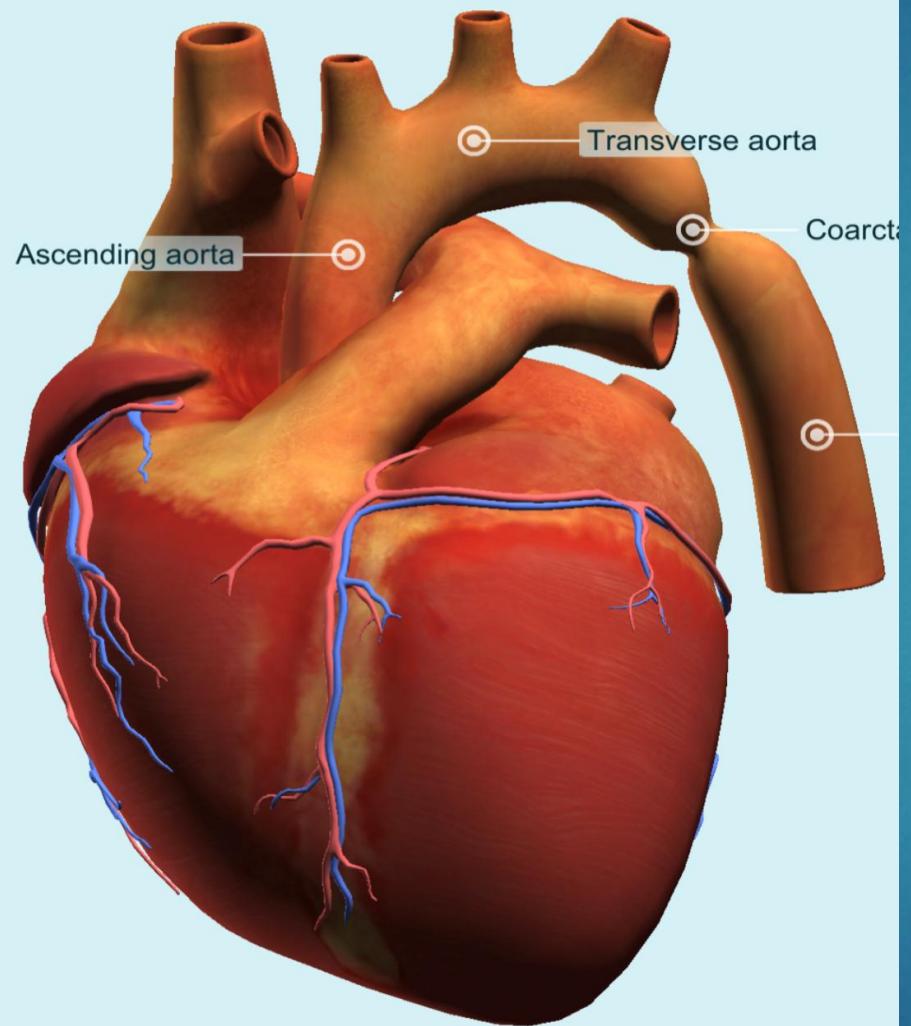


COARTACION DE LA AORTA HISTORIA Y MANEJO ACTUAL

- ▶ CONGRESO SOLACI REGIONAL
- ▶ SAN SALVADOR
- ▶ 7-8 NOVIEMBRE DEL 2024





COARTACION DE LA AORTA

Coartacion de la aorta/ HISTORIA

- ▶ Descripcion Inicial por Dr .Geovanni Battista Morgagni en 1760., en su obra titulada “*De Sedibus et Causis Morborum per Anatomen Indagatis*” (medico y anatomico)
- ▶ Primera cirugia exitosa por Dr. Clarence Crafoord en 19 octubre 1944 en Suecia, utilizando tecnica de reseccion y anastomosis termino-terminal. (Cirujano Cardiovascular)
- ▶ Otras tecnicas: John H. Waldhausen con su tecnica de “ Aortoplastia con ingerto de colgajo subclavio” reparo una coartacion de aorta en paciente pediatrico en 1963. USA. (Cirujano Cardiovascular)
- ▶ En 1982 se realizo angioplastia con balon descrita por el Dr James Lock y col.
- ▶ En 1991 primer stent para tratamiento de Coartacion de Aorta, Dr. Michael O. D. V. d'Udekem en el Royal Children's Hospital de Melbourne, Australia. (cirujano cardiovascular)

COARTACION DE AORTA/ TIPOS

- 1. Coartación aórtica preductal:**
- 2. Coartación aórtica posductal:**
- 3. Coartación aórtica ductal**
- 4. Coartación aórtica asociada con síndromes genéticos:** A menudo se presenta en síndromes como el síndrome de Turner , síndrome de Williams, Sx de Shone, arteriopatia sistémica Takayasu.

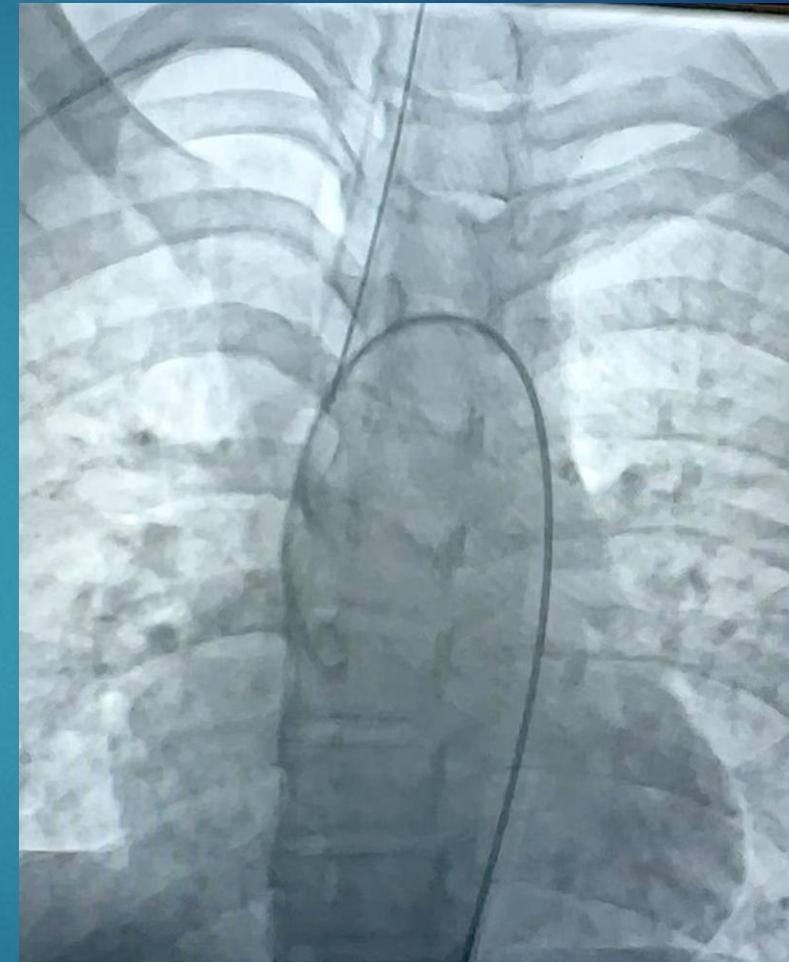
Coartacion de la aorta

- ▶ **Complicaciones asociadas:**
 - ▶ Hipertension arterial sistematica
 - ▶ Insuficiencia Cardiaca Congestiva
 - ▶ Aterosclerosis temprana
 - ▶ Infarto Agudo de Miocardio
 - ▶ Endocarditis Infecciosa
 - ▶ Desección y aneurisma de la aorta
 - ▶ Ruptura aneurisma cerebral

