

題名:Aortic Intramural Hematoma.

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上傳時間:2009-10-06T04:03:33Z

摘要:BACKGROUND: The proper treatment option for patients with type A intramural hematoma (IMH), a variant form of classic aortic dissection (AD), remains controversial. We assessed the outcome of our institutional policy of urgent surgery for unstable patients and initial medical treatment for stable patients with surgery in cases with complications. METHODS AND RESULTS: Among 357 consecutive patients with type A acute aortic syndrome, 101 (28.3%) had IMH and 256 had AD. Urgent operations were performed in 224 patients with AD (87.5%) and 16 with unstable IMH (15.8%; $P < 0.001$). The remaining 85 stable IMH patients received initial medical treatment, and adverse clinical events developed in 31 patients (36.5%) within 6 months, which included development of AD ($n=25$), delayed surgery ($n=25$), or death ($n=6$). Initial aorta diameter and hematoma thickness were independent predictors for development of these events, and the best cutoff values were 55 and 16 mm, respectively. The overall hospital mortality was lower in IMH patients than in AD patients (7.9% [8/101] versus 17.2% [44/256]; $P=0.0296$) and was comparable to that of surgically treated AD patients (7.9% versus 10.7% [24/224]; $P=0.56$). The 1-, 2-, and 3-year survival rates of IMH patients were 87.6 \pm 3.6%, 84.9 \pm 3.7%, and 83.1 \pm 4.1%, respectively. There was no statistical difference of overall survival rates between patients with IMH and surgically treated AD patients ($P=0.787$). CONCLUSIONS: The clinical outcome of IMH patients receiving treatment by our policy was comparable to that of surgically treated AD patients. However, adverse

clinical events were not uncommon with medical treatment alone, and initial aorta diameter and hematoma thickness may identify patients who might benefit from urgent surgery.