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How to deal with: Acute Aortic Dissection

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Disclosure of Interest

Disclosure

Speaker name:

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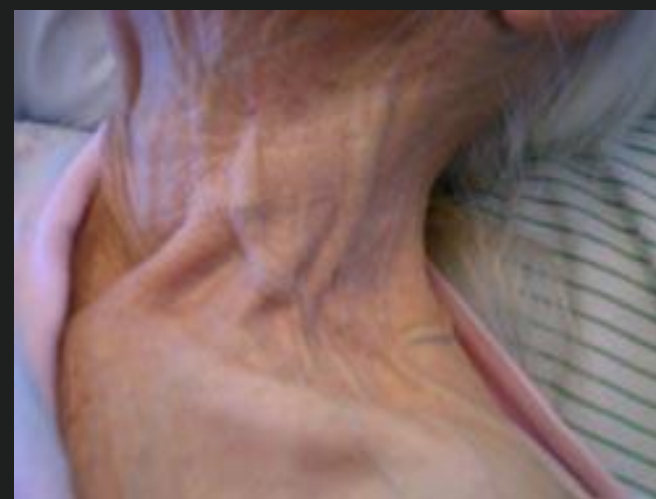
- I have the following potential conflicts of interest to report:
 - Consulting
 - Employment in industry
 - Shareholder in a healthcare company
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 - Other(s)
- I do not have any potential conflict of interest

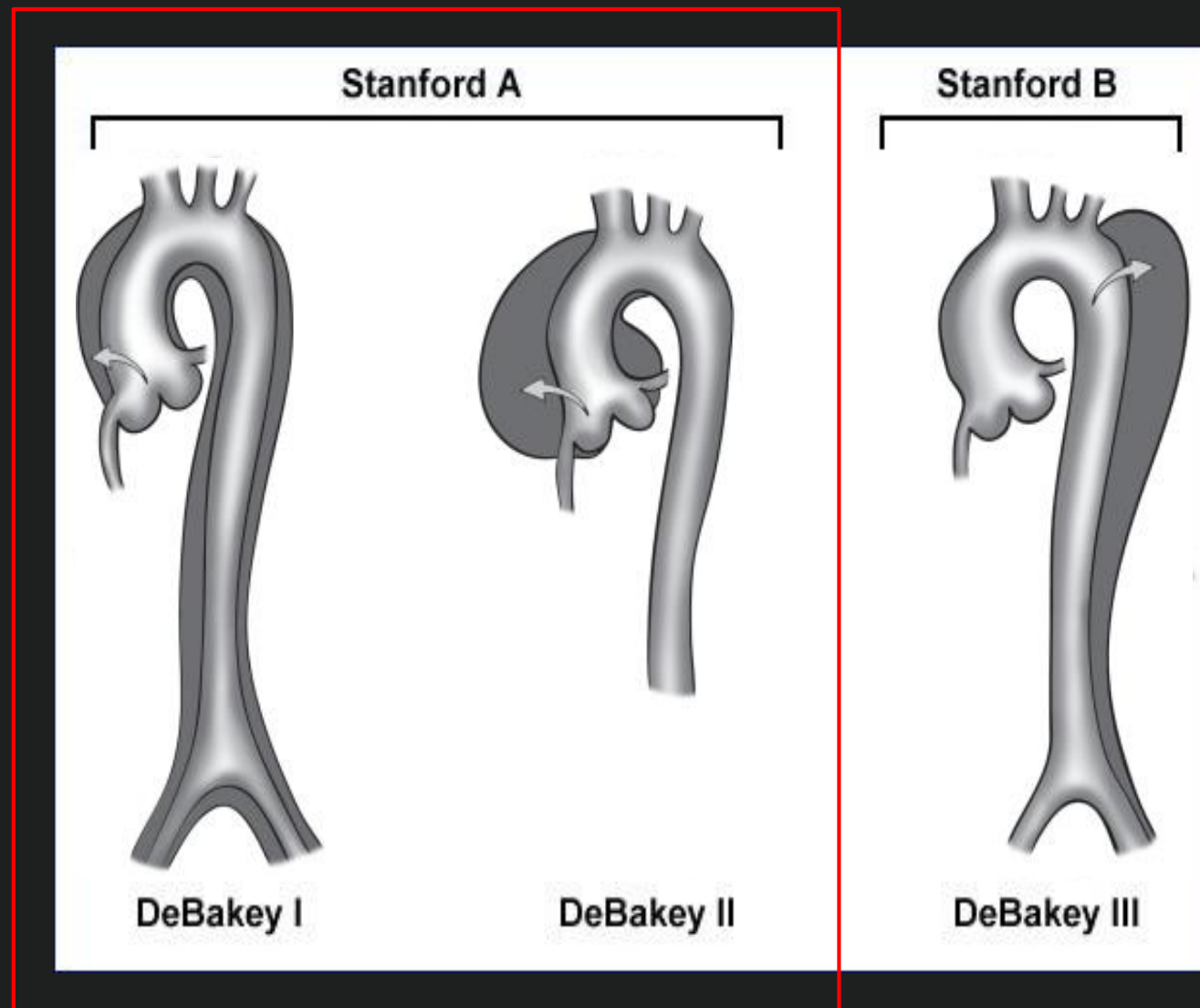
58 year old male patient presented to the ophthalmology department
with amaurosis fugax

