

UNIVERSITY  
OF MIAMI



# Case Report: Pediatric Blunt Aortic Injury

Florida Vascular Society - April 26<sup>th</sup>, 2026

Presented by: Kevin Luque-Sanchez, MD

---

# Disclosures

- No financial disclosures

---

# Background

- Blunt abdominal aortic injury (BAAI) in children is rare
- Limited literature and no established treatment guidelines
- Mortality is ~35%
- Motor vehicle collisions (MVCs) being the most common mechanism of injury

---

# Case Description

## Case

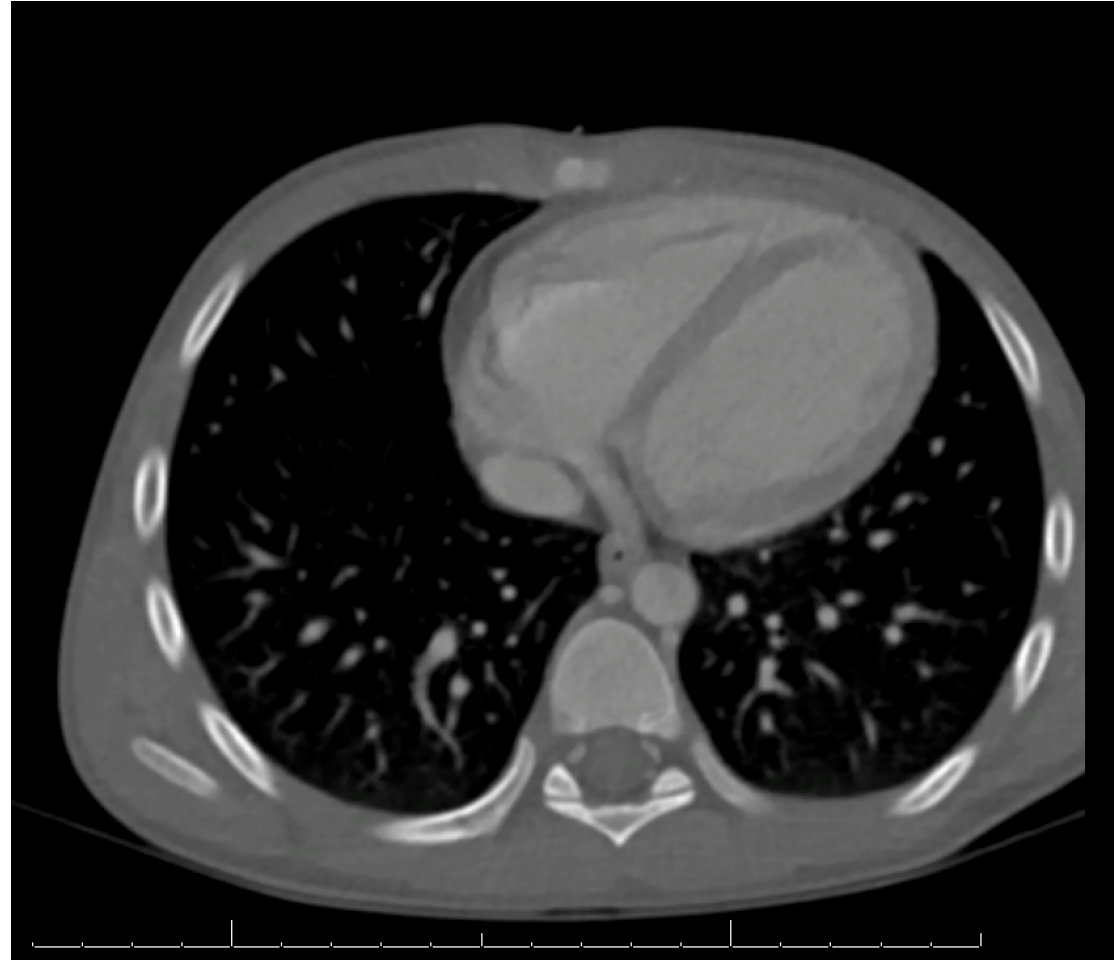
- Restrained 7-year-old male with blunt abdominal trauma after MVC

