

# Abstract session: Strategies and outcomes on acute type A aortic dissection

Abstract session

Moderated by A Martens, Hannover | Thursday 8th October | 16:30–18:00 | Room 116–117

This session discusses contemporary outcomes and strategies for the treatment of acute type A aortic dissection. Topics include the natural history of acute type A dissection in women, the significance of central repair with cerebral malperfusion, and neuroprotection strategies.

## Presentations

16:30	Evaluation of the GERAADA score for prediction of 30-day mortality in patients with acute type A aortic dissection   M Leuhr <i>et al.</i>
16:39	Significance of central repair for acute type A aortic dissection with cerebral malperfusion   Y Kuroda <i>et al.</i>
16:48	Neuroprotection strategies in type A aortic dissection. A UK population-based analysis on behalf of UK aortic surgery   U Benedetto <i>et al.</i>
16:57	Intimal flap propagation and hemopericardium in acute type A aortic dissection: Clinical implication of calcium plaque and modified type II aortic dissection   T-H Kim <i>et al.</i>
17:06	Is natural history of acute type A dissection more aggressive in women?   S Gasser <i>et al.</i>
17:15	Proximal aortic repair in 817 dialysis patients: Analysis of national database   T Ogami <i>et al.</i>
17:24	Preoperative dual antiplatelet therapy affects neither bleeding nor mortality after total arch replacement in patients with acute type A aortic dissection   F-C Xiao <i>et al.</i>
17:33	Discussion

## Key takeaways

- Treatment for patients with acute type A aortic dissection complicated by cerebral malperfusion is controversial
- This study used central repair to minimise the duration of cerebral ischaemia in these patients
- Immediate central repair contributed to improvement of neurological symptoms
- Early and late mortality were similar in patients with and without cerebral malperfusion

- Several neuroprotective strategies are used to reduce the risk of stroke after surgery for type A aortic dissection, including unilateral and bilateral antegrade cerebral perfusion, bilateral deep hypothermic circulatory arrest, and retrograde cerebral perfusion
- Data from a large nationwide registry in the UK indicate that unilateral antegrade cerebral perfusion reduces the risk of stroke in patients, supporting its use in surgery for type A aortic dissection

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