



GEN18 - Descending Thoracic Aortic Diameter in Acute Type B Dissection: Impact of Connective Tissue Disorders. Insights of GenTAC registry

OBJECTIVE: To assess data from the GenTAC registry to gain more insights about patients that develop type B dissections in the absence of aortic dilatation.

ORGANIZATION

Lead Investigators: Santi Trimarchi MD, Kim A Eagle MD

Co-Investigators: Frederik HW Jonker MD

Funding Source: GenTAC

Samples • None

Data • Clinical evaluation, imaging, genetic and surgical data.

BACKGROUND AND RATIONALE

The aortic diameter is thought to be an important risk factor for type B aortic dissection and it is still the most adopted parameter to indicate elective surgical/endovascular treatment. The International Registry of Acute Aortic Dissection (IRAD) has revealed that in the overall group of type B patients, the mean descending aortic diameter was 4.1 cm. Based on these data, it seems that the vast majority of patients with acute B aortic dissection (ABAD) present with a descending aortic diameter smaller than 5.5 cm; they would not, therefore, fall within current guidelines for elective descending thoracic aortic repair. In addition, more than 20% of ABAD patients showed an aortic diameter < 3.5 cm, which means that these patients had an acute B dissection in the absence of aortic dilatation. In this last group, patients were younger and more frequently women than those patients with enlarged aortas. These findings suggest that factors intrinsic to the aortic wall play an important role, and accordingly descending aortic diameter alone is not a sufficient parameter to predict acute type B dissection

DESIGN

Hypothesis: • Patients with BAV who dissect may have a different clinical profile from those who do not dissect

Inclusion criteria: • Subjects who have had an acute type B aortic dissection

CONCLUSIONS

Results: • *Results pending*

