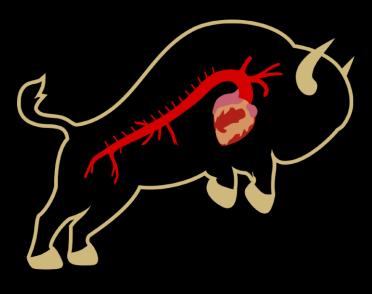
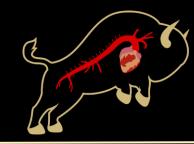
Endovascular aortic therapy in patient with connective tissue disorders



No disclosures

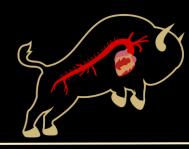




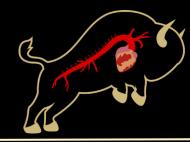
Introduction

- Thoracic endovascular aortic repair (TEVAR) in patients with connective tissue disorders remains controversial due to concerns about durability
 - Marfan
 - Loeys-Dietz
 - Ehlers Danlos

• Early peri-operative technical and clinical success have been established, however mid- to long-term data is lacking

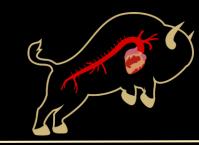


To report our institutional mid-term outcomes in endovascular thoracic repair in patients with connective tissue disorders



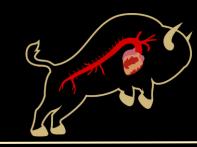
Methods

- Single institution, retrospective review
- Patients with connective tissue disorders who underwent TEVAR
- Operations between February 2017 and June 2023
- Early post-operative outcomes
 - Spinal ischemia
 - Acute kidney injury
 - Cerebrovascular accident
 - 30-day readmission
 - 30-day mortality
 - Hospital length of stay
- Mid-term outcomes
 - Re-intervention rate
 - Endoleak on imaging
 - Mortality



Patient Characteristics

- 6 patients underwent TEVAR during the study period
 - 4 Marfan
 - 2 Loeys-Dietz
- Median age at operation: 39 (32.5-58.25)
- 4 male, 2 female
- 3 had prior aortic surgery
- Indications for surgery:
 - Type B dissection, n=5
 - Aneurysmal degenerative disease, n=1
- Median follow-up: 2.47 years (0.96-5.35)



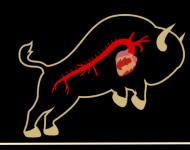
Early Post-operative Outcomes

- Short length of stay: 3.67 days (0.816)
- No cases of:
 - Intra-operative complications (vascular access, bleeding, conversion to open)
 - CVA
 - Acute kidney injury
 - Spinal ischemia
 - Mortality
 - Re-admission
 - Emergency department visit



Mid-term Post-operative Outcomes

- No surveillance imaging complications including endoleak, aneurysmal change, graft migration, graft infection
- No mortalities
- No re-interventions or re-operations
- No patient reported symptoms or aortic repair related admissions



Conclusions

 TEVAR is safe and durable in patients with connective tissue disorders based on our institutional experience with mid-term follow-up

 Endovascular repair can be an effective treatment modality in select high risk cases within this patient population

 Dynamic evaluation of long-term outcomes is necessary to further delineate the optimal treatment approach based on specific patient characteristics

