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Uncomplicated Type B Aortic Dissection: A European Multicentre Cross-Sectional Evaluation

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Erratum in

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Abstract

Background: A multicentre European randomized control trial - European Uncomplicated Type B Aortic Repair (EU-TBAR) is being developed to compare pre-emptive thoracic endovascular aortic repair (TEVAR) with custom-made devices versus conventional optimal medical therapy. The pretrial set-up is confluent on different pillars, including evaluation of 1) European activity, trends, and governance; 2) outcome reporting; and 3) cost evaluation. This article aimed to demonstrate the observational cross-sectional survey results from participating centers and highlight the risk assessment, activity, practices, and governance of uncomplicated type B aortic dissection (uTBAD).

Methods: This observational cross-sectional European survey used a questionnaire that examined the understanding, risk assessment, local governance oversight, and clinical activity of uTBAD. The data were collected and managed using Research Electronic Data Capture (REDCap).

Results: Out of 43 surveyed surgeons, 37 (86%) responded within a month from 14 European countries. Most reported low annual uTBAD encounters, with autumn being the most common season for cases. Pre-emptive TEVAR was recommended by 43.2% of participants, who favored subacute intervention timing. The Gore TAG was the most used TEVAR device, and custom devices were available for 73% of respondents. Risk factors for uTBAD were ranked, with 'Rapid Aortic Enlargement' deemed most critical. A majority of centers had protocols and multidisciplinary teams, with most having readily available radiology services. Only 45.9% had transfer services to specialized centers.

Conclusions: uTBAD remains a misnomer of a dynamic, ongoing disease process requiring early diagnosis and intervention. Pre-emptive TEVAR in high-risk uTBAD is becoming more common, with encouraging results prompting an expansion of indication criteria to a broader uTBAD population managed conservatively. Nevertheless, further evidence is needed through large randomized controlled trials, mainly European collaboratives, to reach a definitive conclusion on the optimum surgical management of uTBAD.

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