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ABSTRACT BOOK

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BARE STENTING OF THE DESCENDING AORTA IN TYPE A ACUTE DISSECTION STABILIZES FURTHER FALSE LUMEN EVOLUTION: RESULTS OF A COMPARATIVE STUDY.

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AIM: To compare false lumen (FL) evolution in patients operated on for a type A acute dissection (TAAD) according to additional bare stenting of the descending aorta (BSDA) during circulatory arrest with a Djumbodis® 40, 90 or 140mm long.

METHODS: Monocentric control study including a consecutive series of patients operated on for TAAD between 2006 and 2011 and receiving or not a BSDA according to the surgeon's choice. Exclusion criteria were type II dissections, intramural hematoma and previous surgery of the descending aorta (DA). Endpoint was the diameter of the false lumen (FL) assessed by angio-TDM at the upper, medial and lower third of the DA before surgery, at discharge and during follow-up. Measures were indexed to the Body surface area (BSA).

RESULTS: We included 19 patients receiving additional BSDA and 24 in the control group. BSDA was associated with lower diameters of the FL at the upper and middle third of the descending aorta as compared to the control group after surgery ($p<0,0001$, $p=0,0001$ and $p=0,1$ respectively). At the end of follow-up ($27,7 \pm 20,0$ months in BSDA group, $20,2 \pm 18,8$ months in control group), excluding Marfan disease, the diameters of the FL were still lower in the BSDA group, ($p=0.003$, $p=0.004$ and $p=0.01$ respectively). More, the global indexed diameter of the aorta measured at the upper third of the DA was noticeably lower in the stented group at the end of the follow-up, suggesting a favourable remodelling of the descending aorta in the stented group.

CONCUSION: During angio-TDM follow-up, the descending thoracic aorta appears stabilized in the non-Marfan stented patients two years after surgery for TAAD. As late outcome is related to the diameters of the false lumen in the DA, a longer follow-up is mandatory to assess whether this radiological finding results in a clinical benefit.