

Aortic Dissection Type A in the Young: Should we always treat the root?

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Retrospective screening of our dissection database for patients aged 45 or younger who suffered from AADA (n=70)

Measurement of aortic diameters postop and in the last follow-up CT scan: aortic root, aortic arch, descending aorta, infrarenal aorta

Follow-up time: 6 years [IQR: 3y; 10y]

Root replacement **vs.** root sparing operation

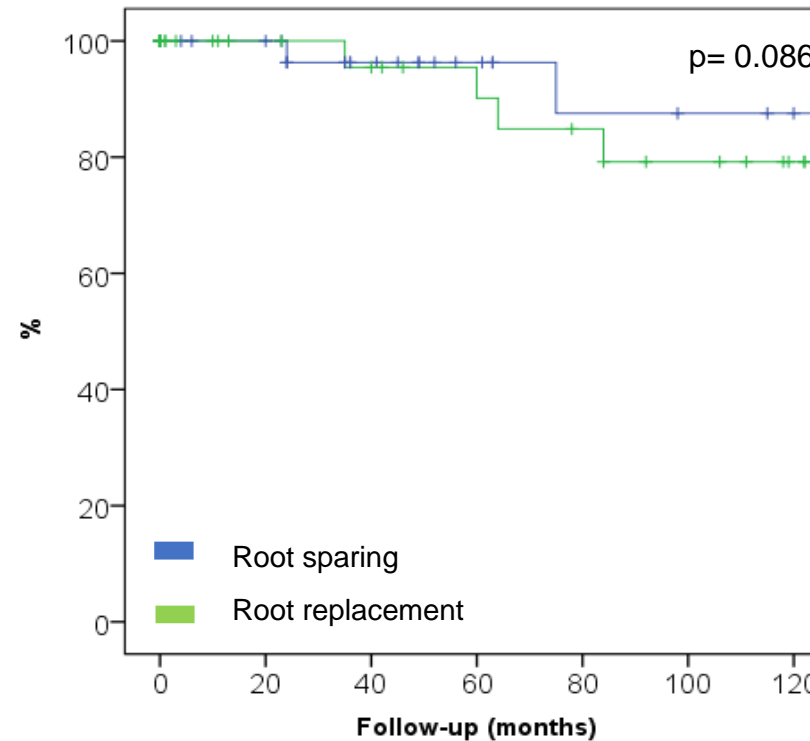
Progression of untouched aortic segments (mm):

	Postoperative	Last follow-up
Root diameter	33.8 ± 4	38.5 ± 4
Arch diameter	27.5 ± 4	31.2 ± 6
Diameter descending aorta	27.4 ± 5	31.9 ± 4
Diameter infrarenal aorta	21.3 ± 3	25.5 ± 6

High percentage of genetic disorders in young patients

**In young patients growth rate of the untouched root is slow, secondary root events are low.
Liberal root replacement is not indicated despite young age.**

Freedom from Reoperation or Aortic Death



Redo surgery:
17% vs. 12%; p=0.97

Mortality:
11% vs. 9%; p=0.69