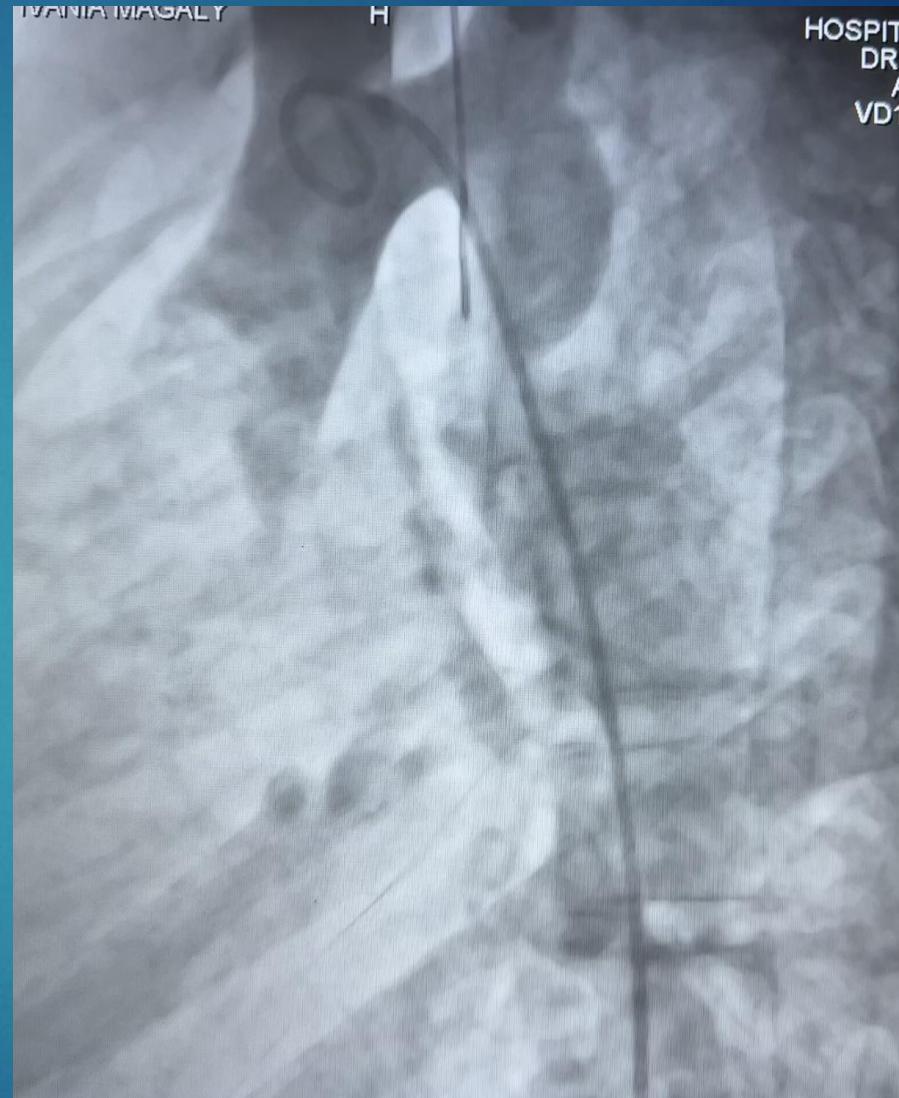
Coartacion de la aorta

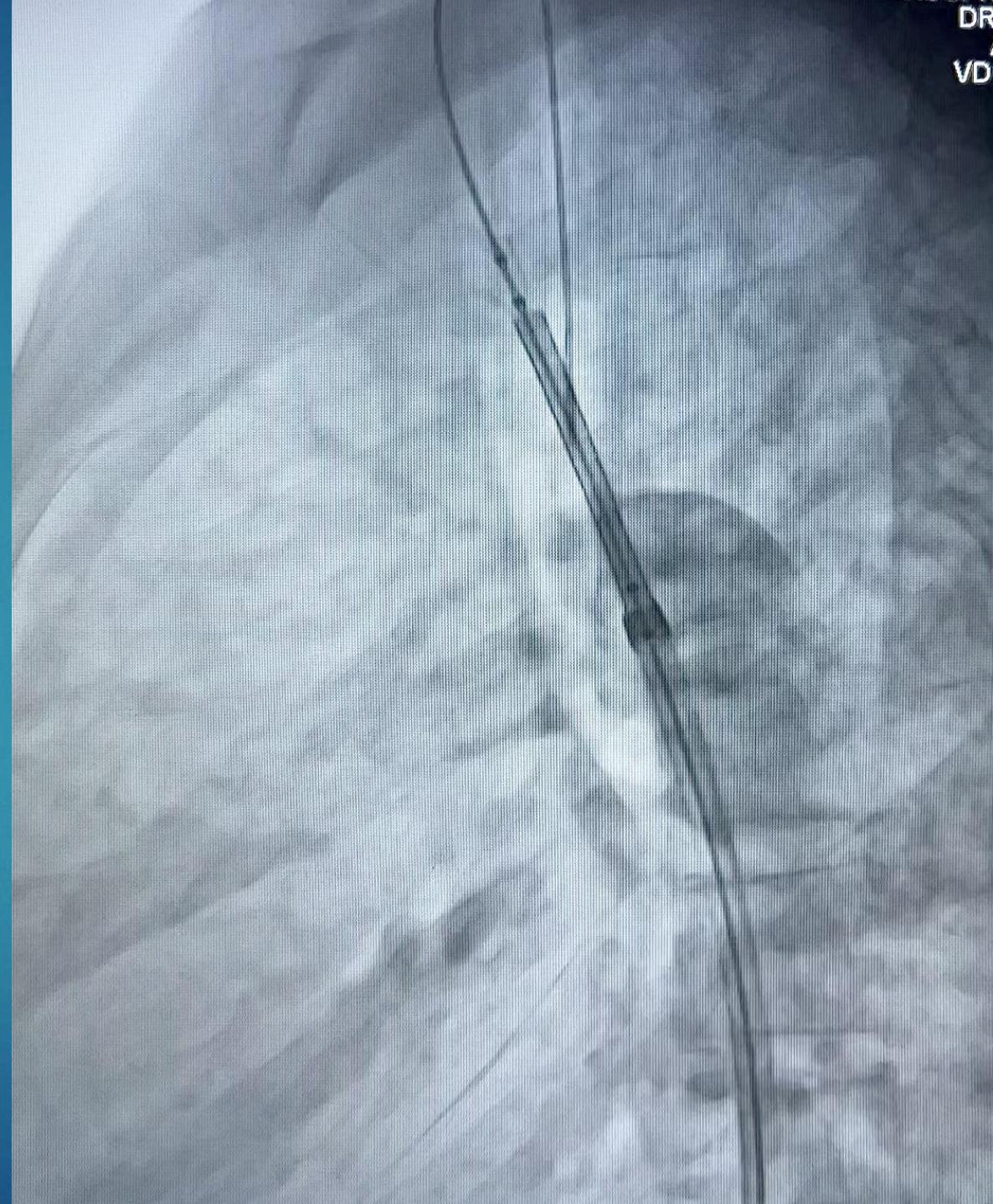
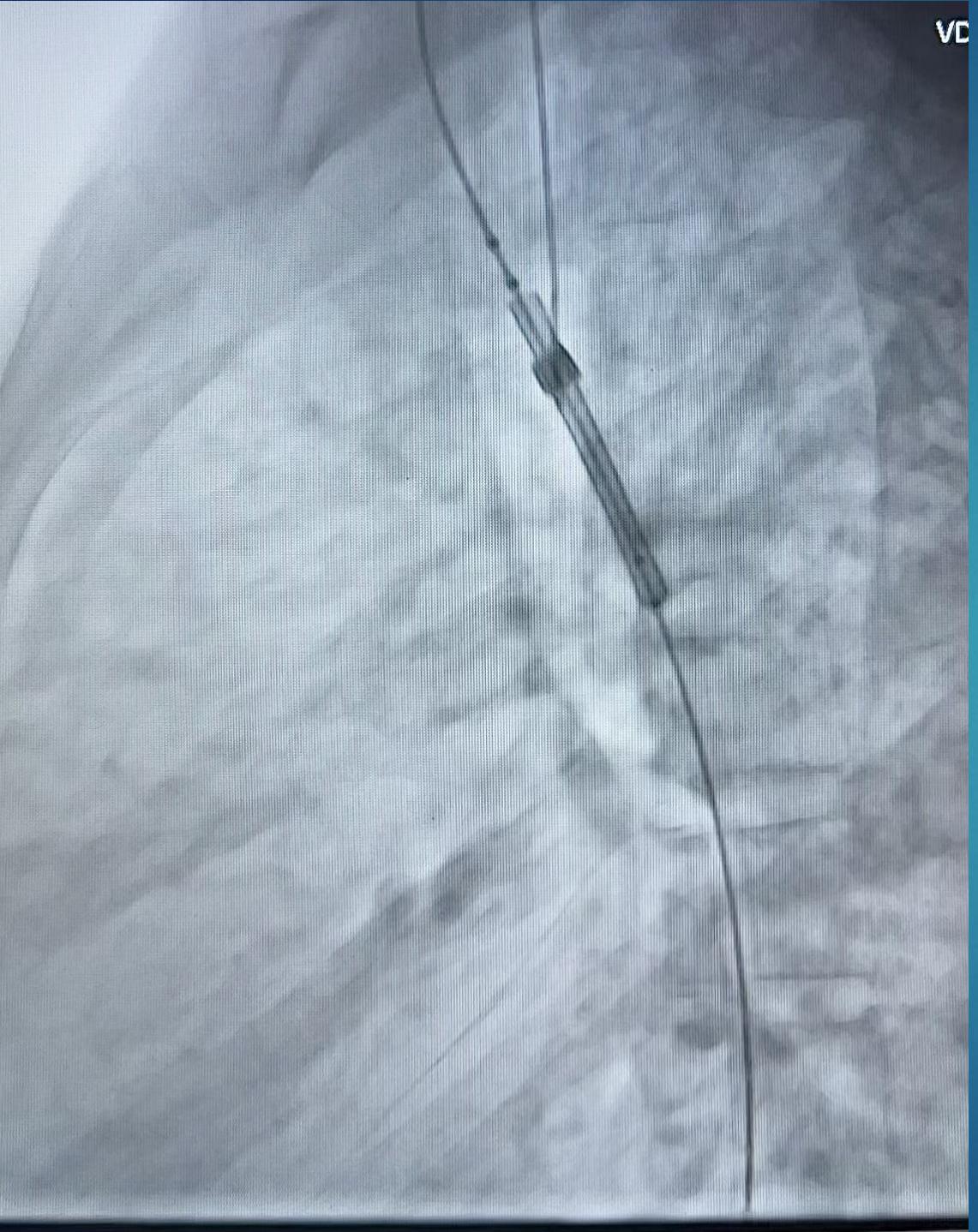
- ▶ TRATAMIENTO
- ▶ QUIRURGICO
- ▶ INTERVENCIONISTA
 - ▶ AORTOPLASTIA CON BALON
 - ▶ AORTOPLASTIA CON BALON Y STENT

