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Conference Report

Abstracts from the 72nd Congress of the ESCVS, the European Society of CardioVascular and Endovascular Surgery

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Abstracts from the 72nd Congress of the ESCVS, the European Society of CardioVascular and Endovascular Surgery †

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Abstract: The 72nd Annual International Congress of the European Society for Cardiovascular and Endovascular Surgery (ESCVS) 2024 in Istanbul, Turkey, marks a significant milestone in the advancement of cardiovascular surgery. As the main event in the cardiovascular surgery community calendar, this congress serves as a platform for leading experts, clinicians, and researchers to exchange information on the latest innovations, research results, and clinical procedures. This dedicated supplement to *Proceedings* provides a curated collection of abstracts presented at the congress, highlighting breakthrough contributions and fostering collaboration across the European and global cardiovascular surgery communities. The topics presented in this supplement represent a wide range of innovative advances in the fields of both cardiovascular and endovascular surgery. These include novel and minimally invasive surgical techniques, technological innovations, updates to clinical recommendations and guidelines, and new therapeutic strategies and procedures. Through the knowledge conveyed in these abstracts, the congress aims to advance the continuous evolution of patient care and outcomes in cardiac and vascular surgery. By showcasing the vibrant research and collaborative spirit of the ESCVS, this supplement provides valuable insights into the future directions of the field, emphasizing the importance of interdisciplinary approaches and innovation in addressing the complexities of cardiovascular disease. As cardiovascular care continues to evolve, the research and discussions presented at this congress will play a critical role in shaping the next generation of cardiac and vascular surgeons, promoting better patient outcomes, and improving the overall quality of cardiovascular health in Europe and worldwide.

Keywords: cardiac surgery; vascular surgery; cardiovascular surgery; endovascular surgery; aortic surgery; ESCVS; 72nd ESCVS Annual International Congress; Young Surgeon Awards

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1. Selected Oral Abstracts

1.1. CARDIAC » Adult Congenital

1.1.1. Surgical Correction of Tetralogy of Fallot in Adults: A Retrospective Analysis of Recent Experience

Kamran Ahmadov, Kamran Musayev, Ilkin Osmanov, Fahreddin Alekberov and Murad Bayramli

Department of Cardiovascular Surgery, Merkezi Klinika, Baku, Azerbaijan

1.7.13. Surgical Treatment of Delayed Diagnosis Left Ventricular Giant Pseudoaneurysm After Myocardial Infarction

Alperen Yıldız [1], Muhammet Çağrı Aykut [1], Oğuzhan Birdal [2], Eyüp Serhat Çalık [1] and Ümit Arslan [1]

1 Department of Cardiovascular Surgery, Atatürk University Medical Faculty, Erzurum, Türkiye
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BACKGROUND: Left ventricular (LV) pseudoaneurysm is a rare but potentially lethal complication of myocardial infarction (MI). It may also develop following cardiac surgery, endovascular procedures, or trauma. Multimodality imaging may be required to differentiate a pseudoaneurysm from a true aneurysm and to plan the surgical treatment. Surgical intervention is required to treat pseudoaneurysm as there is a high risk of rupture.

CASE PRESENTATION: A 64 years old male patient applied to our cardiology department with shortness of breath and occasional chest and back pain. The patient had a history of hypertension, asthma and bladder cancer. The patient underwent coronary angiography and applied stenting for MI, 7 months before. Echocardiography showed 1.8 × 2.9 mm defect on the lateral wall and passage through the defect on color Doppler imaging. CT scan confirmed the echocardiographic findings. 138 × 80 × 102 mm cavity related to the defect was also detected. Surgery was planned. The patient underwent pseudoaneurysm excision and defect repair with a Teflon patch under cardiopulmonary bypass. He was taken to ICU post-surgery for 3 days. Postoperative echocardiography showed no passage through the defect and no cavity related to the defect. The patient was required long term oxygen therapy and discharged on day ten after the surgery.

Keywords: Giant Pseudoaneurysm; delayed diagnosis; myocardial infarction; complication

1.7.14. Pseudoaneurysm Secondary to Saphenous Vein Coronary Bypass Graft Rupture

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BACKGROUND: Aortocoronary saphenous vein grafts (SVG) are frequently utilised for coronary bypass grafting. Aneurysmal formation of SVGs may occur as a late complication. The primary mechanism is thought to be venous atherosclerotic disease, however vessel wall ischaemia and a relative increase in luminal pressure may play a role. In extremely rare circumstances, SVG aneurysm may result in graft rupture. This may result in pseudoaneurysm formation or as a pericardial effusion in the theoretically obliterated pericardial space.

CASE: We describe the case of a 77 year old male with acute chest pain in the context of functional decline, abdominal pain and nausea over the previous 3 days. He had an extensive past medical history, which included coronary artery bypass grafting 15 years ago, atrial fibrillation, and peripheral arterial disease with multiple angioplasties, amputation of left leg (below knee) and all right toes, and recurrent osteomyelitis of right foot. He lived in an aged care facility for assistance with transfers. A computed tomography aortogram demonstrated a pseudoaneurysm of a coronary artery bypass graft from aorta to left anterior descending artery. His electrocardiogram showed no ischaemic changes. A bedside transthoracic echocardiogram found no obvious regional wall motion abnormalities, however did identify an anterior pericardial effusion, comprising of a combination of blood and clot. He was urgently transferred to a quaternary referral centre with cardiotho-