Abstract: P1852

The clinical experience of J valve transapical transcatheter aortic valve replacement system in high-risk patients with severe pure aortic regurgitation

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Topic(s):
Aortic Valve Intervention

Citation:
Objective: Patients with severe pure aortic regurgitation (PAR) undergoing transcatheter aortic valve implantation (TAVI) is still under controversial. J valve™, a China Food and Drug Administration (CFDA) certified device, has specific positioning and anchoring system, which makes this device indicated in PAR patients. We aim to introduce the clinical experience of J valve in the treatment of PAR in high risk patients.

Methods: A total of 53 severe PAR patients (STS score 6.3 ± 1.8, mean age, 76.4 ± 5.2 years) who underwent TAVI using J valve™ in our Hospital from June 2017 to December 2018 were retrospectively enrolled. All patients underwent echocardiography and contrast-enhanced computed tomography to evaluate their baseline and follow-up characteristics. The 30 days outcomes were reported according to the Valve Academic Research Consortium-2 (VARC) definitions.

Results: All patients underwent transapical TAVI, and J valve was implanted successfully in 51 patients (96.2%). J valve was dislodged in two patients, one patient was successful implanted with another J valve and the dislodged valve placed in descending aorta. The other patient was converted to urgent surgery for aortic valve replacement. One patient was converted to surgery due to severe aortic regurgitation after J-valve placement. The 30 days mortality was 9.2% (n=5), 1 patient died of acute heart failure and 2 patients died of infection. During the hospitalization, none of the patients had stroke or transient ischemic attack (TIA) and periprocedural myocardial infarction (MI). There were 5 (n=14.3%) patients presenting with bleeding complications (BARC 4 definition of major bleeding). 1 (2.9%). Pacemaker implantation was performed in 2 (5.7%) patients. Paravalvular regurgitation was none or trace in 90.7% (n = 49), mild to moderate in 5.6% (n = 3), and moderate to severe 1.8% (n = 1) after the procedure. Mean intensive care unit stay was 29.30±15.30 h.

Conclusion: TAVI by J valve™ can be an alternative option for high risk patients with PAR, but more evidences are still needed to further prove its safety and feasibility.
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