COARTACION DE LA AORTA EN ESCOLARES Y ADULTOS



Coartacion de aorta





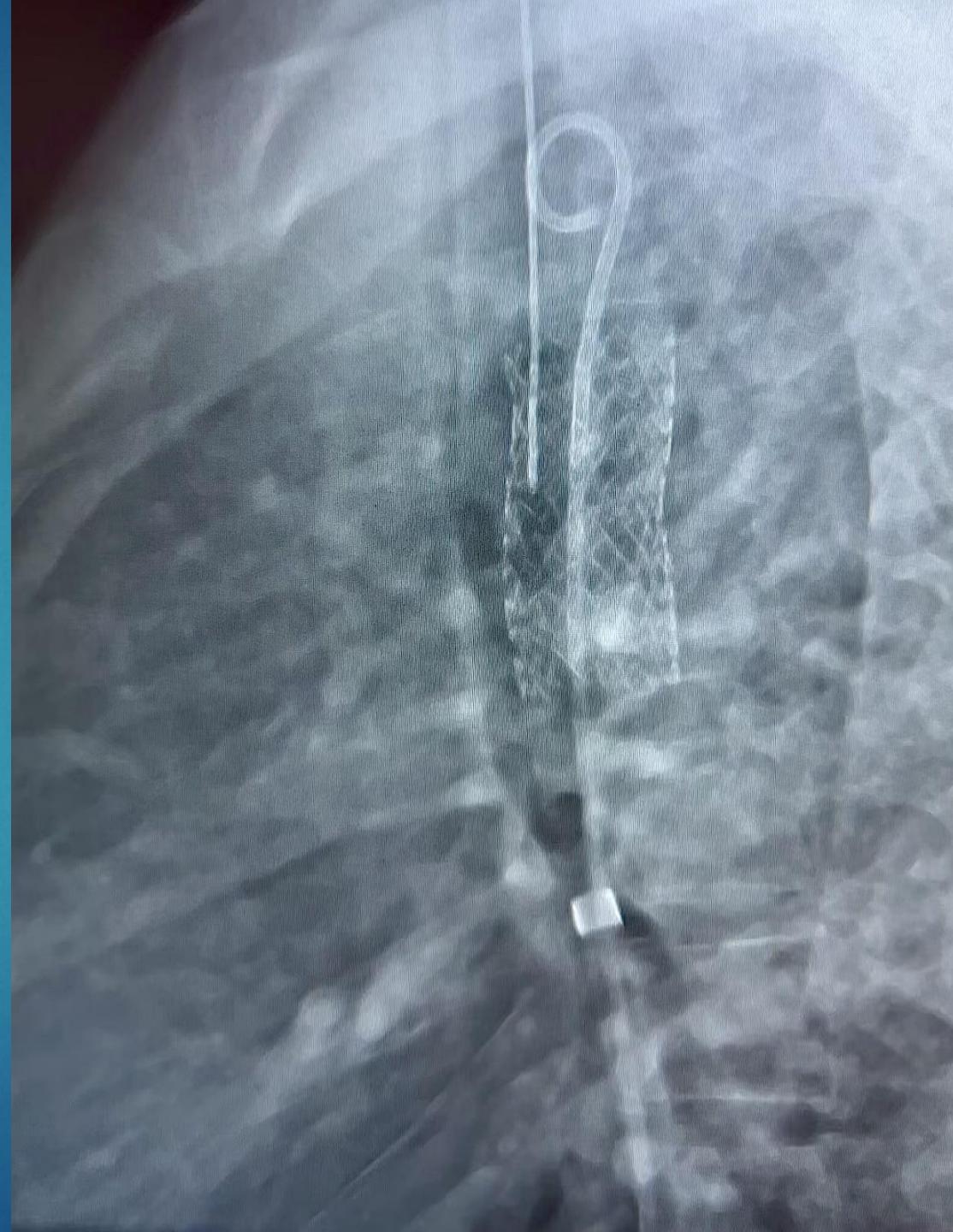
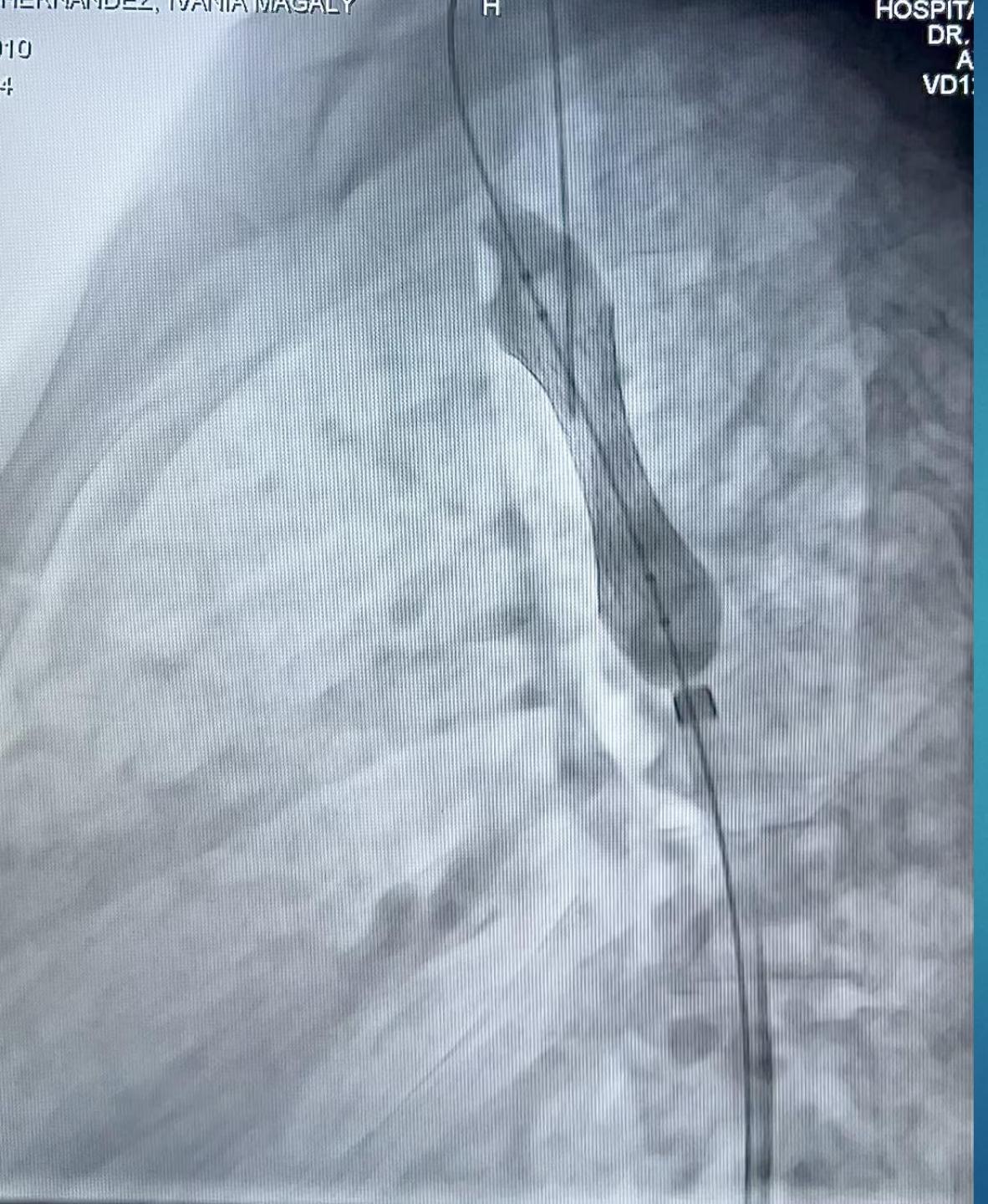
HERNANDEZ, IVANIA MAGALY

H

10

4

HOSPITAL
DR.
A
VD1:



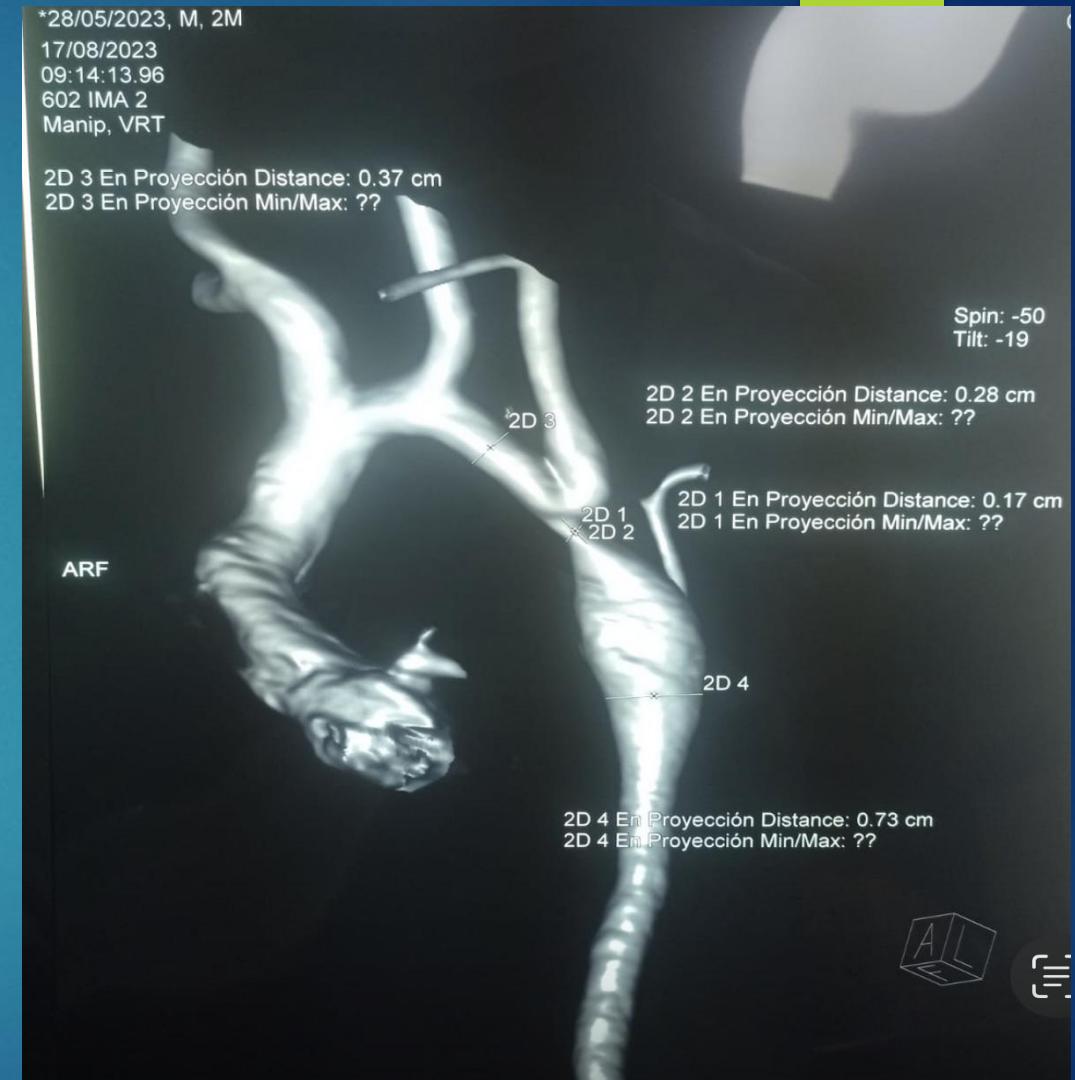
COARTACION DE
AORTA EN RECIENTE
NACIDOS ES UNA
EMERGENCIA



COARTACION DE AORTA

EN NEONATOS SE PUEDE MANIFESTAR COMO INSUFICIENCIA CARDIACA SEGÚN GRADO DE OBSTRUCCION Y DE HIPOPLASIA DEL ARCO TRANSVERSO E ITSMO AORTICO

ECOCARDIOGRAMA : DISFUNCION SISTOLICA SEVERA DEL VI CON DILATACION DE LAS CAVIDADES IZQUIERDAS.



RECONSTRUCCION EN TAC

COARTACION DE LA AORTA

RX





QUE HAY DE
NUEVO

RENATA MINIMAL STENT



RENTA



RENATA
MINIMAL STENT

ORIGINAL ARTICLE - CLINICAL SCIENCE

WILEY

Results of the multicenter early feasibility study (EFS) of the Renata Minima stent as treatment for branch pulmonary artery stenosis and coarctation of aorta in infants

Darren P. Berman MD, FPICS, FSCAI¹  | Brian Morray MD²  |
Patrick Sullivan MD¹ | Shabana Shahnavaz MD³ | Evan M. Zahn MD⁴ 

¹Heart Institute, Children's Hospital Los Angeles, Los Angeles, California, USA

²Division of Pediatric Cardiology, Seattle Children's Hospital, Seattle, Washington, USA

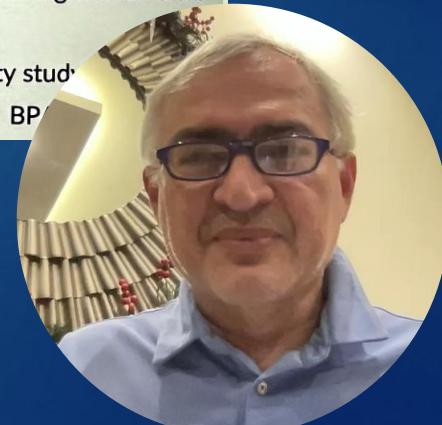
³Department of Pediatrics, Heart Institute, Cincinnati Children's Hospital University of Cincinnati College of Medicine, Cincinnati, Ohio, USA

⁴Smidt Heart Institute and Guerin Children's, Cedars Sinai Medical Center, Los Angeles, California, USA