- Past medical history unremarkable
- No medication

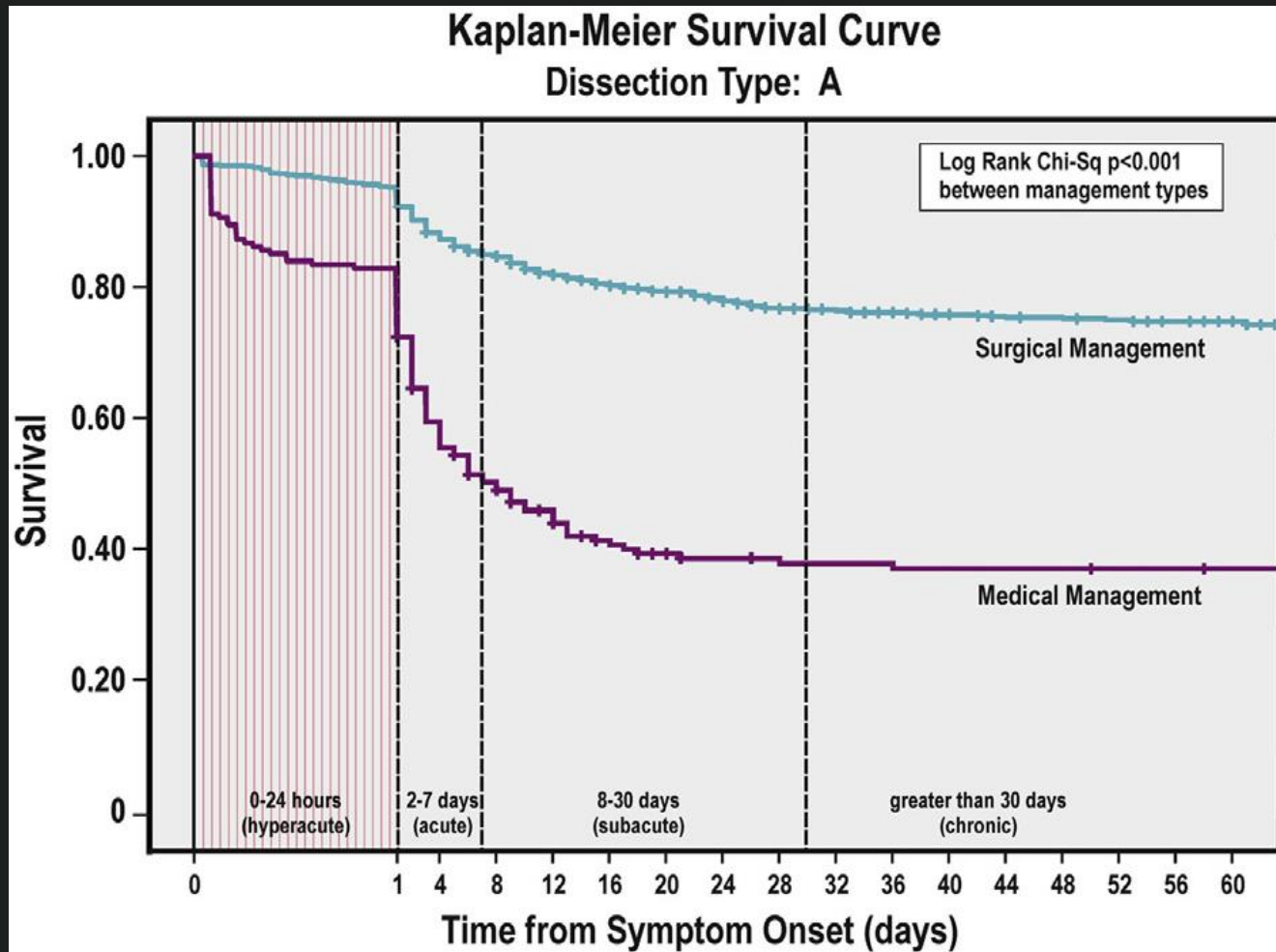


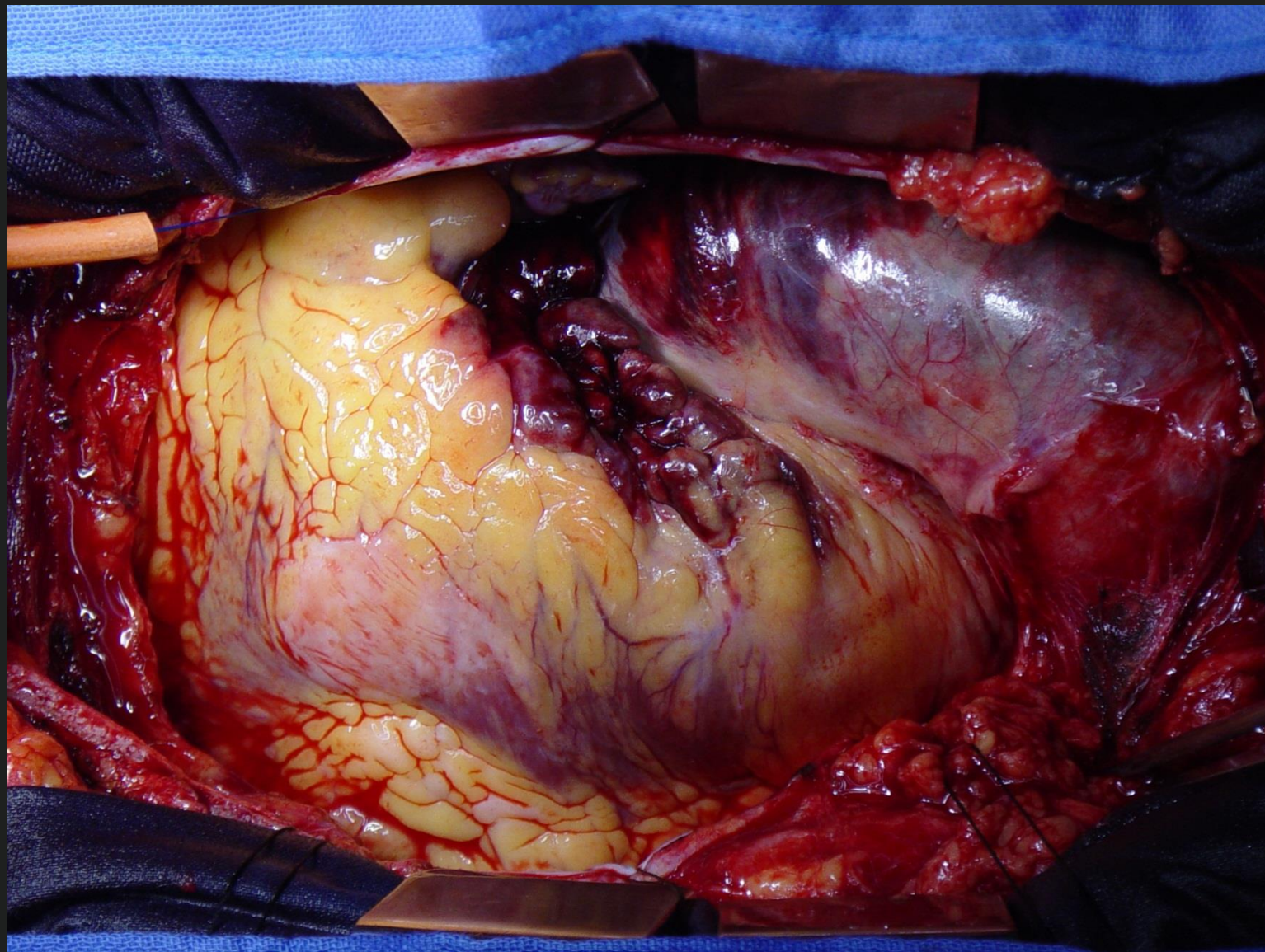