## Initial trauma assessment:

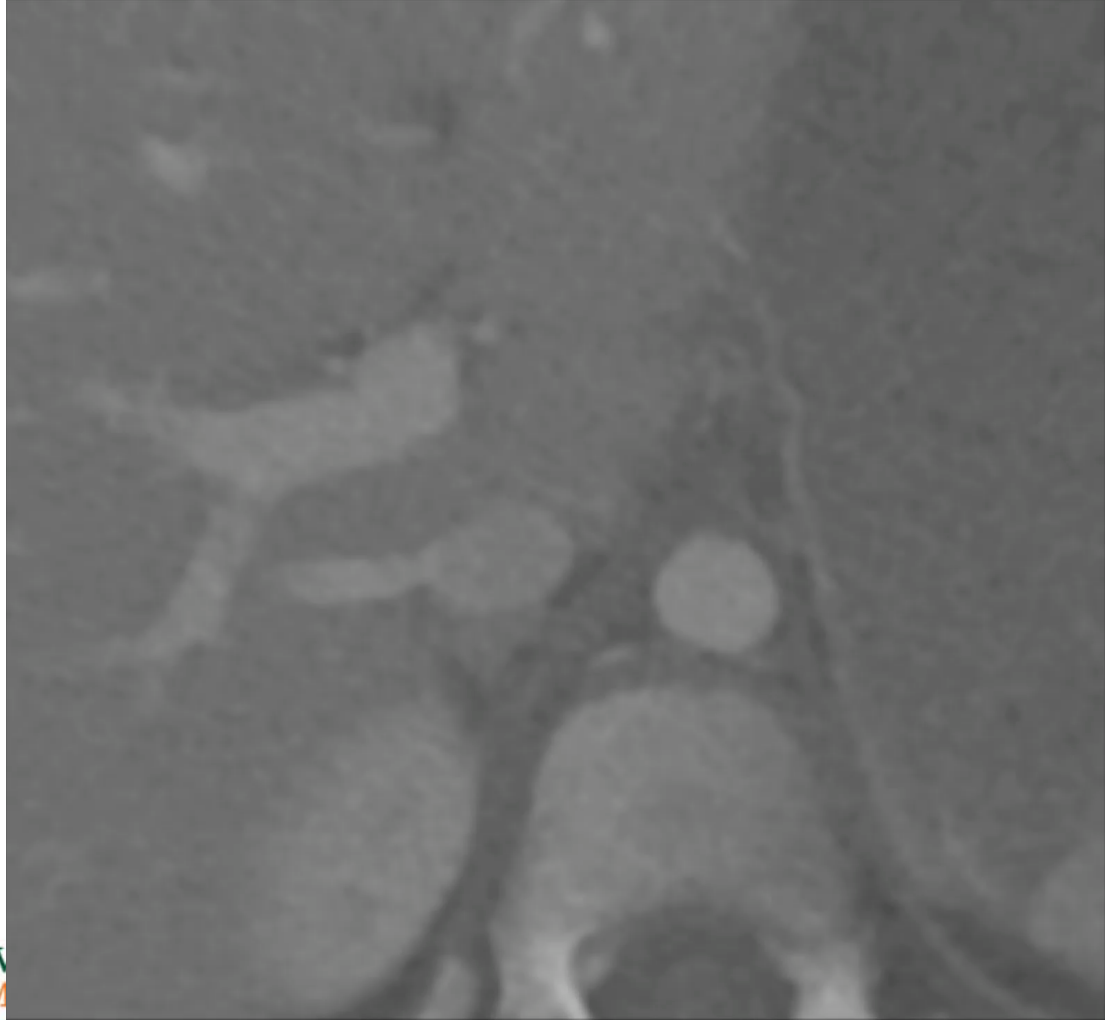
- Patient was alert and HDS
- Physical exam
  - Generalized peritonitis
  - Seat belt sign
  - Lower Extremities: Weakly palpable pedal pulses with normal motor and sensory function

