THE 26TH INTERNATIONAL EXPERTS SYMPOSIUM

CRITICAL ISSUES

IN AORTIC ENDOGRAFTING

MARCH 21 & 22 2024

COPENHAGEN/MALMÖ
SCANDIC TRIANGELN, MALMÖ
www.critical-issues-congress.com

WHICH HIGH RISK FEATURES ARE REALLY RELEVANT FOR UNCOMPLICATED DISSECTION AND IMH?

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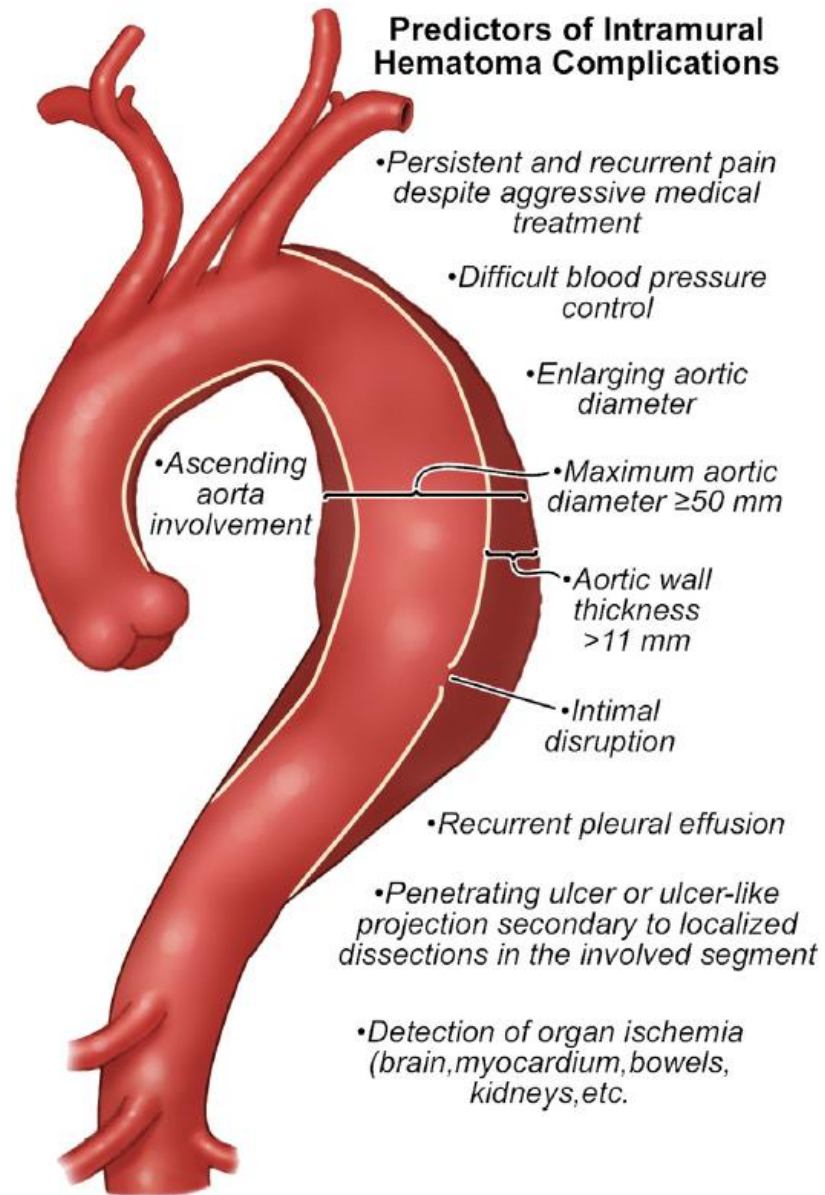
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DISCLOSURES

- COOK Medical Inc– Consulting
- GORE – Speaker, Research Grant

"RISK IS NOT A FIXED ATTRIBUTE OF SOME OBJECT, BUT CONSTRUCTED BY INDIVIDUALS FROM PAST EXPERIENCE AND PRESENT CIRCUMSTANCES"

JACOB BUDTZ-LILLY
SENIOR CONSULTANT, ASSOC. PROFESSOR

Fig. 3. Clinical and morphological predictors of complications in patients with type B IMH.

