Abstract: P5596

Something is moving in acute aortic syndrome management and mortality. Results of Spanish registry of acute aortic syndrome (RESA-III).

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On behalf: RESA III investigators group

Topic(s):
Aortic Disease – Epidemiology, Prognosis, Outcome

Citation:

Background: The impact of recent advances on the management of acute aortic syndrome (AAS) is usually reported by centres with great experience in aortic diseases. Current data on the management of this specific disease in Spain remains unknown.

Purpose: The Spanish Registry of Acute Aortic Syndrome (RESA-III) was established to assess current results in the management of AAS in a large cohort of hospitals from the same geographical area.

Methods: All patients admitted for AAS to 29 Spanish tertiary hospitals were enrolled over 18 months (2017/2018).

Results: 574 patients, (68% men; mean age 64±14y; range 18-99) were prospectively and consecutively included. Aortic dissection was the underlying disease in 474 (82.6%) (375 type A, 99 type B), aortic haematoma in 76 (13.2%) (43 type A and 33 type B) and penetrating ulcer in 24 (4.2%) (7 type A and 17 type B). From the subgroup of type A AAS (74% n=425), 81% underwent surgical treatment and medical management was chosen in the remaining 19%. 78 patients did not undergo surgery principally because of severe comorbidities (n=34) or advanced age (n=24), patient refusal (n=7), or presence of an intramural haematoma (n=2). Regarding the cohort of patients with type B AAS (26% n=149), 52% were managed only medically, 37% with endovascular treatment, and 11% underwent open surgery. Endovascular treatment was indicated owing to recurrent pain (n=19), progressive vessel dilation (n=9), dissection expansion (n=5), peripheral (n=5) or visceral ischaemia (n=4), high blood pressure (n=18), peripheral bleeding (n=17) or haemodynamical instability (n=8).

Overall type A mortality during hospitalisation was 36.4%; 26.4% in surgically treated and 79.4% in medically-treated patients (p=0.001). In type B AAS, overall mortality was 19.1%; 21.9% in the treated medically subgroup, 43.8% in those treated with open surgery and 7.8% in the endovascular treatment cohort (p=0.004).

Conclusion: Despite significant advances in acute aortic syndrome diagnosis and management, in-hospital mortality remains high. In type A AAS, medical management rate was too high (19%); however, in type B AAS, endovascular treatment yielded excellent results with less mortality than medical management (7.8% vs 19.1%, respectively). Our data support the need for continued improvement in the management of acute aortic
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