

STS/EACTS Latin America Cardiovascular Surgery Conference

November 15-17, 2018

Hilton Cartagena | Cartagena, Colombia

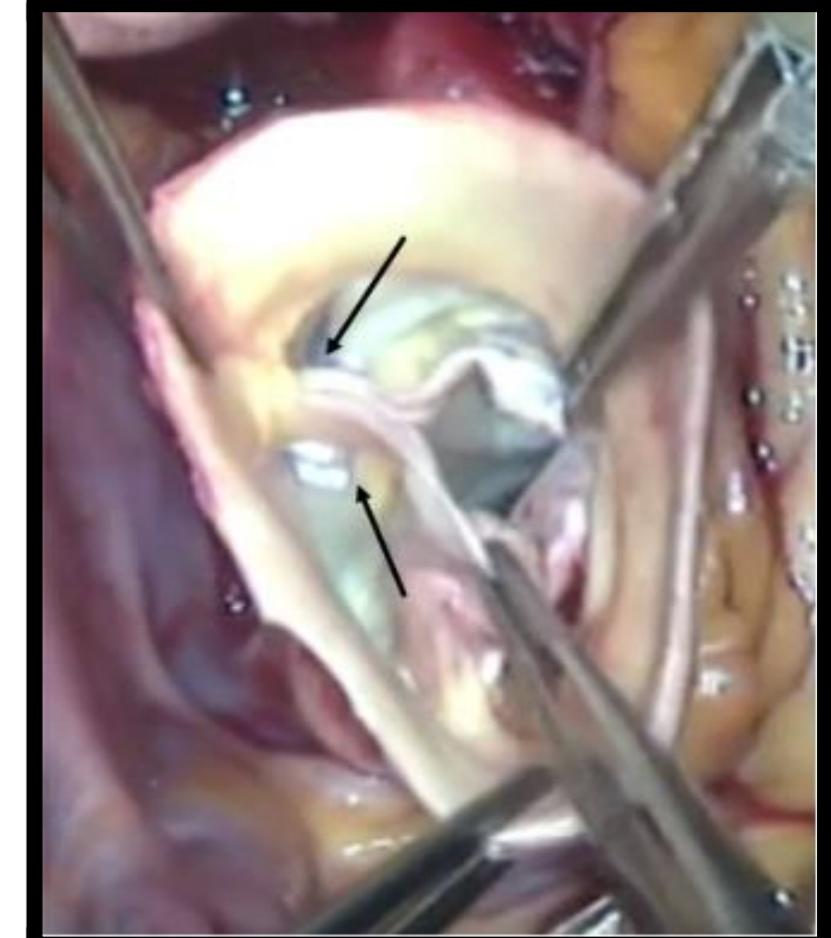
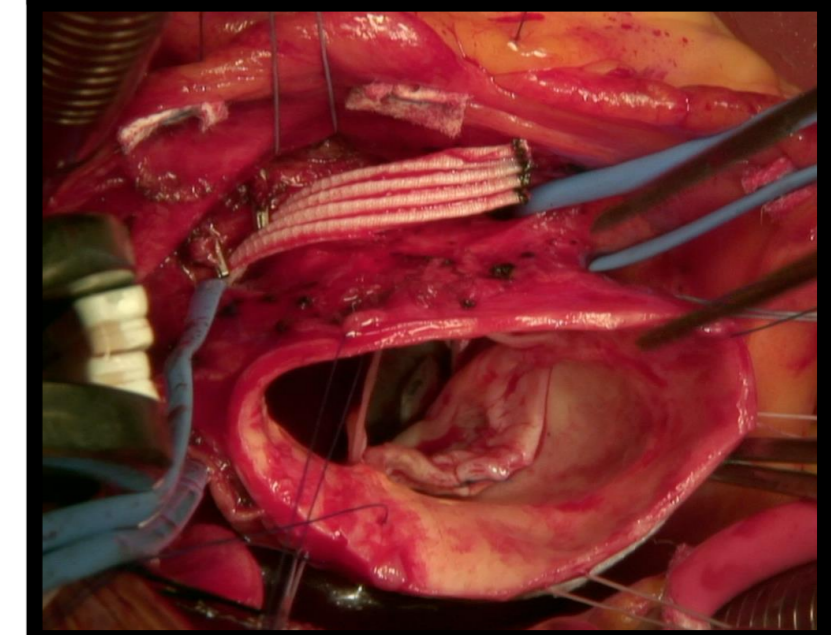
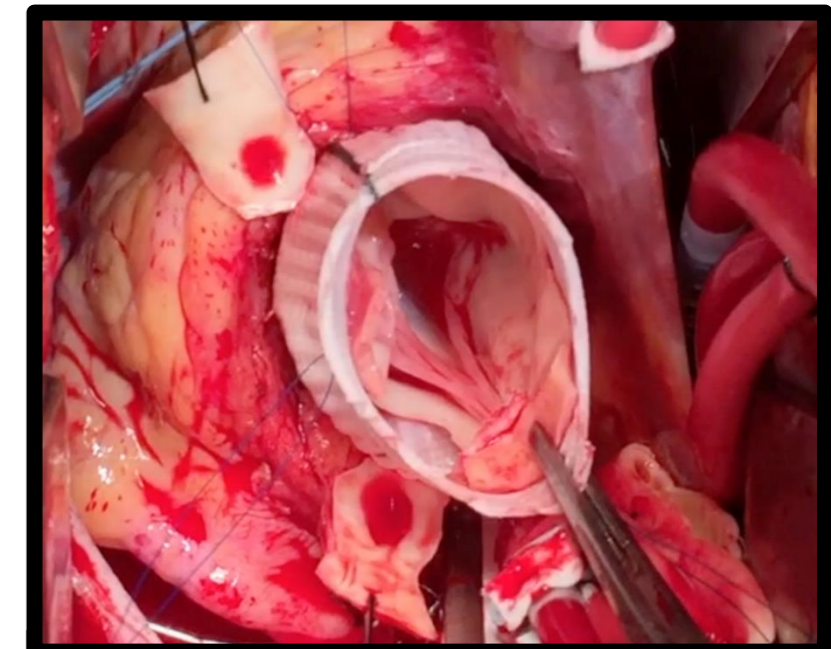


