

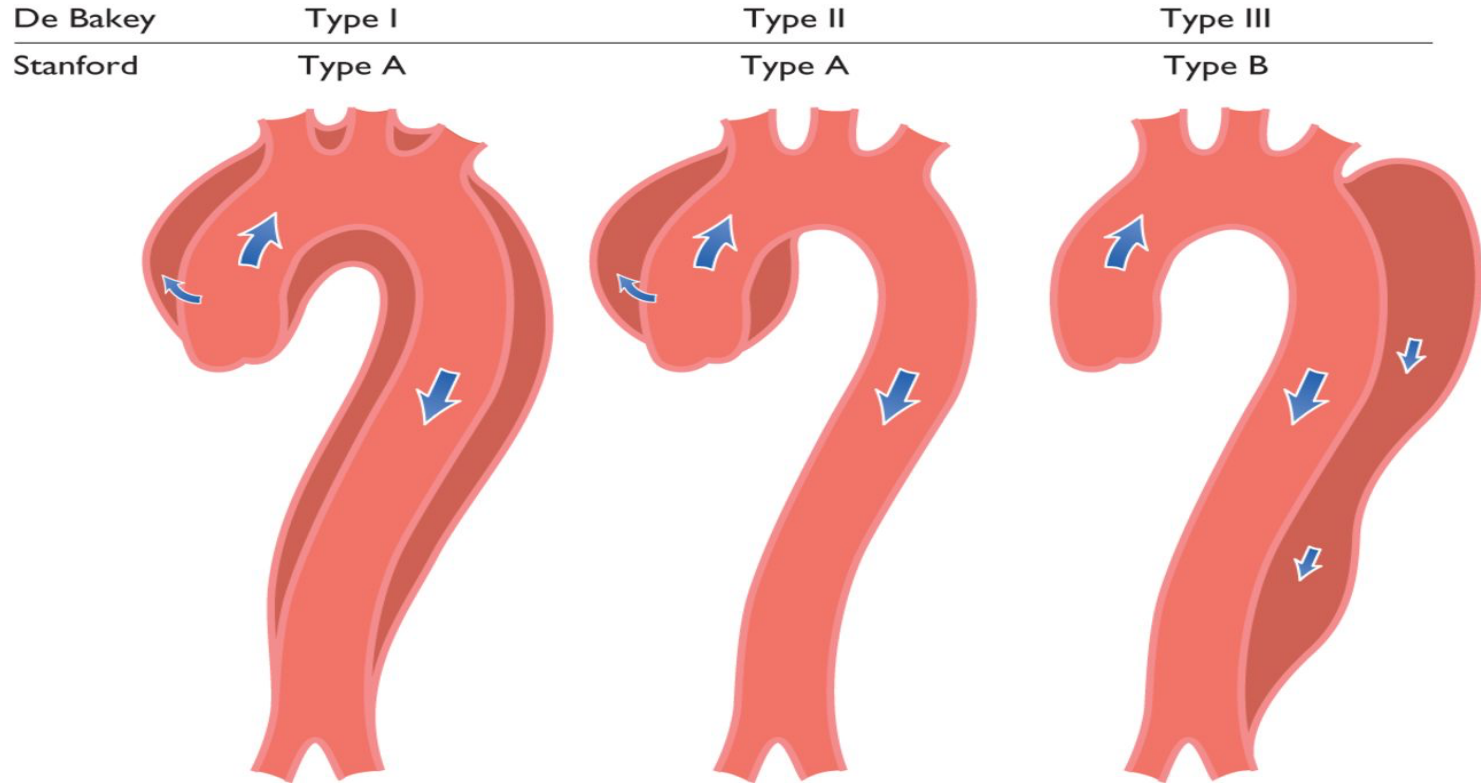


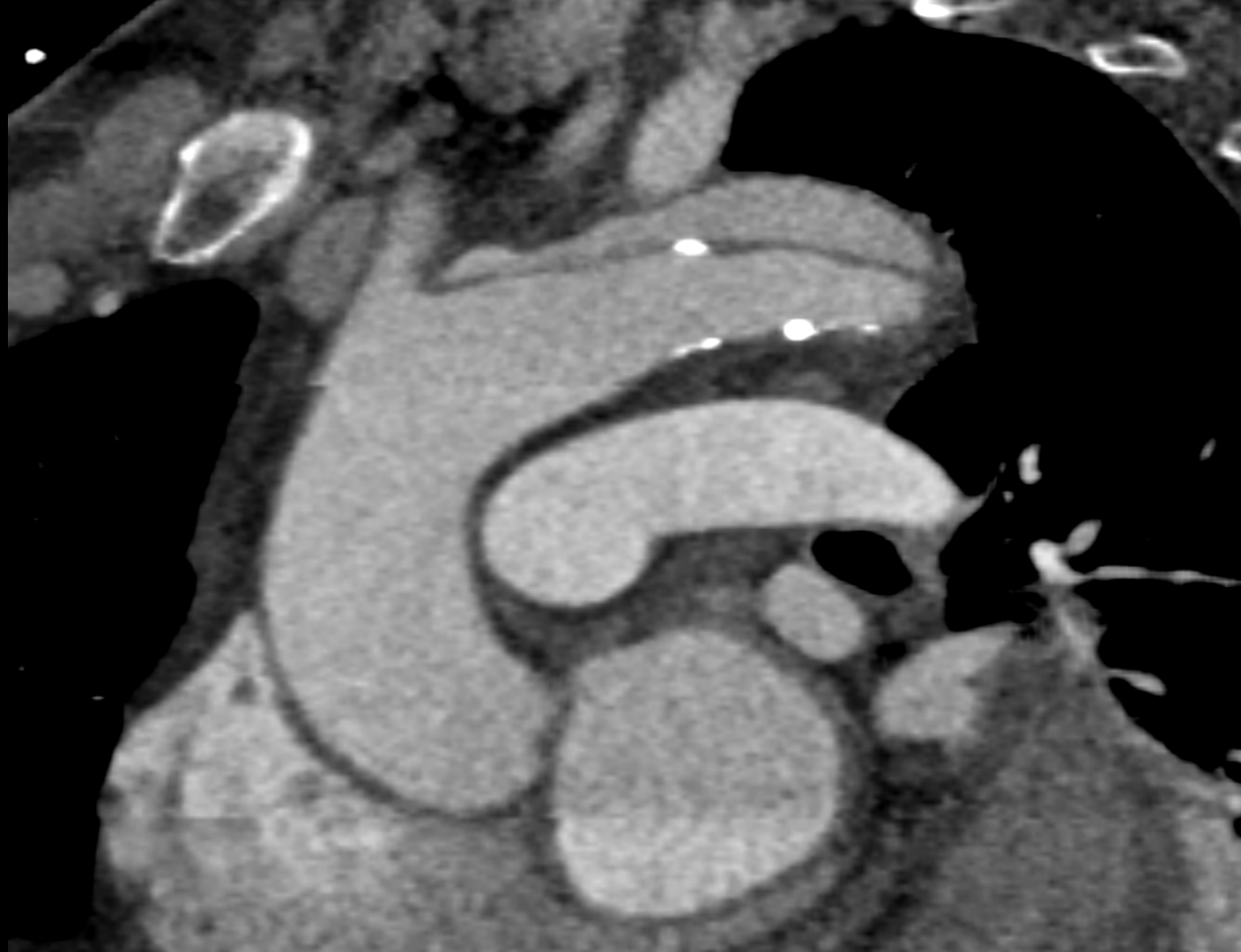
**UNIVERSITÄTS**  
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**HERZZENTRUM**

# A New Non A, Non B Classification For Aortic Dissections Involving The Arch: Why Is It Better And How To Treat Such Dissections



# Aortic dissection





# Aims

To evaluate the incidence, clinical presentation, treatment and outcome of patients with Non-A Non-B aortic dissection (involving the arch, but not ascending aorta)

