OBJECTIVE

First described in 1956, thoracic aorto-iliac bypass is a rarely performed procedure. Besides of aorto-bifemoral graft failure, indications are a hostile abdomen or extensive infra-renal atherosclerosis. According to the literature, this surgical procedure compares favorably to direct aortic reconstruction by reducing the risk of ischemic organ damages and paraplegia.

RESULTS

Postoperative CT Angiogram (Fig.3) showed an excellent patency of the vascular reconstruction. Annual duplex examination confirmed the absence of stenosis and the patient was completely relieved of symptoms up to five years after surgery.

CONCLUSION

The literature review shows similar major morbidity (16%) and mortality (4%) rates of such a procedure when compared to aorto-femoral bypass grafting, in spite of the mini-thoracotomy approach and the potential selective intubation. The primary patency rate is excellent and similar with the primary aorto-bifemoral bypass. Long-term permeability is superior when compared to axillo-femoral bypass. The distal thoracic aortic segment is often disease-free and represents an excellent source for the inflow. Based on our experience, we recommend this procedure in patients presenting with aorto-iliac occlusive disease and/or relative contraindications to a direct abdominal approach.

LITERATURE

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