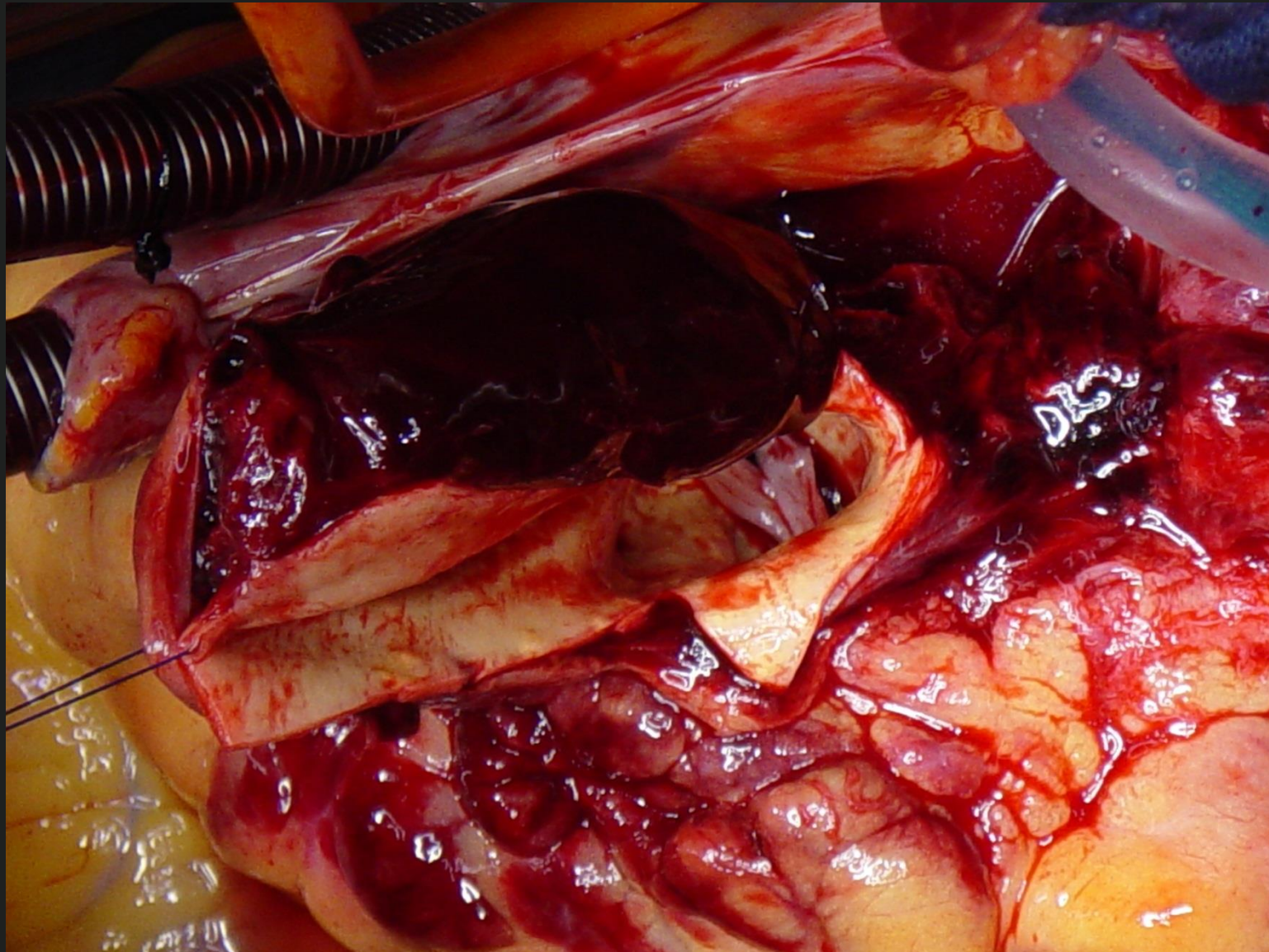


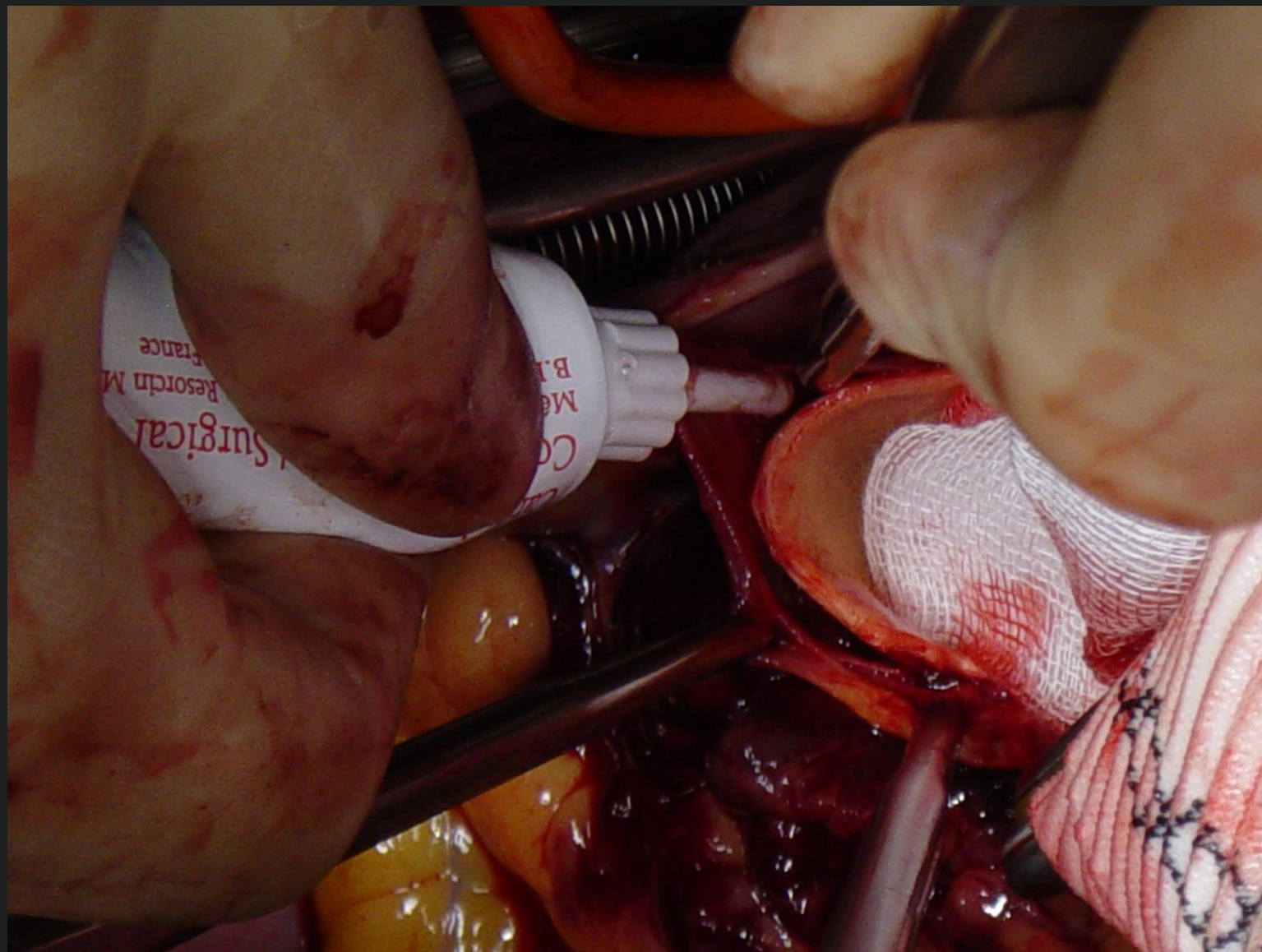


International Registry of Aortic Dissection (IRAD)

