

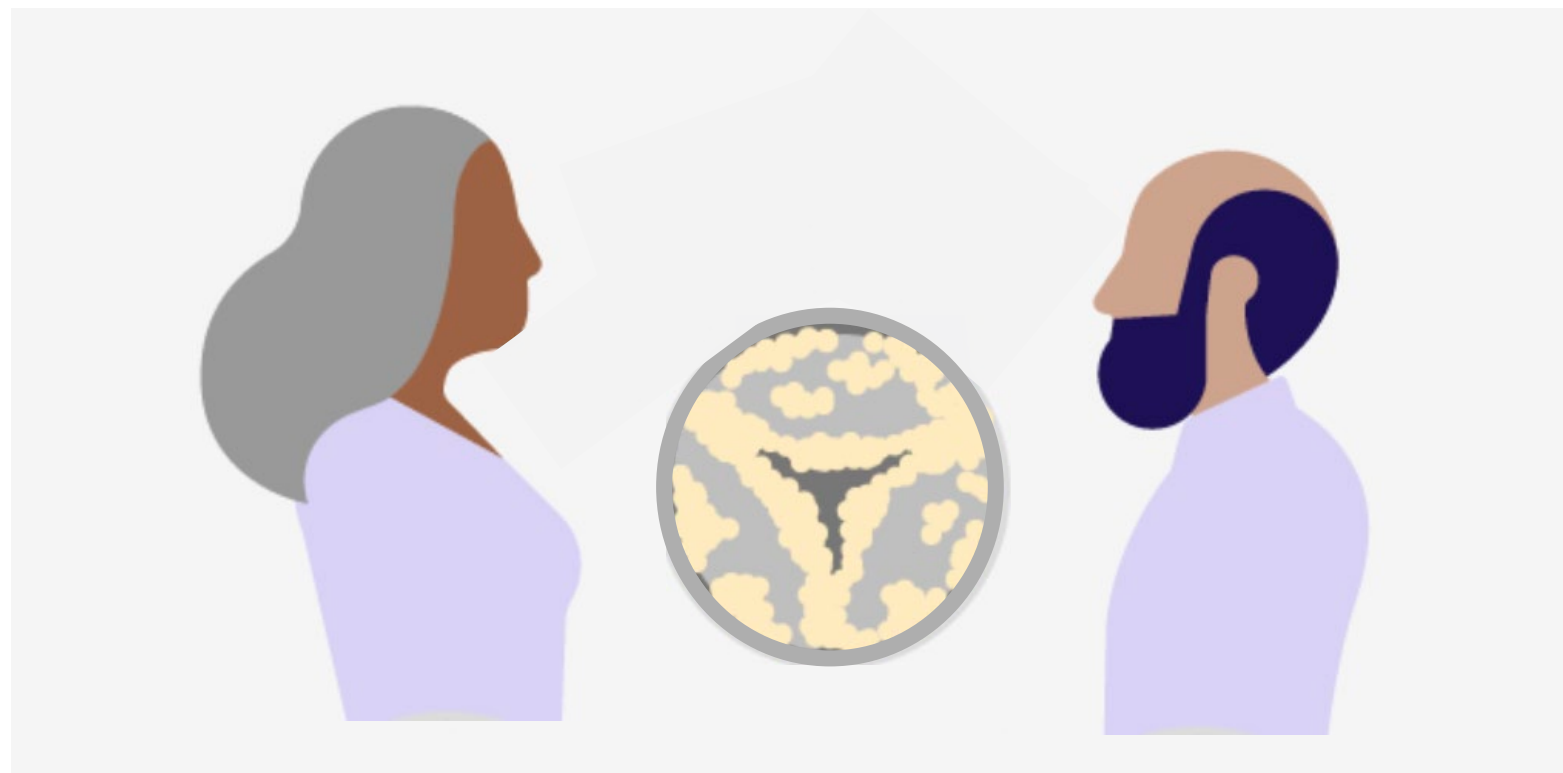
Aortic Stenosis in Women: a different disease?

Carla R Agatiello

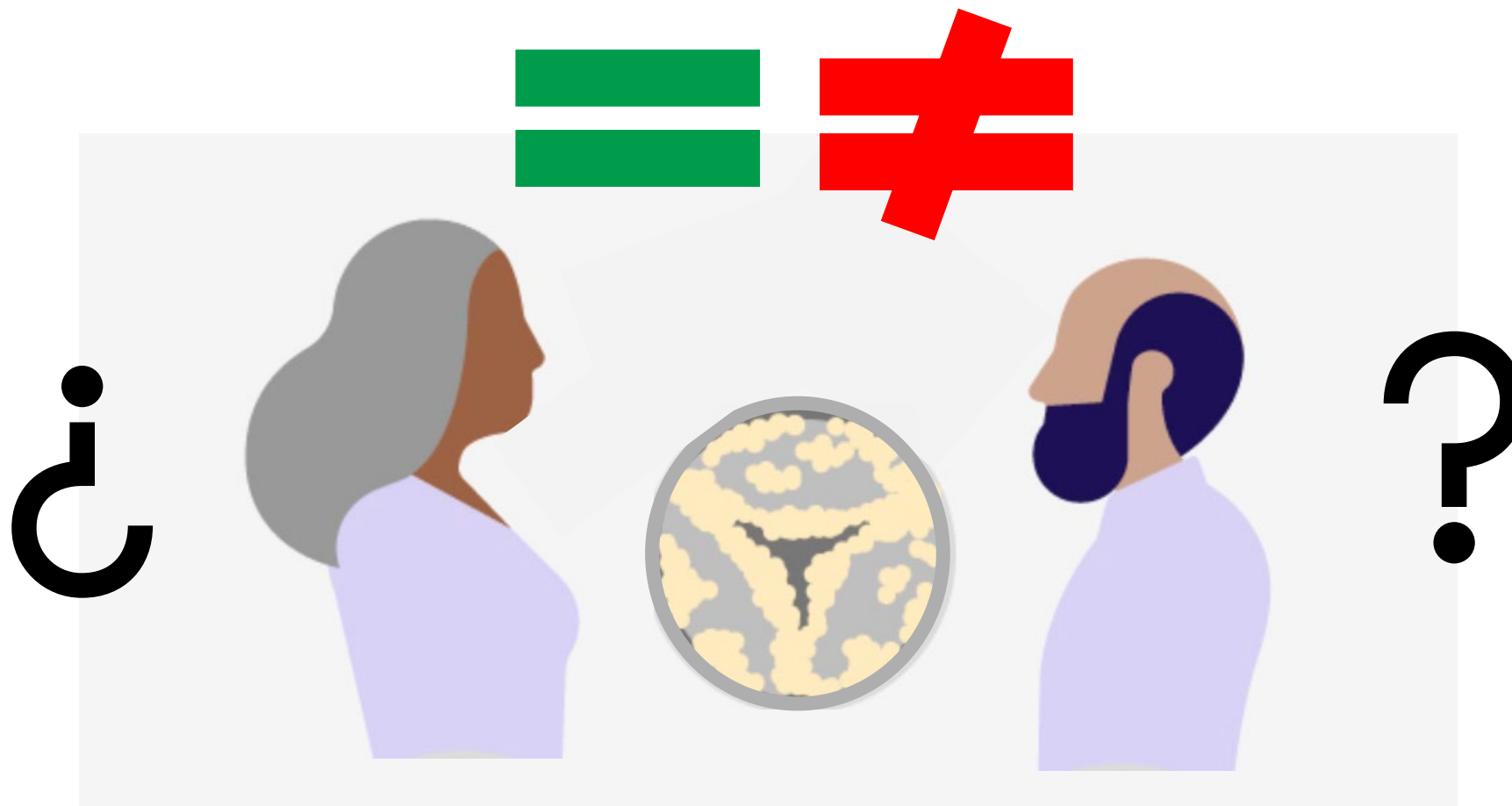
Head of Interventional Cardiology Department
ExPresident MIL bySOLACI
Member EAPCI International Affairs Board
Co-Director CLIMB Structural Track 2025



