



# Root/valve preservation in aortic dissection

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## Abstract

Role of root/valve preservation in aortic dissection and the relative merits and demerits of David procedure over Yacoub's remodeling operation have been discussed in a one on one discussion with Dr. O.P. Yadava, Editor-in-Chief, IJTC and Dr. P Davierwala of Heart Center, Leipzig.

**Keywords** Aortic dissection · David procedure · Yacoub remodeling

Dr. Davierwala feels (Video) that in 70–80% of patients of Type A acute aortic dissection, aortic root can be preserved [1]. Patients in which it is difficult to preserve the aortic root are those with connective tissue disorders like the Marfans and Loey Dietz Syndrome, those with destroyed aortic root sinuses or with involvement of the coronary ostia or when the aortic root size is more than 45 mm [2]. He favors the David procedure over Yacoub's remodeling operation in patients unsuitable for aortic root preservation and uses valve re-suspension as the commonest procedure for aortic root preservation. Dr. Davierwala warns against the use of biogluue in aortic dissection as it can cause tissue necrosis and instead advocates the use of GRF glue [3]. He also believes that recreation of the sinuses of Valsalva in acute aortic dissection is not necessary and quotes Tirone David's experience of no difference in recurrent aortic incompetence or re-operations in patients undergoing aortic valve sparing procedures with or without creation of the neo-sinuses of Valsalva [4]. In valve conservation, he feels the valve morphology is very important and the coaptation length greater than 4 mm and an effective

height of more than 8 mm is the main factor for longevity of repair and not just the absence of aortic regurgitation [5]. He finally issues a caveat that in patients with acute aortic dissection, surgeons not comfortable with aortic valve or root repair techniques must persevere with replacement as these patients are sick and would benefit from an expedient procedure.

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