IS AGGRESSIVE DISTAL REPAIR NECESSARY IN AORTIC DISSECTION SURGERY?

To the Editor:

Congratulations to Kobuch and colleagues¹ for their valuable study. The general approach in surgical repair of the type A aortic dissection is aggressive proximal aortic repair.^{2,3} Nevertheless, it is controversial whether distal aortic repair is risky for reoperation. Some studies have suggested that performing distal aortic repair within the initial operation has no effect on reoperation risk,³ whereas some other studies have emphasized that aggressive repair to the aortic arch or distally should be performed within the first operation to avoid reoperation.^{2,4} One or more intimal tears occur in the pathogenesis of the aortic dissection. If the intimal tear were to appear in multiple sites, aggressive distal aortic repair would not be useful in avoiding the reoperation risk. Although the intimal tear usually propagates antegradely, it may do so retrogradely. An intimal tear distal to the replaced aortic segment would propagate retrogradely and cause aneurysmal dilation, either at the anastomosis site or distally. In light of these data, the issue of how aggressively to perform distal aortic repair should be discussed. In addition, we wonder

whether aggressive distal aortic repair had an impact on the reoperation risk in the study by Kobuch and colleagues.¹

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Reply to the Editor:

Gokalp and colleagues stated an interesting hypothesis relating the number of entry sites to the necessity of distal aortic repair. We cannot argue in favor or against this assumption because the respective data are not available for our study. However, from a clinical point of view, other factors certainly are important for the selection of the applied surgical technique in acute type A aortic dissection. With regard to the hypothesis, we would think the opposite: If there is only 1 proximal entry, the chance of cure with a mere replacement of the ascending aorta is high. However, if there are multiple entries, a more extended aortic repair is necessary because all entry sites should be resected. A complete arch replacement and elephant trunk procedure would avoid reoperation with a high likelihood.

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