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Presentation Abstracts

TITRE

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Congress Abstract Full Text

Objectives: According to current guidelines, prophylactic intervention is proposed for patients with a diameter of ascending aorta greater than or equal to 55 mm in the general population. However, many patients, present type A dissection below this diameter. After some anecdotic cases, we set up a retrospective single center study, to evaluate the incidence of type A aortic dissection according to the diameter of ascending aorta and others factors.

Material and Methods: We retrospectively reviewed the medical records of all adult patients who were admitted in our emergency department for type A aortic dissection between January 2007 and December 2020. The maximum ascending aortic diameter was measured based on preoperative CT- scan images. Cardiovascular risk factors, comorbidities, and genetic analysis results were also evaluated.

Results: During the study period, 208 patients presented a type A aortic dissection. There were 122 females and 86 males (mean 66 years ±12 years). Systemic hypertension was present in most of the patients (70%). Concerning the diameter of ascending aorta, CT scan were available in 164 patients and 73.17% presented a dissection for a diameter lower than 55 mm. A genetic anomaly was detected in 50% (16/32) using a postoperative sequencing. 21.9% presented a bovine arch (34/155) on admission CT-scan. Prior to dissection 25.96% (54/208) were know carriers of an ectatic pathology of the ascending aorta. Among the 208 patients of the study, 176 underwent surgery (31 Bentall and 139 replacement of the ascending aorta above the sinotubular junction and 6 others interventions).

Conclusion: Type A ascending aorta dissection occurred in most of our patients (73%) at a diameter below 55mm. Therefore, the maximal ascending aorta diameter threshold needs reassessment and other parameters must be considered to propose a prophylactic surgery and thus improved survival in these patients.

No conflict of interest has been declared by the author(s).

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