

AORTIC INTRAMURAL HEMATOMA

-IMH

IMH- Hemorrhage into aortic media in the absence of intimal tear

Related but distinct from aortic dissection

CT angiography, TEE, MRI increase the number of patients diagnosed

Treatment- immediate aortic dissection repair

or timed operation

Interest statement

No conflict of interest

Patients

From Jan. 2001 to Feb. 2010

9 patients with IMH

6 males, 3 females

Mean age 64 +- 10 y (52-80)

6 patients IMH type A

3 males, 3 females

Mean age 63+- 12 (52-80)

3 patients IMH type B, 3 males,

mean age 63+-9 (55-73)

Treatment

IMH type A- 6 pt.

3 patient – timed operation

1 patient immediate operation – severe AR

1 patient missed diagnosis – aortitis

1 patient conservative treatment –comorbidities

IMH type B- 3 pt.

2 patients conservative treatment

1 patient stent insertion –increased diameter of
intra-mural hematoma

Indication for operation in timed operation patient group

Pericardial effusion

Aortic valve regurgitation

Organ malperfusion

Ongoing pain despite medical treatment –
BP control with I.V. Nitroprusid, p.o. beta
blockers and alpha blockers

Results

3 patients IMH type A timed operation

21+- 33 days (1,4,60)

No perioperative death

Intermediate term follow up 3+- 0.5 y

Intact hemodynamically and neurologically

1 patient IMH type A immediate op.-sudden death after 4 mo. at home

2 patients IMH type A died while followed

Conclusion

3 patients IMH type B

2 conservative treatment -1 left the country

1 intact

1 patient with stent died after 10 years

From AAA rupture

Conclusions-

IMH type A -immediate operation

IMH type B – conservative treatment