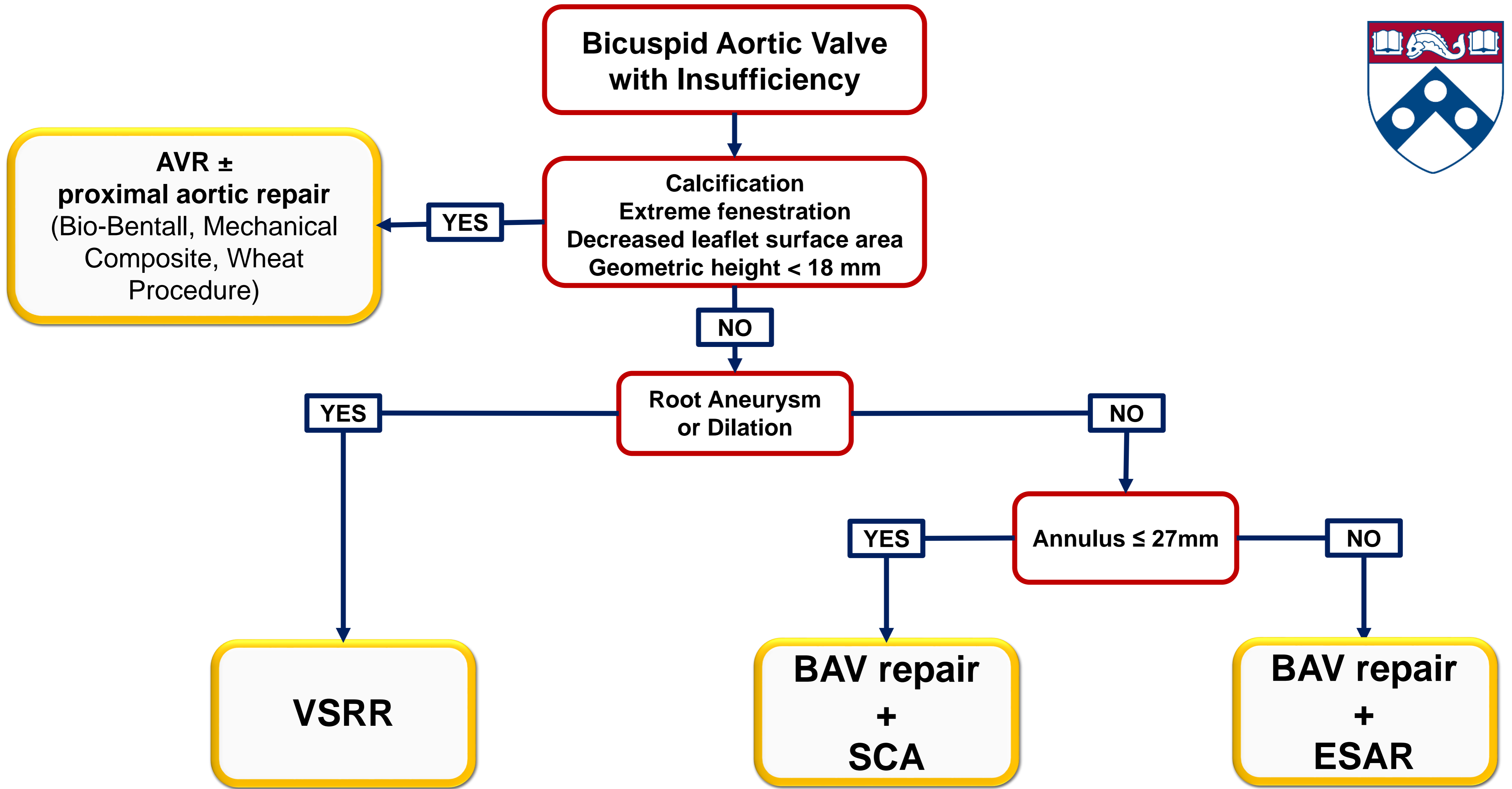
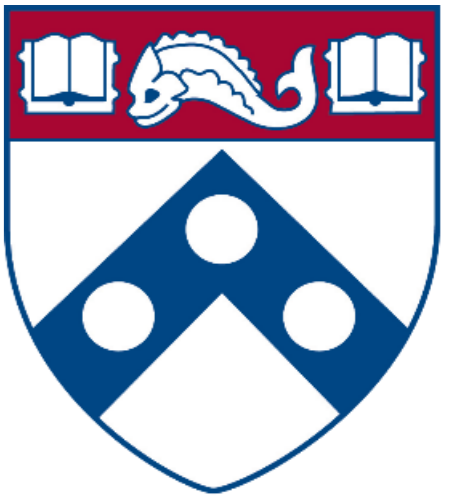
Hemodynamic Results of an Algorithmic Three-Pronged Approach to Bicuspid Aortic Valve Repair

