Physician - Vascular Acccess

[MEP-44]

Abdominal Aortic Coarctation in an Adolescent Patient

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Herein, we presented a case of abdominal aortic coarctation in a patient with a rare atypical location. A 17-year-old female patient was referred to the clinic due to neurofibromatosis type 1, hypertension, optic glioma (she received 10 kt 12 years ago), significant lymphedema in both legs, and atypically located long segment abdominal coarctation due to right renal artery stenosis. A stent balloon procedure was performed five times for right renal artery stenosis, and right nephrectomy was done due to obstruction and kidney atrophy. The patient presented with complaints of dysphagia and postprandial pain for four years. In the radiological examination, coarctation was observed from the distal celiac artery to the iliac bifurcation including the SMA left renal artery. Abdominal aortic coarctation-SMA – l-renal artery coarctation repair (patchplasty with Dacron graft) was performed in the patient. The preoperative quadruple antihypertensive hypertensive patient became normotensive on the seventh postoperative day, and the patient's lymphedema regressed after the operation.

Keywords: Coarctation-graft, patchplasty.

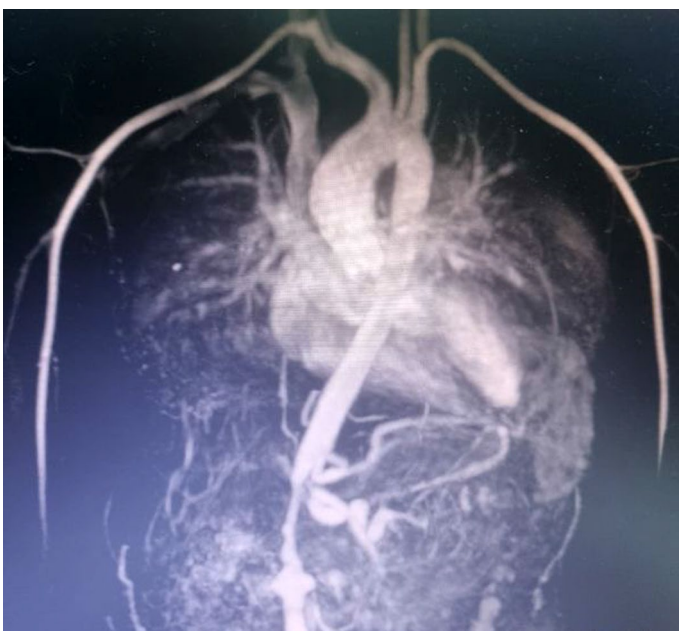

Figure 1. Preoperative magnetic resonance imaging.

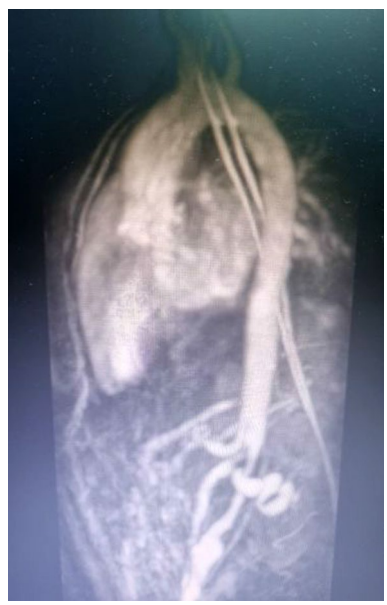

Figure 2. Preoperative magnetic resonance imaging.