



**REPAIR OF ACUTE TYPE A
AORTIC DISSECTION: THE
SIMPLEST SOLUTION IS
NOT ALWAYS THE BEST**

Pluralitas non est ponenda sine necessitate.

(Plurality should not be posited without necessity.)

— William of Ockham
(1285-1347)¹

To the Editor:

Whether hemiarch or total arch replacement should be performed to repair acute type A aortic dissection (ATAAD) still remains an open question. Elbatarny and colleagues,² in reporting the results of a Canadian multicenter study, provide important data to help clarify this still controversial issue. A total of 929 patients from 9 centers had ATAAD repair with hemiarch (n = 695) or extended arch (n = 234) replacement. Comparing these 2 surgical strategies, they found that a more aggressive policy provided results similar to those of a more conservative approach in terms of mortality and risk of neurologic complications. Moreover, arch replacement with repair extended to the descending aorta, as with a frozen elephant trunk, provided better treatment of malperfusion.

During a 15-year interval, we treated 213 patients with ATAAD, 75 of them (35%) having total arch replacement.³ Arch replacement was associated with better results compared with hemiarch replacement, with lower mortality—especially after a dedicated aortic team was organized adopting a more aggressive approach. Most importantly, we provided long-term results that are not provided in the report by Elbatarny and colleagues,² with an actuarial survival and freedom from reoperation at 10 years of 49% ± 5% and 92% ± 2% in the hemiarch group versus 66% ± 9% and 98% ± 1% in the arch group.³

Because patency of the false lumen represents a risk factor influencing late survival, index repair of ATAAD must be also be oriented not only to immediate saving of a patient's life but also to providing—as much as possible—long-term, event-free survival.⁴ For such reasons, we believe that, particularly in young subjects, a more extensive repair at index operation performed in experienced centers may render the fate of distal aorta less uncertain, significantly reducing the risk of late aortic-related complications and the need for further challenging surgical or interventional treatments.

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Conflict of Interest Statement

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