Predictors of Intramural Hematoma Complications

- Persistent and recurrent pain despite aggressive medical treatment
- Difficult blood pressure control
- Enlarging aortic diameter
- Ascending aorta involvement
- Maximum aortic diameter ≥50 mm
- Aortic wall thickness >11 mm
- Intimal disruption
- Recurrent pleural effusion
- Penetrating ulcer or ulcer-like projection secondary to localized dissections in the involved segment
- Detection of organ ischemia (brain, myocardium, bowels, kidneys, etc.

ELSEVIER

Check for updates

Timing of Intervention for Aortic Intramural Hematoma

Andrea Vacirca, Marina Dias Neto, Aidin Baghbani-Oskouei, Ying Huang, Emanuel R. Tenorio, Anthony Estrera, and Gustavo S. Oderich, Houston, Texas

SVS/STS REPORTING STANDARDS DOCUMENT

Editors' Choice

Society for Vascular Surgery (SVS) and Society of Thoracic Surgeons (STS) reporting standards for type B aortic dissections

Joseph V. Lombardi, MD (SVS Co-Chair),[a] G. Chad Hughes, MD (STS Co-Chair),[b] Jehangir J. Appoo, MD,[c] Joseph E. Bavaria, MD,[d] Adam W. Beck, MD,[e] Richard P. Cambria, MD,[f] Kristofer Charlton-Ouw, MD,[g] Mohammad H. Eslami, MD,[h] Karen M. Kim, MD,[i] Bradley G. Leshnower, MD,[j] Thomas Maldonado, MD,[k] T. Brett Reece, MD,[l] and Grace J. Wang, MD,[d] Camden, NJ; Durham, NC; Calgary, Alberta, Canada; Philadelphia and Pittsburgh, Pa; Birmingham, Ala; Brighton, Mass; Houston, Tex; Ann Arbor, Mich; Atlanta, Ga; New York, NY; and Denver, Colo

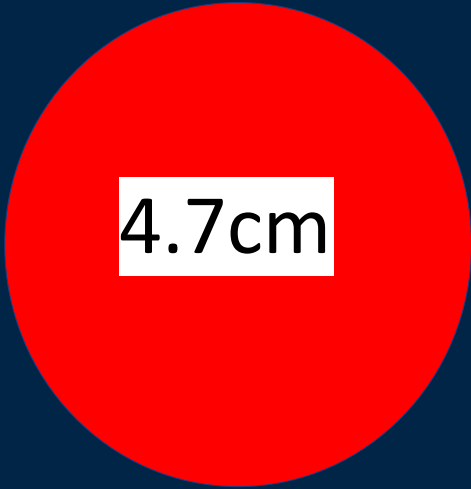| High risk |
| --- |
| Refractory pain |
| Refractory hypertension |
| Bloody pleural effusion |
| Aortic diameter >40 mm |
| Radiographic only malperfusion |
| Readmission |
| Entry tear: lesser curve location |
| False lumen diameter >22 mm |
| Complicated |
| Rupture |
| Malperfusion |

"…every session for discussion
and argumentation
with faculty and audience

…the hallmark of critical issues!"

4.0cm

4.2cm

5.5cm

4.7cm

5.2cm

?

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ASSOC. PROFESSOR

PRE

PIVOTAL and CAESAR
UK-SAT and ADAM

- 3,314 patients with AAAs 4 – 5.5 cm

- Consideration of treatment should be given for early treatment of because of various high risk features???

"HOW DO WE KNOW WHAT WE KNOW?"

