Hi! I am Peter Gloviczki from Mayo Clinic, Editor-In-Chief of the Journal of Vascular Surgery (JVS). We hope you found peace and happiness during the Holidays and you and your family are healthy and safe. I am happy to introduce four excellent papers we published in the 2022 January issue of the JVS. They are freely available to read or full-text download for the next 2 months.

Our first article is the Editors’ Choice and our CME article this month, entitled “The influence of socioeconomic status on outcomes of lower extremity arterial reconstruction,” by Dr Kakra Hughes and colleagues from Maryland and Washington, D.C. In this multicenter retrospective study, outcomes of lower extremity revascularizations for peripheral artery disease in over 131,000 patients were determined using the Nationwide Readmissions Database. Compared to patients in the lowest quartile of median household income (MHI), those in the highest quartile had lower rates of amputation and fewer readmissions. However, subsequent revascularization and mortality rates were similar across the groups. The authors concluded that a lower socioeconomic status was associated with worse outcomes and that improving results of lower extremity arterial reconstructions may involve addressing socioeconomic disparities.

The next article I would like to introduce is titled “A more proximal landing zone is preferred for thoracic endovascular repair of acute type B aortic dissections,” written by Dr Tomaz Mesar and colleagues from Norfolk, Virginia. In this single-center retrospective study, 83 patients underwent thoracic endovascular aortic repair (TEVAR) for complicated acute type B aortic dissection. The proximal landing zone was zone 2 in 48 and zone 3 in 35 patients. At 36 months those with zone 3 TEVAR needed significantly more aortic reinterventions and this group also had significantly lower freedom from aortic related events. These data suggest that these patients may benefit from a more aggressive proximal landing zone even if left subclavian revascularization has to be performed.

The third article you should all read is entitled “Outcomes of intramural hematoma involving the ascending aorta and extending into the descending thoracic aorta.” This paper was written by Dr Jiangtao Li and colleagues from Wuhan, China. Out of 135 patients with acute intramural hematoma of the ascending aorta that extended into the descending thoracic aorta, 104 patients underwent TEVAR of the descending thoracic aorta and 31 were treated with medical therapy (MT) alone. Those who had TEVAR had higher freedom from adverse aorta related events and this group also had a significantly better survival rate than those who had medical therapy. In the MT group, patients with renal insufficiency had most adverse aorta related events.

The final article this month is on “The natural history of large abdominal aortic aneurysms in patients without timely repair,” written by Dr Elizabeth Lancaster and co-authors from San Francisco, Oakland, Pasadena, and South San Francisco, California. Of 3248 patients with large aneurysms, 2215 (68%) patients underwent repair and 1033 (32%) did not undergo repair. The 3-year cumulative incidence of rupture was 3.4% for initial AAA size 5.0 to 5.4 cm (women only), 2.2% for 5.5 to 6.0 cm, 6.0% for 6.1 to 7.0 cm, and 18.4% for >7.0 cm. Women with AAA size 6.1 to 7.0 cm had a 12.8% incidence of rupture, while it was only 4.5% for men. In this large cohort, annual rupture rates for large AAAs were lower than previously reported, with possible increased risk in women.

These were just four of the many excellent papers we published in the January issue of the JVS. Please read our journals, follow us on social media and send us great manuscripts for publication. We wish you and your family a Happy New Year! Thank you for watching and see you next time for the highlights of the February issue of the Journal of Vascular Surgery.

The video accompanying this article may be found online at www.jvascsurg.org.

REFERENCES