OBJECTIVE: To demonstrate the benefit of early intervention and identify groups for subsequent genotype-phenotype analysis.

ORGANIZATION

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Funding Source: UT Houston

BACKGROUND AND RATIONALE
Thoracic aortic aneurysm (TAA) is a form of aortopathy characterized by dilation of the proximal aorta that predisposes patients to aortic dissection and sudden death. Both syndromic and nonsyndromic TAA have been associated with malignant progression of aortic dilation, and several genetic causes for TAA have been identified. Both beta blockers (BB) and angiotensin receptor blockers (ARB) have demonstrated therapeutic benefit in halting the progression of disease, however not all patients are responsive to pharmacologic therapy and the reasons for this are unclear. Further, the natural history of TAA is poorly understood in the sense that most individuals have periods of progression and periods of no progression.

DESIGN

Method: Determine if early medical therapy significantly decreases the proportion of patients with TAA who have progression and the impact of genotype on response to therapy
Inclusion criteria: Subjects with Marfan and BAV
Samples: None
Data: Demographics, Imaging, Medication Use

CONCLUSIONS
Results: Results pending