Commentary: Endograft repair of complicated aortic dissection in Marfan patients

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Faure and colleagues¹ are to be congratulated for their courageous study using endograft technology in patients with Marfan syndrome. Most of us avoid stent grafting in this population unless absolutely necessary. Given the difficulties of managing these patients with complicated acute type B aortic dissection in both the short and long term with open techniques, the addition of these techniques will greatly facilitate our management of these patients. However, some caveats remain. Although not experienced in this report, thoracic stent grafts in the distal arch do have the possibility of producing an acute retrograde type A aortic dissection, which further complicates management of this difficult disease. Also, early in our experience with acute type B aortic dissection, we experienced an episode of paraplegia after implanting a 20-cm endograft and thereafter tried to minimize the extent of distal coverage. Additional coverage with uncovered stents does not appear to increase that incidence.

We also have some good follow-up to 21 years, although not in a patient with Marfan syndrome, suggesting that this management strategy is both effective and durable. It is hoped that new technology will be developed to allow distal aortic expansion with some fenestrated tubular device that

The 21-year follow-up computed tomography angiography of endograft treatment of complicated acute type B aortic dissection.

Central Message

First-time experience with endograft repair of complicated acute type B aortic dissection in patients with Marfan syndrome.

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will be less likely to cause intimal tears than uncovered “Z” stents and allow perfusion of intercostal and lumbar arteries, as well as all abdominal visceral arteries. We look forward to longer-term follow-up of these patients in regard to the late integrity of these repairs.

Reference

1. Faure EM, El Batti S, Abou Rjeili M, Ben Abdallah I, Julia P, Alsac J-M. Stent-assisted, balloon-induced intimal disruption and relamination of aortic dissection in patients with Marfan syndrome: midterm outcomes and aortic remodeling. *J Thorac Cardiovasc Surg*. 2018;156:1787-93.