Risk factors of hepatic dysfunction after total arch repair of acute type A aortic dissection with modified triple-branched stent graft implantation

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Abstract

Abstract Background: Hepatic dysfunction (HD) is a serious complication after cardiovascular surgery. However, risk factors of developing hepatic dysfunction after acute type A aortic dissection (AAAD) are largely unclear. Methods: The clinical data of 227 patients with AAAD repaired by modified triple-branched stent graft implantation from January 2018 to January 2020 were collected retrospectively, including preoperative , surgical and postoperative information. Logistics regression was used to explore the potential risk factors of HD. Results: In the early stage after operation, a total of 57 patients were complicated with HD, accounting for 25.11%. The hospital mortality rate in these patients with HD was 19.30%, while the rate in patients without HD was only 6.5%. We found that preoperative body mass index (BMI)>30kg/m²(OR: 7.054, 95%CI: 1.798 - 27.678, P = 0.005), preoperativerenalinsufficiency(OR: 7.575, 95%CI: 2.923-19.629, P = 0.000), preoperativemoderate/severepericardialeffusion(OR: 16.409, 95%CI: 2.81 - 93.444, P = 0.002) and cardiopulmonary by passtime>180 min(OR: 7.190, 95%CI: 3.113 - 16.608, P = 0.000)) were independent risk factors for HD after AAAD repaired by modified triple - branched stent graft implantation. Conclusions: Preoperative BMI>30kg/m², preoperative renalinsufficiency, preoperative moderate/severe pericardialeffusion and cardiopulmonary by passtim branched stent graft implantation in AAAD patients. And the occurrence of HD after operation would prolong the time of mechanical ventilation and the

hospital mortality of patients. Keywords: risk factors, a cutetype A a ortical is section, he patied ys function, modified triple-branched stent graftimple and the patients of the patients

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