



## CHANGES IN INTERVENTIONS IN TYPE B ACUTE AORTIC DISSECTION PATIENTS

Poster Contributions  
Poster Hall B1  
Sunday, March 15, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Predictors and Clinical Management of Aortic Disease  
Abstract Category: 45. Vascular Medicine: Non Coronary Arterial Disease  
Presentation Number: 1191-346

Authors: *Sevan Misirliyan, Santi Trimarchi, Firas F. Mussa, Rossella Fattori, Ali Khojenezhad, Daniel Montgomery, Arturo Evangelista, Marco Di Eusanio, Eva Kline-Rogers, Truls Myrmed, Khaled Abdul-Nour, G. Michael Deeb, Eric Isselbacher, Christoph Nienaber, Kim Eagle, Himanshu Patel, University of Michigan, Ann Arbor, MI, USA*

**Background:** Patients with complicated Type B Acute Aortic Dissection (TBAAD) should receive an intervention.

**Methods:** TBAAD patients enrolled in the International Registry of Acute Aortic Dissection were split by time (T1=1996-2001, T2=2002-2007, N=, T3=2008-2013) and stratified by those who received interventions.

**Results:** No difference was noted in age, gender, or patient history. Overall, TBAAD patients received more interventions over time (29.7% T1, N=149; 39.2% T2, N=203; 39.5% T3, N=181;  $p=0.001$ , trend  $p=0.001$ ). TEVAR and/or fenestration increased (12.6% T1, N=63; 25.1% T2, N=130; 32.3% T3, N=148;  $p<0.001$ , trend  $p<0.001$ ) while surgery decreased (17.2% T1, N=86; 14.1% T2, N=73; 7.2% T3, N=33;  $p<0.001$ , trend  $p<0.001$ ). Interventional in-hospital mortality did not differ (19.5% T1, 10.3% T2, 13.8% T3,  $p=0.052$ , trend  $p=0.177$ ). In a climate of increasing interventions, overall TBAAD in-hospital mortality did not change (12.4% T1, 8.1% T2, 11.8% T3,  $p=0.058$ , trend  $p=0.722$ ). Later time periods demonstrated shorter median length of stay (16.0 T1, 14.0 T2, 13.0 T3,  $p<0.001$ ) and lower post-discharge mortality (figure).

**Conclusion:** We identified divergent trends in TBAAD management. Early mortality did not change as interventions increased and post-discharge survival improved. Despite the survival advantages of TEVAR v. surgery, complicated TBAAD carries high risk. With recent evidence showing improved long-term survival with TEVAR, our data supports an increasing use of this technology.

