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## Surgical aortic valve replacement remains the 'gold standard' in comparison to transcatheter aortic valve implantation (TAVI)

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**Background:** Surgical AVR is the treatment of choice for patients with symptomatic severe degenerative aortic stenosis, as it offers both symptomatic relief and the potential for improved long-term survival. An increasing number of elderly patients with multiple comorbidities are referred for transcatheter aortic valve implantation (TAVI), partly due to the perceived high risks of surgery. These include in particular patients who have had previous cardiac surgery. The study aim was to compare the outcomes of patients with aortic valve disease.

**Methods:** All patients aged > 76 years that underwent a procedure for severe aortic stenosis with or without coronary revascularization at the authors' institution were included in the study; thus, 308 patients underwent previous cardiac surgery was allocated to TAVI TAVI and 192 underwent previous surgery and subsequently had redo surgery AVR. Patients in the TAVI group were older (mean age 87). Treatment modalities were chosen for individual patients according to their EuroSCORE and had a higher

logistic EuroSCORE.

**Results:** A total of 500 patients was discussed, of these patients, 192 underwent TAVI, 308 of whom had undergone previous cardiac surgery. Twenty one patients (10%) died during the procedure in the TAVI group, and 32 (13%) died in the AVR group. Predictors for mortality were: age, female gender and surgical valve replacement. Gradients across the implanted valves at one to three months postoperatively were lower in the TAVI group.

**Conclusion:** Surgical aortic valve replacement remains the 'gold standard' treatment for aortic valve disease. Improved risk stratification in patients with aortic valve disease and re-do cardiac surgery is required. AVR and TAVI will likely be offered to different groups of patients. Transcatheter aortic valve implantation is the treatment of choice for symptomatic aortic stenosis in the unacceptably high-risk or inoperable patients, and is a reasonable option for high-risk patients in general.

### Biography

Hatem Al-Masri is a cardiac critical care Intensivist and Consultant of cardiac surgery. Dr. Al-Masri completed his medical degree (M.D.-Doktorate) at Charles University Faculty of Medicine, holds a degree in biochemistry from the University of Waterloo, Canada, completed his residency training in Germany (Leading Facharzt) and holds training fellowships in Cardiac Surgery from IJN KL Malaysia, Switzerland, and Canada. Dr. Al-Masri is the author of an award-winning medical research paper titled "Hemodynamic Support Requires Integrated Approach Comparing LVAD vs. IABP in Patients Experiencing Left Ventricular Failure" (Best Paper of Young Cardiac Surgeon) at the 8th International Congress of Update in Cardiology and Cardiovascular Surgery (UCCVS 2012) awarded by European Society for Cardiovascular Surgery, World Society of Arrhythmias (WSA) and the Society of Cardiology and the International Academic of Vascular and Endovascular Surgery (ISCP). Dr. Al-Masri is a member of the Medical German Association, Malaysian Medical Association and the Saudi Medical Council, in addition to, Saudi Medical council.

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