

Table. Risk factors associated with each sex and age group

Risk factor	Men (n = 383)			Women (n = 221)		
	18-55 years	56-80 years	>80 years	18-55 years	56-80 years	>80 years
	(n = 50)	(n = 260)	(n = 73)	(n = 48)	(n = 133)	(n = 40)
Diabetes mellitus	11 (22)	112 (43)	20 (27)	7 (15)	42 (32)	9 (23)
Hypertension	31 (62)	215 (83)	59 (81)	21 (44)	105 (79)	39 (98)
Cardiovascular disease	12 (24)	112 (43)	30 (41)	8 (17)	50 (38)	11 (28)
Pulmonary disease	10 (20)	84 (32)	14 (19)	5 (10)	46 (35)	10 (25)
Renal disease	9 (18)	53 (20)	12 (16)	7 (15)	14 (11)	9 (23)
Hyperlipidemia	17 (34)	177 (68)	55 (75)	13 (27)	89 (67)	37 (93)
Peripheral artery disease	18 (36)	151 (58)	36 (49)	13 (27)	78 (59)	29 (73)

Values are reported as number (%).

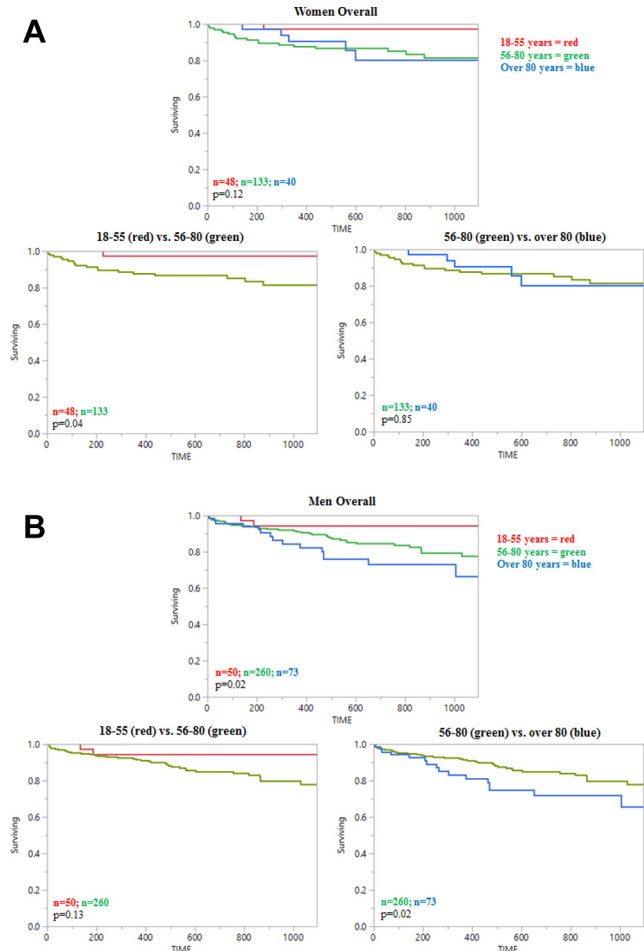


Fig. Kaplan-Meier estimates of 3-year survival based on age and sex. **A,** Women. **B,** Men.

worse survival after major vascular intervention. This trend was not present in men of the same age and therefore may indicate a significant role of this transition of hormonal production for women compared

with men in vascular outcomes. Further research with larger sample sizes is warranted.

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MISC 16.

Conservative Management for Symptomatic Spontaneous Isolated Dissection of Superior Mesenteric Artery With or Without Antithrombotic Therapy: A Meta-analysis

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Objective: Conservative treatment is feasible in most patients with spontaneous isolated dissection of superior mesenteric artery (SIDSMA). However, the role of antithrombotic therapy (AT) is not well defined in either symptomatic or asymptomatic patients. This meta-analysis aimed to compare the resolution rate with or without AT.

Methods: A systematic search of electronic databases including PubMed, Embase, Cochrane Library, and Web of Science up to August 2018 was performed. Meta-analyses were conducted to determine primary resolution rate, long-term aneurysmal change, and any event after conservative treatment.

Results: We included data from 35 articles involving 842 patients with SIDSMA. No significant differences were observed in resolution rates (random-effects model; relative risk, 0.96; 95% confidence interval [CI], 0.87-1.05). The pooled resolution rate was 91% (CI, 85-95) with AT and 95% (CI, 88-100) without AT ($P = .21$). The pooled aneurysmal change rate was 3% with AT and 11% without AT, with no statistical differences (relative risk, 0.44; CI, 0.12-1.64; $P = .22$).

Conclusions: Patients with symptomatic SIDSMA can be effectively managed either with or without antithrombotics. There is no significant difference in the pooled outcomes between the two groups. We suggest deferring antithrombotics for SIDSMA until further evidences support the use of them.

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MISC 17.

Comparative Evaluation of the Barbeau Test for Radial Access in Defined Age Segments

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Objective: Radial access is increasingly required for coronary and endovascular procedures. To more objectively evaluate the patency of the arterial palmar arch, Barbeau et al devised the use of the pulse oxymetric curve associated with provoking arterial compression maneuvers. This study evaluated the association of the Barbeau test with the main risk factors for atherosclerosis and correlated the result with the modified Allen test, also known as a palmar arch patency evaluation.

Methods: This was a cross-sectional observational study; 192 individuals, aged 18 to 92 years, were included in the study, covering patients attending an outpatient vascular surgery clinic and medical students. A guided anamnesis was initially conducted, questioning several comorbidities; then the patients had both upper limbs assessed, with the performance of the modified Allen test and the Barbeau test by two observers and portable finger oximeters with graphic representation.