FEASIBILITY OF TOTAL ENDOVASCULAR AORTIC ARCH EXCLUSION AFTER SURGERY FOR TYPE A ACUTE AORTIC DISSECTION: WHY AREN'T ALL PATIENTS ELIGIBLE?

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INTRODUCTION

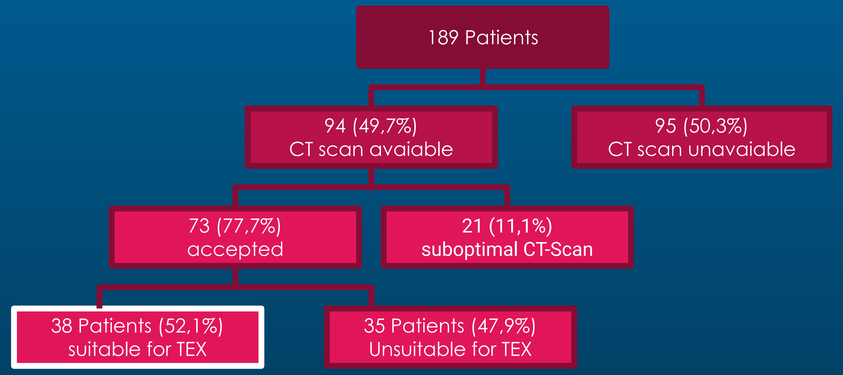
- TEX has shown to be a safe and effective option in high-risk patients especially after surgery for type A acute aortic dissection (TAAD)
- In this scenario the main challenges for TEX feasibility are represented by anatomical issues that often derive from the technical aspects of the first operation
- Aim of this retrospective, single center study: to evaluate CT-scans of patients after surgery for TAAD in order to assess how many of them would be suitable potential candidates for TEX and what are the reasons for being unsuitable.

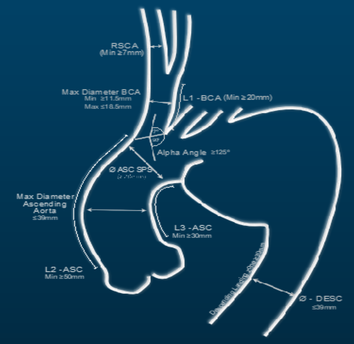
METHODS

- We analyzed early post-operative CT-scans of patients who underwent ascending aorta (with or without hemiarch) replacement for TAAD at our institution
- Patients who underwent procedures on the aortic arch, either partial or complete, were excluded
- The device considered in this study for TEX technical feasibility was a single-branch, off-the shelf, bimodular stent-graft

CONCLUSIONS

- Our data show that TEX after surgery for type A acute aortic dissection is potentially feasible in nearly 50% of patients
- A careful intraoperative management during surgery for TAAD aimed at preparing the patient for a potential future TEX





Anatomical and technical aspects evaluated:

- Proximal landing zone in a vascular graft size and length of inner and outer curvature
- Presence of kinking
- Coronary ostia height
- Distal landing zone and potential for additional stent implantation
- Shape of the aortic arch
- Size, length, pathology and take-off angle of supra-aortic vessels



