

## CR43

**Open surgical treatment of malperfusion syndrome in Stanford B aortic dissection**Stjepan Pinotić<sup>a</sup>, Zlata Pinotić<sup>a</sup>, Krešimir Pinotić<sup>b</sup><sup>a</sup> Faculty of Medicine; Josip Juraj Strossmayer University of Osijek<sup>b</sup> Division for Vascular Surgery; Department of Surgery; University Hospital Centre OsijekDOI: <https://doi.org/10.26800/LV-144-supl2-CR43> Stjepan Pinotić 0000-0002-8825-6291, Zlata Pinotić 0000-0001-6329-3611, Krešimir Pinotić 0000-0003-4559-5485

Keywords: Dissection, Malperfusion, Surgery

**INTRODUCTION/OBJECTIVES:** Aortic dissection is a life-threatening condition in which a tear occurs in the intima of the aorta. There are two types of aortic dissection, Stanford A and B. Stanford B aortic dissection involves the descending aorta and is treated by lowering blood pressure (BP), with surgery being reserved for complications, such as malperfusion syndrome.

**CASE PRESENTATION:** We report a case of a 46-year-old male with Stanford B aortic dissection with malperfusion syndrome of the right common iliac artery (RCIA). The diagnosis was made based on his symptoms, which included sudden severe chest pain spreading to the abdomen and paresthesia of his right leg. Physical examination was remarkable for paleness and pulselessness of the right leg, which suggested malperfusion of the RCIA. After stabilizing his BP and confirming the diagnosis on CT angiography, an emergency laparotomy with fenestration, excision, and fixation of the intima of the abdominal aorta was performed. The outer aortic wall was then closed over Teflon felt. Additional thrombectomy of both common iliac arteries ensured the patient's right leg reperfusion. Two weeks later he underwent elective Thoracic Endovascular Aortic Repair (TEVAR), which was performed to secure the long-term anatomic benefit. He was later discharged from the hospital, suffering no surgical complications, and was prescribed antihypertensive therapy.

**CONCLUSION:** Malperfusion syndrome is the second most common complication of aortic dissection and it requires immediate surgical treatment. In this case, the open surgical procedure with supplemental elective TEVAR proved to be a viable alternative treatment option to the recommended Endovascular Fenestration.

## CR44

**The importance of long-term treatment of cholesteatoma**Vana Stojić<sup>a</sup>, Tea Štrbac<sup>b</sup>, Stjepan Frkanec<sup>c</sup>, Andro Košec<sup>c,d</sup><sup>a</sup> Department of Emergency Medicine of Zagreb County, Zagreb, Croatia<sup>b</sup> Emergency Department, General Hospital Zabok and Hospital of Croatian Veterans, Zabok, Croatia<sup>c</sup> University of Zagreb, School of Medicine, Zagreb, Croatia<sup>d</sup> Otorhinolaryngology and Head and Neck Surgery, University Hospital Centre "Sestre Milosrdnice"DOI: <https://doi.org/10.26800/LV-144-supl2-CR44> Vana Stojić 0000-0001-6678-3878, Tea Štrbac 0000-0001-8171-8281, Stjepan Frkanec 0000-0003-2309-3783, Andro Košec 0000-0001-7864-2060

Keywords: Cholesteatoma, hearing, TORP

**INTRODUCTION/OBJECTIVES:** Cholesteatoma is a benign epithelial lesion within the middle ear or mastoid air cell spaces. It acts locally destructive, may be congenital, but is usually acquired and caused by chronic otitis media. Conductive hearing loss is a symptom, but may also be a result of surgery aimed at cholesteatoma removal. There are multiple surgical strategies aimed at hearing restoration.

**CASE PRESENTATION:** We present a patient that underwent total of 4 surgeries in period of 4 years. He presented with conductive hearing loss of 50-85 dB on the right and 50-75dB on the left side prior to treatment. Destruction of all three ear ossicles was present in both ears. Firstly, the surgical removal of cholesteatoma was performed in each ear via closed technique tympanomastoidectomy. Postoperatively, the patient was fitted with hearing aids to be able to function in daily activities due to profound conductive hearing loss. After residual or recurrent disease was excluded, total ossicular replacement prostheses (TORP) were implanted in both ears. Initial results were still poor due to a challenging postoperative anatomical setting and prostheses migration. Finally, two years later, successful insertions of TORPs with reinforced cartilage grafts in were performed bilaterally and the result was bilateral normacusis.

**CONCLUSION:** This amazing outcome of hearing and, consequently, life quality is a result of appropriate surgical strategy and patience. Long term follow-up is essential in treating chronic ear disease with hearing loss, and staged surgeries should always be attempted until all options are exhausted.