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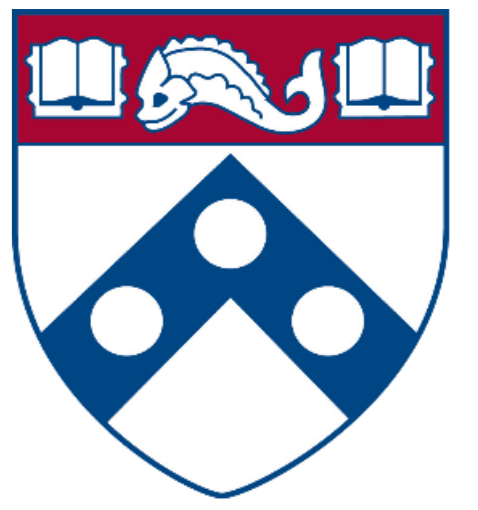
Decision making in BAV repair: the Algorithm

- Nuanced and complex
 - The decision regarding which procedure to perform is influenced by many variables.
- Show the results of our center's decision making approach to BAV repair for aortic insufficiency and why we choose the following options:
 1. Valve Sparing Root Reimplantation (VSRR)
 2. External Subannular Aortic Ring (ESAR)
 3. Subcommissural Annuloplasty (SCA)
 4. Abort to AVR or Bentall procedure



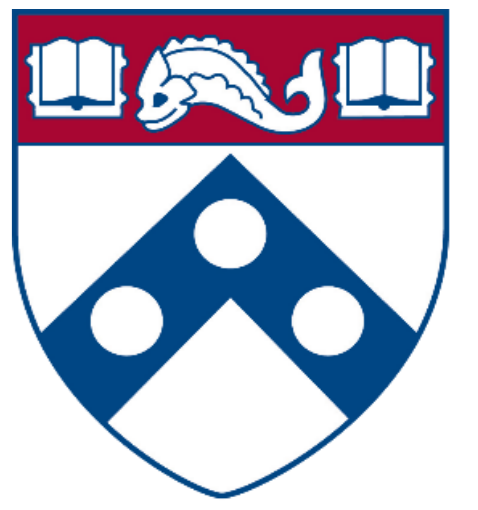


Methods



- A retrospective review was performed of 144 patients with BAV undergoing primary valve repair from January 1, 2003 to March 31, 2018.
 - VSRR (n=71) was performed in patients with aneurysmal aortic roots with or without aortic insufficiency (AI)
 - ESAR (n=22) was performed in patients with AI and aortic annulus >27mm without aortic root dilatation.
 - SCA (n=51) was performed in patients with AI and aortic annulus \leq 27mm without aortic root dilatation.
- Primary endpoints of freedom from AI >2+ and freedom from aortic valve reoperation were analyzed using Kaplan-Meier analysis.