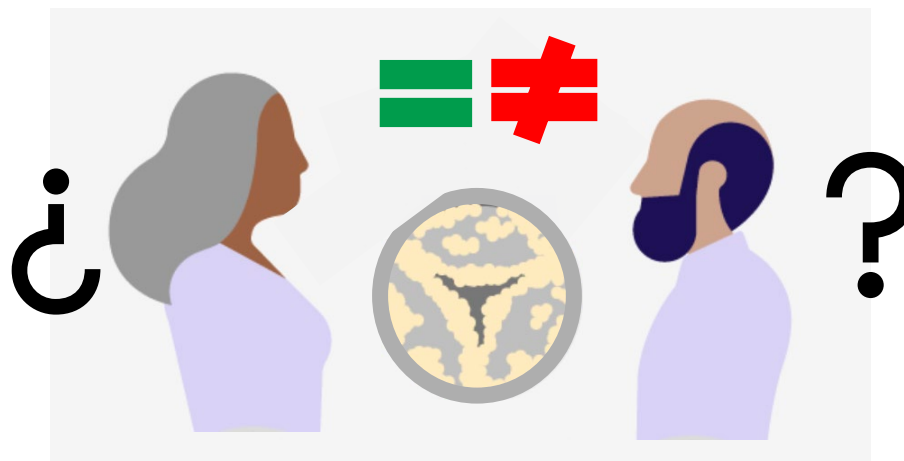
Aortic stenosis in women: *A different disease?*



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Aortic stenosis in women: *A different disease?*



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**Clinical
presentation**

2

Anatomy

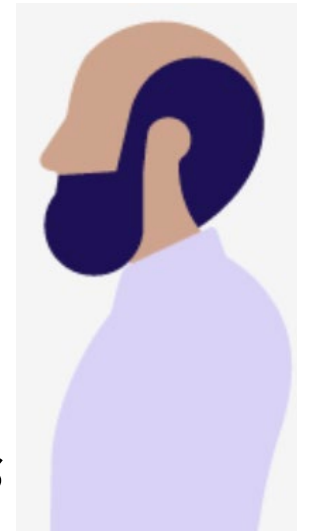
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**Outcomes after
AVR**

Aortic stenosis in women: *A different disease?*

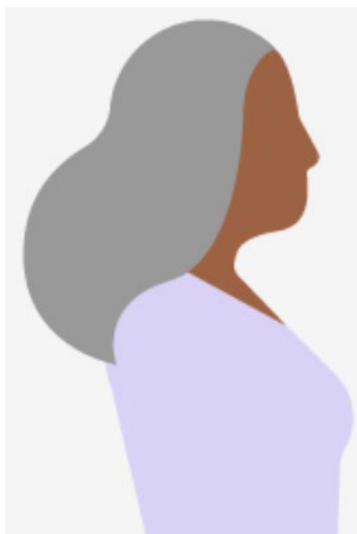


- Older, less BMI
- More advanced heart failure symptoms
- +++ shortness of breath, dizziness, syncope
- +++ hypertension, surgical risk score
- --- coronary artery disease



