

**Is Conservative Treatment Justified in Marfan's Syndrome Patients with Non-complicated Acute Type B Aortic Dissection?  
Insights from the International Registry of Aortic Dissection (IRAD)**

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**Introduction:**

Conservative treatment is the treatment of choice in patients (pts) with non-complicated acute type B aortic dissection. This strategy was not validated in patients with Marfan's syndrome (MFS) presenting with non-complicated acute type B aortic dissection.

**Methods:**

Our study evaluated 619 initially medically managed patients with non-complicated acute type B aortic dissection enrolled in to IRAD between 1996 and 2011. The patients were divided into groups based on the presence (19, 3.1%) or absence (600, 96.9%) of MFS.

**Results:**

The mean age was significantly lower for MFS pts (40.9±9.4 years vs 64.8±13.5 years [p<0.001]). Significantly more pts with non MFS had history of hypertension (80% vs 22.2% [p<0.001]). Pts with MFS had significantly higher incidence of prior aortic dissection (64.7% vs 6.4% [p<0.001]), and family history of aortic disease (70% vs 10.8% [p<0.001]). On presentation, significantly higher number of patients with non MFS presented with hypertension (69.9% vs 36.8% [p<0.008]). Abdominal vessels involvement was more frequent in pts with MFS (47.4% vs 22.7% [p=0.023]). During the hospitalization, conversion from conservative treatment to either surgery or stent grafting was required in 4 patients with MFS (21.1%) and 29 (4.8%) of non MFS patients [p<0.015]. None of the patients with MFS died during the index hospitalization, nor had new neurological, or visceral ischemia.

Kaplan-Meier survival curve showed no significant difference in survival between the two groups from admission to five years follow-up.

**Conclusion:**

Similar to patients with non MFS, conservative treatment is safe in patients with MS presenting with non-complicated acute type B aortic dissection. The presence of dissection extension in patients MFS, warrants special in hospital attention.