

## Healthcare network for patients with acute aortic syndrome. Response



### *Red asistencial para la atención al paciente con síndrome aórtico agudo. Respuesta*

#### To the Editor,

We appreciate the authors' interest and comments. We are confident that the Aorta Code<sup>1</sup> initiative will be strengthened and expanded to other geographical settings, so that patients with this condition may benefit from rapid, specialized care.

During the Aorta Code period, 4 patients died without having undergone surgery (9.5% of the whole series and 40% of all deaths in this period), 2 in the emergency department, 1 who arrived in cardiac arrest and another who was transferred in extreme shock with rupture of the ascending aorta and died upon arrival. In the other 2 patients, it was decided not to perform surgery due to the high surgical risk, shock, and poor organ perfusion in elderly patients. The detection and transfer of a higher number of patients due to the Aorta Code means we will see more critical patients. Sometimes, these patients' surgical risk is so high that it is a contraindication for surgery. It is possible that some of these patients went undetected in the previous period or died in the first hospital. The mortality of the nonsurgical patients affected the overall mortality for the Aorta Code.

As the authors point out in their letter, although the surgical technique and team are an essential part of treatment for patients with acute aortic syndrome (AAS), with a direct effect on prognosis, the expected benefit of a protocol such as the Aorta Code is based on 3 pillars: improved detection, rapid transfer, and urgent treatment by a small team of professionals with experience in this condition.

Effectively, reference 2 in the letter relates to patients with type A dissection. Given the higher incidence and need for urgent surgical intervention in type A, the need for patients with type A AAS to all be brought to a highly specialized center is clear. However, type B AAS represents a challenge both in its diagnosis and its endovascular treatment, which is why we considered it appropriate to expand the concept to the whole spectrum of AAS.

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## AUTHORS' CONTRIBUTIONS

All the authors contributed to the writing and critical review of the article.

## CONFLICTS OF INTEREST

None.

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## REFERENCE

1. Ferrera C, Vilacosta I, Busca P, Martín Martínez A, Serrano FJ, Maroto Castellanos LC. Código Aorta: proyecto piloto de una red asistencial para la atención al paciente con síndrome aórtico agudo. *Rev Esp Cardiol.* 2022;75:88–102.

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