

TAVR COLOCATION EXPERIENCE IN A THIRD LEVEL CENTER IN MEXICO

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Antecedents

Severe symptomatic aortic stenosis is present in 2% of patients 65 years and older, in 2019, the TAVR was performed more frequently than surgical aortic valve replacement (SAVR).

Discussion

Age is important when evaluating patient suitability before TAVR, as found in the literature patients from older age groups can benefit from this procedure, since it is less invasive, besides, large scale observational studies have shown that female patients with TAVR are often more fragile and show higher STS-PRM risk scores at the beginning of the study, that is why in our patient population the EFT score was used, since it has exceeded other fragility scales to identify susceptible older patients who have a higher risk of adverse results after TAVR or SAVR, we evaluated our patients fragility, their surgical risk and we used Emory score as a predictor of heart-conduction disorders before TAVR, in patients in which a balloon-expandable valve was used. In our population Portico from Abbot and Accurate Neo 2 were used, more frequent.

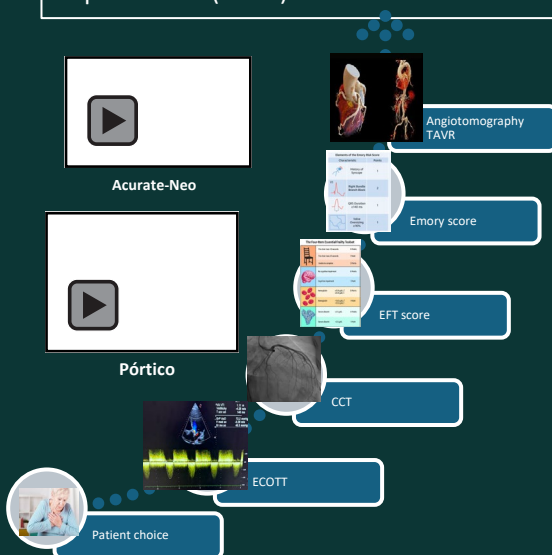


Image 1: Comprehensive management of a patient with aortic valve disease.

Conclusion

TAVI is non-inferior to the surgical aortic valve replacement in and profiles of surgical risk. Since its beginnings in 2002, the TAVR procedure has made surprising advances. Still, it is necessary to overcome the challenges related to durability, complications and costs, but TAVR will continue to generate enthusiasm in the field of interventional cardiology in the following years.

2018-2025: Valve

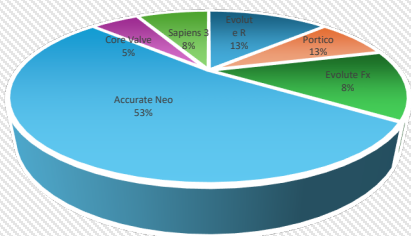


Image 2: Graph of percentages of valve types installed from 2018 to 2025, n=38.