Journal of
Clinical Medicine

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Clinical Advances in Aortic Disease and Revascularization

Guest Editor:

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Deadline for manuscript submissions:
closed (30 June 2025)

Message from the Guest Editor

Demographic changes have led to much older patients with a range of comorbidities, often with limited operability, and new questions, such as those of the patient's quality of life vs. overall survival, have arisen. Major randomized controlled trials investigating the outcomes of endovascular vs. non-operative vs. open-surgical treatment no longer fully reflect the realities of today, and new, more real-world-focusing approaches are needed, including registry data, artificial intelligence, Bayes statistics or other prediction models enabling clinicians to judge with empathy and intuition, supported by patient-individual prognosis. Moreover, new contrast media and radiation-sparing technology, such as intravascular ultrasound, image fusion and virtual reality, will rapidly bring about new perspectives for the treatment of difficult anatomies. Last but not least, the molecular base of ADs will fundamentally change our point of view, since the course of AD has to be associated with a specific etiology rather than with the morphology (i.e., diameter) alone.

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