Abstract

Introduction. The coarctation of the aorta is a blockage that is almost located at the junction of the aorta arc and the descending aorta. It has variable commitment of the aortic arch. According to the health information national system, reported that in Tabasco between 2000 and 2009 there were 28 cases between 1 and 4 years old. Objective. To show interventionist management by humeral via, of a patient with juxta ductal aorta coarctation. Clinical case. A 12 year old boy, with systolic murmur since two years old. He was diagnosed by Cardiology service with coarctation of aorta. Chest Angiotomography showed severe post-ductal aortic coarctation; aorto-pulmonary collateral and left ventricular hypertrophy. Catheterization was performed through right femoral artery with impossibility of passing the Guide by obstructed area. The guide was introduced by the left humeral artery and it passed through the restricted area. The restricted area was predilated by power flex 6 x 20 balloon. And mounted on power flex 12 x 30 balloon the PG1910 stent was placed. Control Angiography showed stent in a secured place without evidence of dissection or aneurysm. The next 8 months: the patient was cardiovascular asymptomatic, normal blood pressure, and good intensity pulses in lower extremities. The Echocardiogram showed without gradient. Conclusion. Angioplasty with stent achieved an increase in the diameter of coarctation of aorta. This technique gives good results in severe coarctations. The antegrade via is an alternative when it is unable to perform catheterization via femoral or retrograde. Balloon predilation in aortic coarctation decreased the risk of complications.

Keywords

Coarctation of aorta, stent angioplasty.