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Pilot Project for a Nation wide Prospective Registry on Type A Acute Aortic Dissection (2008)

Acute Aortic Dissection (AaoD) is probably the most devastating manifestation of various diseases involving the aortic wall (sharing in common the anatomopathological hallmark of Erdheim's disease or basophile degeneration of the media). It encompasses different entities in a spectrum comprised between Intramural aortic hematoma (lack of intimal tear) and "bona fide" acute dissection with the possibility of transformation of one type into another.

Acute aortic dissections type I and II in the DeBakey Classification or type A in the Stanford Classification are associated to many severe complications (cardiac, neurological, visceral, renal and muscular) which lead to death or severe disability without prompt surgical intervention.

The objective of surgery in this complex disease is mainly to protect the patient against cardiac tamponade, coronary ischemia, acute aortic insufficiency and systemic malperfusion. For this purpose the standard operation consists in replacement of the ascending aorta and fixation of the aortic valve under cardiopulmonary bypass. The procedure itself and the management of extra corporeal circulation are however, subjected to great variability between surgeons and institutions. The literature is also quite controversial although a consensus exists on open distal anastomosis, antegrade reperfusion and sparing or repair of the aortic valve whenever feasible.

The Database of the BACTS whose purpose is to "create therapeutic or epidemiological studies involving the cardio-thoracic therapy with the intention to improve the quality of care" (MOU available at www.bacts.org/doc/10747) proposes a nation wide prospective study on acute type A aortic dissection with the aim to answer the following questions:

- Incidence of type A AaoD (arriving alive in OR)
- Modalities of diagnosis
- Surgical management
- Postoperative complications
- Outcome at 1 year (actuarial survival).

More than a hundred cases are expected with a high rate of complications and a one month mortality between 10 to 20 %. The participation to this national study implies the transfer of specific data the data manager of the Database. The data will be pooled and treated anonymously with strict confidentiality.

On behalf of the database committee,

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