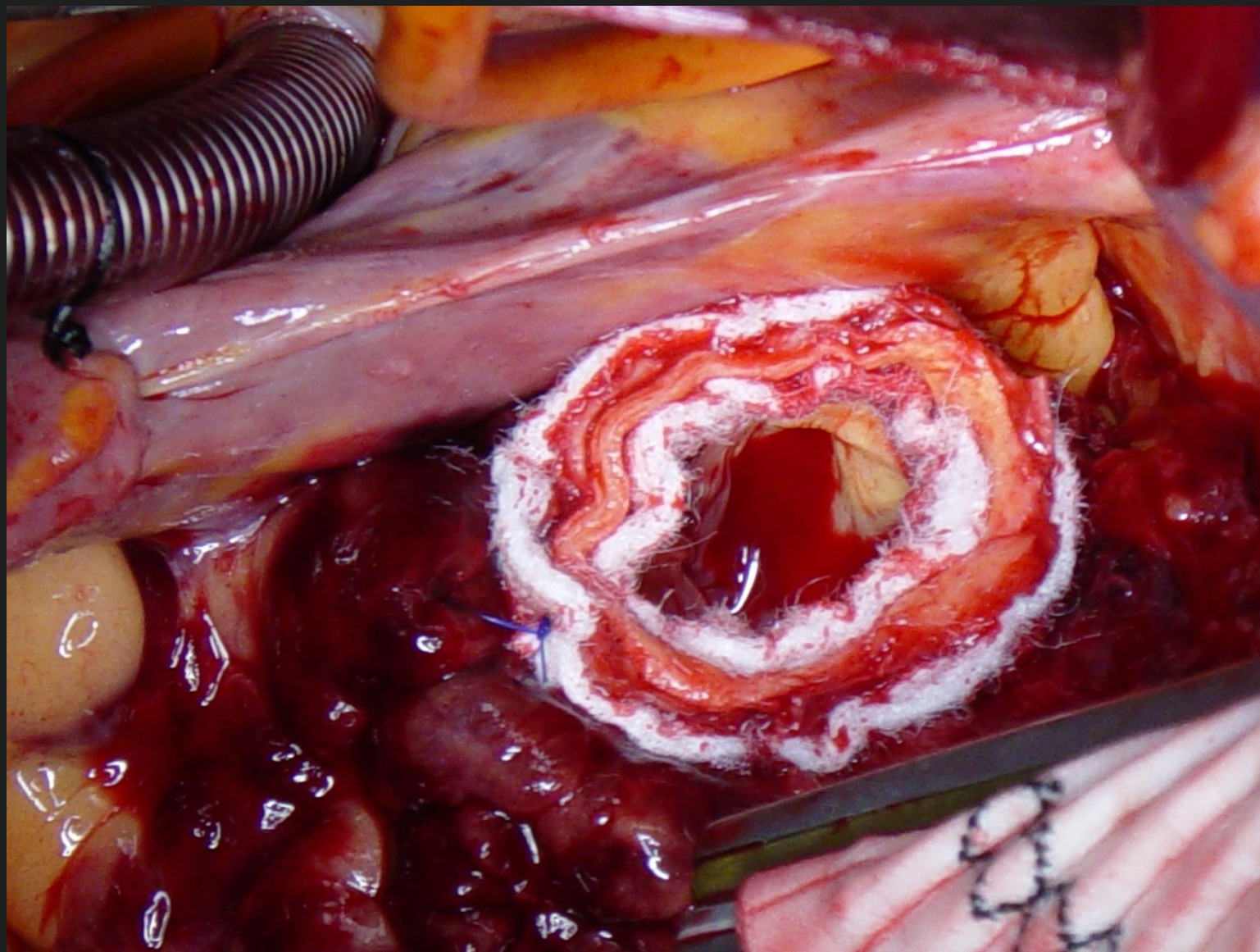


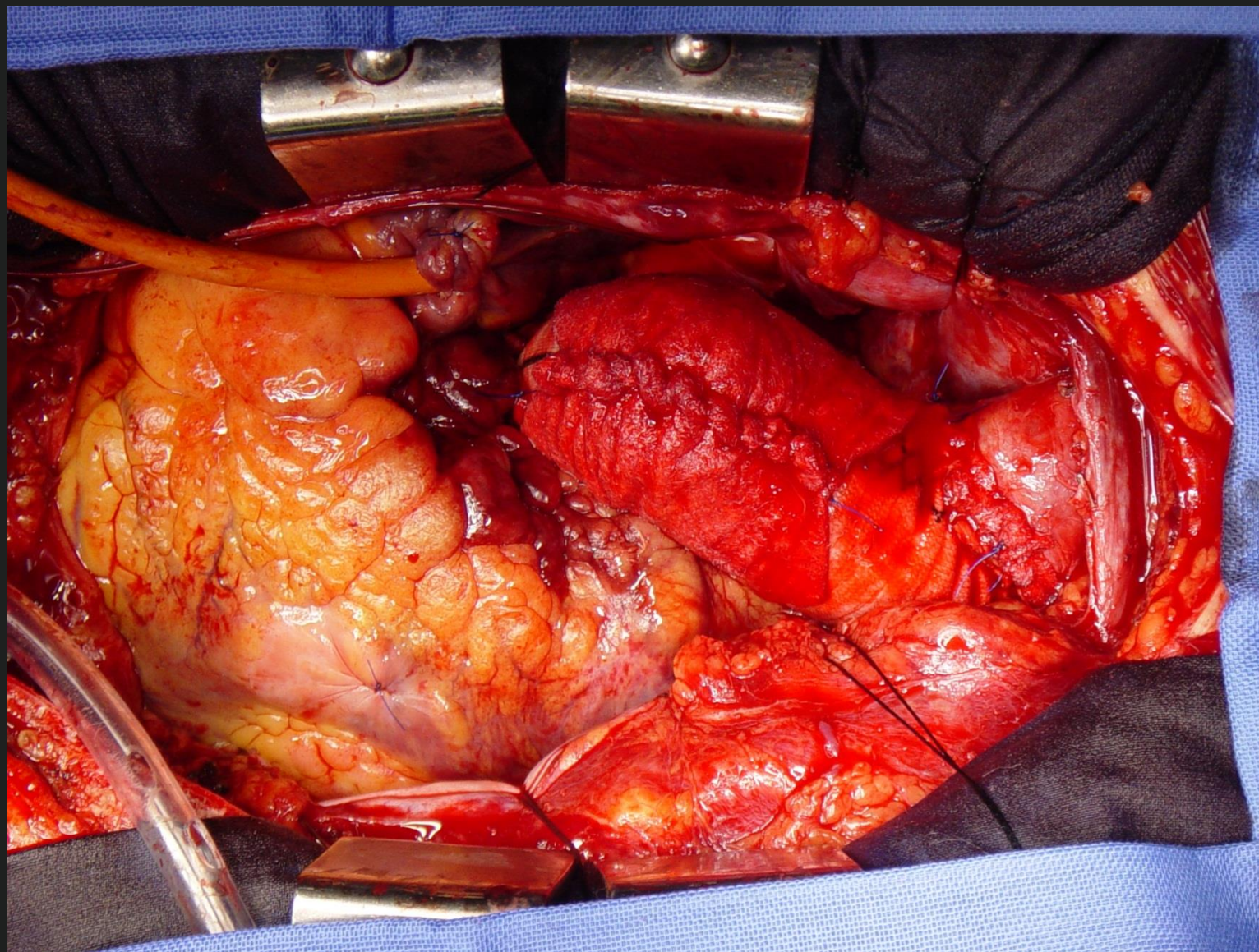










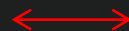


65 year old male patient presented with back pain

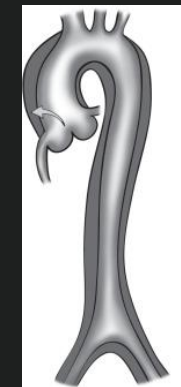
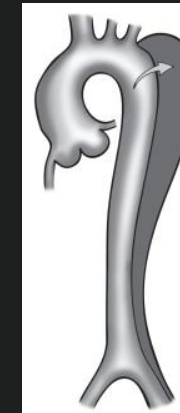
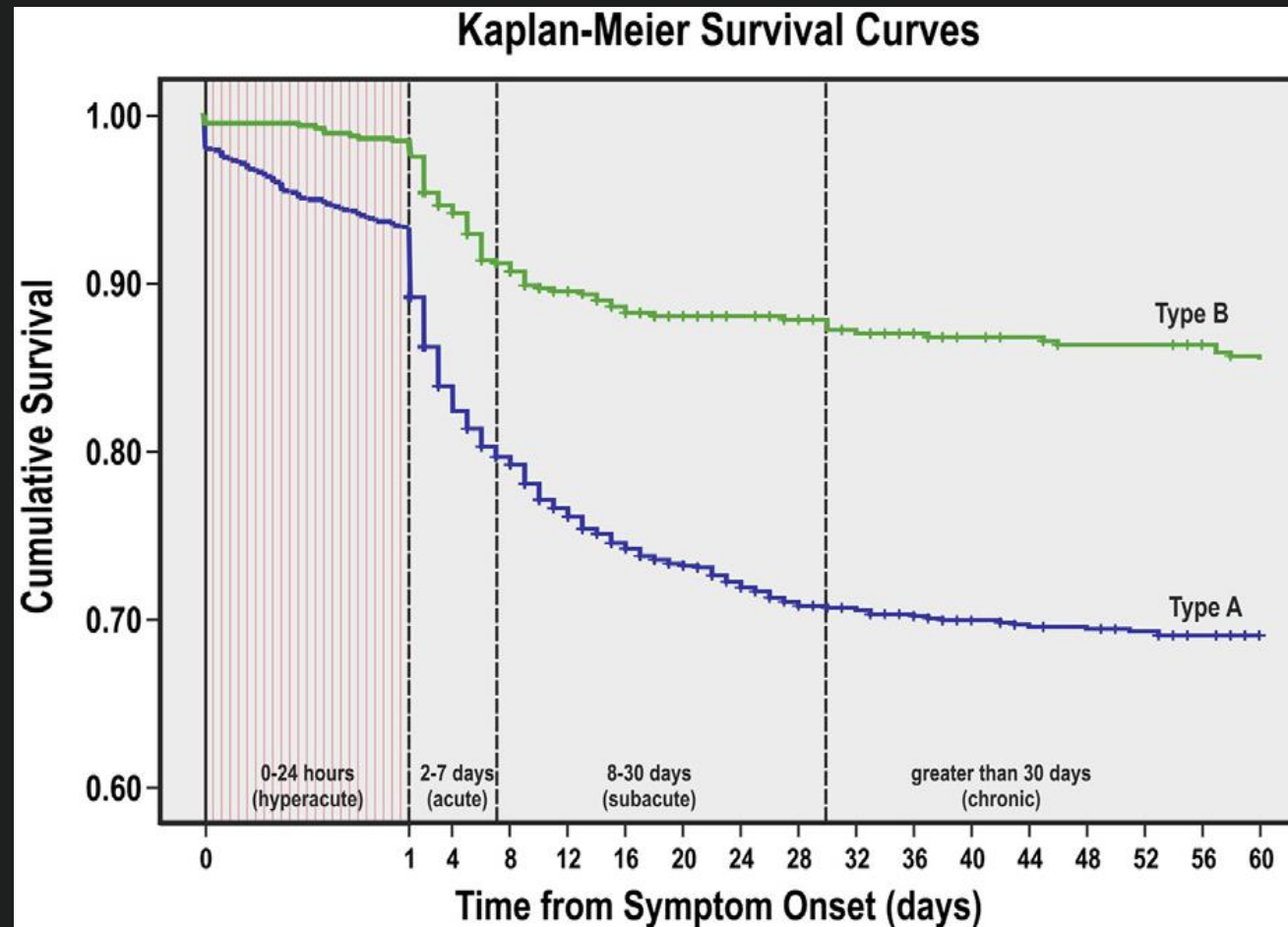
- Arterial hypertension
- Smoking history