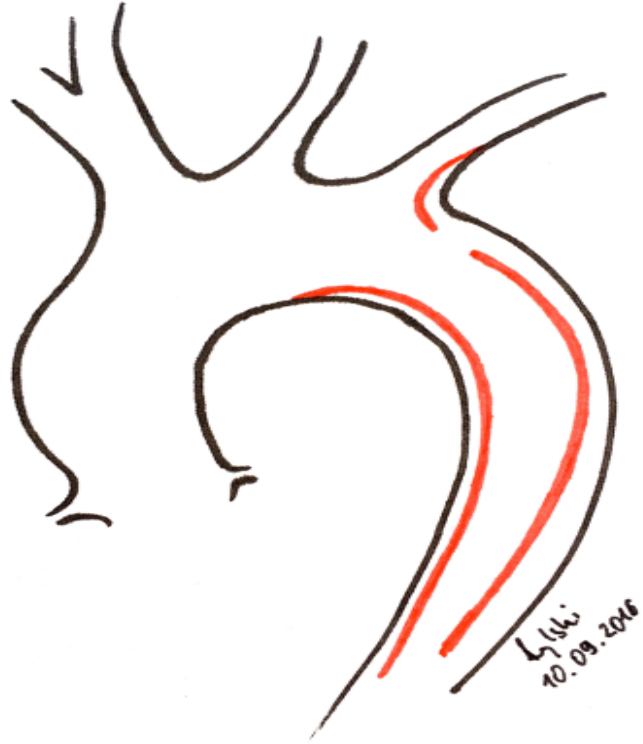
# Methods

Time: 2001-2016

Cumulative caseload: 396 acute dissections

Study cohort: **43 (11%)** acute Non-A Non-B dissections

# Non-A Non-B Subtypes



**Descending entry, n=21**



**Arch entry, n=22**

# Non-A Non-B Descending Entry



# Clinical Presentation

60 (53; 66) years old

84% males

84% hypertension

23% nicotine abuses

2% Marfan syndrome

7% cardiogenic shock

**33% at least one organ malperfusion**



# Aortic Anatomy

Arch configurations



