**RETAINED AORTIC MISSILE: A CASE OF A PARTIALLY EMBEDDED BULLET IN THE DESCENDING AORTA**

**D. Hill**1, A. Einhorn2

1Orlando Health, Orlando, FL, USA

2Orlando Health Heart Institute, Orlando, FL, USA

**Introduction:** Ballistic injuries involving the descending aorta are rare and frequently fatal. Penetrating aortic injuries frequently occur secondary to gun shot wounds and demonstrate poor outcomes. Presenting with a wide range of pathology, from small intimal defects to full-thickness aortic transections and rupture. Less than 10% of these patients reach the hospital alive.Survival rates after hospital admission are reported with percentages of 15-30%. Thoracic endovascular aortic repair has been increasingly utilized as a first line approach for penetrating aortic injuries.

**Case:** 50-year old male presented to the hospital after sustaining two gunshot wounds to the back. CTA thorax scan revealed a metallic foreign body visualized at the level of T4-T5 within the wall of the aorta with no extravasation and minimal periaortic hematoma (Figure 1a). TEE confirmed an echodensity protruding into the wall of the descending aorta below the subclavian takeoff with minimal color flow around this echodensity. The patient underwent endovascular stenting of the compromised section of the descending aorta and thoracoscopic removal of the foreign body (Figure 1b, c, d).

**Conclusion:** The approach to retained aortic missiles must be individualized with careful consideration to clinical course, characteristics of the missile, and the approach that conservative, non-operative management is tolerated well in many cases. Hybrid endovascular approaches offer an exciting alternative in this rare case presentation.

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