---

# Case Description



# Case Description



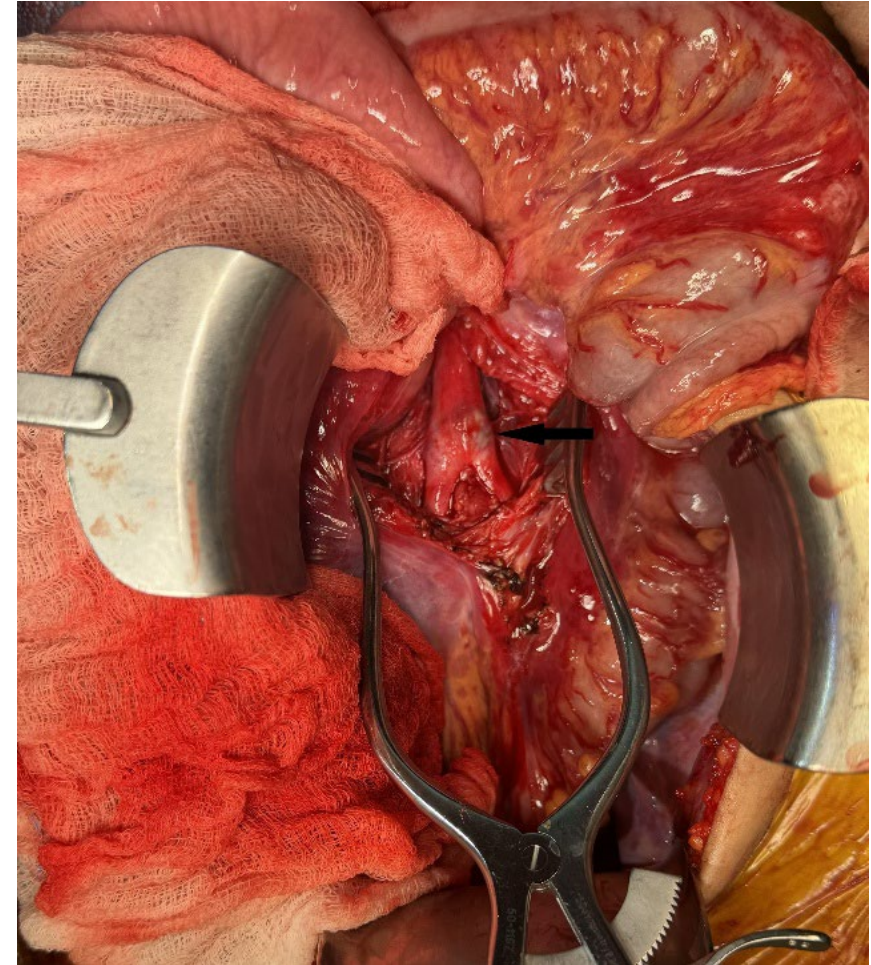
# Operative Technique

## **Pediatric surgery:**

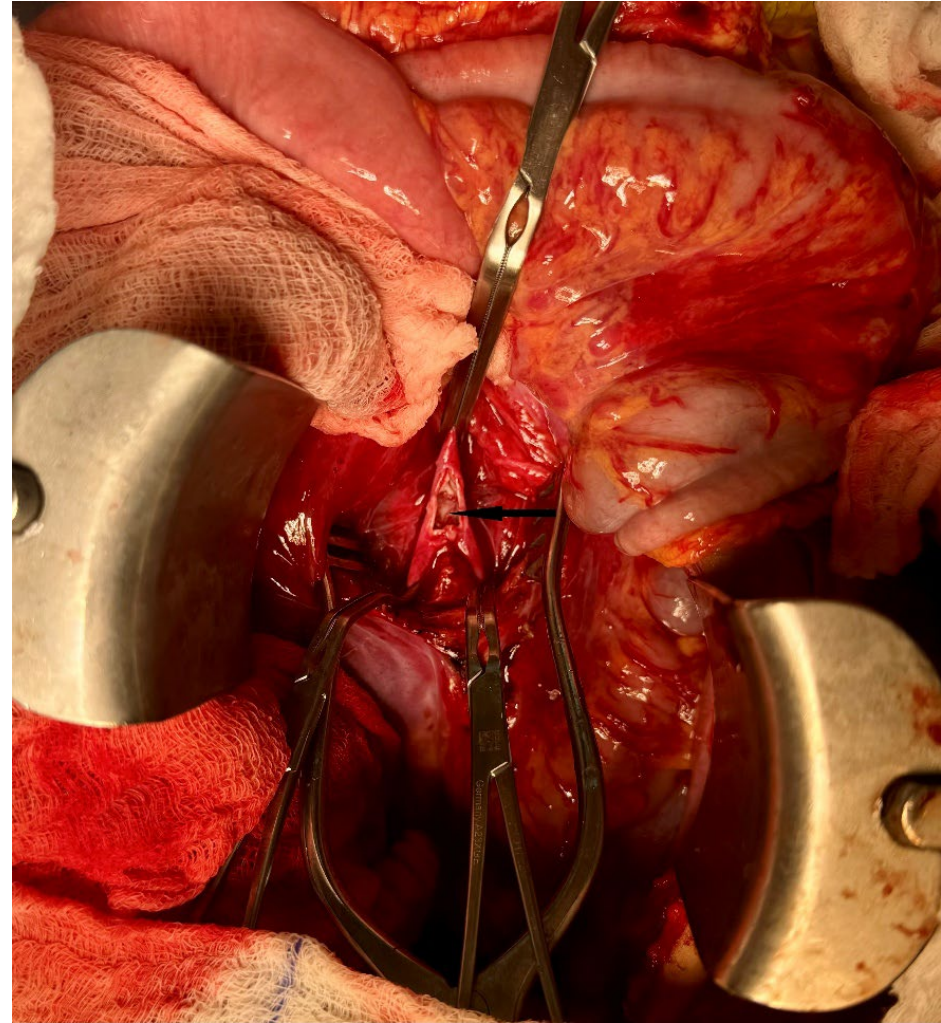
- Small and large bowel resection with staple anastomoses
- No gross spillage or contamination

## **Vascular surgery:**

- Zone I retroperitoneal hematoma exploration
- Infraarenal aortic and bilateral common iliac thromboembolectomy
- Aortic repair with rifampin-soaked bovine pericardial patch



# Operative Technique



# Operative Technique



---

# Post-op Course

- Postoperatively, the patient had bilateral multiphasic pedal signals and good capillary refill
- Transferred to Pediatric ICU
  - Extubated
  - Remained hemodynamically stable without pressors
- Started on weight-based antiplatelets for 3 months
- ICU stay until POD 3
- Discharged on POD 6 without complications
- 3-month follow-up: Aortic ultrasound showed normal flow with no occlusion or stenosis

---

# Discussion

- Nonoperative vs. operative management
- Open surgical repair has historically been the primary treatment for pediatric abdominal aortic trauma
  - Endovascular repair has emerged more recently
- Take into consideration growth in size of vasculature with aging of patient

---

