COMPARISONS OF THE CHARACTERISTICS AND OUTCOMES BETWEEN AORTIC DISSECTION AND INTRAMURAL HEMATOMA: FIVE YEAR EXPERIENCE OF SINGLE TERTIARY CENTER

ACC Poster Contributions
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Background and Objectives: The aim of this study was to compare the characteristics and outcomes between aortic dissection (AD) and intramural hematoma (IMH) in a single tertiary center for recent 5 years.

Methods: A total of 256 patients were divided into 2 groups; AD group (n=197, 108 males, 57.7±14.2 years) vs IMH group (n=59, 21 males, 65.1±10.8 years). The patients who had both AD and IMH (n=52) simultaneously were classified into AD group in the present study.

Results: AD group was younger than in IMH group (57.7±14.2 vs 65.1 10.8 years, p<0.001). AD was more common in males than IMH (54.8% vs 35.6%, p=0.01). Other clinical, laboratory, electrocardiographic, or echocardiographic findings were not different between the groups. Stanford classification (type A or B) was also not different between the groups. Fifty four patients were died during hospitalization and clinical follow-up (21.1%), and the mortality rate was not different between the groups (22.4% vs 16.9%, p=ns). The dead patients were significantly older in the survived patients in both groups (62.6±13.5 vs 56.3±14.1 years, p=0.008 in AD group, 73.6±10.0 vs 63.4±10.2 years, p=0.006 in IMH group). Type A involvement by Stanford classification was significant predictor of mortality in AD group (mortality: 28.9% in type A vs 13.3% in type B, p=0.009), but no in IMH group (mortality: 20.7% in type A vs 13.3% in type B, p=0.451).

Conclusion: The present study suggested that IMH develop more commonly in female and older age than in AD. Age was a significant predictor of mortality in both AD and IMH, but the Stanford classification was more important predictor of mortality in AD.