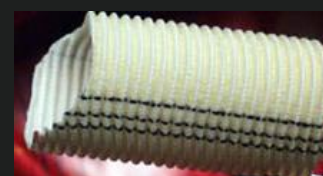
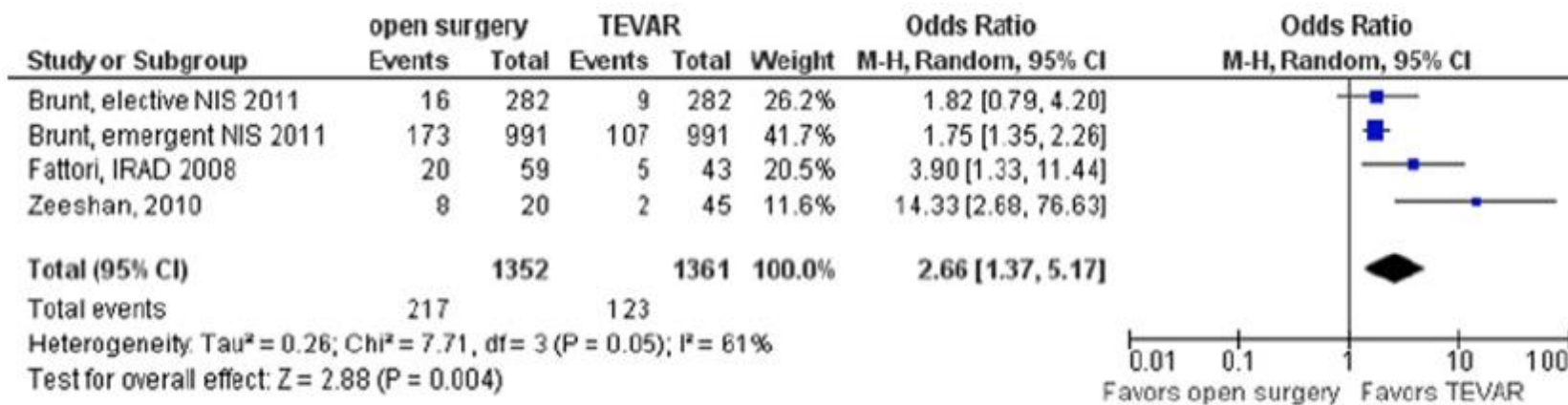
Alternatives



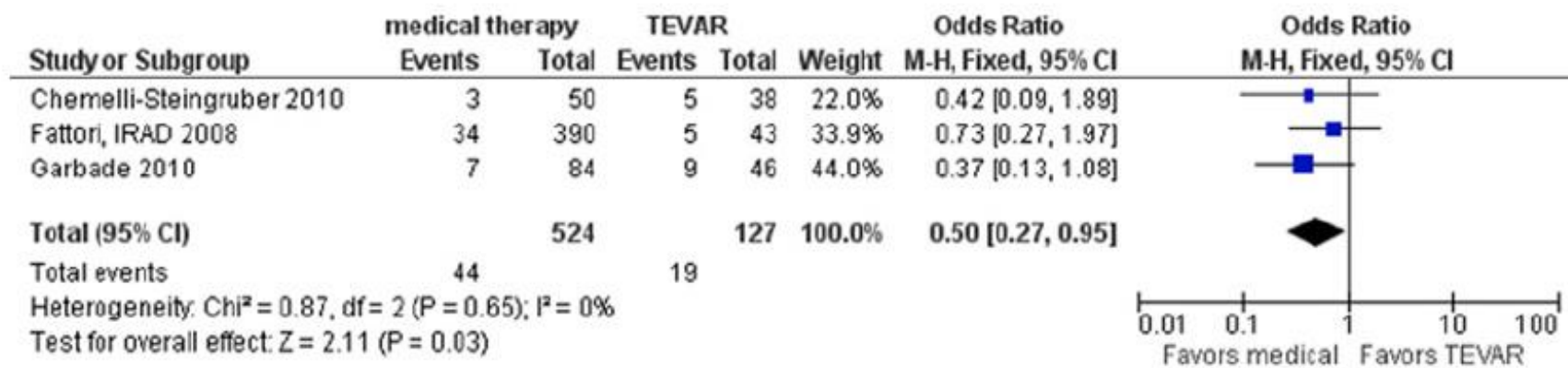
International Registry of Aortic Dissection (IRAD)



Open surgery vs. TEVAR for acute type B dissections: early mortality



Medical therapy vs. TEVAR for acute type B dissections: early mortality



Which medication is best for AAD?

- Anxiolytics like midazolam?
- Antihypertensives like β -blockers?
- Antiplatelet agents like aspirin?
- Anticoagulants like warfarin?

Recommendation 13	Class	Level of evidence
Medical therapy should always be part of the treatment of patients with acute type B dissection	I	C
Recommendation 14		
In patients with acute type B aortic dissection, β -blockers should be considered as the first line of medical therapy	IIa	C
Recommendation 15		
In patients with acute type B aortic dissection who do not respond or are intolerant of β -blockers, calcium channel antagonists and/or renin-angiotensin inhibitors may be considered as alternatives or complementaries	IIb	C



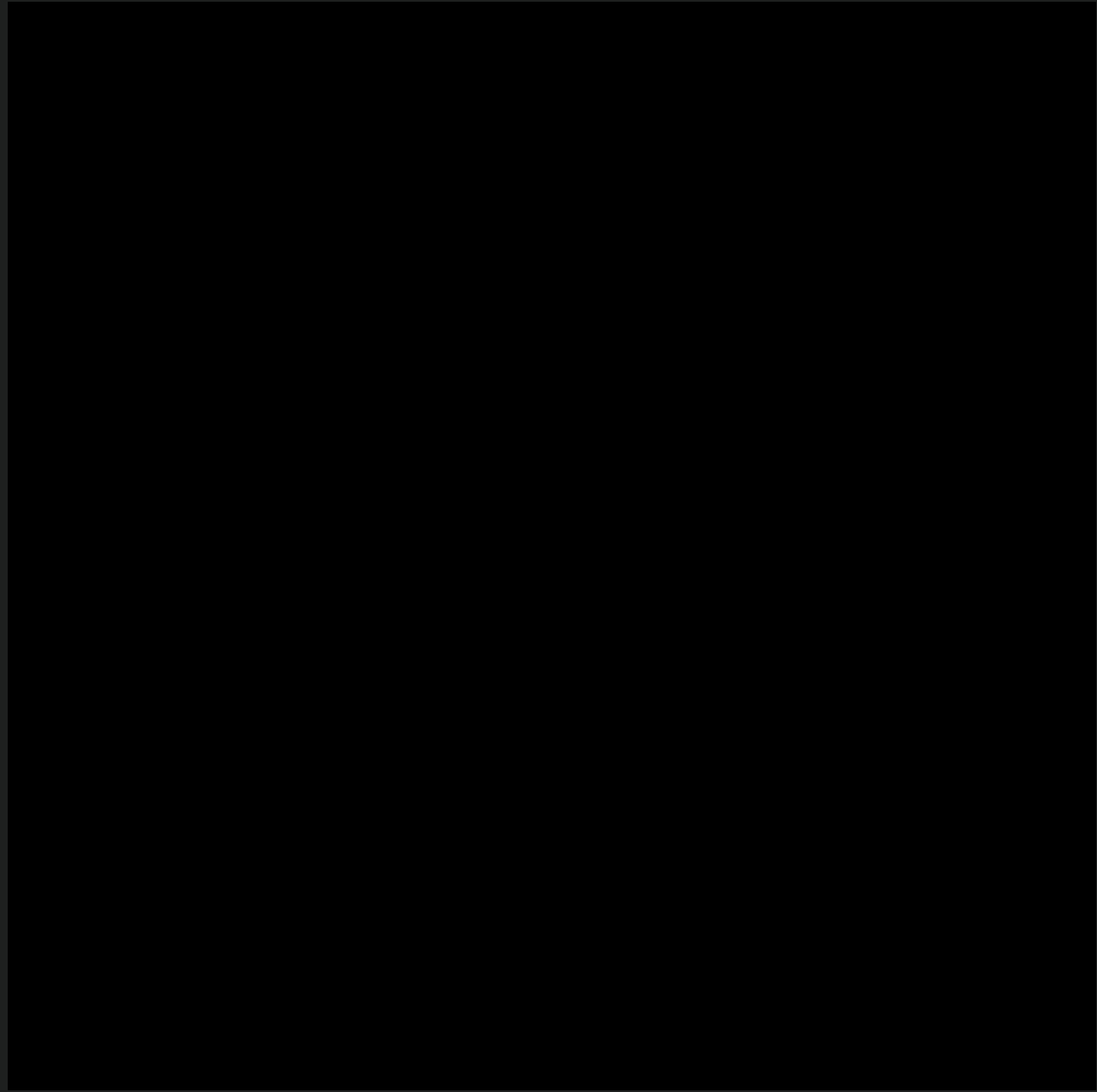
Best endovascular strategy for AAD?

