

CORRESPONDENCE

Effect of Endovascular Treatment on the Pressure in the False Lumen of Type B Aortic Dissection

We congratulate Clough et al. for their paper on the treatment of type B aortic dissection, which is a very debatable topic.¹ In daily practice, as the authors mentioned, type B aortic dissections are treated surgically in the presence of complications, whereas medical therapy is chosen for uncomplicated cases. This study reveals that the important question is not whether we should treat, it is whether we are faced with a complicated case, requiring interventional treatment. It is clear that the endovascular approach is not superior to other modalities in terms of survival or cardiovascular events. At this point it should be considered that pre-operative end organ ischaemia was detected in the endovascular treatment group.

In Clough's study, one of the most attractive findings is the statistically significant lower false lumen patency in the medical treatment group at five year follow up. The authors stated that the main goal of endovascular treatment is to thrombose the false lumen. The authors explained this discrepancy as being due to higher pressure on presentation in the false lumen of the endovascular treatment group than the medical treatment group. However there are no reliable data in recent studies showing that the pressure in the false lumen is higher in patients who have end organ ischaemia after dissection than in uncomplicated patients. The fact is that in complicated patients with end organ ischaemia, some of the organs are perfused from the false aortic lumen. We think that there are either some unnoticed tears in the proximal or distal segments of distal attachment sites of the endografts (as a result some of the organs are still perfused from the false lumen after intervention, and this leads to high pressure in the false lumen), or type I endoleaks occur during follow up. We suggest that the authors could consider these aspects to add value to their study.

REFERENCE

- 1 Clough RE, Barilla D, Delsart P, Ledieu G, Spear R, Crichton S, et al. Long-term survival and risk analysis in 136 consecutive patients with type B aortic dissection presenting to a single centre over an 11 Year period. *Eur J Vasc Endovasc Surg* 2019;57:633–8.

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