

The highlights of the IMAD 2012

- Causes and management of bicuspid aortic valve diseases - Indications and mid-term results of the TAVI,
- Management of thoracic aortic dissection (Place of the TEVAR in asymptomatic cases),
- Management of thoracic and thoraco-abdominal aortic aneurysms,
- Management of AAA with Concomitant cancer diseases

Bicuspid aortic valve (BAV) disease with affecting 1% to 2% of the population is the most common congenital cardiac disease. Despite the new knowledge on physiopathology and genetic aspect of BAV, several practical questions are remaining without answers. In now days, has the conservative surgery a place during the repair of a diseased tissue as BAV? Can early surgery avoid the development of aortic dilatation? Is there any place for a medical treatment? We shall bring the answers and try to bring some surgical recommendations. At the other hand, TAVI takes a place in many occidental countries since a few years. New techniques mean new complications. In the light of early publications on anecdotic cases, we shall discuss the management of complications of a new treatment as TAVI as well as the outcome after transcatheter versus transfemoral approach. According to the surgical and/or medical publications, the estimated rate of the thoracic aortic dissection (TAD) is 3-4 cases per 100,000 persons per year. However, due to the aging of the population and the new diagnostic tools, it appears that the incidence of TAD is increasing. The risk factors, the new functional imaging techniques and the biologic markers of TAD evolution will be discussed. Usually, the mortality and the morbidity rate of acute or chronic Type B dissection are compared in medical versus surgical treatment. Because of the high mortality and morbidity rates, we usually recommended the medical treatment instead of surgery. Since a few years, the TEVAR is preferred in the management of Type B dissection. Even if the early results of INSTEAD study showed the advantage of a medical treatment, the late results are in favour of TEVAR. However, we don't know when the chronic aortic dissection will become a symptomatic one. To avoid the late complications, must TEVAR be performed in all patients with type B dissection? Are there any biological markers and/or imaging technique to monitor the Type B dissection? Once again, we shall try to bring adequate answers. Usually, the size of abdominal aortic aneurysms (AAA) is considered as the sole determinant to take a decision for asymptomatic AAA repair. However, we know that the rupture occurs in small AAA.

In summary, during 3 days, we will focus on causes, management and complications of aortic valve disease, aortic dissections, aortic aneurysms.