

Surgical Treatment of Post-stenotic Aneurysms of Ascending Aorta: Choice of Correction's Method

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AIM. To research possibilities of surgical treatment of poststenotic aneurysms of ascending aorta (PAAA) by different methods.

METHODS. During 2000-2016 yy 581 patients (pts) with aortic stenosis (AS) and PAAA were consecutively operated. The average age of pts was $61,5 \pm 7,4$ (18 -71) yy. At all group 25 (4,3 %) pts were in II NYHA class, 274 (47,2%) pts were in III NYHA class and 282 (48,5%) pts in IV. The following operations were performed: aortic valve replacement (AVR)+wrapping tape operation (WTO) of AA - 226 (38,9%) pts (group A), AVR+Robischek's operation - 237 (40,8%) pts (group B), Benthal's (n=94) and Wheat's (n=9) operations - 118 (20,3%) pts (group C).

RESULTS. Hospital mortality was 0,8% in group A, 1,6% in group B and 3,4% in group C ($p < 0.05$). Cross-clamping time (min) was: (group A) - $79,1 \pm 10,9$, (group B) - $101,5 \pm 13,6$ and (group C) - $145,8 \pm 19,5$ ($p < 0.05$).

During remote period ($9,5 \pm 1,2$ yy) we followed up 531 pts. Actuarial survival at 9 years after operation was in group A - 91,2% (n=224), in group B - 88,3% (n=206), and group C - 79,7% (n=101) ($p < 0.05$).

Echo examination of diameter of AA for group A (cm): preoperative (PRE) $4,7 \pm 0,5$, postoperative (POST) (6-7 days) $3,8 \pm 0,3$, remote period (RP) $4,0 \pm 0,4$; for group B: preoperative $5,0 \pm 0,5$, postoperative - $4,0 \pm 0,4$, remote period $4,1 \pm 0,3$ and for group C: preoperative $5,9 \pm 0,7$, postoperative - $3,4 \pm 0,3$, remote period $3,5 \pm 0,3$. Reoperations (AA's graft replacement) were absents in all groups.

CONCLUSION. We recommend WTO for moderate forms of AAA (AA $< 5,5$ cm) during AVR.