-Epistemologist, Tim Resch

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From the Southern Association for Vascular Surgery

Medical therapy in type B aortic intramural hematoma is associated with a high failure rate

Check for updates

Tomaz Mesar, MD, Maggie J. Lin, MD, Ishraq Kabir, MD, David J. Dexter, MD, Animesh Rathore, MBBS, and Jean M. Panneton, MD, *Norfolk, Va*

J Vasc Surg 2020
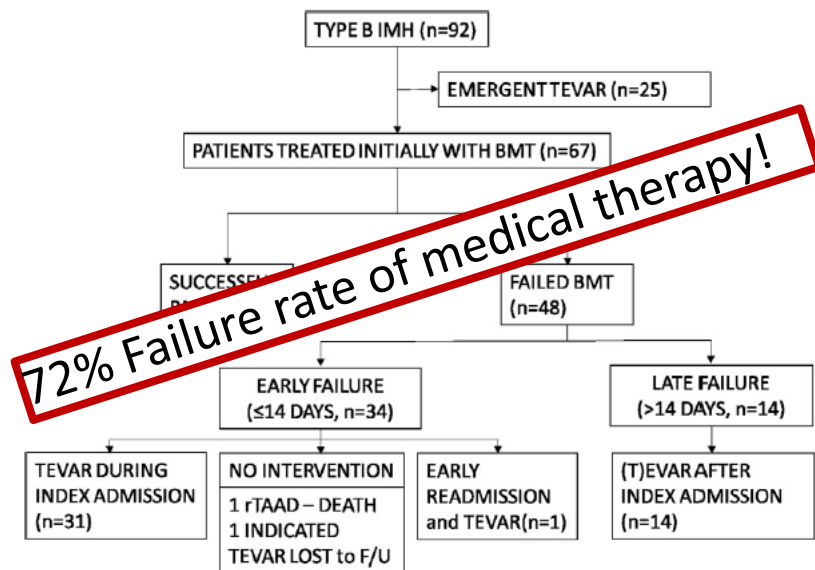
Fig 1. Flow chart of patients with type B intramural hematoma (*IMH*) based on intent to treat and outcomes. *BMT*, Best medical therapy; *EVAR*, endovascular aneurysm repair; *F/U*, follow-up; *rTAAD*, retrograde type A aortic dissection; *TEVAR*, thoracic endovascular aortic repair.

How do we define failure?

Failure	N (total = 48)
Infrarenal AAA rupture	2
Retrograde A dissection	1
Diameter > 55 mm	0
Need for TEVAR	45

CLINICAL RESEARCH STUDIES

Predictors of late aortic intervention in patients with medically treated type B aortic dissection

CrossMark

Samuel I. Schwartz, MD, Christopher Durham, MD, W. Darrin Clouse, MD, Virendra I. Patel, MD, MPH, R. Todd Lancaster, MD, MPH, Richard P. Cambria, MD, *and* Mark F. Conrad, MD, MMSc, *Boston, Mass*

CME Activity

Purpose or Statement of Need The purpose of this journal-based CME activity is to enhance the vascular specialist's ability to diagnose and care for patients with the entire spectrum of circulatory disease through a comprehensive review of contemporary vascular surgical and endovascular literature.

Learning Objective

* Determine which patients with uncomplicated type B aortic dissection who are treated medically will develop aneurysms when followed over the long term.

Target Audience This activity is designed for vascular surgeons and individuals in related specialties.

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Date of Release January 1, 2018 **Expiration** January 31, 2019

