

20. RAPID-FIRE - AORTA & CABG

SUNDAY 25 - 14.15-16.25

RF94 VALVE-SPARING AORTIC ROOT REPLACEMENT: 15-YEARS BOLOGNA EXPERIENCE

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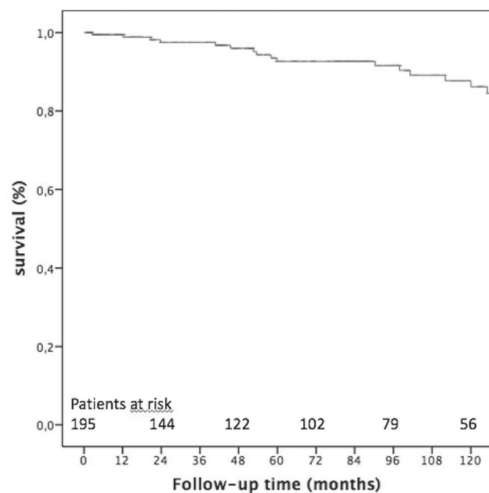
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Background Valve-sparing aortic root replacement is an attractive option for aortic root aneurysms, avoiding valve prosthesis disadvantages and complications:the challenge for surgeons is to guarantee a durable aortic valve repair.In this study we present our early and long term results, identifying pre- and intra-operative risk factors for reoperation at follow up.

Methods From March 2002 to December 2017, 201 consecutive patients underwent conservative operation of the aortic valve and aortic root replacement, according to David reimplantation technique.Bicuspid aortic valve (BAV), Marfan syndrome and type A acute aortic dissection (AADA)-patients were included in the study.Patients were retrospectively evaluated with clinical and echocardiographic studies.Mean follow up time was 81.87±59.74 months.

Results Mean age was 49.7±15.2 years.Overall in-hospital mortality was 3%, if we consider only elective cases 0.5%.At discharge, aortic regurgitation was mild or lower in 87.1% of the patients.AADA (p = 0.000) and arch surgery (p = 0.004) are risk factors for early mortality.At 10 years, survival was 90.9%.At 5 years and 10 years, freedom from reoperation for severe aortic regurgitation was 92.7% and 86.2% respectively.Freedom from moderate to severe aortic regurgitation at 5 and 10 years was 97.2% and 84.4% respectively.At multivariate analysis, preoperative severe aortic regurgitation (p = 0.91), BAV(p = 0.32), Marfan syndrome(p = 0.10),cusps repair(p = 0.12) were not statistically significant risk factors.

Conclusions Our experience showed that aortic valve repair and valve-sparing aortic root surgery is a safe and effective procedure, and it can be performed with satisfactory short- and long-term results.It's important to refer the patients to high-volume center.We didn't find risk factors for valve repair-failure.



Freedom from reoperation (%)	1 year	3 years	5 years	10 years
Overall	99.5±0.01	97.5±0.01	92.7±0.02	86.2±0.04

RF19 ENDOVASCULAR SURGERY FOR TYPE B AORTIC DISSECTION: IS THERE A DIFFERENCE BETWEEN ACUTE AND CHRONIC?

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Background and aim Open surgery for type B Aortic Dissection remains a clinical challenge with high morbidity and mortality. Thoracic EndoVascular Aortic

Repair (TEVAR) is developing as a strong alternative to open surgery for treatment of acute and chronic type B Aortic Dissection. TEVAR has shown improved early and late results, compared with open surgery or medical therapy, mostly in complicated patients.

To assess if there are some differences in clinical outcome after TEVAR for acute or chronic TAAD, we reviewed our long term experience.

Methods From March 2001 to March 2018, out of 289 patients underwent TEVAR, 141 were treated for TAAD(48.8%), 88 for acute (within 14 days) and 53 for chronic dissection (after 14 days). The procedures were performed in a hybrid operating room. Patients received general anesthesia and mechanical ventilation with invasive monitoring. The delivery system was inserted through femoral or iliac artery.

Results The overall 30-days mortality was 3.5% (5 patients), All deaths were the result of preoperative malperfusion. There were no neurological complications or paraplegia. At long-term follow-up, aortic related mortality was 7.8% (11 patients) A secondary endovascular or conventional procedure was required in 26 patients (18.4%). There were no statistically significant differences between groups.

Conclusions Early and late outcome supports the safety and effectiveness of TEVAR for type B aortic dissection without differences between acute and chronic group. Mortality and morbidity is predominantly related to the patient preoperative status. However, long-term follow-up is mandatory to confirm clinical safety of this procedure

RF88 TRANSFEMORAL BARE-METAL STENT FOR TREATMENT OF RESIDUAL AORTIC ARCH DISSECTION AFTER SURGICAL REPAIR OF ACUTE TYPE A AORTIC DISSECTION.

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Background and aim Here we evaluate the usefulness of transfemoral uncovered stent implantation to avoid secondary conventional surgery for residual type A aortic dissection of aortic arch after ascending aorta replacement.

Methods From June 2009 to April 2015, 11 patients were treated with transfemoral implantation of uncovered stents in the aortic arch after surgical replacement of ascending aorta performed on average 4.7±2.3 years earlier.. An enlarged dissected aortic arch or a dangerous median growth of more than 5 mm/yr or impending rupture presenting as chest pain were indications for treatment. The dissected aortic tracts diameter must not exceed 45 mm. 5 patients (45.5%) were treated with Djumbodies Dissection System, 6 patients (54.5%) with Jotec E-XL aortic stent.

Results There were no perioperative deaths or permanent neurologic complications. Primary procedural success was obtained in all patients and the residual type A aortic dissection in aortic arch was obliterated, with disappearance of the false lumen. Median ICU stay was 24 hours, post-operative hospital stay was 5.2±1.4 days.

One death, not aortic related, occurred during follow-up period (mean 5.2±1.9 years). Descending thoracic aorta diameter significantly increased in 3 patients (27.3%): one patient (9.0%) needed a secondary conventional surgery, the other 2 (18.2%) of a distal extension with PETTICOAT approach.

Conclusions Endovascular approach with uncovered metal bare stent is surely an evolving strategy to perform a purely endovascular treatment, indicated only for treatment of aortic arch with a diameter of less than 40 or 45 mm, to avoid progressive thoracic aortic dilatation and/or rupture.

RF04 AORTIC ARCH ANEURYSM: OUR SURGICAL EXPERIENCE

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