

Abstract No. **58**

Category: **Valvular Heart Disease**

Title: **Heart rhythm disorders in patients undergoing percutaneous aortic valve implantation in a 4-level hospital. Bogota Colombia**

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**Abstract:**

**Introduction:** Transcatheter therapy for the treatment of aortic valvular disease continues to grow worldwide, our country and our institution is not alien to this reality. The reinforcement of the interdisciplinary groups and the valvular clinics allow a greater growth of the intervened population, and the improvement of the clinical results.

**Objective:** To describe the clinical characteristics and the presence of heart rhythm disorders in patients undergoing percutaneous aortic valve implantation between 2009 and 2018.

**Methodology:** Historical cohort of patients undergoing percutaneous aortic valve implantation between January 1, 2009 and December 31, 2018. This is a descriptive analysis of the characteristics and clinical results according to the nature of the variable. Continuous variables are expressed in the mean or median with their respective measure of dispersion, standard deviation or interquartile range (IQR), the categorical variables were expressed in proportions and absolute numbers.

**Results:** We included 159 patients with a median age of 79 RIQ (73-87) years, of whom (50%) were women. 104 (65.5%) patients had hypertension, 34 diabetes (22%), 44 (27.7%) COPD, 22 (14%) heart failure, 19 (12%) previous revascularization and 39 (24.5%) previous valvular surgery. When analyzing rhythm disorders 32 (20%) patients arrhythmias had previous of these 19 (12%) had a history of atrial fibrillation. During the hospital stay, 6 (4.3%) patients presented postoperative atrial fibrillation de novo, 8 (5%) patients had complete AV block that required definitive pacemakers and 4 (2.5%) patients with nodal rhythms that recovered. When analyzing by subgroup there were no differences between men and women.

**Conclusion:** Percutaneous aortic valve implantation is presented as a safe procedure in developing countries. The presence of postoperative atrial fibrillation and the pacemaker requirement were low. It is worth noting the small size of the sample and also in spite of being a procedure at the same cost for the Colombian health system.