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Aortic valve replacement in elderly tied to high mortality

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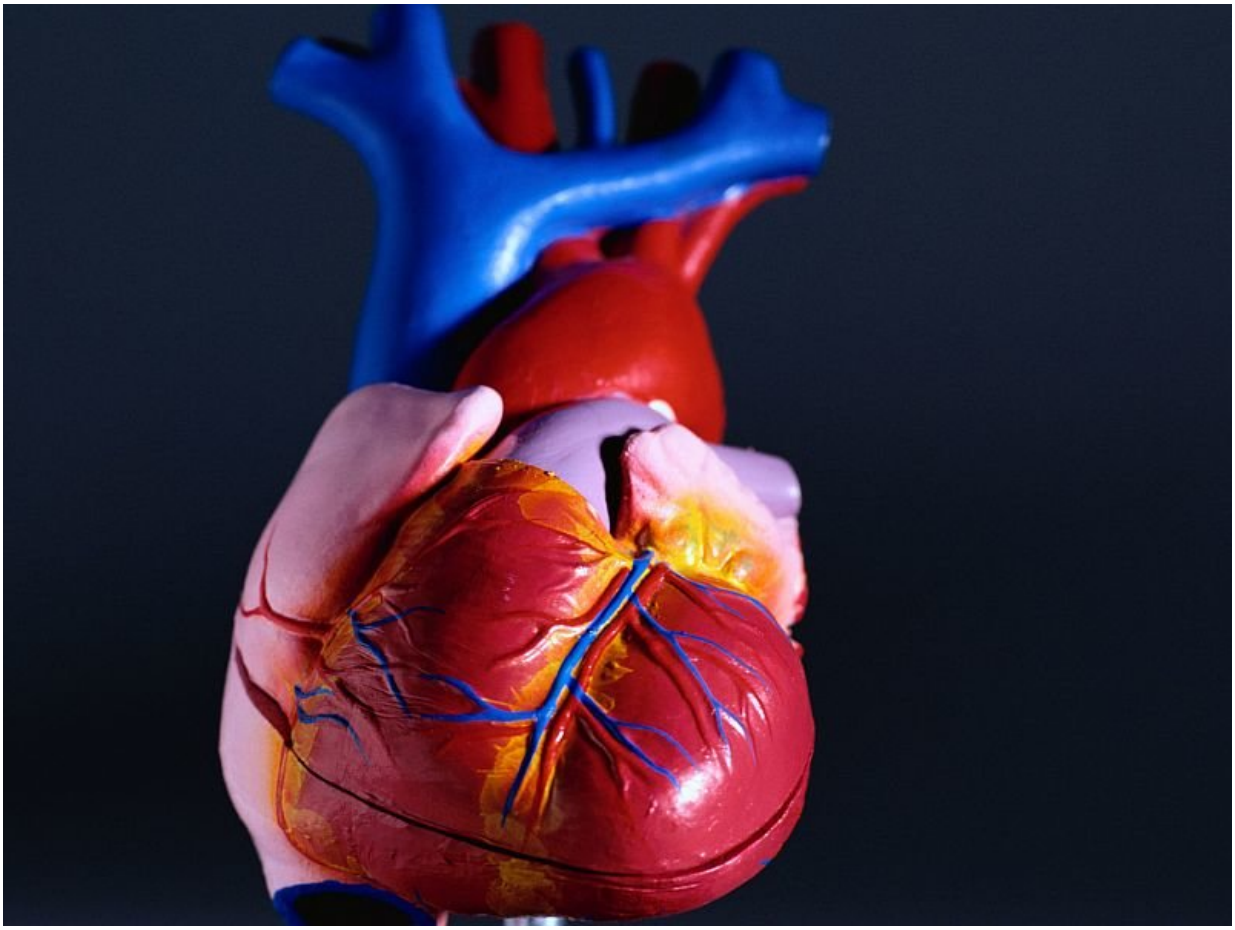

(HealthDay)—The 10-year mortality rate in elderly patients who receive

surgical aortic valve replacement (SAVR) is considerable, according to a study published in the April 3 issue of the *Journal of the American College of Cardiology*.

Tania Rodriguez-Gabella, M.D., from Laval University in Quebec City, and colleagues examined postoperative echocardiographic data and clinical outcomes in consecutive patients (mean age, 72 years; 61.5 percent male) undergoing SAVR with a bioprosthesis between 2002 and 2004. A total of 672 patients were included, and baseline data were included for the 624 patients alive at hospital discharge and for 209 patients at 10 years.

The researchers found that at a median follow-up of 10 years, 432 patients (64.3 percent) had died. Increased mortality risk was tied to older age, left ventricular dysfunction, atrial fibrillation, chronic obstructive pulmonary disease, greater body mass index, and diabetes mellitus. Clinically relevant structural valve degeneration (SVD) occurred in 6.6 percent of patients, while 30.1 percent had subclinical SVD. Clinically relevant SVD was independently associated with a greater body mass index and the use of a specific aortic bioprosthesis, with 83 percent of these patients undergoing aortic valve reintervention.

"These results provide contemporary data on long-term clinical outcomes and SVD post-SAVR, and they should be taken into consideration when evaluating late clinical outcomes and valve durability after transcatheter aortic valve replacement," the authors write.

One author disclosed financial ties to the medical device industry.

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