AORTIC INTRAMURAL HEMATOMA -IMH

IMH- Hemorrahge into aortic media in the abcence of intimal tear

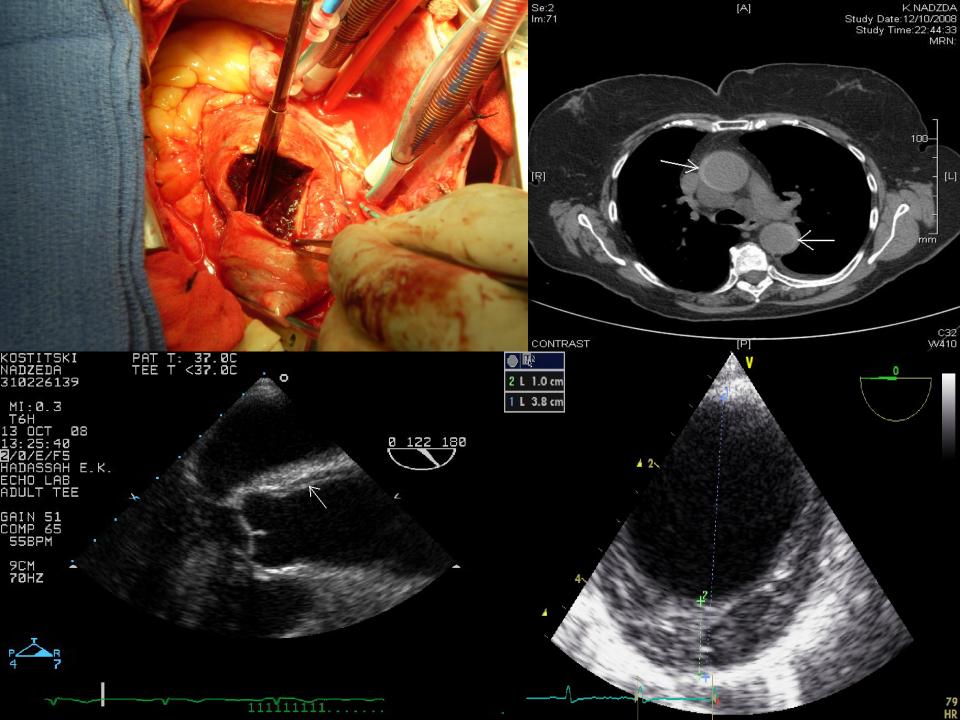
Related but distinct from a ortic dissection CT angiography, TEE, MRI increase the number of patients diagnosed

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
- 1patient 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 neurologicaly 1patient IMH type A imediate op.-sudden death after 4 mo. at home 2 patients IMH type A died while followed

Conclusion

- 3 patients IMH type B
- 2 conservative treatent -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