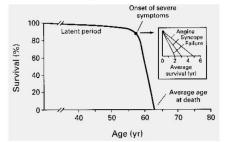
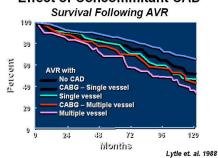
Lecture: Aortic Valve Disease Combined with Ischemic or Mitral Disease: When to operate on the aortic valve Fausto Pinto, MD

Natural History of Aortic Stenosis



Ross, Braunwald Circulation 1968;38:V61

Effect of Concommitant CAD



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Relationship Between Gradient and Survival in Aortic Stenosiss 100 80 80 40 A: 35-49mmHg N=25 B: 50-74mmHg N=135 C: 75-99mmHg N=101 D: 100-124mmHg N=184 E: ≥125mmHg N=34 0 5 10 15 20

Asymptomatic AS

Natural history of aortic stenosis

 Δ 0.1 - 0.3 cm²/yr 10-15 mmHg/yr

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61.00 Pinto 3 of 15

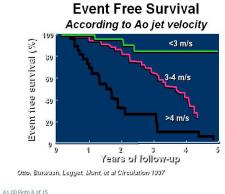
Asymptomatic AS

Incidence of angina, syncope and dyspnea if V Max >4 m/s:

2 yrs: 38% 3 yrs: 79%

Probability of sudden death in the asymptomatic pt:

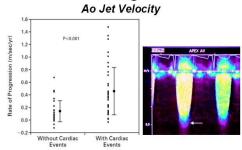
<1% / yr



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Rate of Progression



Rosenhek R et al N Eng J Med 2000;343

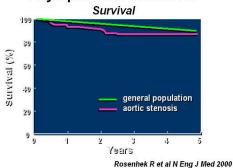
61.00 Pinto 7 of 15

AS Progression More Rapid

- Elderly pts
- Presence of CAD
- Calcific degenerative etiology

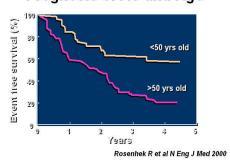
61.00 Pinto 8 of 15

Asymptomatic Severe AS



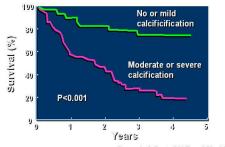
61.00 Pinto 9 of 15

Prognosis of AS and Age



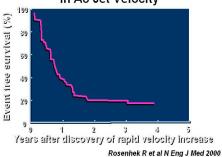
61.00 Pinto 10 of 15

Calcification and Prognosis in AS



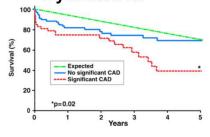
Rosenhek R et al N Eng J Med 2000

Calcification and Rapid Increase in Ao Jet Velocity



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Aortic Stenosis with LV Dysfunction



Connolly HM et al Circulation 1997;95:2395

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Reccomendations for the use of AVR in pts with AS undergoing other procedures

 AVR indicated
 Pts with severe AS undergoing CABG or MVR

AVR possibly indicated
 Pts with only moderate AS who require
 CABG or other heart surgery

ACC/AHA Task Force on Practice Guidelines Circulation 1998;98:1949-1984

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Concomitant AVR (Yes or No?)

Variables

- Severity of leaflet calcification
- Leaflet mobility
- Etiology of aortic valve disease
- Rate of progression of AS
- Patient's life expectancy
- General condition

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Concomitant AVR (Yes or No?)

If mild AS

tailored approach
use all information you can get
intra op TEE
valve inspection (calcification, etc)