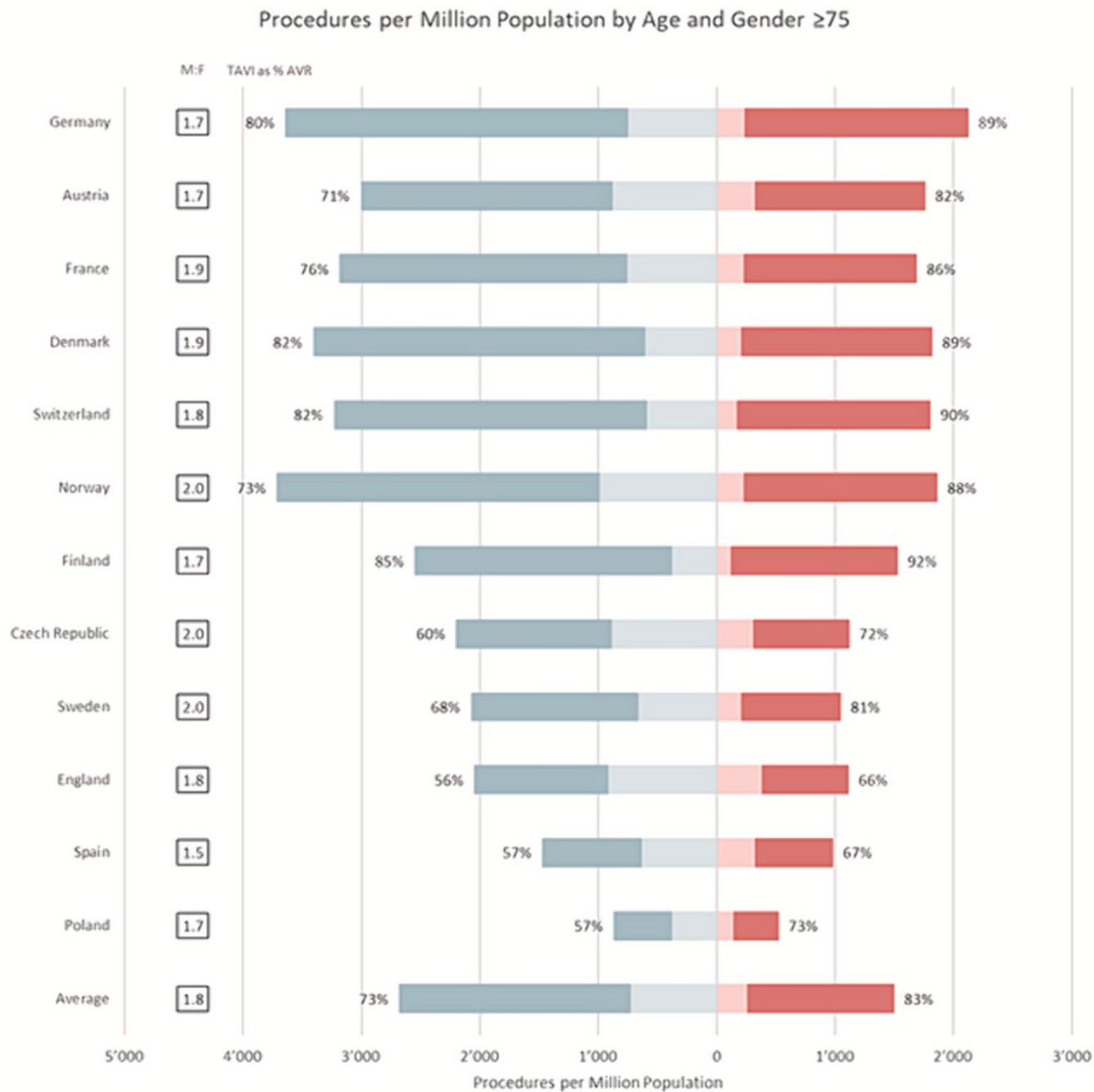
- *Younger*
- *+++ Angina*
- *Less advanced heart failure symptoms*

Clinical Presentation

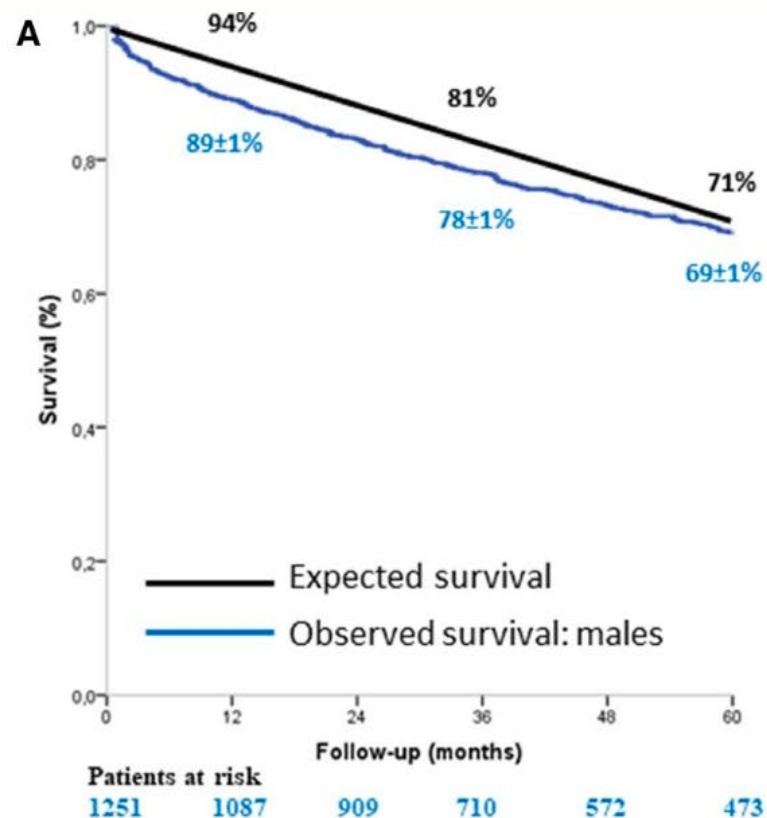


Less frequent & delayed referral for
aortic valve intervention

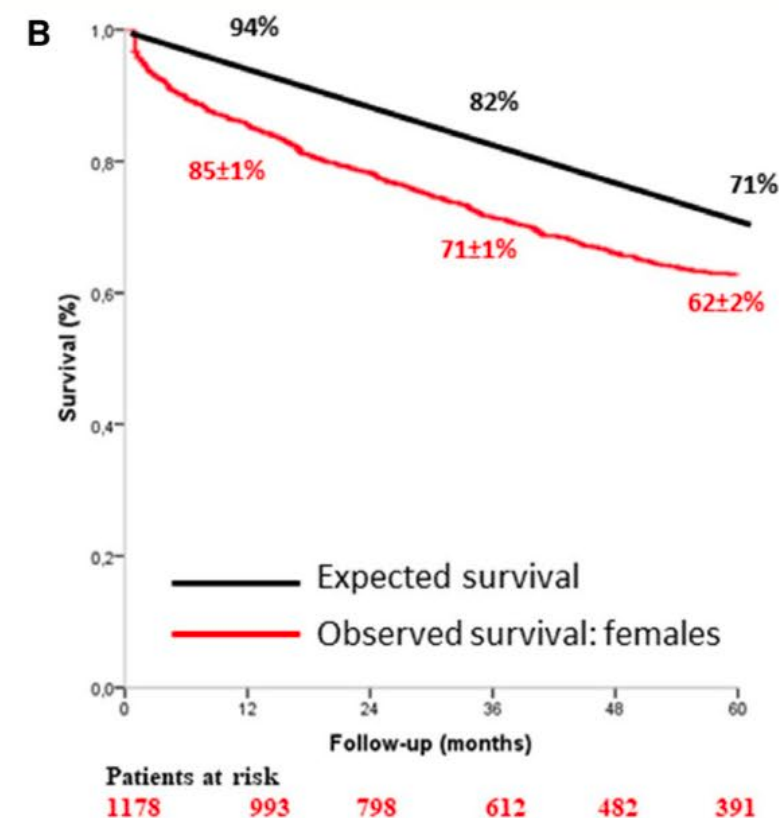
Clinical Presentation



Women with severe AS might have worse outcomes due to undertreatment:



