

Physician - Aortic (Thoracic) Pathologies and Surgery/Endovascular Interventions**[MEP-30]****A Case Report of Newly Developed Paraplegia After Acute Type A Aortic Dissection Repair**Hamdi Mehmet Özbek¹, Emre Demir Benli², Elif Coşkun Sungur², Ahmet Sarıtaş²¹Department of Cardiovascular Surgery, Sincan Training and Research Hospital, Ankara, Türkiye²Department of Cardiovascular Surgery, Ankara City Hospital, Ankara, Türkiye*Türk Gogus Kalp Dama* 2024;32(Suppl 2):MEP-30

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A Stanford type A aortic dissection is associated with elevated preoperative mortality and morbidity rates, as well as an increased likelihood of postoperative complications. Among these complications, paraplegia represents a serious but rare occurrence that can lead to significant morbidity in affected individuals. A 55-year-old male patient experienced acute paraplegia in the postoperative period after Stanford type A aortic dissection. Upon detection of paraplegia, medical therapy was promptly initiated. Despite maintenance of hemodynamic stability following surgery, the patient's neurological deficit persisted at 24 h postoperatively. In response, cerebrospinal fluid (CSF) drainage was performed. Notably, a full clinical recovery in neurological function was observed within 5 h of initiating CSF drainage. The pathophysiology underlying postoperative paraplegia in the context of aortic dissection remains unclear. However, with the maintenance of hemodynamic stability, appropriate medical management, and the persistence of neurological symptoms, the implementation of CSF drainage may be considered to facilitate resolution of symptoms. Emergent aortic surgeries can lead to devastating neurological complications. Among these complications, paraplegia can be managed successfully and considered a potentially reversible condition with these interventions.

Keywords: Aortic dissection, paraplegia.

Figure 1. Comparison of the dissection flap by using three-dimensional computed tomography. (a) Preoperative, (b) Postoperative.

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