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Surgery For Type A Aortic Dissection At A Low Volume Hospital

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Objective: Acute Type A Aortic Dissection is a life threatening disorder amenable to prompt surgical treatment. Advocates of Quality Control claim such therapy should be limited to high volume referral centers to ensure the best outcomes. Reported results from such centers reveal an operative mortality ranging 10-20%. We report our experience at a low volume center.

Methods: Between 1993-2009 23 pts. Were operated on for the diagnosis of Acute Type A Aortic Dissection.

Results: All but one was operated on an emergent basis. The one pt. With previous valve surgery was initially diagnosed as having an intramural hematoma of the ascending aorta. Mean Age was 58+/-17 and 19(83%) were male. Two pts. Had Marfan's Syndrome and one had a Bicuspid Aortic Valve. The Euroscore was 11+/-3(predicted mortality27%). Bentall Procedure was carried out in 13; Replacement of the Ascending Aorta in 10(2 had concomitant CABG). Cardiopulmonary Bypass time was 225+/- 75 min; Cross clamp time - 120+/-53 min.; Circulatory Arrest time- 46.3+/-32. min. Operative mortality was 4(17%); 1 suffered a CVA, which later resolved. No other major morbidity occurred postoperatively. Predictors of mortality by univariate analysis were: Age and Euroscore ($p<0.002$). We did not identify any predictor by multivariate analysis.

Conclusions: Type A Aortic Dissection carries a high operative mortality. Our results fall within the range of published results from high volume referral centers. Prompt surgical intervention by experienced surgeons yields the best outcomes in this very complex surgical emergency.