



SHAHEED RAJAE  
CARDIOVASCULAR, MEDICAL & RESEARCH CENTER

# A Case Report on Post Bentall Aortic Aneurysm

Zohreh Morshedizad

Shaheed Rajaie Cardiovascular, Medical & Research Center

*zmorshedizad@gmail.com*

April 30, 2021

# Overview

## Case Presentation

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## Case

A 44-year-old woman with a history of hypertension who underwent Bentall and CABG surgery in 1387 with a diagnosis of type A dissection and was again diagnosed with a 9cm diameter descending aortic aneurysm with rupture and extensive thoracic hematoma. .

# Past Medical History

- HTN
- Marfan Syndrome
- Bentall-CABG-PPM

# Drug History

- Tab Losartan
- Tab Amlodipin

# Lab Test

- Hb = 8
- Na = 138
- K = 3.7
- FBS = 90
- BUN = 28
- Cr = 0.8
- COVID-19 PCR = Negative

# Echocardiography

- Normal LV size
- Normal RV size with mild systolic dysfunction
- Moderate MR
- Bileaflet Mechanical AV prosthetic with good hemodynamic study
- Bentall tube graft in ascending aorta was in proper position with no leakage
- Mild to moderate TR
- Mild percardial effusion
- No flap in ascending aorta
- Dilation of distal port of arch, Size of aneurysm = 9cm
- EF= 50%

# Induction

- BP = 160/90
  - O<sub>2</sub>Sat = 97
  - Cerebral Oximetry = 50-70
  - Left and Rt Radial Arterial Line
  - CSF Catheter Monitoring
  - Rt Internal Jugular and Rt Sub Clavian CVP
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- Etomidate = 14mg
  - Rocuronium = 10cc
  - Sufentanil = 5cc
  - Maintenance = SAM
  - Infusion of Transamic = 15mg/kg/hr



## Lab Test after Induction

### Air

- $\text{PH} = 7.40$
- $\text{PO}_2 = 64$
- $\text{O}_2\text{Sat} = 96$
- $\text{PCO}_2 = 44$
- $\text{HCO}_2 = 27$
- $\text{TCO}_2 = 28$
- $\text{BE} = 3$
- $\text{Na} = 143$
- $\text{K} = 2.8$
- $\text{Hb} = 8.8$
- $\text{HCT} = 28$
- $\text{BS} = 86$
- $\text{Lactat} = 0.7$

# Medications that the patient received during hypothermia include:

- On By Pass : 10 : 10
- PCA Time : 100min
- Protection for PCA : Sodium Thiopental 5mg/kg  
Topical Cooling - Solu-Medrol 1g
- Pomp Time : 5hr

# Off Pomp

- 2 unit P.C.
- 3 unit p.H.
- 3 unit FFP
- Vial Bicarbonat 2 vial
- Fibrinogen 2gr

# The End