# Conclusion

- We performed open infrarenal aortic repair using a rifampin-soaked bovine patch which offered the patient an effective and durable solution
- Long-term patency and outcomes after pediatric open aortic repair remain unclear

---

# References

1. Kim S, Modrall JG, Malekpour F, et al. A single-center experience on the management of pediatric blunt aortic injury. *J Vasc Surg*. 2022;75(5):1570-1576. doi:10.1016/j.jvs.2021.12.067
2. Sheahan M, Lauve S, Tullos A, et al. Pediatric aortic trauma: A review of the literature. *J Vasc Surg*. 2026;83(3):914-919. doi:10.1016/j.jvs.2025.10.036
3. Sadaghianloo N, Jean-Baptiste E, Breaud J, Declémy S, Kurzenne JY, Hassen-Khodja R. Blunt abdominal aortic trauma in paediatric patients. *Injury*. 2014;45(1):183-191. doi:10.1016/j.injury.2012.10.033
4. Lee KB, Solano A, Baig MS, et al. Endovascular reconstruction of aortic bifurcation for aortic pseudoaneurysm in a pediatric trauma patient. *J Vasc Surg Cases Innov Tech*. 2023;9(2):101140. Published 2023 Mar 5. doi:10.1016/j.jvscit.2023.101140
5. Tashiro J, Hannay WM, Naves C, et al. Mechanism and mortality of pediatric aortic injuries. *J Surg Res*. 2015;198(2):456-461. doi:10.1016/j.jss.2015.03.053

---

# Thank You

UNIVERSITY  
OF MIAMI