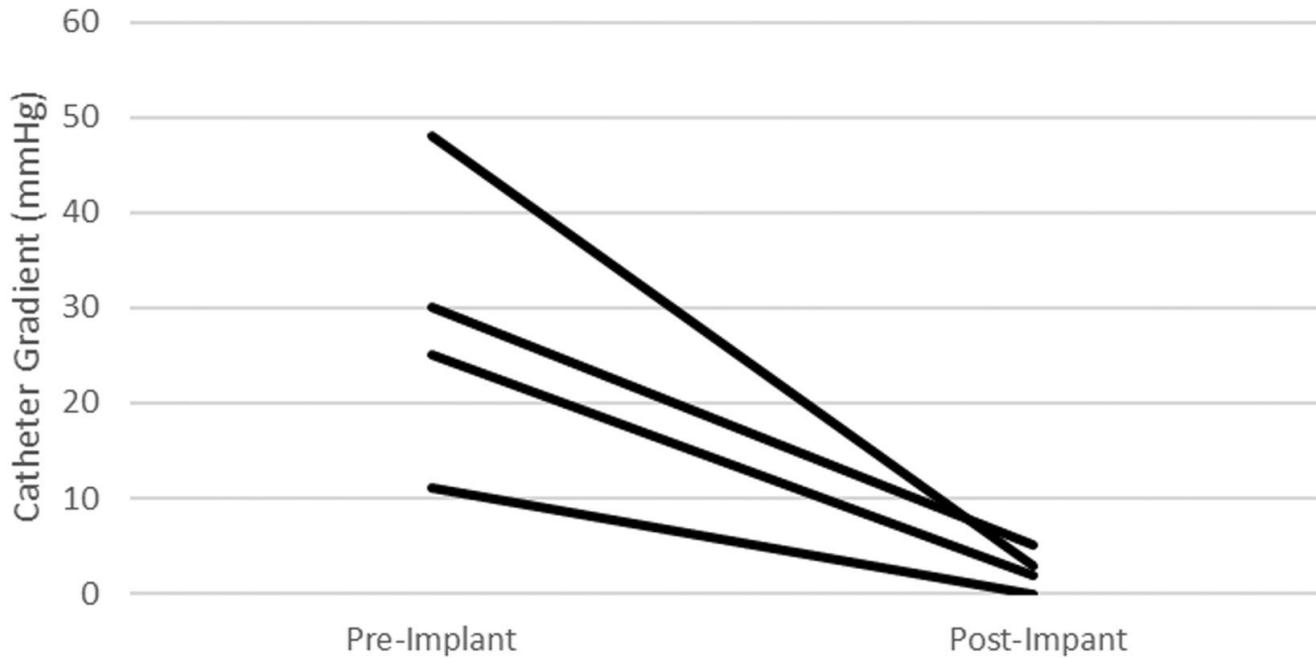
Abstract

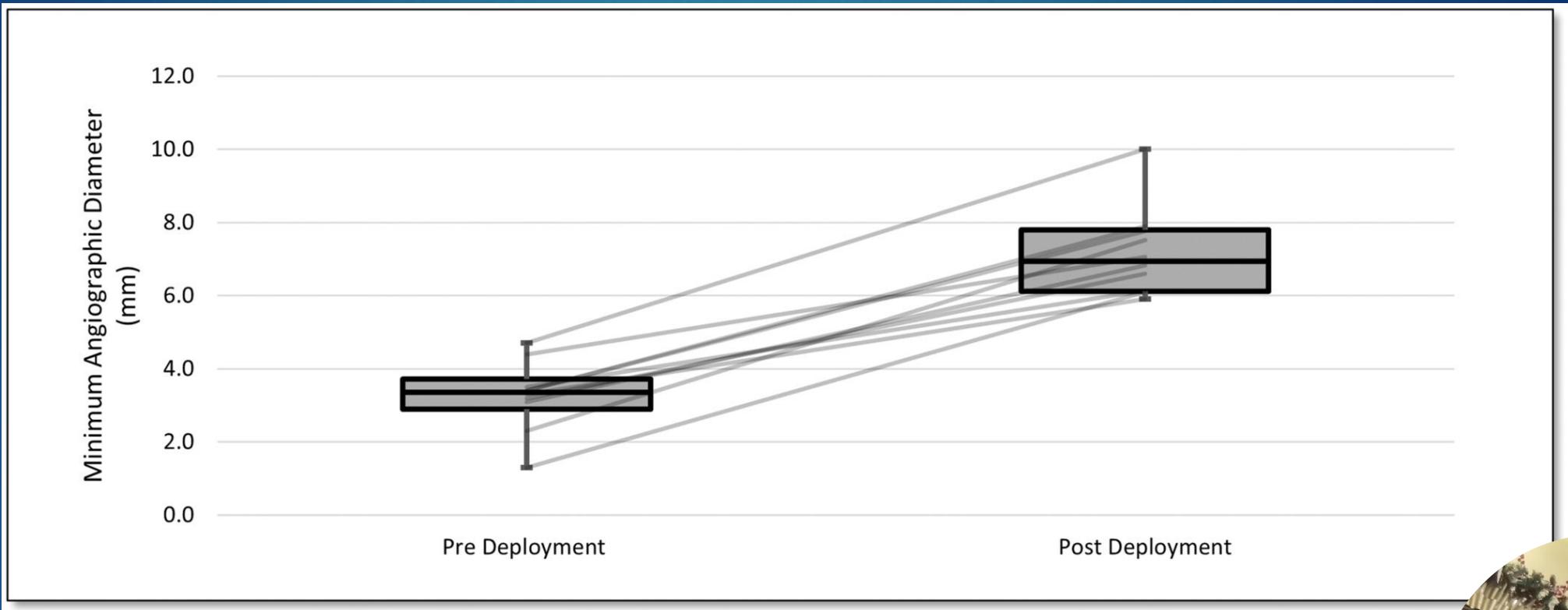
Background: Stent implantation has become standard of care in older children and adults for treatment of branch pulmonary artery stenosis (BPAS) and coarctation aorta (CoAo). There are no stents approved or available for infants that have the potential to be dilated to adult diameters. The Minima stent was designed to fulfill this unmet need.

Methods: Multicenter, prospective, nonrandomized early feasibility study of safety and effectiveness of the Minima stent for treatment of BPAS and CoAo in infants.

