

C16-28 MIDTERM RESULTS AFTER AORTIC VALVE REPLACEMENT WITH LABCOR-A-TLPB

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Objectives: Aortic valve replacement is an established therapy in patients with severe aortic valve stenosis. In elderly patients a bio-prosthesis is used usually. The LABCOR TLPB aortic valve has been implanted since 15 years but mid- and long-term results are not published. We observed patients after aortic valve replacement with the low profile designed prosthesis LABCOR TLPB. We paid attention to clinical and physical data.

Methods: In a retrospective analysis we observed 92 patients with aortic valve replacement. We recorded the clinical data, adverse events in the hospital stay and during a follow-up of two years. We compared the data from preoperative and postoperative echo especially the transvalvular gradients. Follow-up was made by phone calls and standardised forms.

Results: Ninety-two patients (43 men; 46%) with a medium age of 76.6 years (70–86 years) received a LABCOR TLPB aortic valve between March 2006 and August 2007 (emergency 23 patients, elective 69 patients). Forty-seven patients (51.1%) have got an aortic valve replacement only. In 45 patients the operation was combined with different procedures (CABG=39 patients, 42%; other=6 patients, 6.5%). The additive and logistic EuroSCORE was 7.8 and 10.0%. The in-hospital mortality was 4.3% (elective 2.89%, emergency 8.69%). Severe neurological deficits occur in 5.4% (elective 4.34%; emergency 8.69%). Dialysis was necessary in five patients (5.4%). The mean transvalvular gradients decreased on average from 50 mmHg (S.D.±17.5 mmHg) to 18 mmHg (S.D.±6.2 mmHg). The mean follow-up was 313 days (S.D.±150 days). A complete follow-up was possible in 100%. Readmission occurred in two patients (2%) in cause of a minimal paravalvular leak. A valve related redo-operation was not necessary.

Conclusions: An aortic valve replacement with LABCOR TLPB in elderly patients showed good midterm results. The LABCOR TLPB aortic valve in elderly patients is a good alternative to other bio-prosthetic valves. We did not see a valve related problem. Definitive conclusions will be made after long-term follow-up.

http://icvts.ctsnetjournals.org/cgi/content/full/7/suppl_1/S1