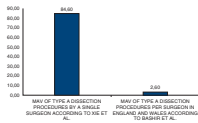


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FROZEN ELEPHANT TRUNK IN ACUTE TYPE A AORTIC DISSECTION THROUGH PARTIAL UPPER STERNOTOMY:



CONSIDERATIONS FOR THE REAL WORLD SETTING

To the Editor:

With great interest we read the recent study by Xie and colleagues.¹ Their data showed that extensive repair of acute type A aortic dissection with serious involvement of the arch vessels through partial upper sternotomy is feasible and superior to conventional full sternotomy in terms of blood loss, postoperative ventilation time, and treatment costs.¹ Comparison between the early series (full sternotomy) and a late series (partial upper sternotomy) was conducted through propensity score matching to overcome potential biases deriving from nonrandomization. Only 1 senior surgeon operated on the entire cohort, including more than 250 repairs between 2015 and 2018. Of note,

as specified in the article’s Methods section, the same surgeon has performed more than 1000 acute type A aortic dissection procedures.¹

We find 2 misleading concepts for correct data interpretation and applicability into the real-world setting. First, the improvement through experience over time of a single surgeon is insufficiently considered. This could have biased the results despite propensity matching.

The second issue relates to the general applicability of this minimal approach in real-world settings. Despite recent improvements in surgical care, the in-hospital mortality rate for type A aortic dissection has remained at approximately 20% over the past 20 years.²⁻⁴ In this context, it is of utmost priority that new techniques and approaches meet a balance between effectiveness and safety.

Whether the very impressive outcomes of partial upper sternotomy for the extensive repair of acute type A aortic dissection, as described by Xie and colleagues,¹ are reproducible in a real-world setting by many other surgeons⁵ needs to be cautiously considered (Figure 1).

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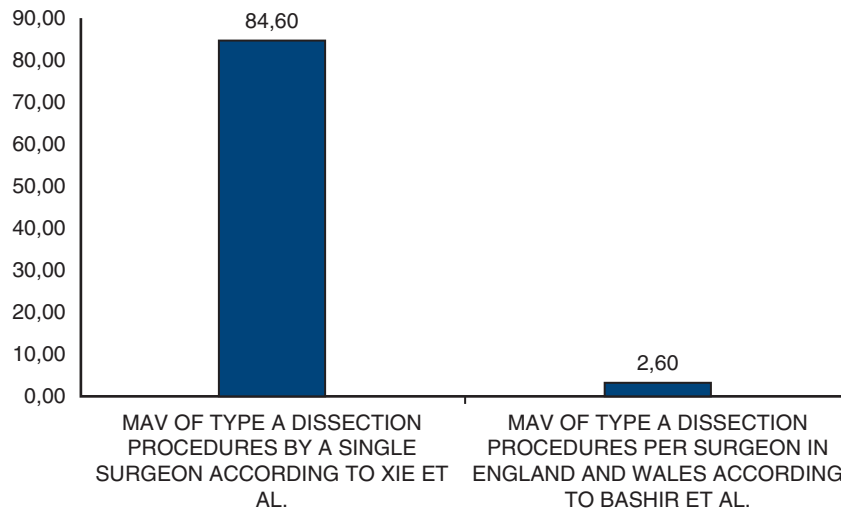


FIGURE 1. Comparison of mean annual volume (MAV) of type A dissection procedures per surgeon.^{1,5}

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