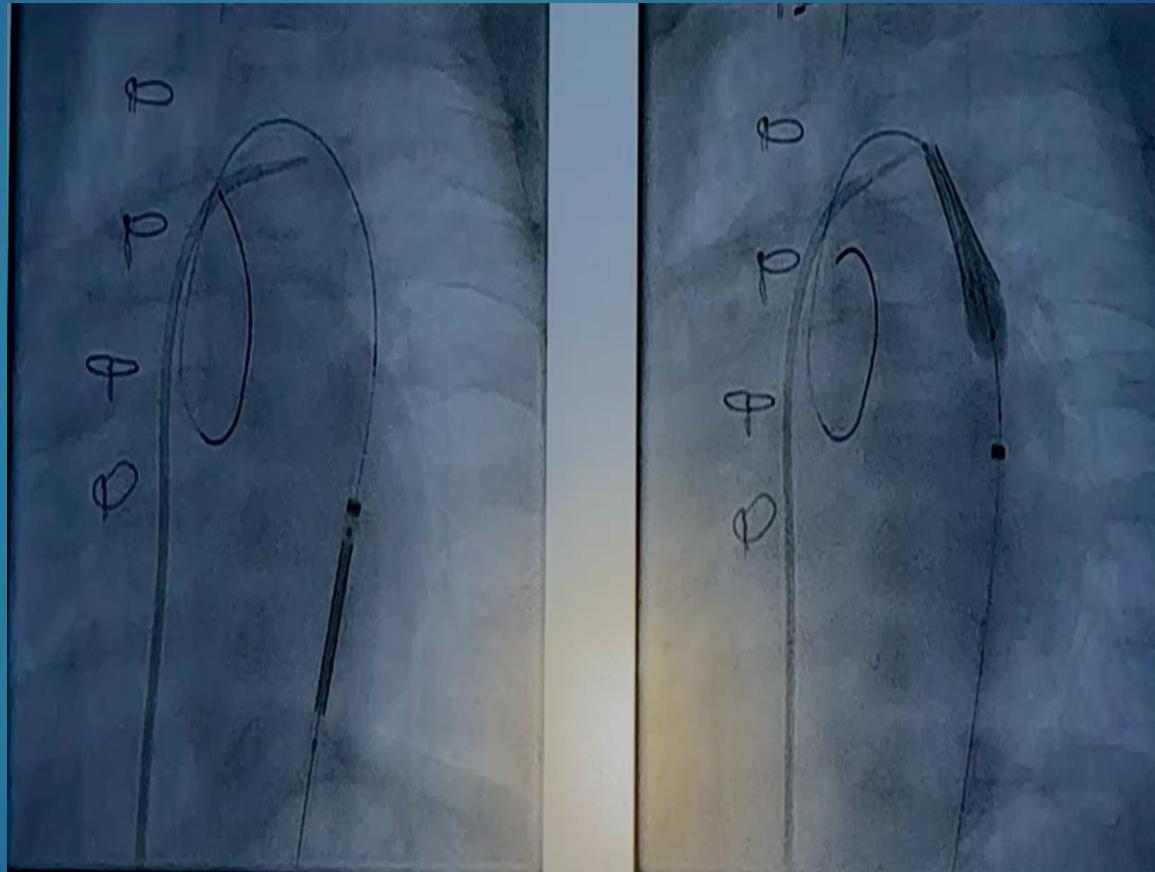


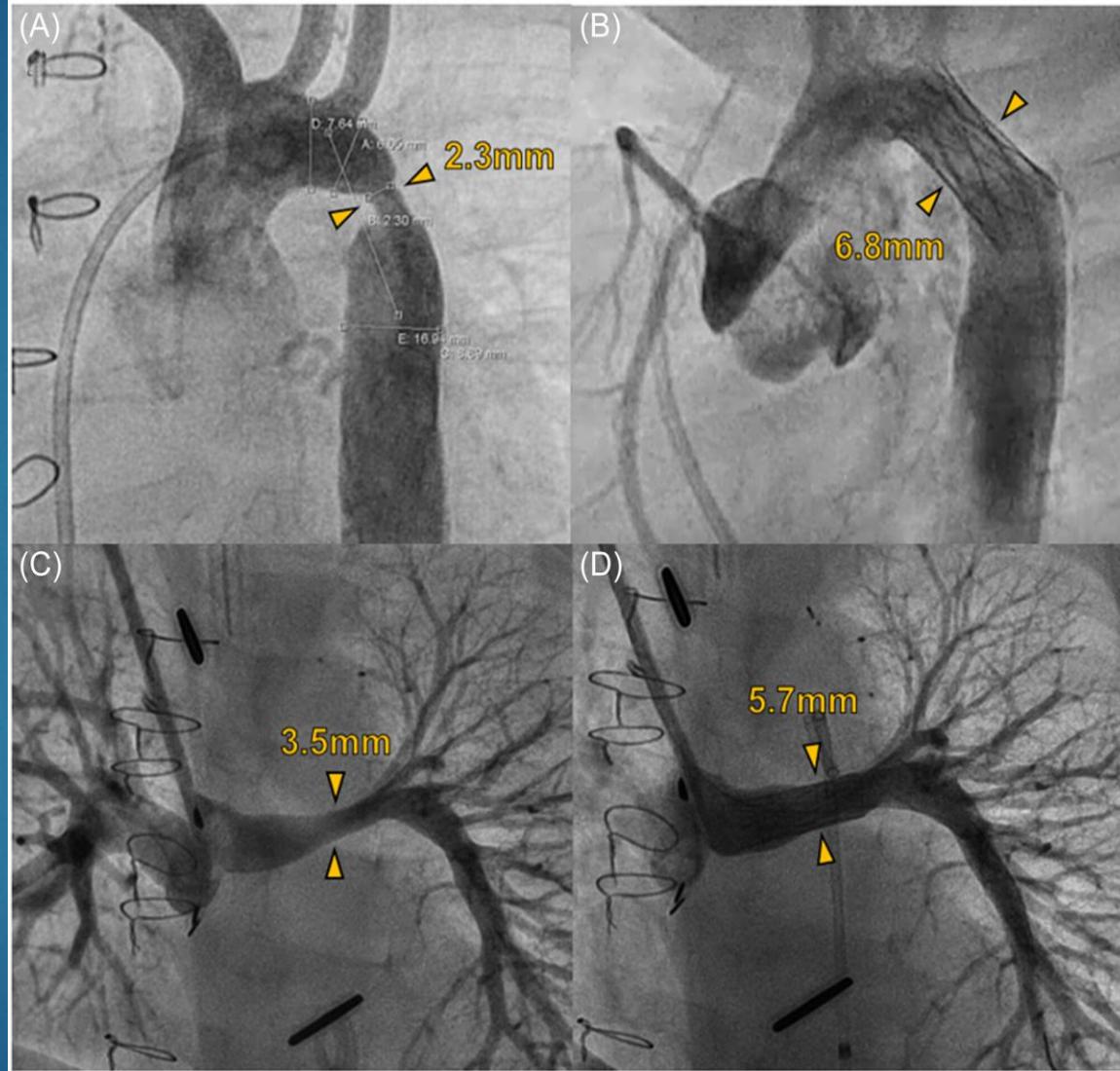
Reduction in Peak to Peak Catheter Gradient in Aortic Lesions

