


eComment: Outcome in patients requiring surgery for acute aortic dissection type A: Just a matter of cannulation site?

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doi:10.1510/icvts.2009.230409A

We have read with interest the best evidence topic report by Tiwari and co-workers dealing with the issue of cannulation site in patients requiring surgery for acute aortic dissection type A [1].

As stated by the authors, our group has substantial experience in direct cannulation of the dissected aorta. Unfortunately, our technique has not been cited correctly [2]. In contrast to other groups, the Hannover technique relies on direct approaching the aorta in a less dissected or non-dissected area, as determined by CT-scan or transesophageal echocardiography. The cannula is supported by double purse-string sutures.

We are aware that the routine use of this technique in elective patients with thin-walled aortic aneurysms is a prerequisite for this specific approach, including troubleshooting strategies in case of aortic rupture or mal-perfusion.

There is no question that neurological complications are a multi-factorial process in this high-risk patient cohort. Nevertheless, temporary neurological complications as well as frank strokes can be dedicated by the underlying pathology but also cerebral protection techniques [3]. However, when cannulation techniques are applied to establish antegrade flow, they are frequently combined with selective antegrade cerebral perfusion which is often associated with better neurological outcome [4].

In most of the published studies, it remains unclear whether strokes were counted if the patients died during hospital stay. This is an important information, as it has been shown that mortality rates are higher in patients suffering from peri-operative strokes.

Clear guidelines for reporting mortality and morbidity after aortic surgery are therefore mandatory, according to the current ones published for valve surgery [5].

References