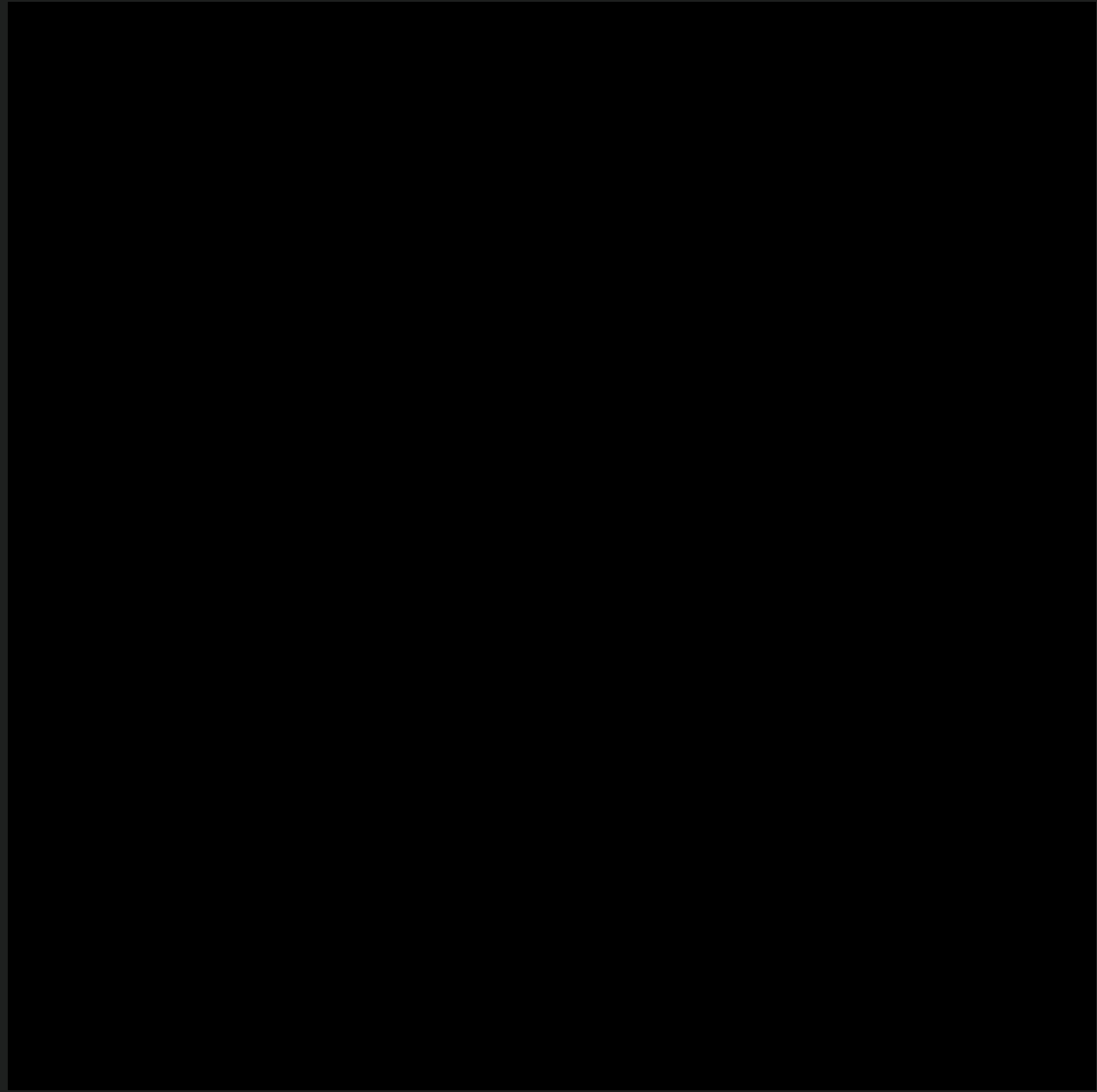
- Stent-grafting of the proximal entry alone?
- Endovascular fenestration for the visceral segment?
- PETTICOAT technique?



Recommendation 16	Class	Level of evidence
In patients with complicated acute type B aortic dissection, endovascular repair with thoracic endografting should be the first line intervention	I	C
Recommendation 17		
In complicated acute type B aortic dissection, endovascular fenestration should be considered to treat malperfusion	IIa	C

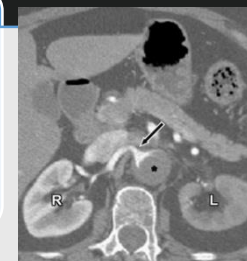
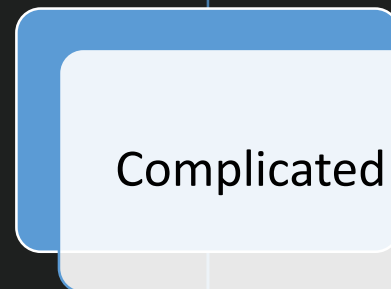
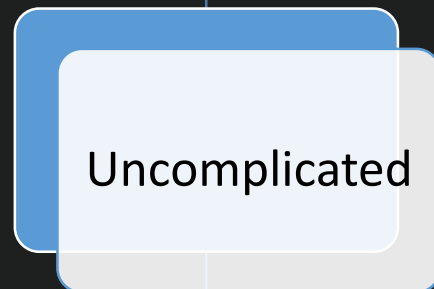
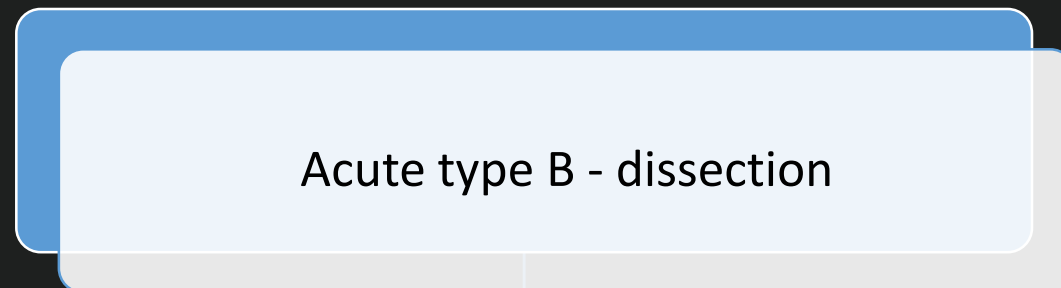
Recommendation 19	Class	Level of evidence
In acute complicated type B aortic dissection, open repair should be considered as an alternative to endovascular therapy following failure of endovascular management or where endovascular interventions are contraindicated	IIa	C







