

Abstract No. **57**

Category: **Valvular Heart Disease**

Title: **Survival to 8 Years of Patients Percutaneous Valvular Replacement by Technique Valve in Valve. Experience of a 4-level Hospital Bogota - Colombia**

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Abstract:

INTRODUCTION

Worldwide, approximately 280,000 valves are implanted each year, 20% are mechanical valves and 80% are bio-prosthetic. The standard management of the bio-prosthesis dysfunction remains the surgical intervention for the replacement of the failed bio-prosthesis. The implantation of a valve on another valve / ring: valve in the valve transcatheter offers an alternative to surgery for patients with high surgical risk.

OBJECTIVE.

To analyze the 8-year survival of patients who underwent percutaneous valvular implantation using the Valve in Valve technique of a 4-level Hospital Bogota- Colombia. in the years 2009 to 2018.

METHODOLOGY.

Retrospective descriptive study in which all patients undergoing percutaneous valvular implantation were analyzed using the "Valve in Valve" technique in the years 2009 to 2018. A descriptive analysis of the variables and a survival analysis for mortality were carried out. for any reason (cardiovascular and non-cardiovascular) using the Kaplan Meier technique. Survival was determined at 2, 4, 6 and 8 years

RESULTS

27 patients were intervened, with a median age of 74 years RIQ (66-80), of which 63% (17) were men 66% (18) hypertensive, 22.2% (6) diabetic and 11 % (3) had a history of COPD. The fraction of the presurgical left ventricular ejection was 51% RIQ (35-57) and functional class II was found in 40.7% (11), CF III 48% (13) and 11% (3) in CF IV. Median PASP 30 mmHg RIQ (30-61). The 2-year survival was 95% CI 95 (72.9 - 99.4%), at 4 years 95.7 CI 95% (72.9 - 99.4%), at 6 years of 63.8% CI 95% (72.9 - 99.4%), and of the from 63.8% CI 95% (72.9 - 99.4%) to 8 years.

CONCLUSION

Valvular replacement by transcatheter valve-in-valve implantation is presented as a valuable alternative to surgery for dysfunctional bioprosthesis patients who have a high surgical risk for an operation and represents an effective strategy for medium-term survival in our patients It is comparable to international standards. Limitations small samples. It is to highlight the patient's follow-up by the "Heart Team" and in the specialized clinic of valvular clinic.