

State-of-the-art treatment of aortic dissection

Karl-Heinz Orend

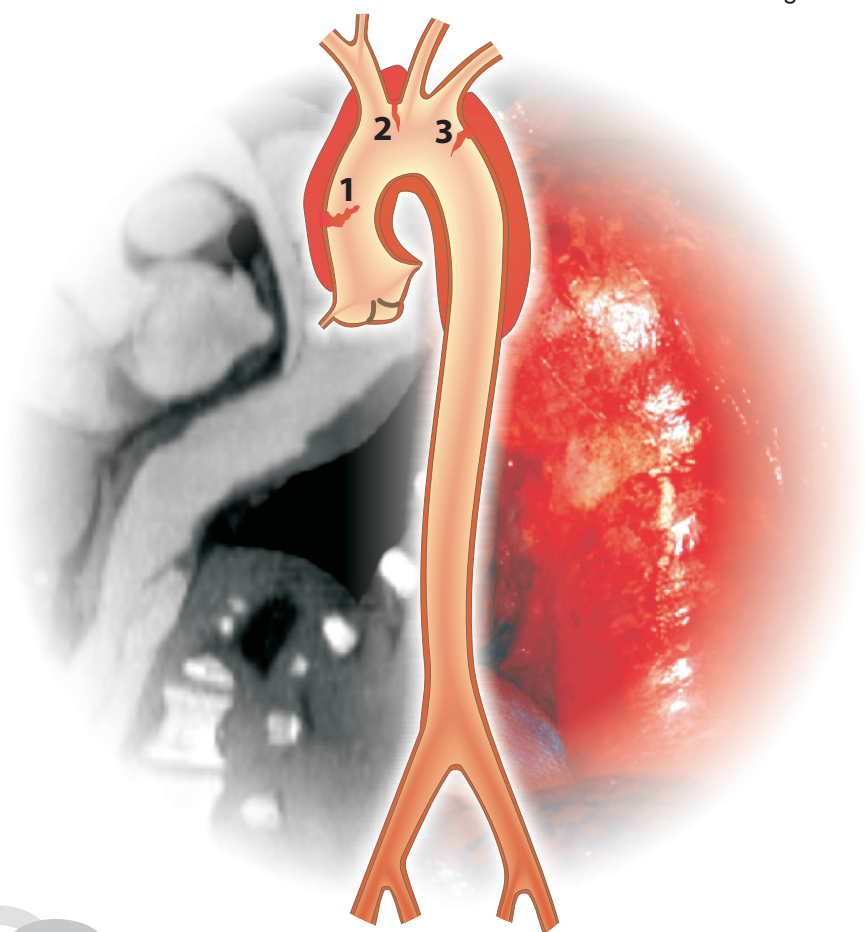
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MEDICINE - STATE OF THE ART

UNI-MED Verlag AG, one of the leading medical publishing companies in Germany, presents its highly successful series of scientific textbooks, covering all medical subjects. The authors are specialists in their fields and present the topics precisely, comprehensively, and with the facility of quick reference in mind. The books will be most useful for all doctors who wish to keep up to date with the latest developments in medicine.

Preface and acknowledgements

Aortic dissection was first described in the time of GALEN in the second century AD. VESALIUS wrote a report about aortic dissection in 1557.

MORGAGNI documented the fatal outcome of an aortic dissection in 1761: *“A man was seized with a pain of the right arm and soon after of the left...after these there appeared a pulsatile tumour on the upper part of the sternum...he was ordered to think seriously and piously of his departure from this mortal life, which was imminent and inevitable.”*

It is believed that the term “dissection” was coined by LAENNEC, who first reported on a “dissecting aneurysm” in 1819. The foundation for today’s understanding of aortic dissection was laid by SHENNAN in a publication from 1934.

Surgical treatment of an aortic dissection was first attempted in 1935 by GURIN, among others, by fenestrating the dissecting lamella; the patient did not survive. SHAW also performed a surgical fenestration in 1955, and this patient died too. In the same year, DEBAKEY’s surgical team published the first successful operation for acute aortic dissection.

Even today, aortic dissection remains a major challenge with regard to patient risk and the therapeutic consequences for everyone involved, even though both diagnostic and treatment options have significantly expanded and improved in recent years.

This textbook renders the currently generally accepted treatment concepts of aortic dissection in regard to everyday work. The recommended guidelines regarding “modern treatment concepts” are based on years of personal experience as well as on numerous reports and communications from the recent literature.

Today “Thoracic Endovascular Aortic Repair” (TEVAR) is a new, so-called first-line treatment option for patients suffering from aortic dissection, and can be classified as a lifesaver when complications occur as well as in asymptomatic patients.

This book was designed to help avoid diagnostic aberrations and serve as a guide to a differentiated, individualised treatment concept for dissection patients.

Last but not least, I must thank my co-authors and all those who have actively contributed to this edition of the UNI-MED SCIENCE series, especially Ms. Karin Modick.

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