MEN



WOME

N

Tribouilloy et al, JAHA 2021

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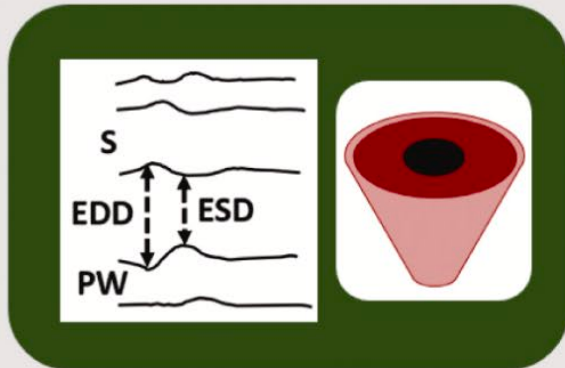
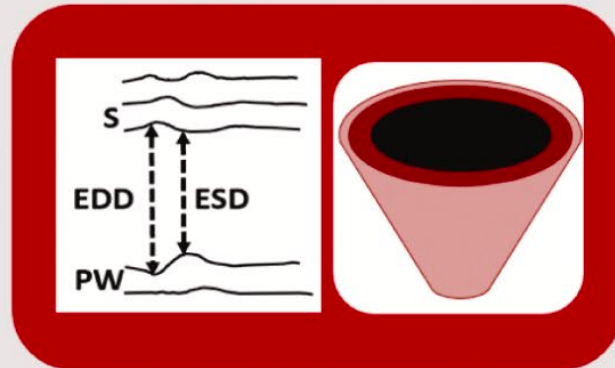
Clinical presentation

Female patients
are older

Female patients
have a higher risk
profile

Female patients
are undertreated

Sex differences in longitudinal changes in LV remodeling in patients with AS

WOMEN		MEN
+++ Concentric Remodeling 	Type of Geometric Pattern	+++ Eccentric Remodeling 
> 0.42	Relative Wall Thickness	≤ 0.42
$< 95 \text{ g/ m}^2 \text{ BSA}$	LV Mass Index	$> 115 \text{ g/m}^2 \text{ BSA}$

Sex Differences in LV Remodeling and Hemodynamics in Aortic Stenosis

Sex-Specific Criteria for Severe Stenosis?

Saki Ito, MD, MSc,^a William R. Miranda, MD,^a Vuyisile T. Nkomo, MD, MPH,^a Bradley R. Lewis, MSc,^b Jae K. Oh, MD^a



Women

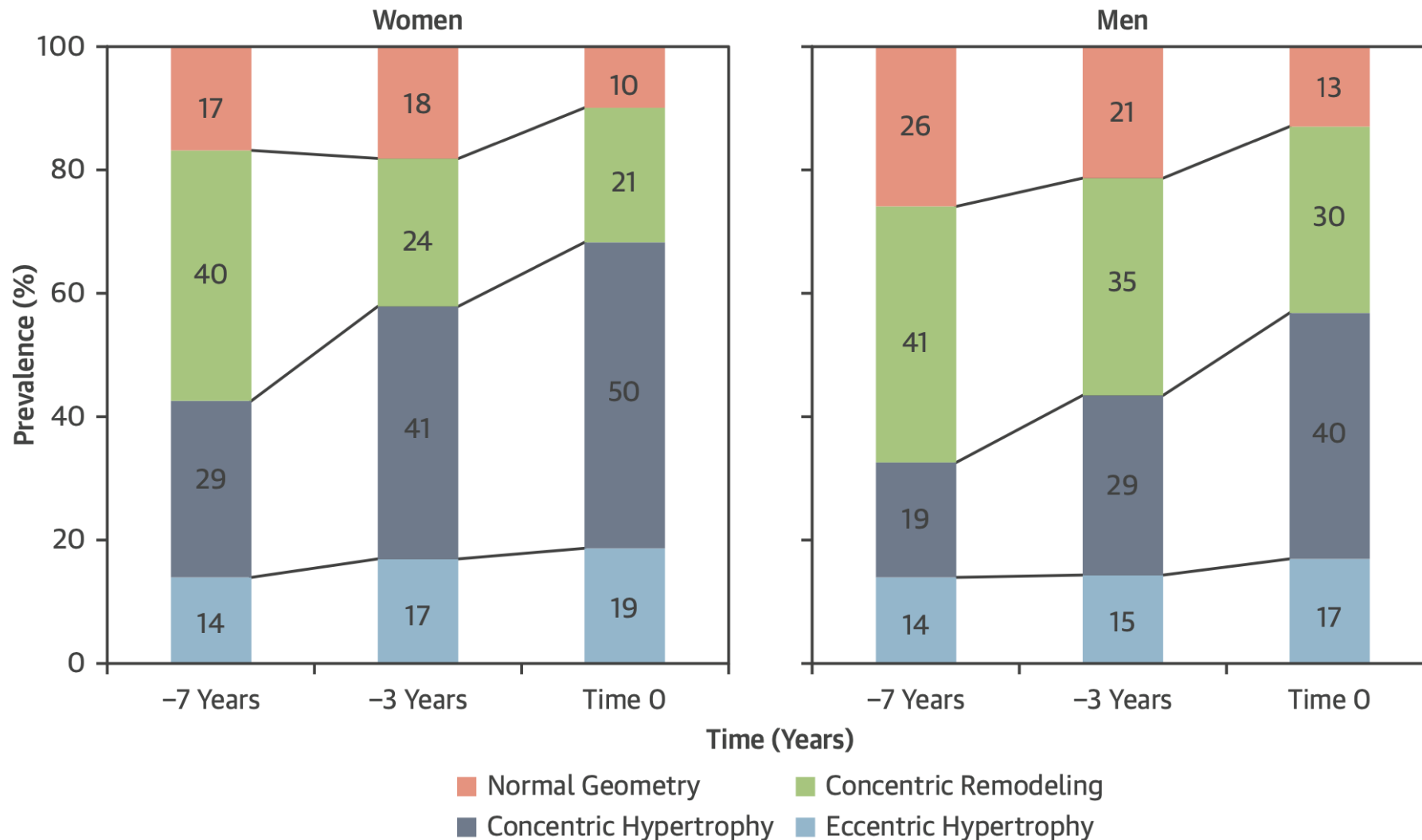
Smaller AVA than men.
Smaller BSA in women yields
lower SV resulting in
lower AV gradient than men.



