

Re coarctation of aorta in an 80 year old patient

Aorta isthmic coarctation is a congenital stenosis located at the junction of horizontal aorta and descending aorta, near the arterial canal, most often at the beginning of the left under-clavicular arteria. It represents 5% to 9% of congenital heart diseases. It occurs three times more often to men than women [1]. About 55% of aorta coarctations are diagnosed during the first month after birth and 80% at the end of the first year of life [2]. The adult form is rare. The late discovery of aorta coarctation generally occurs during a arterial hypertension check up. The average of survival for a non operated coarctation is 35 year, and in 75% of cases death occurs before 46 years [3, 4]. It is now of general knowledge that the long term prognosis of an operated aorta coarctation remains good. However there may be a complication of the aorta coarctation surgery with a long term recurrence. The classical treatment of aorta coarctation is the suture resection performed on the left thoracotomy. However for 20 years, the techniques of angioplasty with dilatation by probe with balloon and more recently combined with endoprosthesis have more and more replaced surgery for adults during the first procedure as well as with recoarctation.

We report a case of re coarctation in a 80 year old man.

Case report

We observed the case of a 80 year old man who was operated on at the age of 38 for isthmic coarctation of aorta revealed by elevated arterial tension. He had an enlargement patch fitted after early favourable post-surgery conditions. In the follow up period, contact with the man was interrupted. At 80, the patient arrives at the emergency room with an acute oedema of the lung with a hypertensive peak of 21/10 mmHg which is taken care of. A treble antihypertensive therapy is necessary to decrease the blood pressure figures. The trans thoracic echocardiography which is performed shows a left ventricle hypertrophied in a concentric way and a very severe aorta coarctation with a maximum trans stenotic gradient of 105 mmHg. Magnetic resonance imagining is performed and confirms isthmic recoarctation which is circular and of 10 mm large with a sub-structural dilatation (figure 1 and 2).

A dilatation by interventional catheterism is proposed to the patient but he refused and was lost during the follow up.

Conclusion

Recoarctation mainly affects patients operated at the age of less than one year. This case report is original according to advanced age discovery of recoarctation in the context of severe and complicated hypertension which is a more frequent complication after a late intervention.

Figure 1 : Recoarctation of aorta on Magnetic resonance imagining

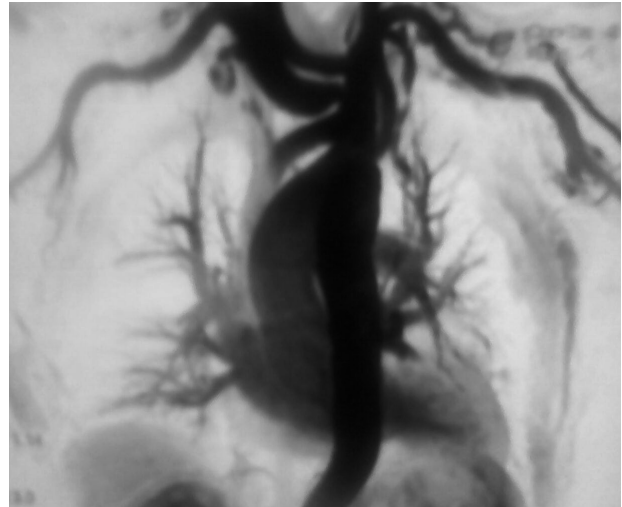


Figure 2 : Recoarctation of aorta on Magnetic resonance imagining



References

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