

Physician - Aortic (Thoracic) Pathologies and Surgery/Endovascular Interventions

[MOB-02]

Comparison of the Early and Mid-Term Results of Valve-Sparing Surgery vs. Valve Replacement Surgery for Type A Aortic Dissection Patients

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Objective: This study aimed to compare the early- and mid-term results of valve-sparing surgery and valve replacement surgery, which require different approaches to intraoperative/postoperative patient care, in patients with type A aortic dissection.

Methods: In this retrospective study, 112 consecutive patients (83 males, 29 females; mean age: 54.8±12.2 years) who underwent an operation for type A aortic dissection between February 2019 and September 2022 were examined. Patients were divided into two groups: those who underwent valve replacement surgery (modified Bentall procedure, SCI+AVR; n=26, 23.2%) and those who underwent valve-sparing surgery (isolated SCI, David II procedure, SCI+AV resuspension; n=86, 76.8%).

Results: It was observed that the cross-clamp and cardiopulmonary bypass times were longer and the need for postoperative mechanical support was higher in the valve replacement group (p<0.05). The early mortality rate was 30.8% (n=8) in the valve replacement group and 22.1% (n=19) in the valve-sparing group. The survival times were found to be 15.9 days in the valve replacement group and 123.5 days in the valve-sparing group. The mean postoperative control computed tomography time was 21.0±12.6 months. There was no postoperative sinus of Valsalva aneurysm in the valve-sparing group. Although the false lumen patency rate was not statistically significant, it was higher in the valve replacement group. After the operation, moderate to severe aortic regurgitation was not observed in any of the patients who underwent valve-sparing surgery with preoperative moderate to severe aortic regurgitation.

Conclusion: The results indicate that valve-sparing surgery was superior to valve replacement surgery for type A aortic dissection patients.

Keywords: Type A aortic dissection, aortic valve replacement, supracoronary graft interposition, modified Bentall procedure, aortic valve resuspension.

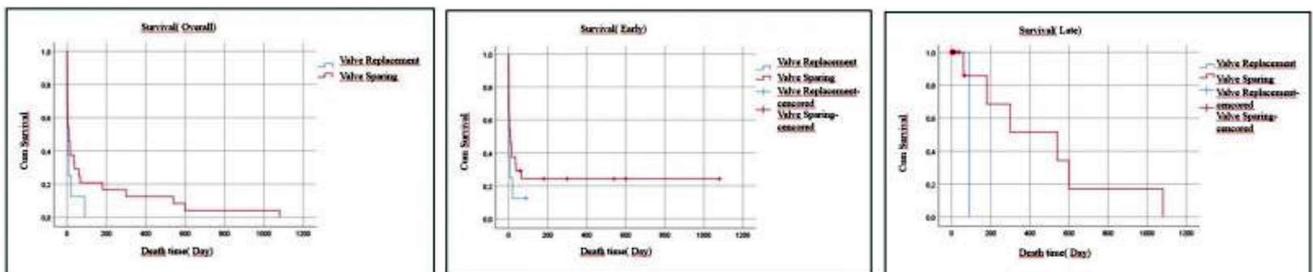


Figure 1. Survival graphics.

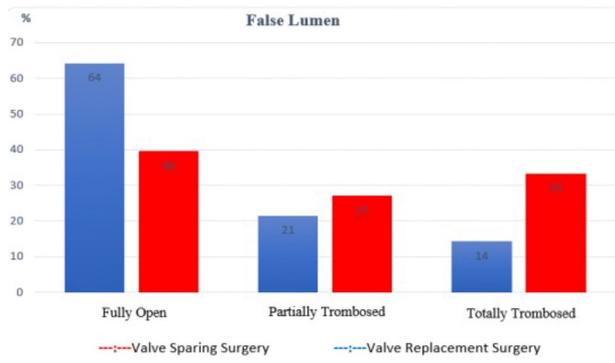


Figure 2. False lumen status.

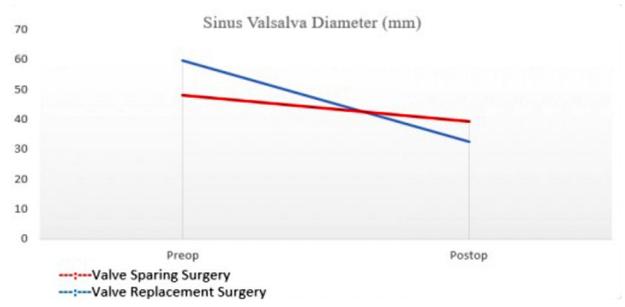


Figure 3. Sinus of Valsalva diameter.