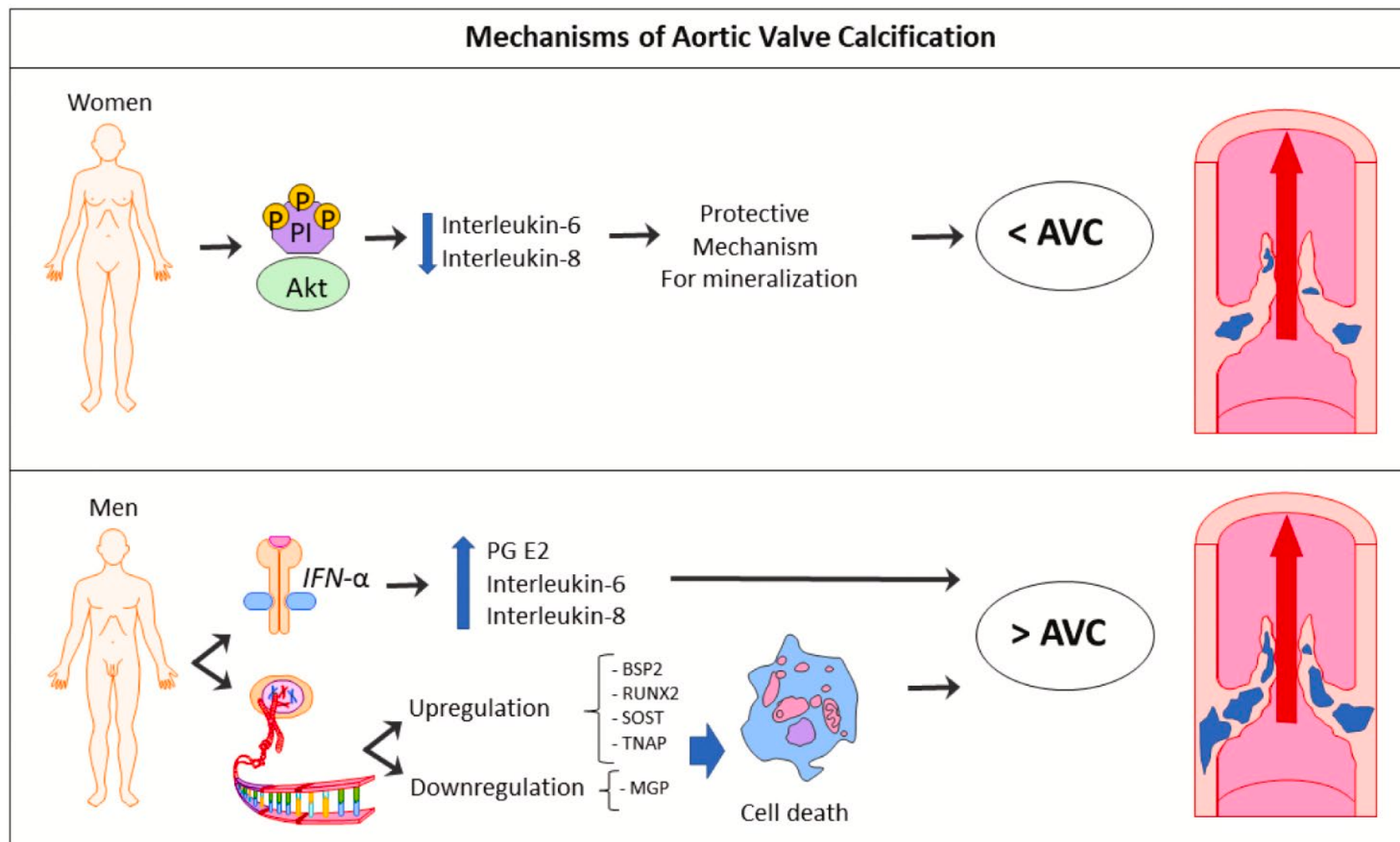
Men

Higher AV gradient than
women but less increase
in AV gradient from
moderate to severe AS
due to larger
reduction in SV.

Anatomy



**At the same haemodynamic severity of AS,
women have LESS calcification and MORE fibrosis**



2

Anatomy

Female patients
have smaller LV &
stroke volume

LOWER
GRADIENTS

Female patients
have stiffer
ventricles

INCREASED
FILLING
PREASSURES

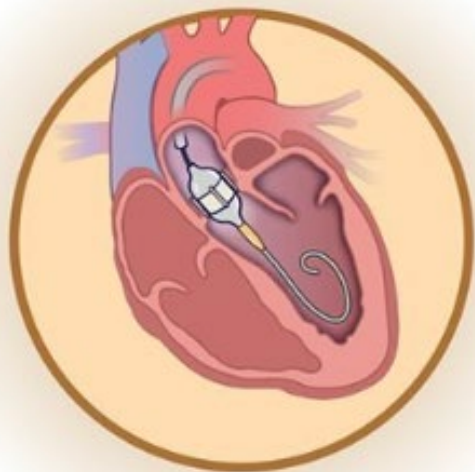
Female patients
have smaller LVOT

SMALLER AVA

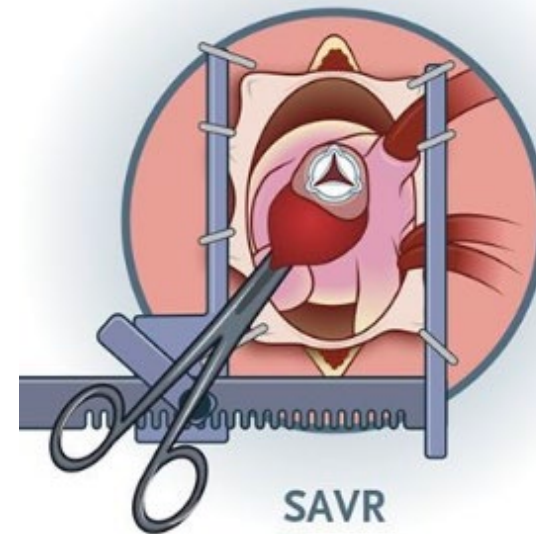
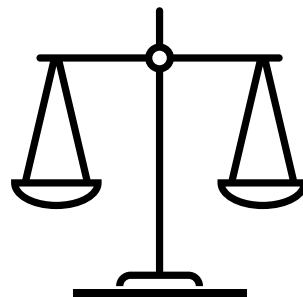
Outcomes in women with AS

