Late mortality mainly noncardiac for TAVR patients

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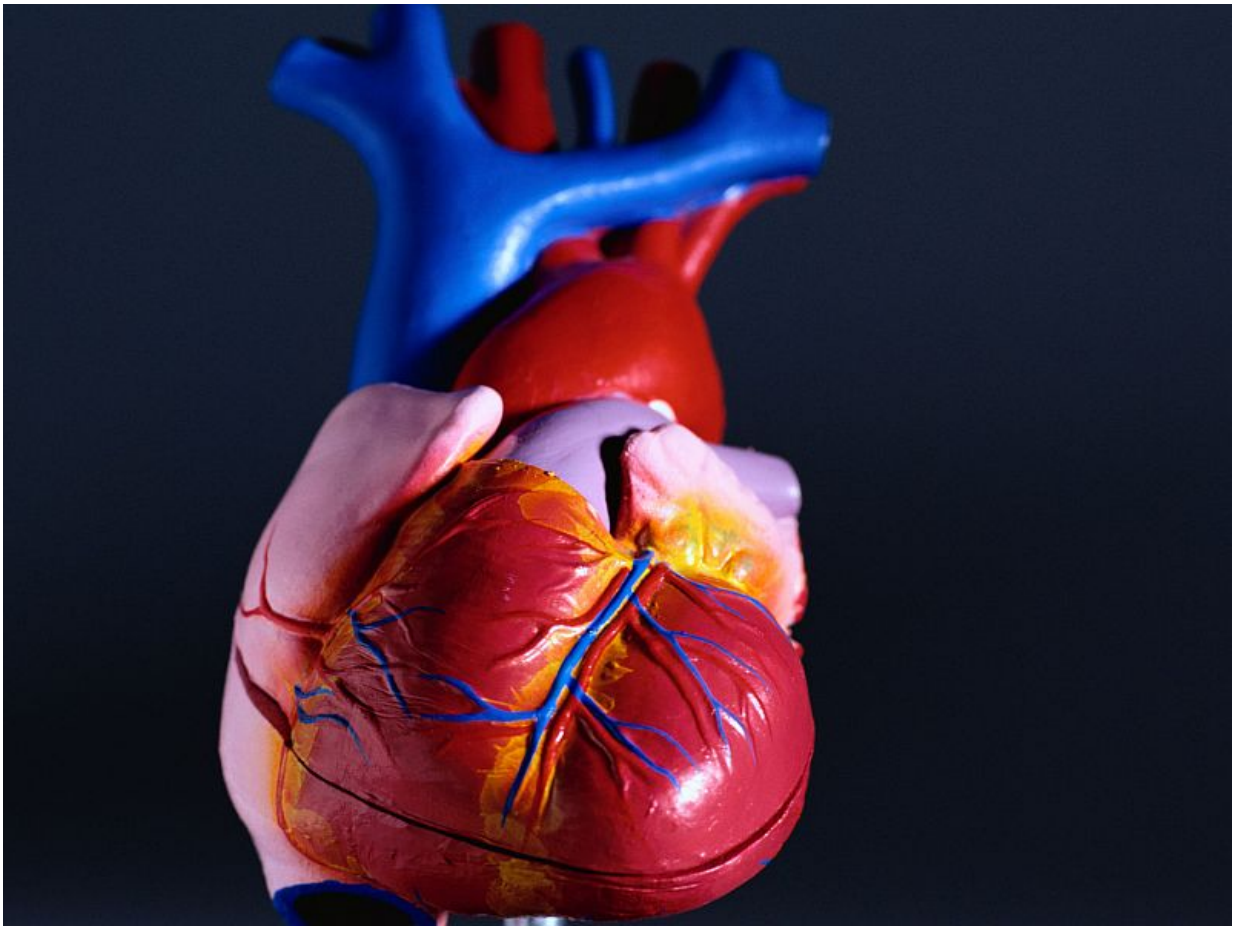

(HealthDay)—For high-risk patients with severe aortic stenosis

undergoing transcatheter aortic valve replacement (TAVR), late mortality is mainly related to noncardiac causes, according to research published in the Oct. 11 issue of the *Journal of the American College of Cardiology*.

Martine Gilard, M.D., Ph.D., from Brest University Hospital in France, and colleagues detail late clinical outcome and its determinants in the French Aortic National CoreValve and Edwards registry. Data were included for 4,201 patients enrolled in 34 centers between January 2010 and January 2012. Patients were followed for a median of 3.8 years; at three years, vital status was available for 97.2 percent of patients.

The researchers found that the three-year all-cause and cardiovascular mortality were 42.0 and 17.5 percent, respectively. Male sex, low body mass index, atrial fibrillation, dialysis, New York Heart Association functional class III or IV, higher logistic EuroSCORE, transapical or subclavian approach, need for permanent pacemaker implantation, and post-implant periprosthetic aortic regurgitation grade ≥2 of 4 were predictors of three-year all-cause mortality in a multivariate model. Severe events according to Valve Academic Research Consortium criteria occurred mainly during the first month, and in less than 2 percent of patients per year thereafter. During follow-up, mean gradient, valve area, and residual aortic regurgitation were stable.

"The low rate of adverse events and good valve performance after the first month are further proof of the sustained efficacy of TAVR," the authors write.

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