

surgery, TAFE > 55 mm in diameter, age > 65 years, and the duration of cardiopulmonary bypass. The main predictors for perioperative mortality were established as follows: severe systolic dysfunction (LVEF < 35 %) and obesity (body mass index > 30 kg/m²). In addition, according to the data we obtained, a recurrence rate of up to 12% at 10 years has been observed, but no specific risk factors have been associated with recurrence (15).

Thoracic aortic pseudoaneurysms are uncommon and unfavorable complications that can arise from cardiac and aortic surgeries (2, 10, 12, 14). Although known as being rare, they form a thoroughly heterogeneous group in all their aspects. They arise from a large variety of causes, which is reflected in various clinical presentations and diverse anatomical findings. TAFAs are associated with a wide spectrum of different surgical techniques used for their repair. These techniques are frequently used despite impressive progress in endovascular methods in recent years. The anatomical variations of the heart, aortic arch, and related arteries present challenges for

endovascular repair, limiting the treatment options for many patients.

Conclusion

In conclusion, thoracic aortic false aneurysms are uncommon and unfavorable pathological conditions that can arise from cardiac and aortic surgeries (2, 10, 12, 14). Although known as being rare, they form a thoroughly heterogeneous group in all their aspects. They arise from a large variety of causes, which is reflected in various clinical presentations and diverse anatomical findings. TAFE development and growth can be asymptomatic, and routine follow-up should be recommended in all patients who have undergone aortic surgery. A wide spectrum of anatomical variations of TAFAs leads to surgical treatments that also differ widely. Despite impressive progress in endovascular methods in recent years, this treatment of TAFE is often not suitable and faces limitations, which makes open surgery the treatment of choice in a substantial proportion of affected patients.

Abbreviations

AA – ascending aorta
 AAR – ascending aorta replacement/repair
 ArchR – aortic arch replacement/repair
 AV – aortic valve
 AVR – aortic valve replacement
 CABG – coronary artery bypass graft
 CPB – cardiopulmonary bypass
 COPD – chronic obstructive pulmonary disease
 DAR – descending aorta replacement/repair
 ET – elephant trunk
 IHM – in-hospital mortality
 MVR – mitral valve replacement
 N/A – not available
 OHT – orthotopic heart transplant
 RADR – root / ascending / descending aortic replacement / repair
 RR – root replacement
 SC – supracoronary ascending aorta replacement
 TAAAR – thoracoabdominal aortic aneurysm replacement/repair
 TAFE – thoracic aortic false aneurysm

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