See Article page 2.

Commentary: Dissection in the elderly—do the right thing, fix them!

T. Brett Reece, MD, and Muhammad Aftab, MD

As quality measures permeate the cardiac surgical landscape, risk aversion continues to creep into everything that cardiac surgeons approach, from coronary bypass to aortic valves. This risk aversion is now creeping into emergent aortic surgery. The threshold of risk defining futile care continues to drop based on both improvements of routine care and the avoidance of greater-risk cohorts of patients. Elderly patients have long been discussed as such a group in acute aortic dissection repair, but the literature, including the article by Bojko and colleagues,¹ continues to demonstrate that elderly patients with acute type A dissection do better with operations than without intervention.

The article by Bojko and colleagues compares the midterm outcomes of septuagenarians with octogenarians following type A repair, including mortality over time and quality-of-life inquiries. Short-term mortalities were clearly worse than those of younger patients with hospital and 30-day mortality of 21% and 29% for the 2 cohorts, whereas 5-year survival was 50% and 34%. These numbers are sobering but clearly better than the 90% mortality at a month for medically treated dissection.

Although surgeons need to be paying attention to outcomes, the greater-risk operations cannot stand in the way of doing the right thing for patients. Type A repair is not a low-risk operation for anyone, no matter what their age. The best published results demonstrate a mortality in the 10% range. Even in the International Registry of Acute

3D reconstruction of CTA on an 88yo woman 4 years after her acute type A aortic dissection.

CENTRAL MESSAGE

Age alone should not preclude repair for type A dissection—risks may be greater than in younger patients but not greater than medical management.

Aortic Dissections, the acute type A repair carries approximately 20% mortality. This commentary is not a plea for futile care. The 2-surgeon consensus approach mentioned by the authors is a useful adjunct to avoiding operations on those who would not benefit. However, as these data demonstrate, age alone should not preclude acute type A repair. No matter the age, if the procedure is not futile, do the right thing and repair it.

Reference

1. Bojko MM, Suhail M, Bavaria JE, Bueker A, Hu RW, Harmon J, et al. Midterm outcomes of emergency surgery for acute type A aortic dissection in octogenarians. *J Thorac Cardiovasc Surg.* 2022;163:2-12.e7.

From the Division of Cardiothoracic Surgery, Department of Surgery, University of Colorado Anschutz Medical Campus, Aurora, Colo.

Disclosures: Authors have nothing to disclose with regard to commercial support.

Received for publication March 29, 2020; revisions received March 29, 2020; accepted for publication March 31, 2020; available ahead of print April 11, 2020.

Address for reprints: T. Brett Reece, MD, Division of Cardiothoracic Surgery, Department of Surgery, University of Colorado, Anschutz Medical Campus, Aurora, CO 80045 (E-mail: Brett.reece@cuanschutz.edu).

J Thorac Cardiovasc Surg 2022;163:13

0022-5223/\$36.00

Copyright © 2020 by The American Association for Thoracic Surgery

<https://doi.org/10.1016/j.jtcvs.2020.03.136>