Demographics



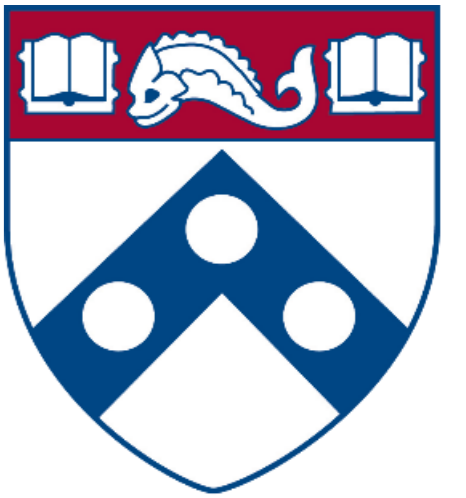
	VSRR (n=71)	ESAR (n=22)	SCA (n=51)	P-value
Age	44.7 ± 12.6	41.3 ± 10.7	43.3 ± 13.5	0.52
Male	61 (85.9)	17 (77.3)	45 (88.2)	0.47
Diabetes	7 (9.9)	0 (0.0)	3 (5.9)	0.30
HTN	36 (50.7)	2 (9.1)	27 (52.9)	0.003
CAD	9 (12.7)	1 (4.6)	3 (5.9)	0.52
LVEF < 50%	12 (16.9)	1 (4.6)	6 (11.8)	0.001
Preoperative AI > 2+	26 (36.6)	16 (72.7)	30 (58.8)	0.01
Pre-op LVEDd (cm)	5.6 ± 1.0	5.5 ± 0.9	5.4 ± 0.8	0.60
Annular Diameter (mm)	30.2 ± 3.8	29.6 ± 3.7	28.1 ± 3.0	0.03
SOV diameter (cm)	4.7 ± 5.3	3.6 ± 4.4	3.7 ± 4.4	<0.0001
STJ diameter (cm)	3.9 ± 7.1	3.3 ± 6.1	3.3 ± 4.9	<0.0001



