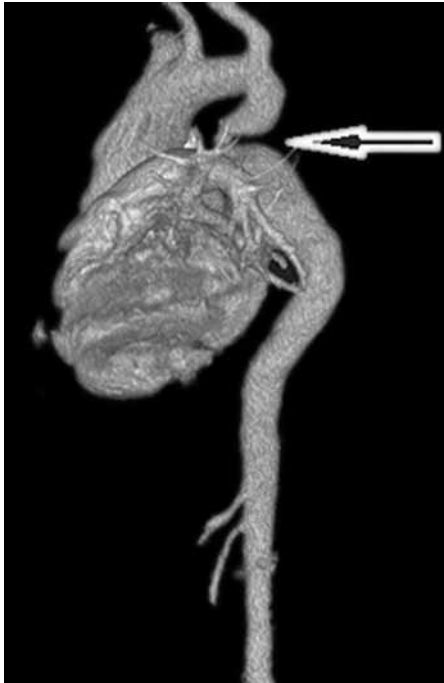
*Elli beş yaşında kadın hastada ciddi aort koarktasyonu cerrahisi*

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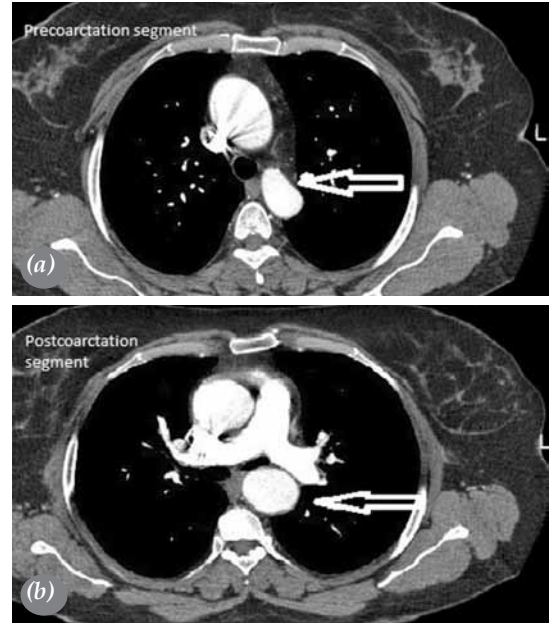
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Aortic coarctation is a segmental narrowing of the descending aorta which commonly located distally to the origin of the left subclavian artery.<sup>[1]</sup> This congenital anomaly is frequently diagnosed and treated in childhood; however, it can be left undiagnosed until adulthood.<sup>[2]</sup> In this article, we present a 55-year-old female case with severe aortic coarctation with 30 mmHg gradient, distal to the origin of the subclavian artery with post-stenotic dilatation (Figure 1). Computed tomography angiography

revealed calcification and aortic wall irregularities of pre-coarctation segment (Figure 2a) despite no changes in post-coarctation segment (Figure 2b). She was on anti-hypertensive therapy for almost 20 years. Transthoracic echocardiography revealed severe aortic valve stenosis with a mean gradient of 52 mmHg and 42 mm ascending aorta. The patient underwent graft bypass surgery with left posterolateral thoracotomy. A 16 polytetrafluoroethylene tubular graft was anastomosed distally to the origin of the



**Figure 1.** Computed tomography angiography showing severe aortic coarctation and post-stenotic dilatation.



**Figure 2.** Computed tomography angiography of pre-coarctation and post-coarctation segment (2a: Arrow shows calcification and wall irregularities of pre-coarctation segment, 2b: There is no change on aortic wall of post-coarctation segment).



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left subclavian artery using side biting clamp and distal part of the graft was anastomosed beneath the aneurysmatic segment of the descending aorta. Postoperative period was uneventful. Beta-blocker monotherapy was used to control the blood pressure. Surgery was planned for aortic valve disease. Aortic coarctation is rarely seen in adult patients. Graft bypass is a safe and effective treatment.

#### **Declaration of conflicting interests**

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