# Size and Morphological Differences of Thoracic Cage in Marfan vs NonMarfan Patients 

Department of Cardiovascular Surgery, Graduate School of Medicine, Kyoto University, Kyoto, Japan

Yuki Kuroda, Takehiko Matsuo, Hiroaki Osada, Masahide Kawatou,
Takahide Takeda, Fumie Takai, Kazuhiro Takatoku, Hiromasa Kira,
Yasuyuki Fujimoto, Haruka Fujimoto, Kazuyoshi Kanno, Tadashi Ikeda, Kenji Minatoya

## 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.



## 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


Sex- and age-matched

Study population
47 Marfan patients vs 47 non-Marfan patients

- multiple linear regression
- Statistical analysis
- 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)

Rib angles


## 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/m² | $22.3(3.6)$ | $20.0(3.4)$ | 0.002 |
| BSA, m² | $1.7(0.3)$ | $1.8(0.2)$ | 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 $(\mathbf{N}=47)$ | Marfan $(\mathbf{N}=47)$ | 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, $\mathrm{cm}^{2}$ | $146.0(49.0)$ | $176.9(43.3)$ | 0.002 |
| Aortic valve level |  |  | $175.3(26.1)$ |
| AP distance, mm | $178.3(23.8)$ | $96.7(22.9)$ | 0.6 |
| Sternum-vertebrae, mm | $101.3(18.7)$ | $256.2(27.3)$ | 0.3 |
| Transverse distance, mm | $264.3(24.4)$ | $0.69(0.12)$ | 0.13 |
| AP/Transverse distance | $0.67(0.06)$ | $294.9(60.2)$ | 0.4 |
| Thoracic cavity area, $\mathrm{cm}^{2}$ | $316.6(68.5)$ | 0.11 |  |

## Volume and rib angles

| Characteristics | Non-Marfan $(\mathbf{N}=\mathbf{4 7})$ | Marfan $(\mathbf{N}=47)$ | P value |
| :--- | :---: | :---: | :---: |
| Volume of thoracic cage, $\mathrm{cm}^{3}$ | $6,250.5(1,888.3)$ | $6,340.7(1,460.3)$ | 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 |  |  | Beta: Difference between Marfan and non-Marfan patients |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 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 | CI: confidence interval AP: anteroposterior |
| Transverse distance, mm | 13.35 | 3.11, 23.59 | 0.012 | 9.12 | 1.31, 16.94 | 0.025 |  |
| Thoracic cavity area, $\mathrm{cm}^{2}$ | 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, $\mathrm{cm}^{2}$ | -21.72 | -47.80, 4.36 | 0.11 | -36.08 | -50.96, -21.19 | <0.001 | Marfan patients |
| Rib angles |  |  |  |  |  |  | flatter chest wa |
| The 4th rib, degrees | -10.46 | -14.04, -6.88 | <0.001 | -11.38 | -14.63, -8.13 | <0.001 | - more acute rib angle |
| 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 | -13.06, -6.21 | <0.001 | -10.69 | -13.87, -7.52 | <0.001 |  |

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





Group $\#$ Non-Marlan - Marlan


Sternum-vertebrae (mm)


Group $\#$ Non-Marfan $\rightleftharpoons$ Marlan


# 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.

