Objective(s): Endovascular treatment of type B aortic dissection provides effective relief of distal malperfusion by increasing true luminal size and perfusion distally.

Methods: A 40 year old man developed a type B aortic dissection with distal malperfusion. He underwent endovascular repair of the dissection with endograft with coverage of the left subclavian artery. Intravascular ultrasound was used to confirm true lumen placement of the wire throughout the aorta. Immediately after surgery the patient's symptoms of malperfusion resolved.

Results: On post-operative day one the patient developed abdominal pain with a rising lactate level and a CT demonstrated compression of the true lumen distal to the stent graft. The patient was brought to the operating room and a "cheese-wire" fenestration was performed distal to the stent graft down to the aortic bifurcation (Figure 2). Femoral thrombectomy was performed for removal of the intima. The patient's recovery was unremarkable.

Conclusions: True lumen compression distal to a stent graft re-entry tear (Figure 1) can be salvaged by "cheese wire" fenestration (Figure 3). Larger studies are needed to determine long-
term effectiveness.

| Figure 1: Distal True Lumen Compression secondary to stent graft | Figure 2: Cheese-wire fenestration | Figure 3: Aortogram showing repaired true lumen |

**Author Disclosure Block:**

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