Outcomes

i

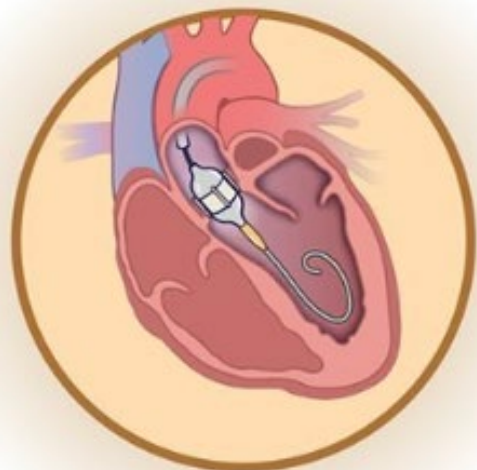


TAVI

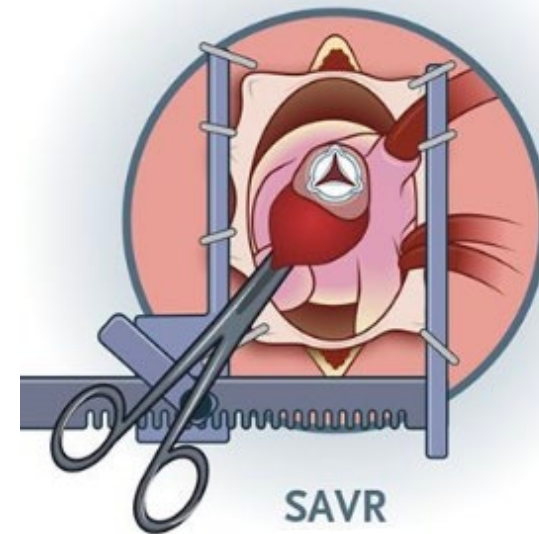
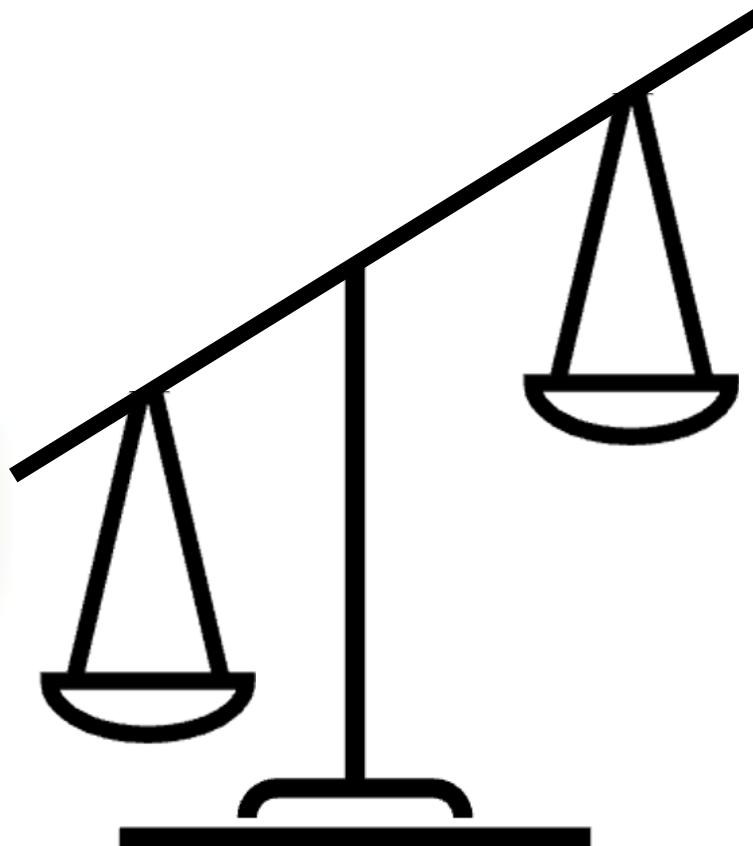


SAVR

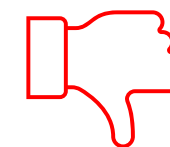
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TAVI

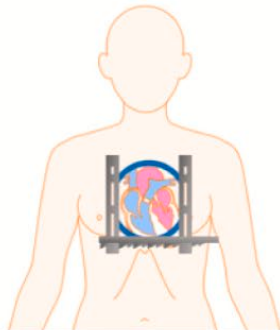
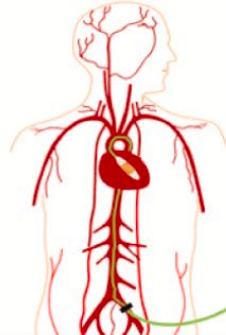


SAVR



Outcomes

Outcomes

Medical Therapy	SAVR	TAVR
		
- No evidence of sex-related differences in AS progression with medical therapy.	↑ - Anemia/bleeding/blood transfusion. - Stroke events. - Renal Failure. - Heart Failure. - Postoperative stay. - Prosthesis-patient mismatch - In-hospital and 30-day mortality.	↓ - Valve sizes. - Transfemoral approach. - Paravalvular regurgitation. - Prosthesis-patient mismatch .
		↑ - Vascular/bleeding complications. - Long-term survival.
		↔ - In-hospital and 30-day mortality.

