GENDER DIFFERENCES IN MORTALITY IN AORTIC DISSECTION - RESULTS FROM THE KAISER PERMANENTE REGISTRY OF AORTIC DISSECTIONS

ACC Moderated Poster Contributions
McCormick Place South, Hall A
Saturday, March 24, 2012, 9:30 a.m.-10:30 a.m.

Session Title: Peripheral Vascular Disease: State of Science II
Abstract Category: 35. Peripheral Arterial/Carotid Disease/Aortic Disease
Presentation Number: 1121-217

Authors: Somjot Singh Brar, Jaqueline Schwartz, Kevin Izquierdo, Cuong Lam, Aman Saw, Thomas Pfeffer, Albert Shen, Michael Jorgensen, Kevin Patel, Raymond Chen, George Vatakencherry, Steven Khan, Kaiser Permanente, Los Angeles, CA, USA

Background: Survival estimates of patients with aortic dissection commonly come from tertiary care centers; such estimates may be biased by referral and selection bias. The survival of unselected patients with aortic dissection by gender in the community remains poorly defined.

Methods: Aortic dissection cases were identified from the Kaiser Permanente-Registry of Aortic Dissections (KP-RAD). This is a population-based registry that captures consecutive cases of aortic dissections occurring among the greater than 3,000,000 health plan members in Southern California. The endpoint for analysis was all-cause mortality. The failure rate by gender was compared using the Kaplan-Meier method and a Cox proportional hazards model.

Results: There were 714 aortic dissection cases identified. Of these 247 were in women and 467 in men for a female to male ratio of 1:1.9. The mean age ± SD for females and males were 69 ± 1.0 years and 64 ± 0.7 years (P<0.01). The frequency of type A and type B aortic dissection were similar in both groups (P=0.45). The mortality at 12-months after the index aortic dissection event was 33% in females and 19% in males (P <0.01). The hazard ratio (95% CI) for females versus males, adjusted for age and dissection type, was 1.49 (1.10 - 2.02), P=0.01.

Conclusions: While aortic dissections are less common in females compared to males, the mortality rate is significantly greater in females. The reasons for the marked disparity in mortality by gender warrant further exploration.