Hardware/Software Requirements Internet Access and Adobe Acrobat Reader

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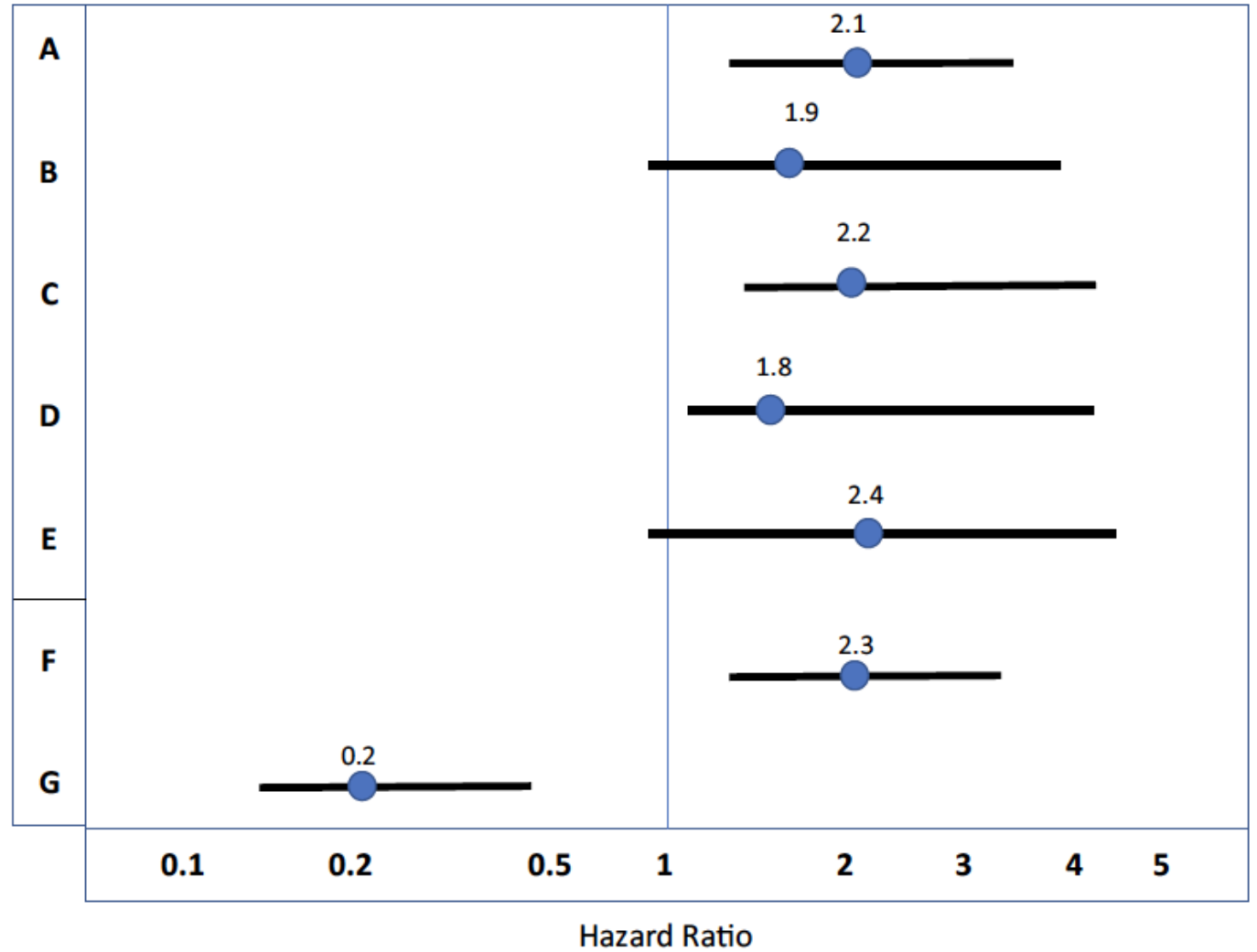
How do we know this?

- How many were "at risk" because they ruptured?
  - Zero

- What was the "risk"?
  - 97 of 254 patients failed, of which 81 were because they underwent intervention

