review of the literature revealed only two cases showing a similar time pattern.^{2,3} Because the operative strategy in aortic dissection meanwhile has been established,¹ one of the most important problems remains the accurate diagnosis of the disease in these special circumstances. On the basis of our experience, we think that transesophageal echocardiography represents the most effective tool with respect to accuracy and avoidance of side effects. The intraoperative procedure is complicated only with regard to anesthesiologic and coagulatory problems.⁴ Aggressive blood pressure control until delivery seems mandatory, to prevent aortic rupture. In addition, median laparotomy seems advantageous because the cesarean section can be performed easily and adequate visualization of the intestine and liver is facilitated by laparotomy. Finally, the application of a uterotonic drug after extracorporeal circulation is relevant to hemostasis. With these guidelines, the repair of the aorta in the last part of pregnancy presents a risk comparable with that in other time periods.

Th. Wahlers, MD
J. Laas, MD
A. Alken, MD^a
H. G. Borst, MD

Department of Thoracic and Cardiovascular Surgery
Department of Anesthesia^a
Hannover Medical School
Hannover, Germany

REFERENCES

1. Laas J, Jurmann MJ, Heinemann M, Borst HG. Advances in aortic arch surgery. *Ann Thorac Surg* 1992;53:227-32.
2. Ayzenberg O, Oettinger M, Kracoff OH, Caspi A, Salomon J. Aortic dissecting aneurysm during pregnancy. *Harefuah* 1990;118:201-3.
3. Maruyama Y, Oguma F, Kosuge T, Yokoswa T, Eguchi S. Successful repair of an acute type A dissection during pregnancy. *Harefuah* 1990;38:2296-9.
4. Hayashi M, Terai T, Nishikawa K, Yukioka H, Fujimori M. General anesthesia for cesarean section in a patient with

Marfan's syndrome associated with dissecting aortic aneurysm. *Masui* 1991;40:622-6.

Correction of a kink in tubular prosthesis in chronic dissection of the descending thoracic aorta

To the Editor:

We report here the case of a 42-year-old man who had an acute dissection of the ascending aorta repaired in 1989. He was recently admitted with chronic dissection of the descending thoracic aorta.

The dissected part of the descending aorta was resected through a left thoracotomy and an interposition Gelseal Triaxial vascular prosthesis (Vascutek, Inchinnan, Renfrewshire, Scotland) was used.

Twelve hours after operation, it was noted that the blood pressure in the right radial artery was 140/90 mm Hg and the blood pressure in the left femoral artery was 90/65 mm Hg. He continued to bleed from the anastomosis and was therefore operated on again.

The vascular prosthesis was noted to have increased in length and kinked, causing coarctation. There was a leak in the suture line, which was secured. To avoid the necessity of subjecting the patient to cardiopulmonary bypass again to correct the length of the graft later, we reflected the thickened pleura as a sling around the vascular prosthesis (Fig. 1). The chest was closed and the blood pressure was measured again; it was noted that the blood pressure in the right radial artery was 130/80 mm Hg and that in the left femoral artery was 120/70 mm Hg.

It is important to bear in mind that these vascular prostheses could stretch. Great care should be taken to measure the right length of the graft; if it is short, it could weaken the anastomosis, and if it is long, it could kink. A sling such as the one we describe here could avoid the necessity of later cardiopulmonary bypass to redo the interposition graft.

P. Ponraj, MS, FRCS
Paolo Masiello, MD
Alun Rees, FRCS
Harefield Hospital

Department of Cardiothoracic Surgery
Harefield, Middlesex, United Kingdom

Fig. 1. The thickened pleura is reflected as a sling around the vascular prosthesis, to avoid the necessity of another operation to correct the graft length.