Therapeutic algorithm



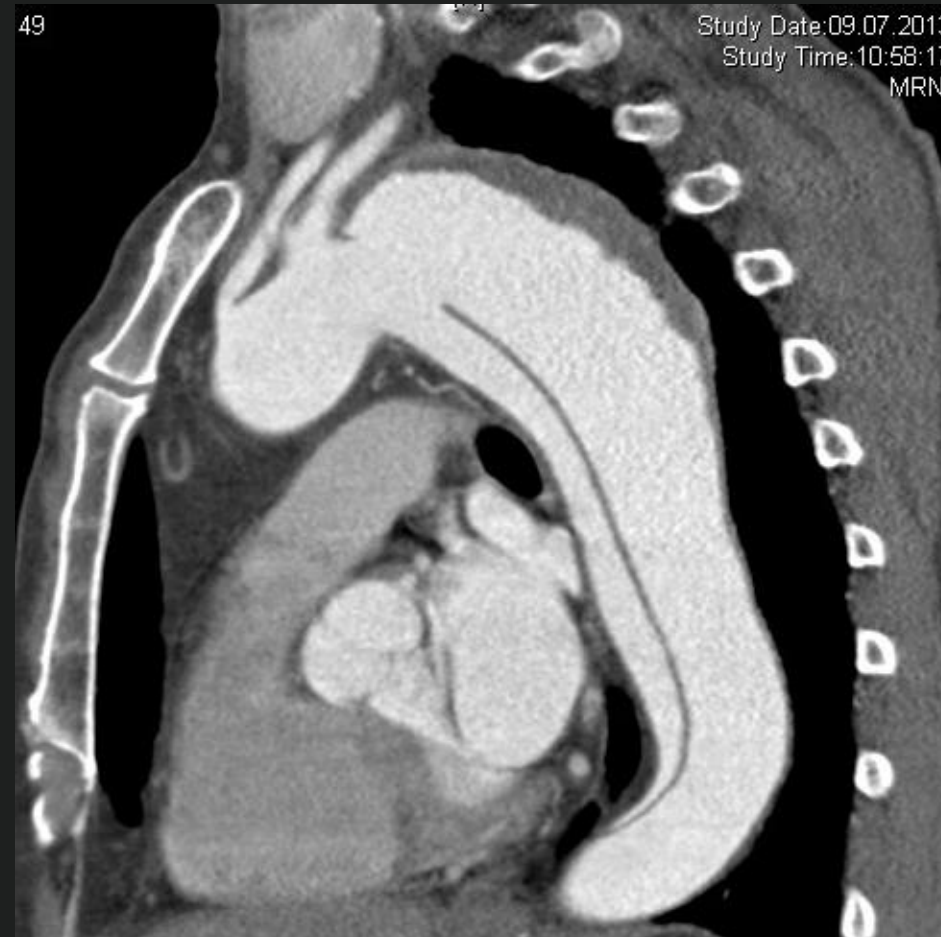
Subacute: 2-6 weeks



Chronic: > 6 weeks

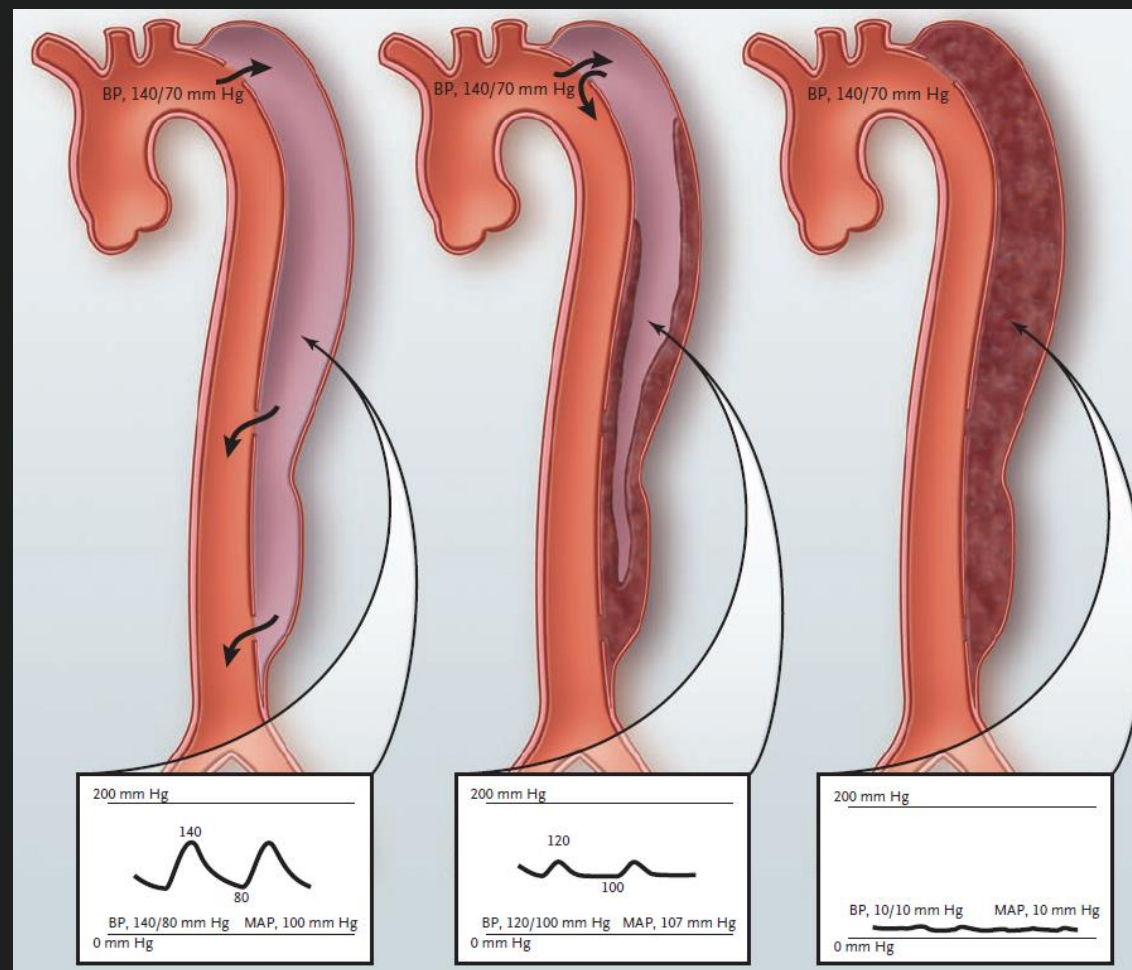


Large Entry



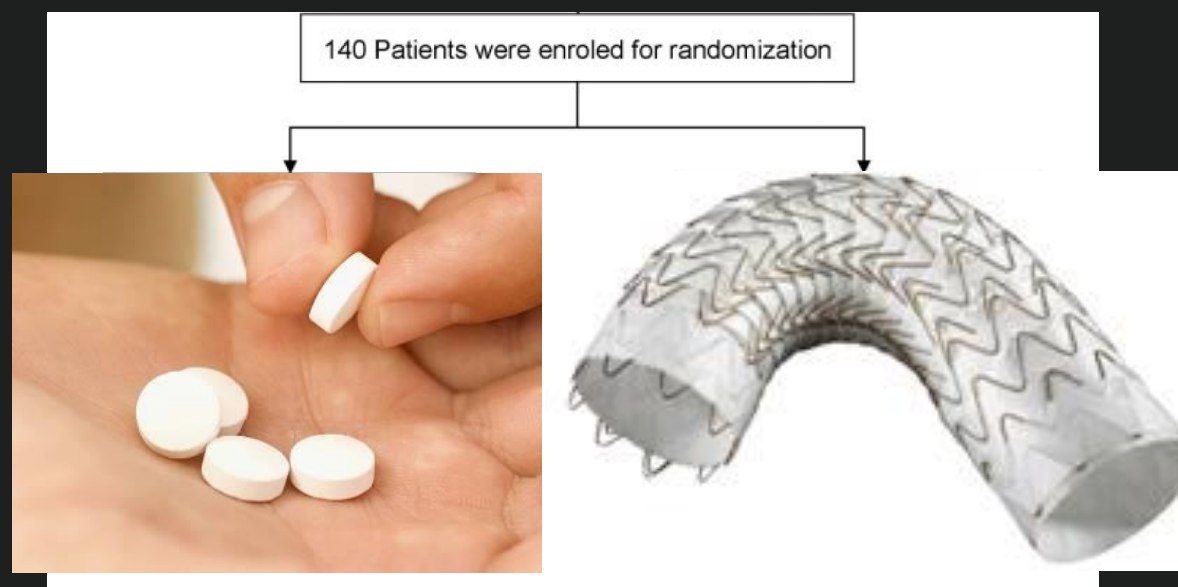
≥ 10 mm

Partial thrombosis

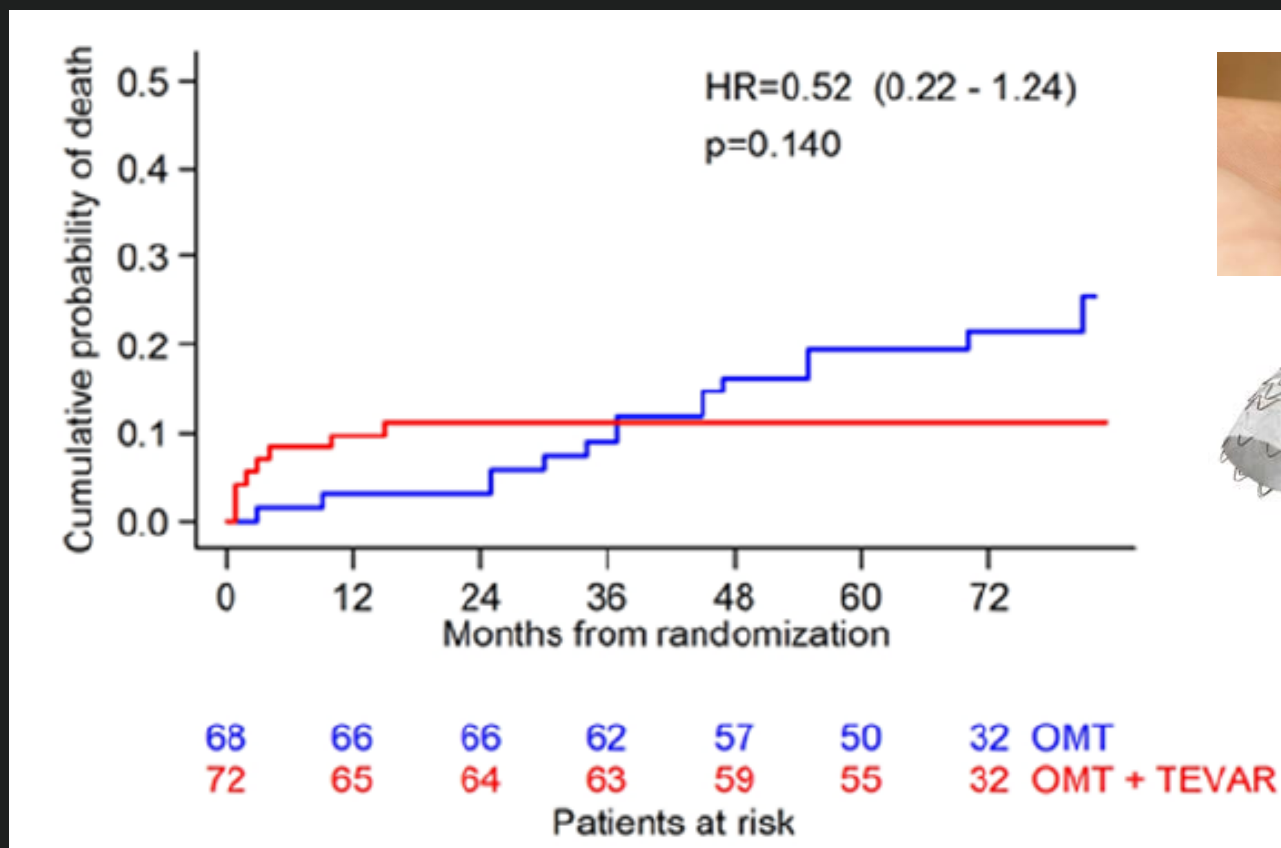




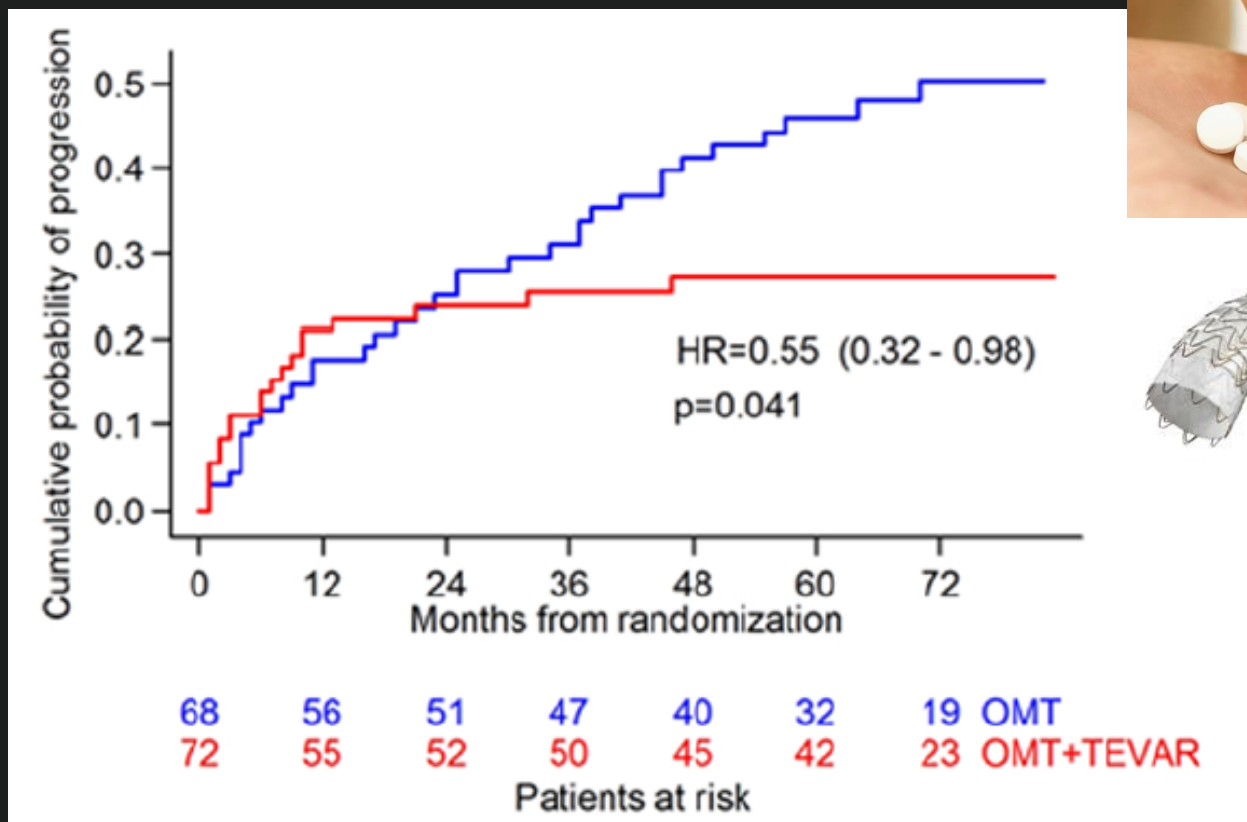
Randomized Comparison of Strategies for Type B Aortic Dissection : The INvestigation of STent Grafts in Aortic Dissection (INSTEAD) Trial



INSTEAD Trial: 5-year results



INSTEAD Trial: 5-year results



Recommendation 18		
To prevent aortic complications in uncomplicated acute type B aortic dissection, early thoracic endografting may be considered selectively	IIb	B

Therapeutic algorithm

Subacute type B - Dissection



Uncomplicated



Complicated





