

Acute Intramural Hematoma of the Aorta Short- and Long-Term Outcome 10-Year Experience

Eli Levy, Amit Korach, Dan Gilon, Amir Elami, Ehud Rudis, Oz M. Shapira
Cardiothoracic Surgery, Hadassah, Israel

Introduction:

Acute intramural hematoma (IMH) of the aorta is characterized by hemorrhage into the aortic media in the absence of intimal tear. The management of IMH is controversial. The traditional approach of early surgery for patients with acute type A IMH has been recently challenged by several authors documenting acceptable outcomes with conservative management. We report our institutional experience with this unique clinical-pathological entity.

Patients and Methods:

Between 2002 - 2010, we treated nine patients (6 males) with acute IMH of the aorta. Type A – 6, Type B - 3. Mean age was 63 ± 12 years (range 52-80). Of the 6 patients with acute type A IMH, 4 had timed operation. Admission to surgery interval was 0 to 44 days. Type B IMH was managed conservatively.

Results:

Early survival was 78% (7/9). Of the 6 patients with Type A IMH, the four who had surgery survived, the two treated conservatively expired. The three patients with Type B IMH survived. Follow-up was achieved in 6 of the 7 patients discharged alive and averaged 5 ± 2 years (3 - 10 years). Two patients expired at four months (sudden death, Type A) and ten years (rupture of abdominal aneurysm, Type B). Follow-up CT scans demonstrated complete resolution of the IMH in four patients, reduction in one and increase in one, necessitating endovascular repair.

Conclusions:

Our institutional experience supports early surgery in patients with acute type A IMH and conservative management of uncomplicated Type B. Long-term surveillance is mandatory for early detection of new aortic pathologies.