Outcomes



Aim

The RHEIA trial compared outcomes with TAVI vs surgery for valve replacement in women all-comers with severe aortic stenosis



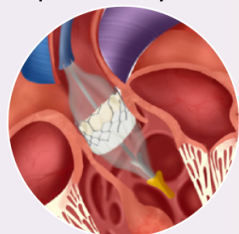
Study population



443 female patients

TAVI

Third-generation balloon-expandable system



Randomized 1:1

Surgical aortic valve replacement



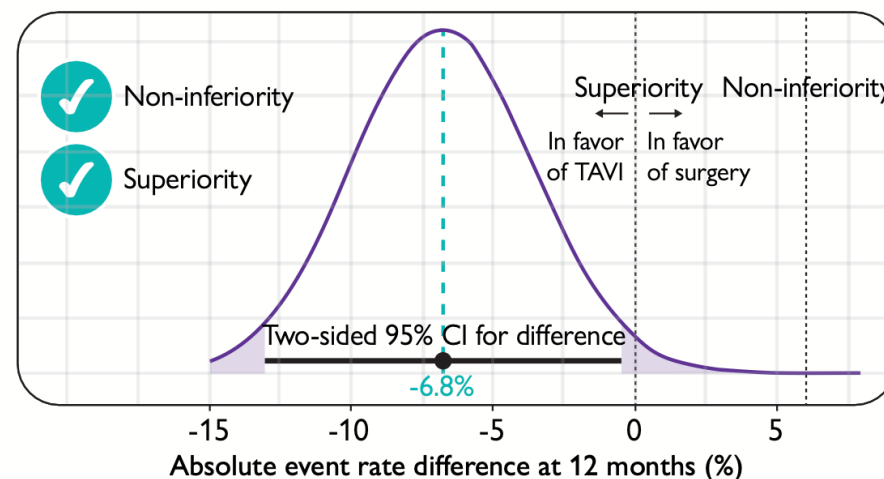
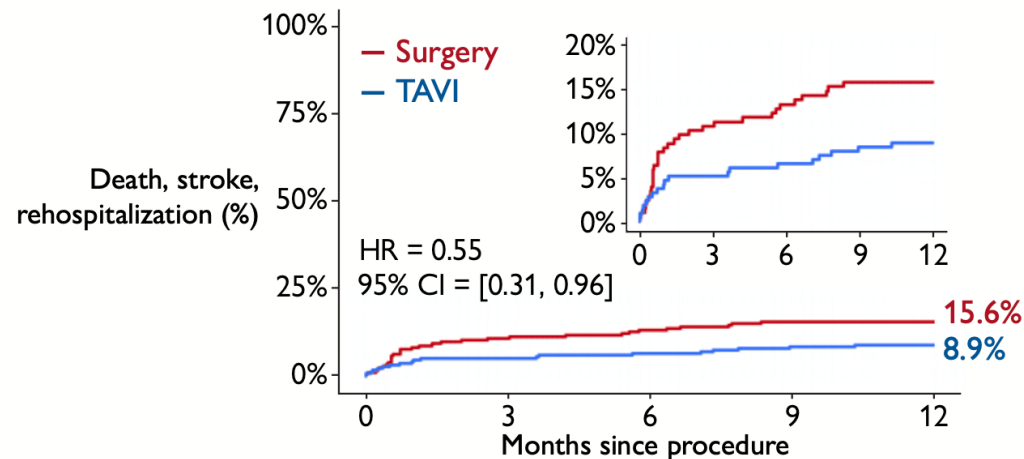
Study sites

