ANESTHESIA FOR AORTIC ANEURYSM AND DISSECTION

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Aside from diagnosing and treating aortic dissection there is no known strategy for preventing an aortic dissection. Over time, the pressure of blood flow can cause the weakened area of the aorta to bulge like a balloon. However, an aneurysm can stretch the aorta beyond its safety margin. Aneurysms are a serious health risk because they can burst or rupture. A ruptured aneurysm can cause severe internal bleeding, which can lead to shock or death. Symptoms will depend on where the aneurysm is located and how large it is. Possible symptoms include:
- Pain in the jaw, neck, and upper back
- Chest or back pain
- Coughing, hoarseness, or difficulty breathing

What causes a thoracic aortic aneurysm?
Researchers believe that atherosclerosis, causes TAA. In atherosclerosis, plaques build up in the walls of arteries. Over time, arteries narrow, stiffen, and possibly weaken. Certain diseases can weaken the layers of the aortic wall, increasing the risk of aneurysms. These diseases include:
- Marfan's syndrome, a connective tissue disorder
- Syphilis
- Tuberculosis

Diagnosis is done by:
- Chest x ray
- Echocardiography (an ultrasound of the heart)
- Magnetic resonance imaging (MRI)
- Computed tomography (CT) scan
- Trans-esophageal echo (TEE)

Anesthetic management depends on the type of procedure done. Preoperative beta blockers are essential for the preparation of patients for surgery or stenting. Monitoring is done for all vital organs and protective measures used to protect them. Bleeding is anticipated and coagulation abnormalities treated.