DEBAKEY TYPES I AND II ARE DISTINCT SUBSETS WITHIN TYPE A DISSECTION: A REPORT FROM THE INTERNATIONAL REGISTRY OF ACUTE AORTIC DISSECTION

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Background: The DeBakey classification divides Type A acute aortic dissection (AAD) into Type I and Type II; the latter limited to the ascending aorta. Differences between the groups are not known.

Methods: We divided 1734 Type A patients from the International Registry of Acute Aortic Dissection into Type I (N=1570, 90.5%) and Type II (N=164, 9.5%). Iatrogenic patients were not included.

Results: Patients with Type II AAD were older, and had significantly lower body mass indexes. Type I patients reported more back and abdominal pain, and were more likely to have presenting pulse deficit or limb ischemia. Hypotension or shock on presentation was more common in Type I AAD. Intramural hematoma (IMH) was more frequent in Type II AAD. Most patients were treated surgically. Acute renal failure occurred more often in Type I AAD. In-hospital death was less frequent in Type II patients, but this trend did not reach statistical significance. After discharge, increased aortic diameter or new aortic aneurysm was more frequent in Type I patients. There was no difference in 5-year survival.

Conclusions: Type I AAD presents more frequently with back or abdominal pain, limb ischemia, pulse deficit, and hypotension or shock. Type II patients were older and more frequently had IMH. In-hospital and five-year survival was comparable, but Type I patients had more distal aortic growth on follow-up.