



GEN56 - Clinical, Radiologic, and Genetic Factors Influencing Rapid Enlargement of the Descending Thoracic Aorta after Aortic Dissection

OBJECTIVE: Identify patients who would benefit from screening and early surgical repair of the descending thoracic aorta to prevent risk of death from rupture and improve long term survival.

ORGANIZATION

Lead Investigator: Sherene Shalhub, MD MPH

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Funding Source: GenTAC and University of Texas Health Science Center at Houston

Data:

- Surgical
- Quality of life
- Organ system review
- Medication use
- Imaging
- Genetic
- Family History
- Demographics

BACKGROUND AND RATIONALE

Our ability to detect patients at risk for aneurysmal degeneration and rupture in the descending thoracic aorta (DTA) after dissection is limited. Mortality is estimated at 25% within 3 years of discharge after type B aortic dissection with cause of mortality attributed to aorta-related complications the majority of cases. In type A dissections there is a paucity of data on the long term outcome of the descending thoracic aorta or the cause of mortality post type A aortic dissection repair. In patients with Marfan syndrome who undergo elective aortic root repair, one third will suffer an aortic dissection or need for aortic repair, most commonly due to dissection or rupture of the residual aorta or iliac artery.

CONCLUSIONS

Results: Pending

DESIGN

Method:

- Identify the clinical and radiological factors that predict rapid formation of descending thoracic aortic aneurysms after aortic dissection and
- Investigate effect of mutations in genes known to cause ascending aortic dissection and aneurysms on this unpredictable complication.

Inclusion criteria:

- All GenTAC patient populations

Samples:

- None