vention was significantly higher in patients with CTD ($P=0.01$). One, 5, and 10 year survival rates were 95.8%, 91.6%, and 86.1% respectively.

**Conclusions:** Young patients who undergo open TAAA repair have favorable short and long-term outcomes. However, a significant proportion require further aortic intervention and imaging surveillance is advised, especially in those with CTD.

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**PVSS13.**

Anatomic Characteristics of Aortic Transection: Centerline Analysis to Facilitate Emergent Repair


**Objectives:** Traumatic transection of the thoracic aorta is being treated increasingly with the use of aortic stent grafting. Unfortunately, most stent grafts are designed for treating aortic aneurysmal disease instead of traumatic injury. Further refinements in stent graft technology depend on a thorough anatomic understanding of the transection process.

**Methods:** All patients with computed tomography evidence of blunt aortic injury between 2003 and 2011 were queried. Their initial scans were imported into the Intuition (Terarecon, Inc) viewing program, and off-line centerline reconstruction was performed. Standard demographic data was collected in addition to anatomic characteristics, including aortic diameters and relation of the injury to the arch vessels.

**Results:** 52 patients were identified. Only 2 patients had evidence of injury proximal to the left subclavian artery. The average length from the left subclavian artery to the proximal site of injury was 16.2 mm (range 2-31 mm). Most patients (40) had more than 15 mm of landing zone beyond the left subclavian artery. The range of proximal diameters ranged from 19-32 mm, with an average aortic diameter of 23.7 mm. Five patients had aortic diameters smaller than 21 mm, and five patients had aortic diameters greater than 26 mm. The average length of injured aortic segment was 27 mm.

**Conclusions:** In this contemporary series from a large trauma center, 98% of patients are anatomically able to be treated with a stent graft that does not require coverage of the left common carotid artery. Furthermore, 80% of patients were anatomically able to be treated without left subclavian artery coverage. Most patients have an aortic diameter that falls between 21 and 26 mm in diameter as well as a short segment of injured artery. Centers interested in emergently treating aortic transections are able to do so while maintaining a limited stock of stent grafts that can be used to treat the majority of the population.

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**PVSS14.**

Gender Differences in Aortic Aneurysm Presentation, Repair, and Mortality in the VSGNE

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**Objectives:** Prior studies examining gender differences in AAA repair suggest there may be differences in presentation, suitability for EVAR, and outcomes between men and women.

**Methods:** We used the Vascular Study Group of New England database to identify all patients undergoing EVAR or open AAA repair (OAR). We analyzed demographics, comorbidities, and procedural, and perioperative data. Results were compared using Fisher’s exact test.

**Results:** 4,193 patients underwent AAA repair (78% male, 54% EVAR). Women were less likely to undergo EVAR for intact aneurysms (50% vs. 60% of, $P<0.001$) but not for ruptured aneurysms (27% vs. 21%, $P=0.25$). Women were older (74 years vs. 72 years for intact, $P<0.001$; 77.5 years vs. 73 years for rupture, $P<0.001$) with smaller aortic diameters (56mm vs. 59mm for elective, $P<0.001$; 71mm vs. 78mm for rupture, $P=0.005$). Women had higher 30-day mortality after OAR for both intact (4% vs. 2%, $P=0.05$) and rupture (48% vs. 33%, $P=0.03$) repairs. However, 30-day mortality after EVAR was similar for both intact (1% in men vs. 1% in women, $P=0.58$) and rupture (29% in men vs. 26% in women, $P=1.00$) repairs.

**Conclusions:** Women are undergoing EVAR at a higher rate than previously reported, being treated at older ages and smaller diameters, and rupture at smaller diameters than men. Thirty-day mortality is worse in women after OAR but comparable after EVAR.

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PVSS15.
Outcomes Following TEVAR for Acute and Chronic Type B Aortic Dissection
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Objectives: To review clinical outcomes of endovascular treatment of type B aortic dissection.

Methods: All patients treated for type B aortic dissection between 2006-2011 were identified from a prospectively maintained registry. Health systems charts and medical correspondences were reviewed. Measured outcomes included resolution of the indication for intervention, additional procedures, and survival at 30 days and 1 year.

Results: 55 patients were treated with TEVAR for type B dissection (mean age, 61±14 years), 39 (71%) for acute dissections and 16 (29%) for chronic dissections. Indications for treatment were pain (21), malperfusion (13), aneurysm (6), uncontrolled hypertension (6), expansion (5), and rupture (4). Success, defined by relief of indication and freedom from death or re-intervention at 30 days, was achieved in 87% of patients. Twenty-six additional procedures were performed in 22 patients prior to, or at the time of TEVAR. These included debranching procedures (8), renal stenting (7), iliac stenting (5), iliac exposure or conduit creation (2), mesenteric stenting (2), thrombectomy (1), and tube thoracostomy (1). Left subclavian artery coverage was required in 23 patients. Spinal ischemia occurred in 4 patients, and lumbar drainage performed in 2 patients. Three patients required reintervention during the study period. Survival was 93% at thirty-days and 78% at one year.

Conclusions: TEVAR is effective in the treatment of the complications of both acute and chronic type B aortic dissection. Additional procedures are frequently necessary, but early results indicate favorable outcomes, while re-intervention is rare.

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PVSS16.
Perioperative Use of Dextran Is Associated with Cardiac Complications after Carotid Endarterectomy
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Objectives: Although dextran has been theorized to diminish the risk of stroke after carotid endarterectomy (CEA) variation exists in its use. We evaluated outcomes of dextran use in patients undergoing CEA to clarify its utility.

Methods: We studied all primary CEA performed by 71 surgeons within the Vascular Study Group of New England database (2003-2010). Patients were stratified by perioperative dextran use. Outcomes included perioperative death, stroke, myocardial infarction (MI) and congestive heart failure (CHF). Group and propensity score matching were performed for risk adjusted comparisons, and multivariable logistic regression was used to examine associations between dextran use and outcomes.

Results: There were 6,641 CEA performed, with dextran used in 334 (5%) procedures. Dextran and No Dextran patients were similar in age (70 years) and symptomatic status (25%). Other differences between the cohorts diminished after adjustment (Table). In crude, group-matched, and propensity matched analyses, stroke/death rate was similar between cohorts (1.2%), while Dextran patients were more likely to suffer perioperative MI (2.4% vs 1.0%);