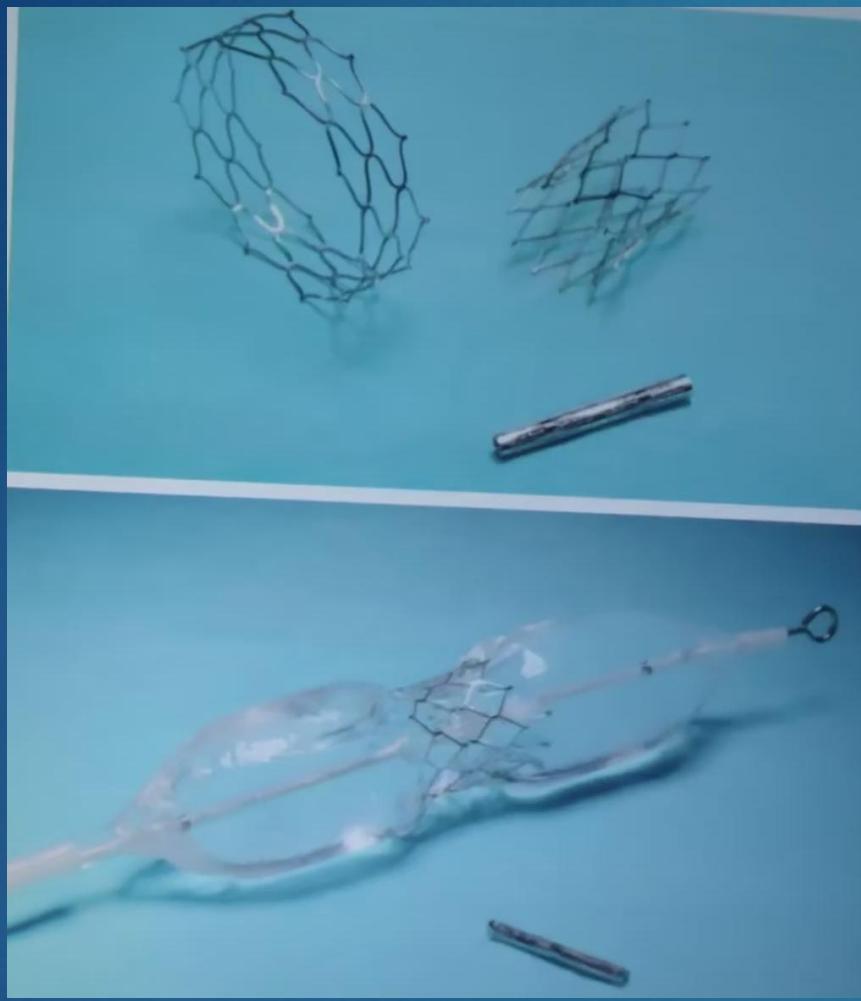




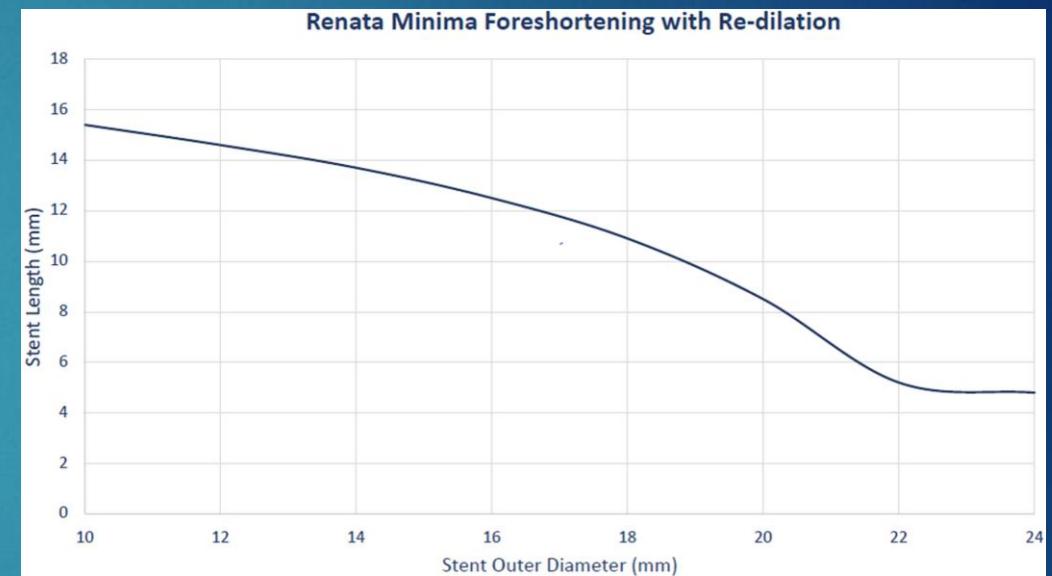
RENATA MINIMA STENT







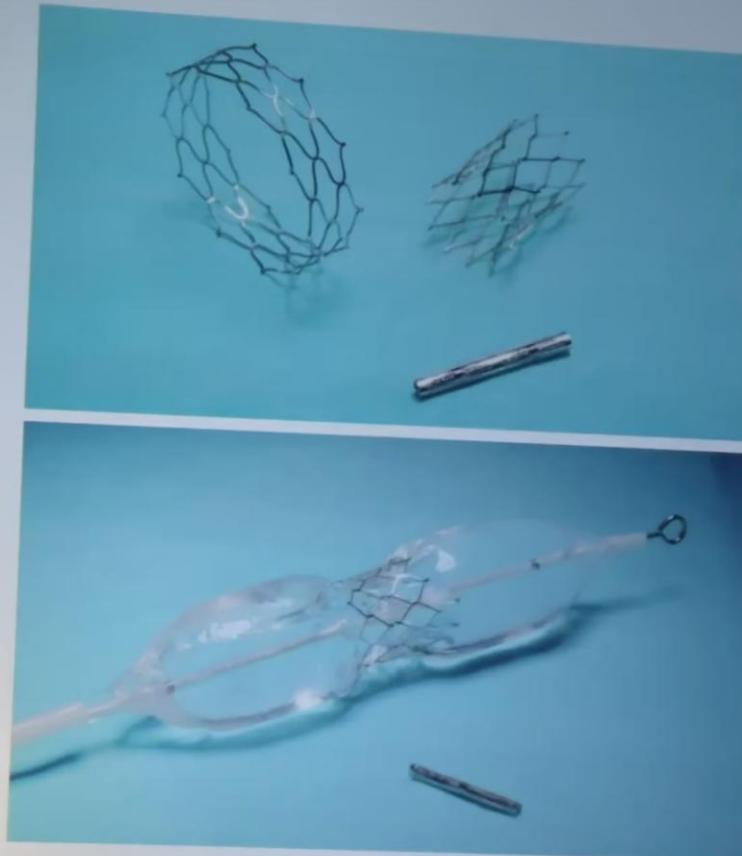
GRAFICA DE ACORTAMIENTO



RENATA MINIMA STENT CONCLUSIONES:

SE USA EN RECIEN NACIDOS Y LACTANTES

- RE-DILATABLE HASTA LA EDAD ADULTA
- TX DE COARTACION DE AORTA Y ESTENOSIS DE
- LAS RAMAS PULMONARES EN RN Y LACTANTES.
- STENT PREMONTADO EN BALON DE 6 MM Y 8 MM
- INTRODUCTOR UTILIZADO ES 4 FR
- OCUPA GUIA 0.18 -0.14
- MATERIAL CROMO-COBALTO
- LA FUERZA RADIAL SE MANTIENE
- DIAMETRO MAXIMO DE EXPANSION ES 24 MM
- STENT MIDE 16 MM DE LONGITUD



Courtesy of Renata Medical

GRACIAS