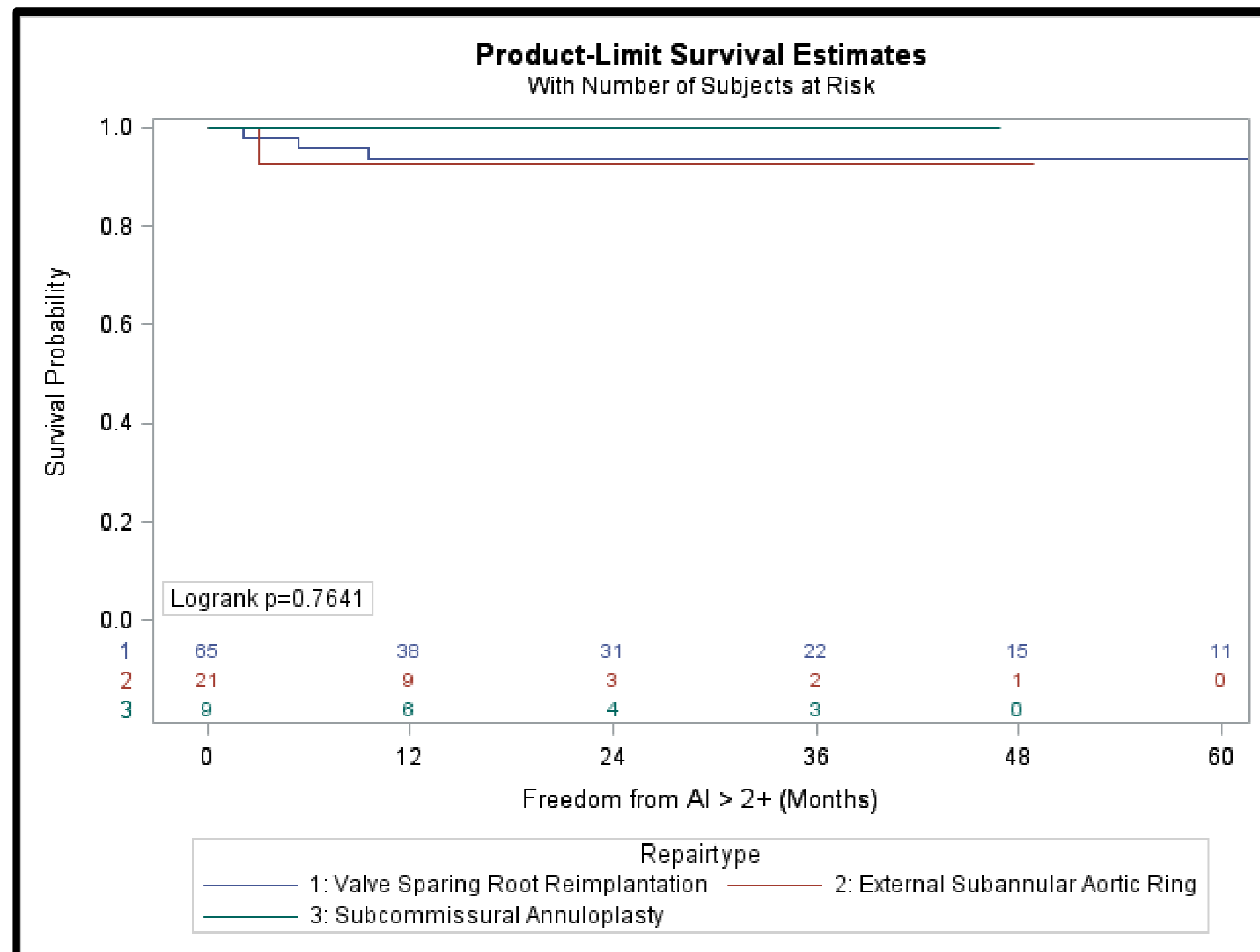
Perioperative outcomes

	VSRR (n=71)	ESAR (n=22)	SCA (n=51)	P-value
Cardiopulmonary bypass (min)	274.6 ± 56.8	185.4 ± 46.0	143.1 ± 39.6	<0.001
Crossclamp (min)	223.8 ± 47.5	136.7 ± 37.5	94.4 ± 30.3	<0.001
30-day mortality	1 (1.4)	0 (0.0)	0 (0.0)	0.75
Stroke	0 (0.0)	0 (0.0)	0 (0.0)	1.00
Annular reduction (%)	15.4 ± 8.0	19.1 ± 7.3	12.7 ± 6.6	0.01
Concomitant ascending replacement	N/A	7 (31.8)	24 (46.2)	0.20
Concomitant hemiarch or arch procedure	41 (57.8)	7 (31.8)	23 (44.2)	0.12
MG (mmHg, post-op TTE)	6.5 ± 3.6	10.4 ± 5.1	12.7 ± 4.9	<0.001
PG (mmHg, post-op TTE)	12.1 ± 6.4	18.0 ± 8.0	23.7 ± 9.2	<0.001

