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MIDDLE EAST HEART CONGRESS

March 18-20, 2019 Dubai, UAE



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Transesophageal echocardiography of the aorta: Tips, pitfalls and artifacts

Transesophageal Echocardiography (TEE) has become a widely used imaging technique for evaluating the thoracic aorta and there is solid evidence that the technique contributes valuable information about aortic structure and pathology. The evidence strongly supports the use of TEE in aortic aneurysm, dissection, atherosclerosis, ulceration, trauma and congenital or inherited malformation. Aortic aneurysms can be classified according to their location in the ascending aorta, aortic arch, descending thoracic aorta or any combination thereof. Any patient with a thoracic aortic aneurysm larger than 5 cm in diameter should be considered for operative repair due to the considerable risks for rupture. Furthermore any patient with an aneurysmal segment of the aorta that attains a luminal diameter more than two times that of a normal aortic segment, which can usually be estimated in an unaffected area at the level of the aortic arch or the abdominal aorta vessels, should be considered for surgery. Patients with connective tissue disease, such as Marfan syndrome or Ehlers-Danlos syndrome, may be considered for surgery at an earlier time. The Crawford classification delineates four types of thoraco-abdominal aneurysms. Thoracic aortic dissections are classified by either of two schemes. The Stanford classification separates aortic dissections into type A, in which the dissection involves the ascending aorta and type B, in which the dissection is confined to the descending thoracic aorta. The DeBakey system classifies dissections as type I, in which the dissection starts in the ascending aorta and involves variable portions of the descending aorta; type II, in which the dissection is confined to the ascending aorta and type III, in which the dissection originates distal to the left sub-clavian artery and either involves only the descending thoracic aorta (III-A) or extends into the abdominal segment of the descending aorta (III-B). Intramural hematomas of the thoracic aorta are classified the same way as thoracic aortic dissections. Penetrating ulcer disease of the thoracic aorta is still a relatively poorly defined condition that is generally classified in relation to the anatomic location of the lesion. The clinicians should have a high level of suspicion towards any pitfalls and artifacts as in few diseases are an accurate and timely diagnosis more important than in those of the thoracic aorta.

Biography

Samer Ellahham has served as a Chief Quality Officer for SKMC since 2009. He is certified professional in Healthcare Quality by the National Association for Healthcare Quality. He is certified in Medical Quality by the American Board of Medical Quality. He is the recipient of prestigious SKMC Infection Prevention Award in 2011 and 2012.

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