REPLY: OUTCOMES OF THORACOABDOMINAL AORTIC ANEURYSM REPAIR ARE DEPENDENT ON THE CRAWFORD ANEURYSM EXTENT AND ANATOMICAL CHARACTERISTICS OF THE AORTA

Reply to the Editor:

When it comes to open repair of thoracoabdominal aortic aneurysms (TAAAs), success depends on the art of an individual surgeon’s management in addition to the surgical techniques, operative skills, and perioperative critical care that are required to achieve good outcomes. Similar to other areas of aortic surgery, innumerable techniques and methodologies are available and different surgeons are able to achieve similarly good results with seemingly disparate management plans. However, it is important to delve into the details to identify opportunities for improvement. We would like to thank Dr Kouchoukos for his careful and critical review of our comparison of open TAAA repair in patients with and without Marfan syndrome. As he implies, it can be difficult to compare the results of TAAA repair in various centers due to the variability in techniques used and outcomes reported. In addition, it is important to assess important outcomes specifically related to TAAA repair, such as spinal cord injury (SCI). For a majority of our studies, we have used a standard set of variables for the composite outcome of major adverse events (MAE), which does not include SCI, to promote consistency across our own publications. As discussed at the 2023 Annual Meeting of The American Association for Thoracic Surgery, we agree that it makes sense to make an exception to include SCI in the composite MAE outcomes in all TAAA reporting to be consistent with reporting of other high-volume TAAA repair centers. In the current series, the addition of SCI to the composite MAE outcomes would have likely made a small difference given that those with SCI often had another MAE.

We also agree with Dr Kouchoukos that in large series, reporting outcomes for subsets of TAAA by Crawford aneurysm extent would have likely made a small difference given that those with SCI often had another MAE. However, the objective of this study was to compare Marfan and non-Marfan patients and not to report all details of the overall population. Keeping this in mind, the Marfan group consisted of only 90 patients and subdividing by aneurysm extent would have created very small groups (eg, only 8 patients in the extent IV Marfan group). Comparing the results of these few patients would not be statistically meaningful. In fact, our goal was to preserve a larger number of patients in the analyses to preserve statistical power and this is the reason we used inverse probability of treatment weighting rather than standard propensity score matching for our analyses. Nevertheless, we completely agree with the importance of reporting outcomes by aneurysm extent whenever possible. As the size of our series grows, we look forward to providing more detailed analyses and subanalyses.

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Conflict of Interest Statement
The author reported no conflicts of interest.

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References
1. Kouchoukos NT. Importance of reporting mortality and morbidity following thoracoabdominal aortic aneurysm repair according to the Crawford classification. J Thorac Cardiovasc Surg. 2024;XX(XX):XX-XXX.