28%

2-fold more



2%



16%

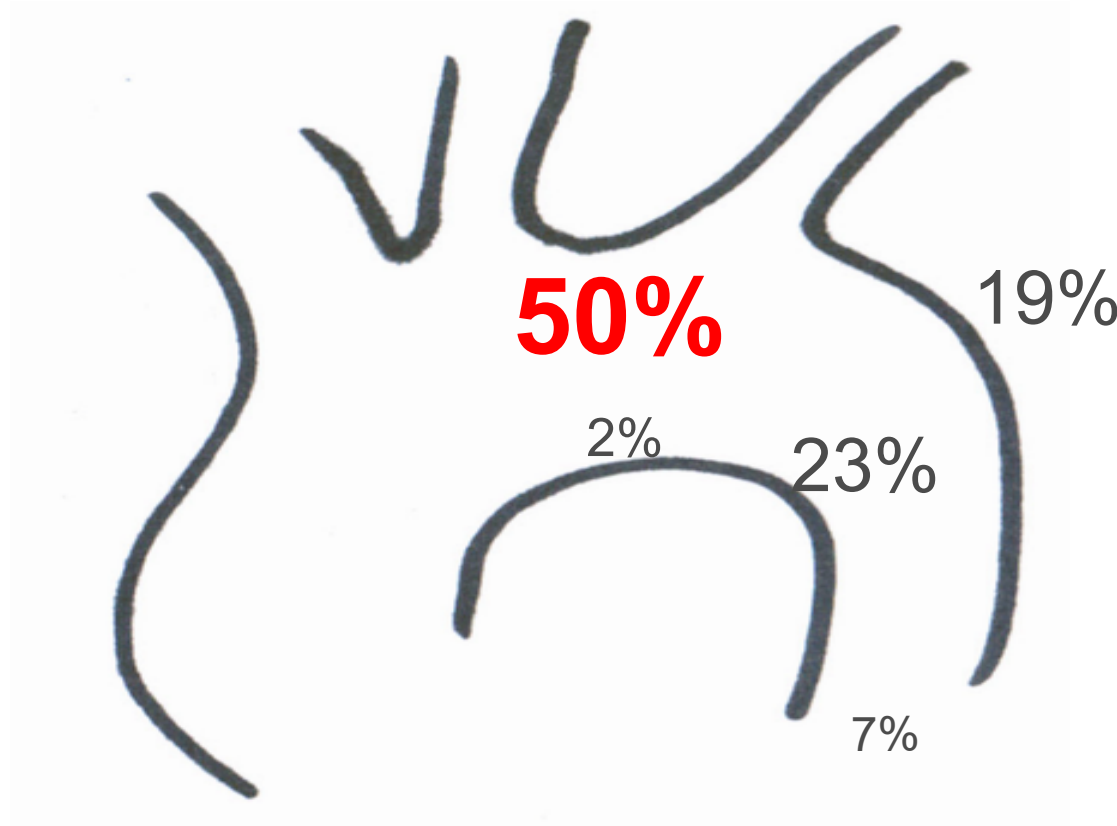
4-fold more

Dissection extension



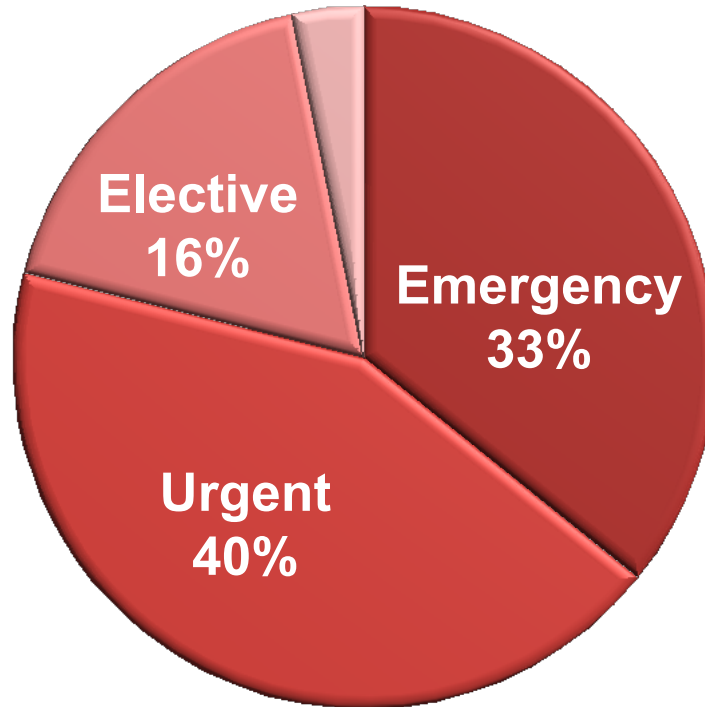
93%

# Entry Location



# Aortic Repair

No repair



5 aortic ruptures  
4 iliac m.  
2 visceral m.  
2 iliac and visceral m.  
1 suspected type A

5 new visceral m.  
2 new iliac m.  
2 uncontrolled pressure  
2 persisting pain  
1 aortic aneurysm  
1 PAU  
1 rapid diameter increase  
2 aortic ruptures emergencies