- These characteristics should be treated because our study showed that we treated those patients with these characteristics.
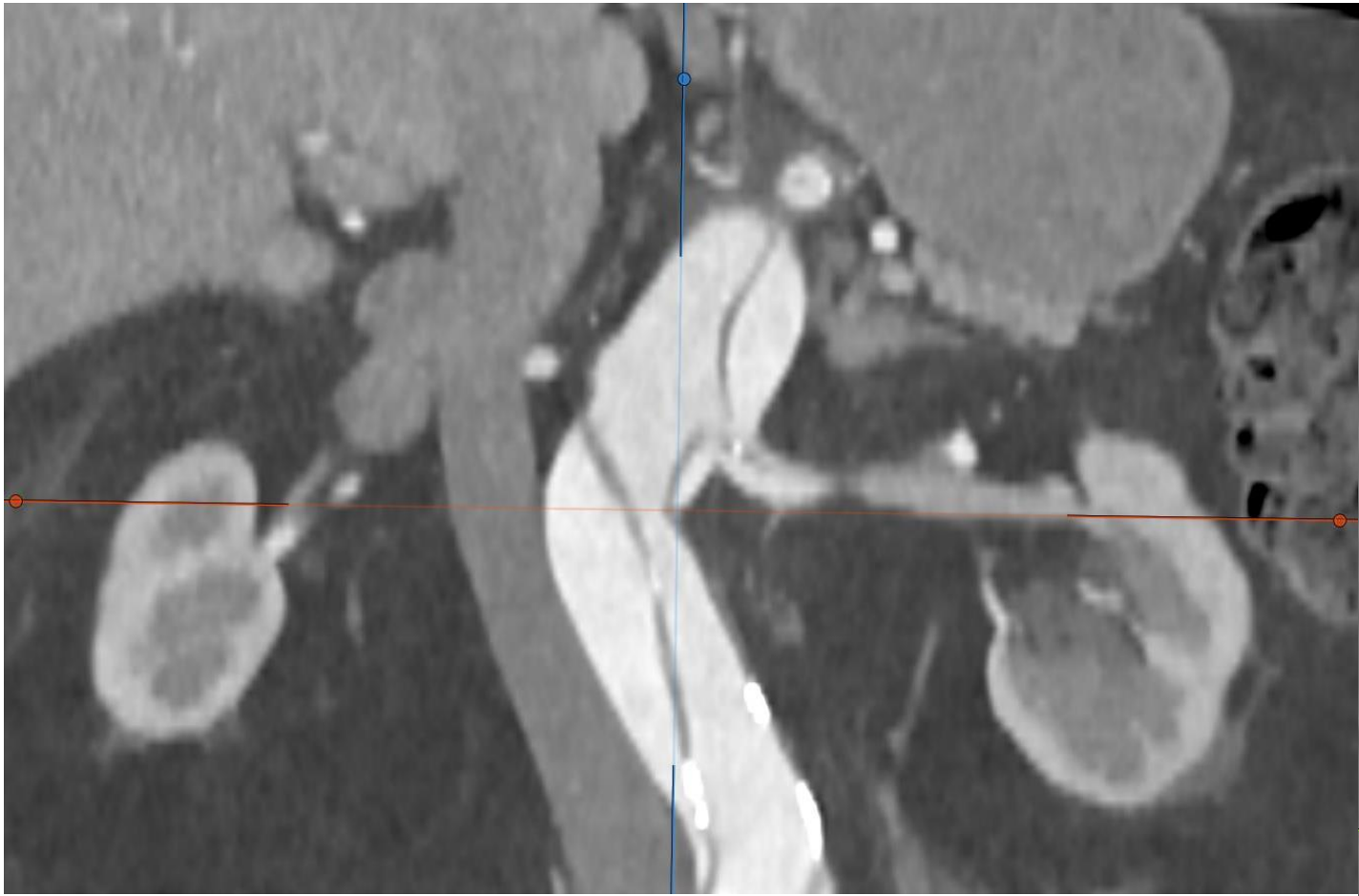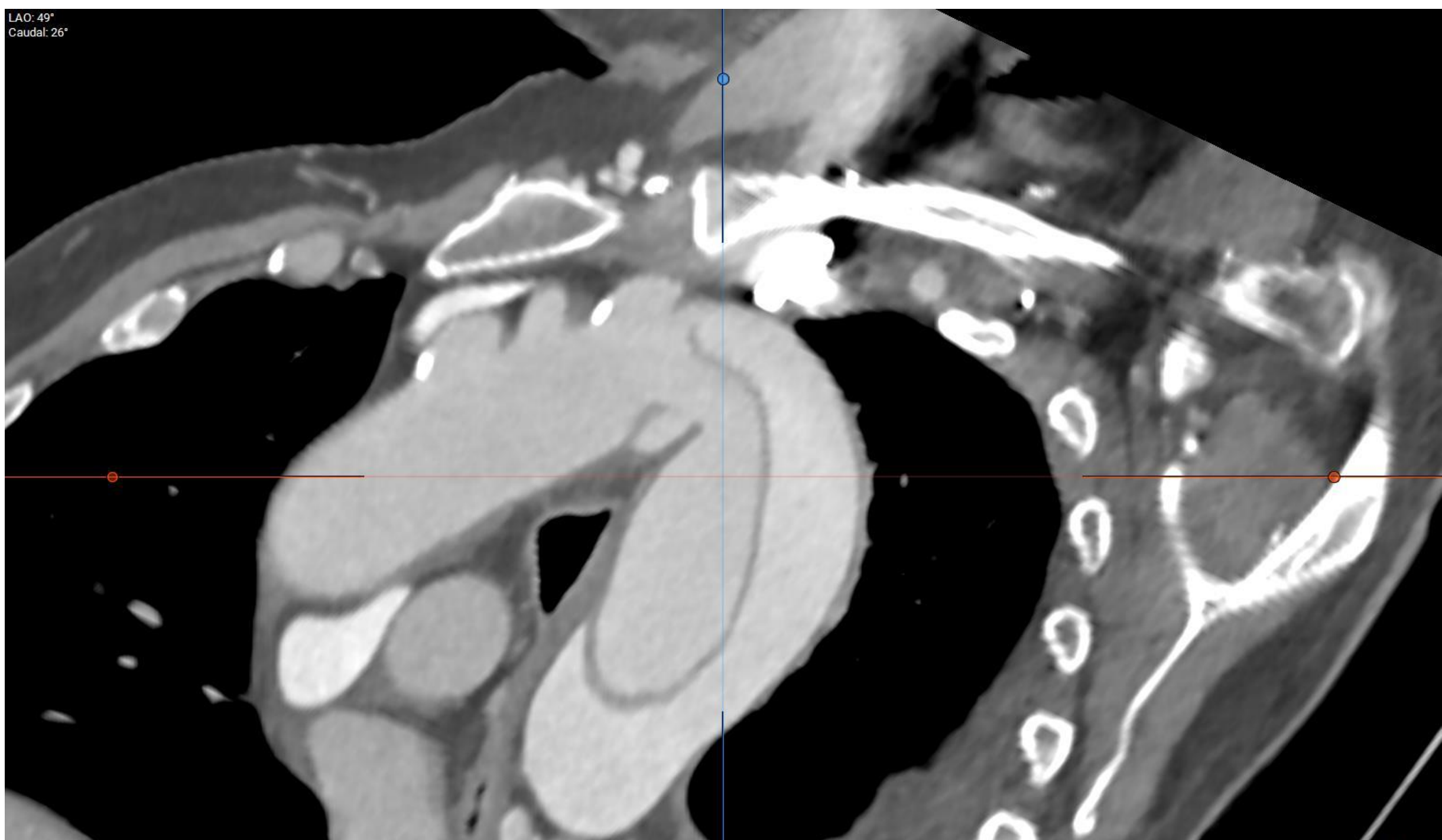

