

P1-07.**Impact of connective tissue disease on the surgical outcomes of aortic dissection in patients with cystic medial necrosis**

(心臓血管外科)

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Background : A retrospective analysis was performed to determine the impact of genetically diagnosed connective tissue disease (CTD) on the early and late outcomes of surgical treatment for aortic dissection in patients having aortic pathology associated with cystic medial necrosis (CMN).

Methods and Results : Between 2003 and 2013, a total of 43 patients (37 ± 12.8 years old, 23 men, 20 women) who had undergone surgery for aortic dissection associated with CMN in the aortic wall underwent genetic examinations. Subsequently, there were 30 patients with CTD (CTD group) and 13 without CTD (non-CTD group). There were no early or late deaths (the follow-up rate was 100% for 57.1 ± 43.0 months). The median age was significantly lower in the CTD group ($p=0.030$). The rate of elastic fiber loss was significantly higher in the CTD group ($p=0.014$). In the long-term follow-up, there were no significant differences in the incidences of re-dissection ($p=0.332$). However, re-operations were required more frequently in the CTD group ($p=0.037$).

Conclusions : In patients with CTD as well as CMN, the onset of aortic dissection tends to be earlier, which would result in higher rates of re-operation, compared with the non-CTD group. Closer and stricter follow-up with medication and adequate surgical treatments with appropriate timing are mandatory for such high-risk patients.

P1-08.**Prognosis-related factors concerning oral and general conditions for homebound older adults in Japan**

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Purpose : The present study examined the relationship between oral function, such as eating/swallowing, and life prognosis among a homebound elderly population, considering physical and mental function.

Methods : The participants were 511 homebound older adults aged 65 years or older living in four Japanese prefectures. Sex, age, activities of daily living (ADL), cognitive function, underlying disease, nutritional status as Mini-Nutritional Assessment-Short Form (MNA[®]-SF), swallowing function, dietary modification and occlusal status were examined at baseline. Participants were categorized into poor outcome (died or admitted to hospital or nursing home) and good outcome (still under home care) groups at 1-year follow up, and significant related baseline factors were analyzed. In addition, these groups were compared by the ADL subgroup divided into < 60 (lower) and ≥ 60 (higher) by Barthel Index.

Results : In total, 473 participants were followed up (poor outcome group 177 [37.4%], good outcome group 296 [62.6%]). Sex, age, ADL, MNA[®]-SF, swallowing function, dietary modification and occlusal support were significantly different between these groups. Logistic regression analysis showed that sex and MNA[®]-SF score were significantly related to prognosis in the lower ADL group, and sex, age, Charlson Comorbidity Index and occlusal support were significantly related in the higher ADL group.

Conclusions : ADL was strongly correlated with life prognosis in homebound older adults. Within the higher