Size and Morphological Differences of Thoracic Cage in Marfan vs Non-Marfan Patients

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Backgrounds

 The standard spiral incision sometimes fails to secure adequate exposure of the proximal descending aorta and aortic arch, particularly in patients with flat chests, such as those with Marfan syndrome.

 The straight incision with rib-cross (SIRC) approach has been reported to offer improved exposure for such patients.



Minatoya K, et al. Interact Cardiovasc Thorac Surg. 2016;23(3):367-370.

Objective

 When discussing the optimal incision and approach for the thoracic aortic surgeries, Few data on the size and morphology of the thoracic cage is found.

 This study aimed to describe the size and morphological differences in the thoracic cage between Marfan and non-Marfan patients.



Study design

- Single-center retrospective cohort study
- Patients
 - 18 years or older
 - chest CT performed



- Statistical analysis
 - multiple linear regression
 - Pearson's correlation coefficient (rib angles and AP distance, sternumvertebra)

CT measurements

- Anteroposterior distance, Sternum-vertebra distance,
 - Transverse distance, Thoracic cage area (axial view)



Aortic arch level



Aortic valve level

- Rib angles (sagittal view)
- Thoracic cage volume (3D)





Baseline characteristics

Characteristics	Non-Marfan (N = 47)	Marfan (N = 47)	P value
Age, years	41.6 (14.1)	40.9 (13.2)	0.8
Men	26 (55%)	26 (55%)	>0.9
Height, cm	166.3 (12.1)	177.1 (10.7)	<0.001
Weight, kg	62.6 (15.5)	63.3 (15.2)	0.8
BMI, kg/m ²	22.3 (3.6)	20.0 (3.4)	0.002
BSA, m ²	1.7 (0.3)	1.8 (0.2)	0.091
Annuloaortic ectasia	10 (21%)	40 (85%)	<0.001
Thoracic aortic true aneurysm	17 (36%)	2 (4.3%)	<0.001
Aortic dissection	24 (51%)	8 (17%)	0.001

Mean (SD) or n (%)

Size of thoracic cage in the axial section

Characteristics	Non-Marfan (N = 47)	Marfan (N = 47)	P value
Aortic arch level			
AP distance, mm	134.6 (18.6)	138.9 (20.4)	0.3
Sternum-vertebrae, mm	54.4 (12.4) 58.8 (15.0)		0.12
Transverse distance, mm	219.7 (23.1)	233.0 (27.3)	0.012
AP/Transverse	0.61 (0.06)	0.60 (0.10)	0.5
Thoracic cavity area, cm ²	146.0 (49.0)	176.9 (43.3)	0.002
Aortic valve level			
AP distance, mm	178.3 (23.8)	175.3 (26.1)	0.6
Sternum-vertebrae, mm	101.3 (18.7)	96.7 (22.9)	0.3
Transverse distance, mm	264.3 (24.4)	256.2 (27.3)	0.13
AP/Transverse distance	0.67 (0.06)	0.67 (0.06) 0.69 (0.12)	
Thoracic cavity area, cm ²	316.6 (68.5)	294.9 (60.2)	0.11

Volume and rib angles

Characteristics	Non-Marfan (N = 47)	Marfan (N = 47)	P value
Volume of thoracic cage, cm ³	6,250.5 (1,888.3)	6,340.7 (1,460.3)	0.8
Rib angles			
The 4th rib, degrees	55.4 (8.8)	45.0 (8.9)	<0.001
The 5th rib, degrees	51.3 (8.4)	42.2 (8.4)	<0.001
The 6th rib, degrees	49.3 (8.7)	39.7 (8.2)	<0.001





Marfan patients had significantly acute rib angles than non-Marfan patients.

Adjusted analysis (sex, age, BSA)

	Crude				Adjusted			
Characteristics	Beta	95% CI	p-value		Beta	95% CI	p-value	
Aortic arch level								
AP distance, mm	4.34	-3.54, 12.23	0.3		1.62	-4.16, 7.41	0.6	
Sternum-vertebrae, mm	4.41	-1.16, 9.98	0.12		2.83	-2.46, 8.12	0.3	
Transverse distance, mm	13.35	3.11, 23.59	0.012		9.12	1.31, 16.94	0.025	
Thoracic cavity area, cm ²	30.91	12.22, 49.61	0.002		25.70	9.63, 41.78	0.002	
Aortic valve level								
AP distance, mm	-3.05	-13.14, 7.05	0.6		-7.63	-14.31, -0.95	0.028	
Sternum-vertebrae, mm	-4.58	-13.04, 3.88	0.3		-7.98	-14.59, -1.36	0.020	
Transverse distance, mm	-8.16	-18.61, 2.29	0.13	-	-13.43	-20.36, -6.50	<0.001	
Thoracic cavity area, cm ²	-21.72	-47.80, 4.36	0.11	-	-36.08	-50.96, -21.19	<0.001	
Rib angles								
The 4th rib, degrees	-10.46	-14.04, -6.88	<0.001		-11.38	-14.63, -8.13	<0.001	
The 5th rib, degrees	-9.16	-12.55, -5.77	<0.001		-9.96	-13.17, -6.76	<0.001	
The 6th rib. degrees	-9.63	-13.066.21	<0.001	_	-10.69	-13.877.52	<0.001	

Beta: Difference between Marfan and non-Marfan patients

CI: confidence interval AP: anteroposterior

Marfan patients

- flatter chest wall
- more acute rib angle

Rib angles and AP distance, sternumvertebra distance at the aortic arch level



Rib angles and AP distance, sternumvertebra distance at the aortic valve level



Discussion

- The spiral incision offers an optimal surgical field, particularly in patients with a large thoracic cage, while the surgical field is often limited for patients with flatter chest.
- The SIRC approach offers better exposure of the proximal descending aorta and aortic arch.
- The number of ribs for the exposure to be transected is usually less in Marfan patients.





Conclusions

- Marfan patients had a flatter chest wall and acute rib angles than non-Marfan patients.
- The SIRC approach for thoracic and thoracoabdominal aortic aneurysms might be more suitable for patients with a flatter chest wall, such as those with Marfan syndrome.
- Further studies are necessary to clarify the impact of thoracic cage morphological differences on the procedures and their outcomes.