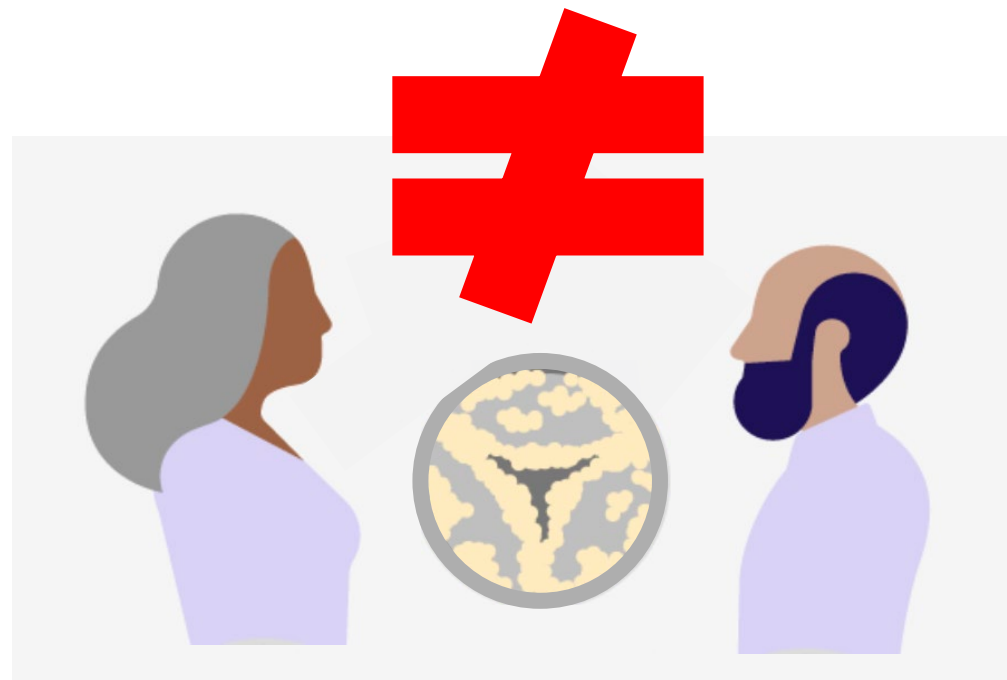


48 centres

12 countries in Europe

Primary composite endpoint: death, stroke, rehospitalization





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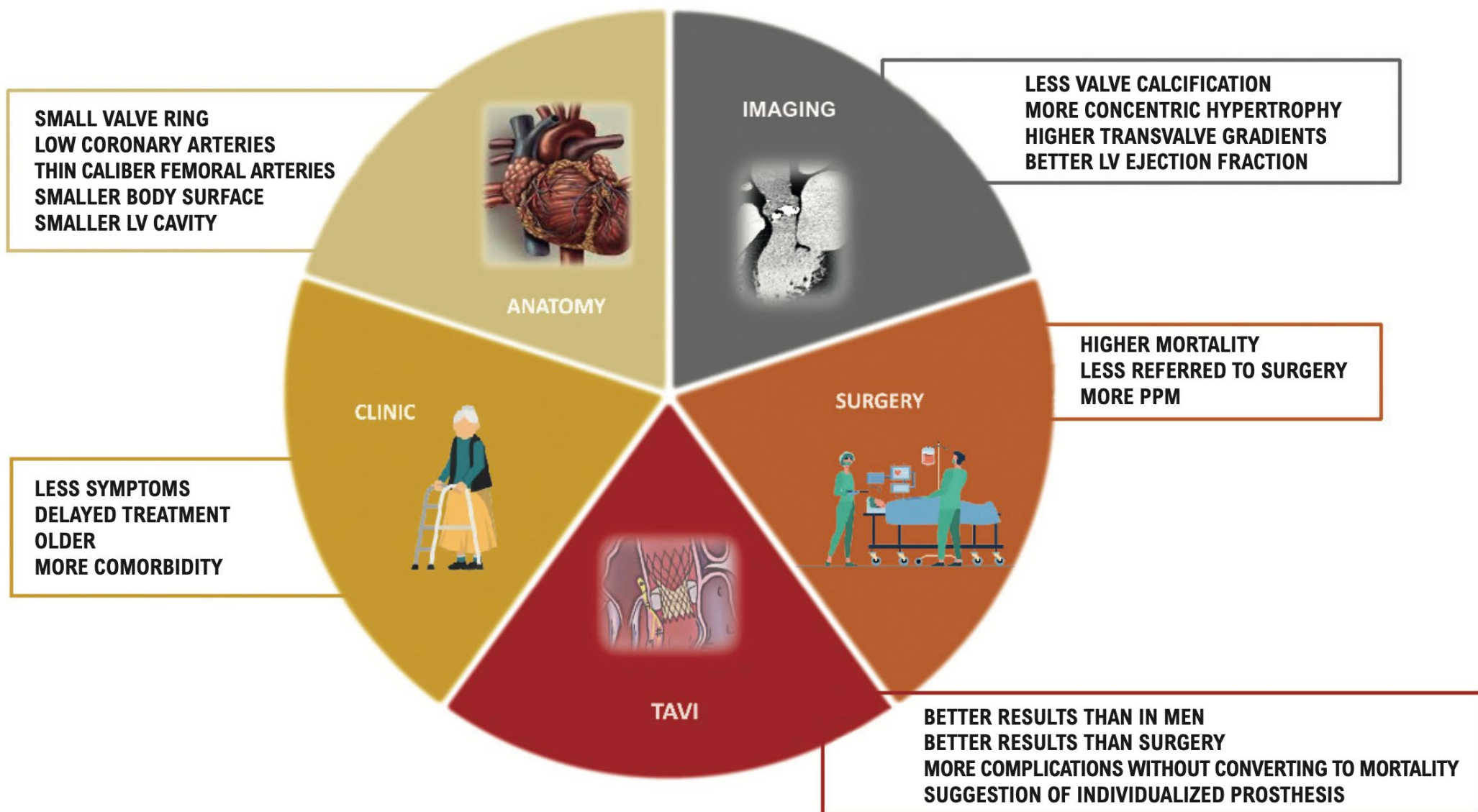
**Clinical
presentation**

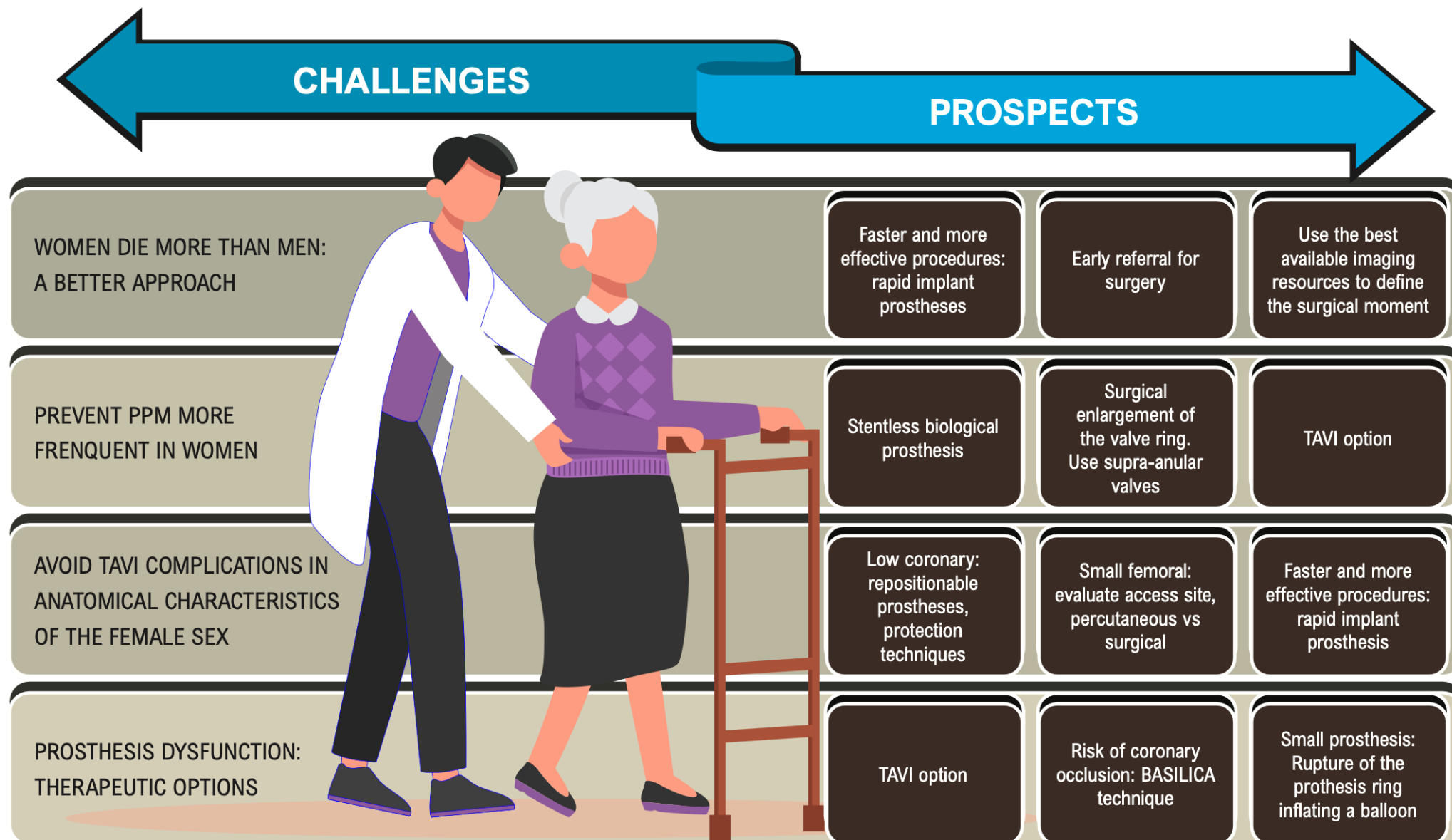
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Anatomy

3

**Outcomes after
AVR**







Thank you

Carla R Agatiello.

Jefa de Servicio de Hemodinamia.