- "It's fake news because so much of the news is fake."

Uncomfortable equipoise

- 82-year old male patient
- Admitted with chest and mid-scapular pain
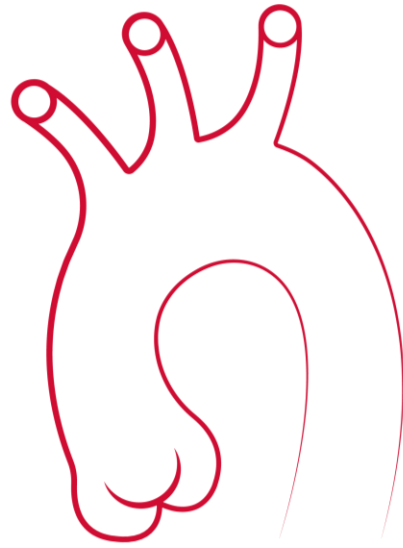- Atrial fibrillation
- Previous DVT
- COPD

- 122,000 pages of documents
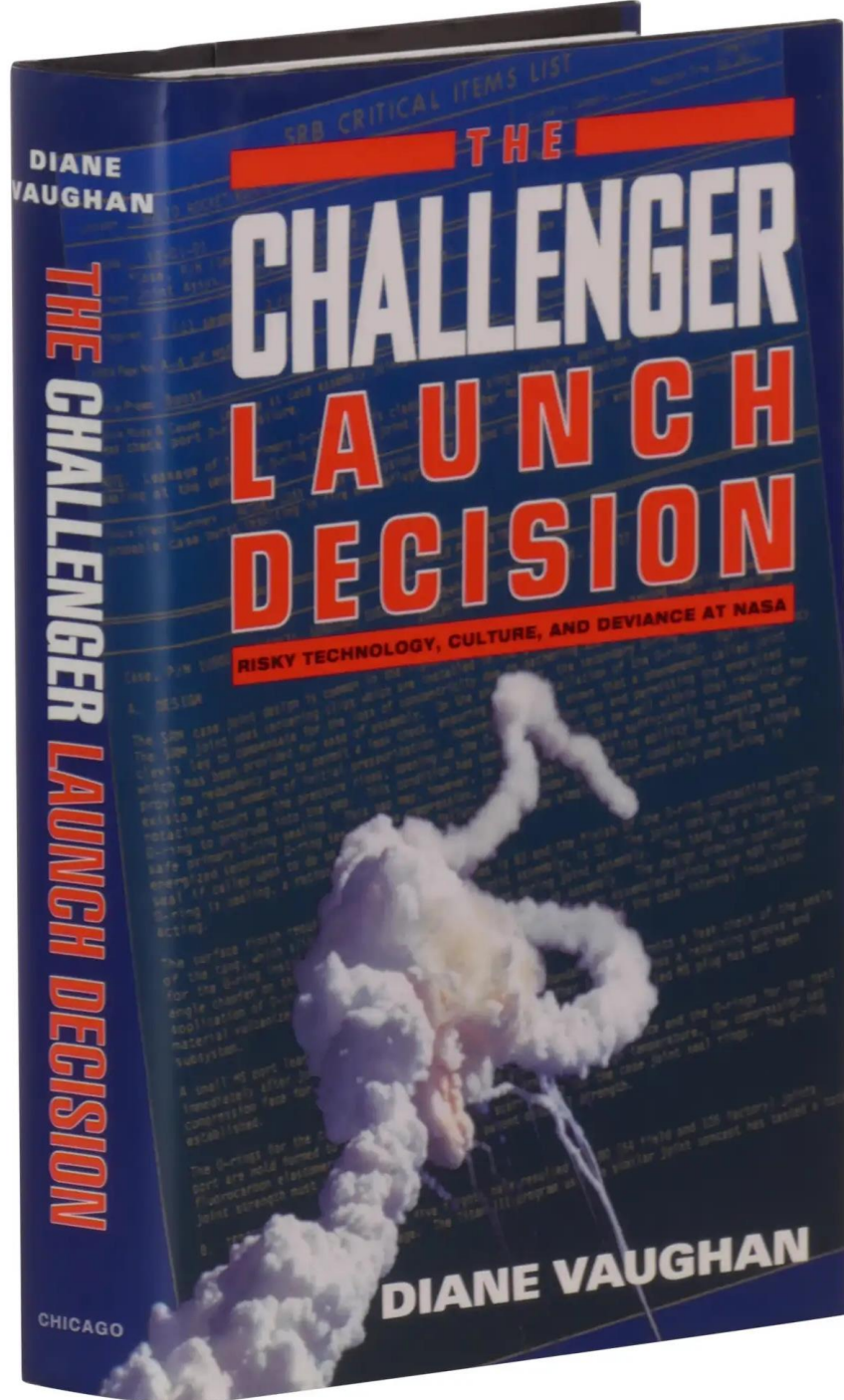
- 160 interviews

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ASSOC. PROFESSOR

Culture predates their activities, providing common understandings that provide rules for appropriate action. The (decision) was not amoral people violating rules that were responsible for the tragedy. It was conformity"

—

--NO ONE WAS AT FAULT!

JACOB BUDTZ-LILLY
SENIOR CONSULTANT, ASSOC. PROFESSOR

--AN ITERATIVE PROCESS TO REACH CONSENSUS

--A NORMALIZATION OF DEVIANCE

"TAKE OFF YOUR ENG[...]ND PUT ON YOUR
MANAGEMENT[...]

Done in by Delphi Consensus

JACOB BUDTZ-LILLY
SENIOR CONSULTANT, ASSOC. PROFESSOR

How are we defining risk? What is failure?

Many well-known risk features

      -Risk of the pathology?

      -Risk of the patient?

      -Risk of the procedure?

Normalization of deviance, i.e., acceptance of poor evidence

ALL ADDRESSED BY AN RCT

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