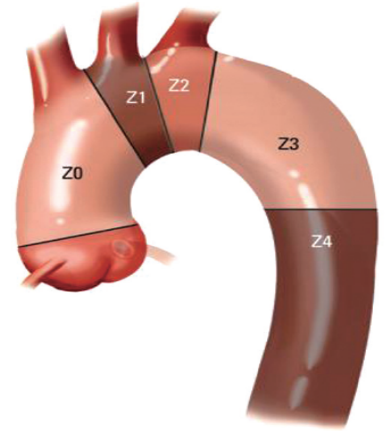
# Aortic Repair



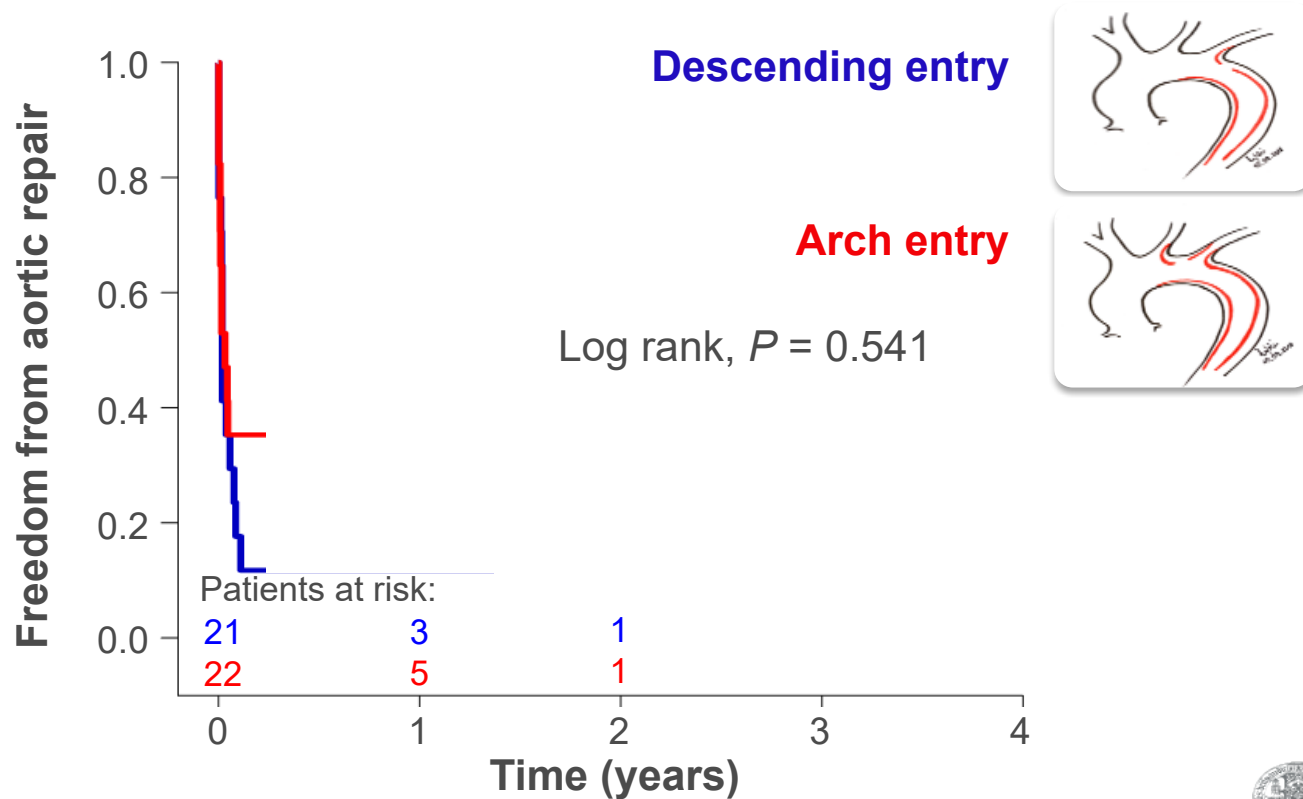
Descending entry

14 TEVAR Zone 3

3 FET



# Freedom From Aortic Repair



# In-hospital Mortality



Descending entry

**5%**

overall

**0%**

urgent, elective

**17%**

emergency



Arch entry

**14%**

**0%**

**37%**

# Retrograde Type A Dissection



Descending entry

5%

n=1



Arch entry

18%

n=4

All except for 1 after TEVAR

**26% TEVARs for arch entry type  
developed type A dissection**

# Entry Tear Closure



Descending entry

90%

$P=0.067$



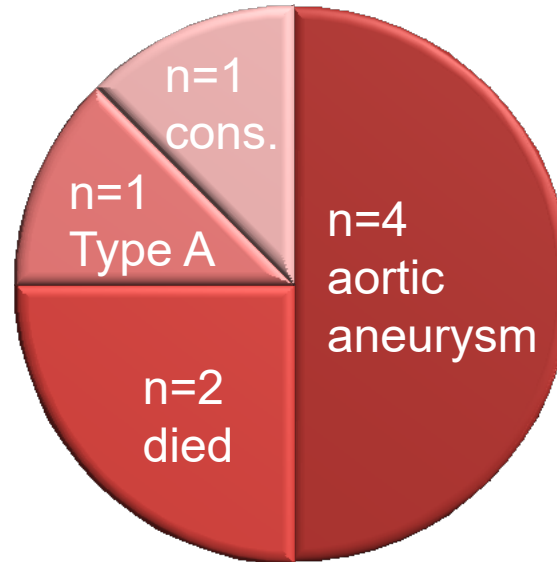
Arch entry

62%



# Open Entry Tear After Primary Repair

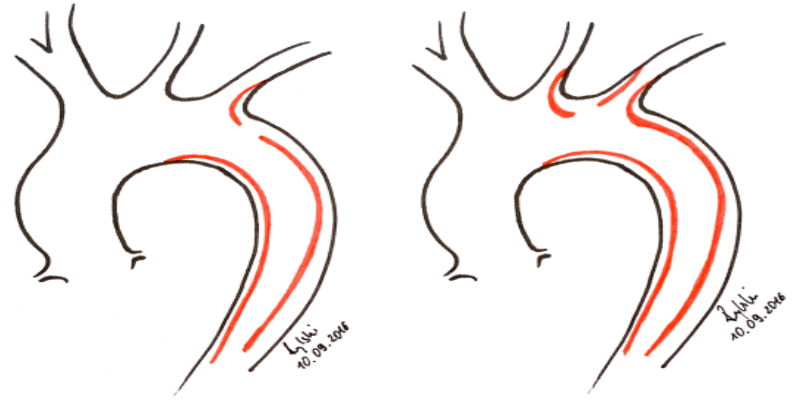
Total n=8



# Conclusions

**Incidence 11%**

**1/3 emergency surgery  
for malperfusion or  
rupture**



**2/3 aortic repair within 2 weeks**

**Entry tear closure should be aimed**

**TEVAR in arch entry type should be avoided**