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Surgery of acute aortic dissection: Results of 62 patients

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Aim: Aortic dissection is a life-threatening emergency, its incidence is not well known: 1% of sudden deaths. Currently, medical imaging diagnostics allows more accurate and more early result. We report postoperative results of 62 patients operated in our center.

Patients & Methods: Between January 2000 and December 2015; 62 patients underwent open heart aortic dissection interesting for the ascending aorta (62/5760 cardiopulmonary bypass: 1.07%). These 27 women and 35 men with an average age of 52 years (16-79 years), hypertension was observed in 38 patients. The evolution of the symptoms varied from less than 24 hours to four months. NYHA I to IV; sinus rhythm in 60/62 patients, the cardiothoracic index ranged from 0.5 to 0.78, the diagnosis was made by chest CT and echocardiography (FE varied from 25.7 to 78%, aortic insufficiency in 43 patients grade I to IV and aortic stenosis in two patients).

Results: 48 patients operated in emergency; surgery under CPB: deep hypothermia 12; moderate hypothermia 28; normothermia 22; circulatory arrest in deep hypothermia seven; femoral cannulation 58 and; axillary cannulation four. Practiced gesture Bentall operation: three; replacement of ascending aorta: 49; prosthetic aortic valve replacement+ascending and transverse aorta prosthetic replacement: 03; prosthetic aortic valve replacement+replacement ascending aorta and the right sinus+right coronary reimplantation: one; ascending aorta prosthetic replacement+prosthetic aortic valve replacement: six; aortic clamping of 22-200 minutes; inotropic+26/62 patients; ventilation average from 6 hours to 9 days, ICU stay in 0-26 days, average length of hospitalization of 0-39 days, ICU complications 12/62, hospital complications 7/62; hospital mortality: 11 deaths out of 62 operated (17.7%).

Conclusion: The aortic dissection is a very serious disease, the management involves multidisciplinary expertise, early diagnosis, treatment will be medical and surgical emergency. Recent advances in medical imaging, surgery largely contribute to a better management of these patients. However, treatment is palliative because it leaves in place a more or less long aorta dissected segment. The risk of secondary ecstatic development of this pathological aorta mandates annual monitoring and clinical imaging. This monitoring allows early diagnosis of secondary complications.

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