

Abstract No. **56**

Category: **Valvular Heart Disease**

Title: **Clinical characteristics, indications, in-hospital outcomes and complications of patients taken to Percutaneous Valve Replacement using Valve in valve technique in a 4-level hospital Bogota - Colombia 2009-2018**

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Abstract:

INTRODUCTION: After a biological valvular replacement, the re-operation requirement in the first 10 following years can be up to 35%. Re-operations in valvular surgery may be associated with a high mortality, particularly in patients with severe medical comorbidities. The technique of percutaneous valve implantation: valve in valve is proposed as an innovative and promising strategy for this group of patients.

OBJECTIVE: To describe the clinical characteristics, indications, in-hospital outcomes and the complications of patients who underwent percutaneous valvular implantation using the Valve in Valve technique in the years 2009 to 2018.

METHODOLOGY: A retrospective cohort study where all the patients who underwent percutaneous valvular implantation were analyzed using the Valve in Valve technique in the years 2009 to 2018. A descriptive analysis was performed. Continuous variables were expressed as mean or median, the categorical variables were expressed in proportions and absolute numbers.

RESULTS: 27 patients were intervened, with a median age of 74 years RIC (66-80), of which 63% (17) were men 66% (18) hypertensive, 22.2% (6) diabetic and 11 % (3) had a history of COPD. The pre-surgical left ventricular ejection fraction was 51% RIC (35-57) and functional class II was 40.7% (11), CF III 48% (13) and 11% (3) in CF IV. Median PASP 30 mmHg RIQ (30-61). In 26% (7) had previously presented cardiac arrhythmia and 7.4% (2) an acute myocardial infarction the previous 90 days. 16 aortic valve implants were performed, corresponding to 59% of the sample, 5 mitral implants corresponding to 18% and 4 tricuspid. In 78% (21 patients), Edwards valves were implanted. The valves were successfully implanted in 100% of the patients. The hospital mortality was 1 patient, the median hospital stay was 4 days (3-6) and in the ICU 1 day RIC (1-2). The intrahospital complications were: reoperation due to bleeding occurred in 7.4% (2) and arrhythmic events in 1 patient. Bleeding events were due to apical hematoma and hematoma in femoral raffia. No episodes of valvular prosthesis embolization or left ventricular rupture were documented.

CONCLUSION: The Valve in Valve technique in patients with bioprosthetic dysfunction nivel the institutional results show a promising and emergent therapy for patients with high surgical risk, evidencing a safe and effective technique, associated with low mortality rates and complications despite the limitations given by a small sample size.