

significant role of being a stop-gap arrangement prior to surgical repair in high-risk patients [3].

The omentopexy reinforcement of ascending aorta aneurysm has been previously described [4]; however, we planned to surround and wall off the area of the aorta where the foreign material of the stent was exposed.

Although following the re sternotomy we did not confront any active infection, the successful deployment of endovascular stents in the infected fields has been reported [5]. It is imperative to be cautious about the risk of stent failure superimposed by infection recurrence.

Prior to surgery, the patient's general condition needs to be carefully monitored and optimized, while manufacture of the customized stent is in progress. Rapid ventricular pacing and the resultant temporary decrease in cardiac output are essential for safe stent deployment.

In conclusion, in selected patients with ascending aorta aneurysm, the hybrid staged treatment is effective and safe.

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eComment. Endovascular ascending aortic aneurysm repair: an effective alternative to open repair?

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The article by Shaikhrezai *et al.* [1] raises a very important question: is endovascular repair of ascending aortic aneurysm a safe procedure that should be reserved for high-risk patients?

The authors report on two cases of postoperative saccular aneurysms that were excluded with an endostent before a re sternotomy was employed in order to close the defect in the aorta (hybrid two-stage procedure). Both patients did well and the repair has proven durable for years.

Our experience with stents in the ascending aorta has been limited, since we elect to primarily repair all such aneurysms with exclusion of the affected aortic segment and reconstruction with a Dacron graft. Our previous published study showed that surgery on the ascending aorta and root in patients who have had previous cardiac surgery can be performed with low mortality (5.4% postoperative mortality rate). We concluded that advanced age and significant coronary disease may negatively influence surgical results [2].

Placing a foreign material (graft or endostent) in an infected area carries significant risk of re-infection, however both Shaikhrezai *et al.* [1] and our unpublished data show that the mortality can be low with the appropriate antibiotic coverage and the use of muscle or omental flaps. The endovascular approach can be a good alternative in high-risk or inoperable patients, however the open approach still remains the gold standard for postoperative aneurysms of the ascending aorta.

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