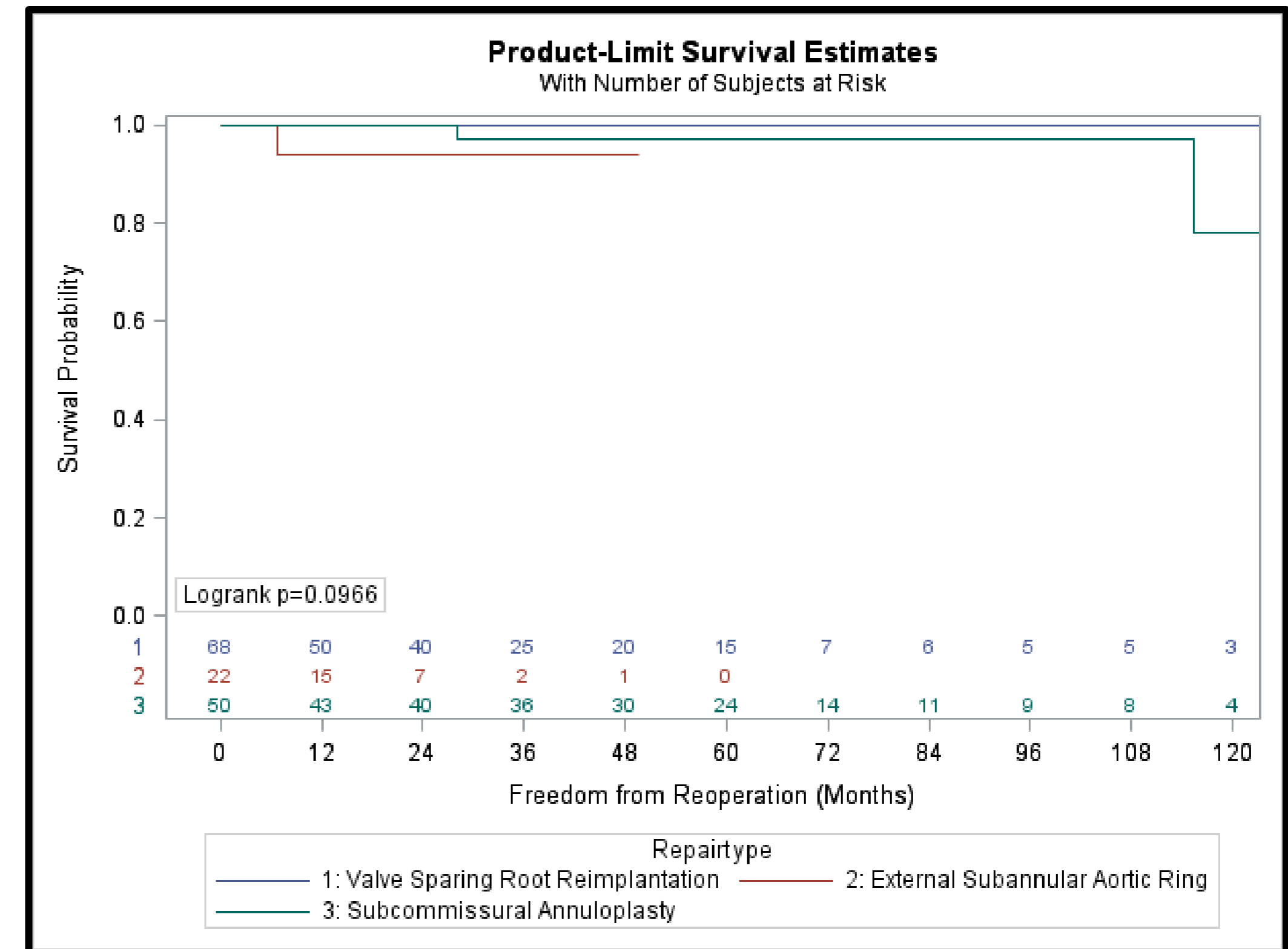
Long-term Outcomes

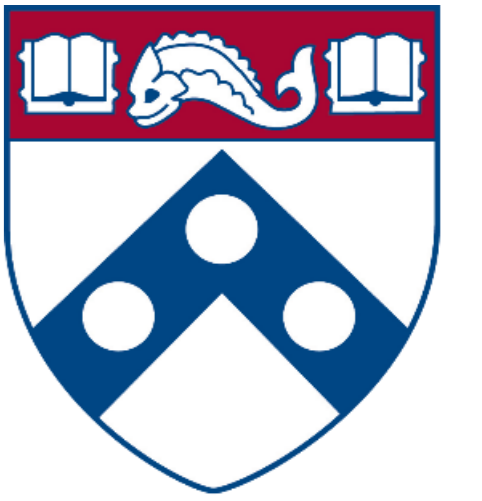


Freedom from AI > 2+



Freedom from Re-operation





Conclusions

- We have an algorithm and an approach to BAV repair in patients with/without root aneurysm
 - Root diameter > 40-45mm
 - Annular diameter > 27 mm
 - Decision towards AVR/Bentall in calcification and extreme fenestration
- Decision making based on this algorithm results in:
 - 93.7% freedom from AI > 2+ in VSRR group (10 years)
 - 92.9% freedom from AI > 2+ in ESAR group (5 years)
 - 100% freedom from AI > 2+ in SCA group (5 years) after algorithm change in 2013
- Reoperation in all groups is quite low
- Limitations:
 - We changed our algorithm significantly in 2013 based on review of our own SCA data (Vallabhajosyula P et al., *Ann Thorac Surg* 2014)
- We believe this to be a reasonable approach to BAV repair

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THANK YOU

