

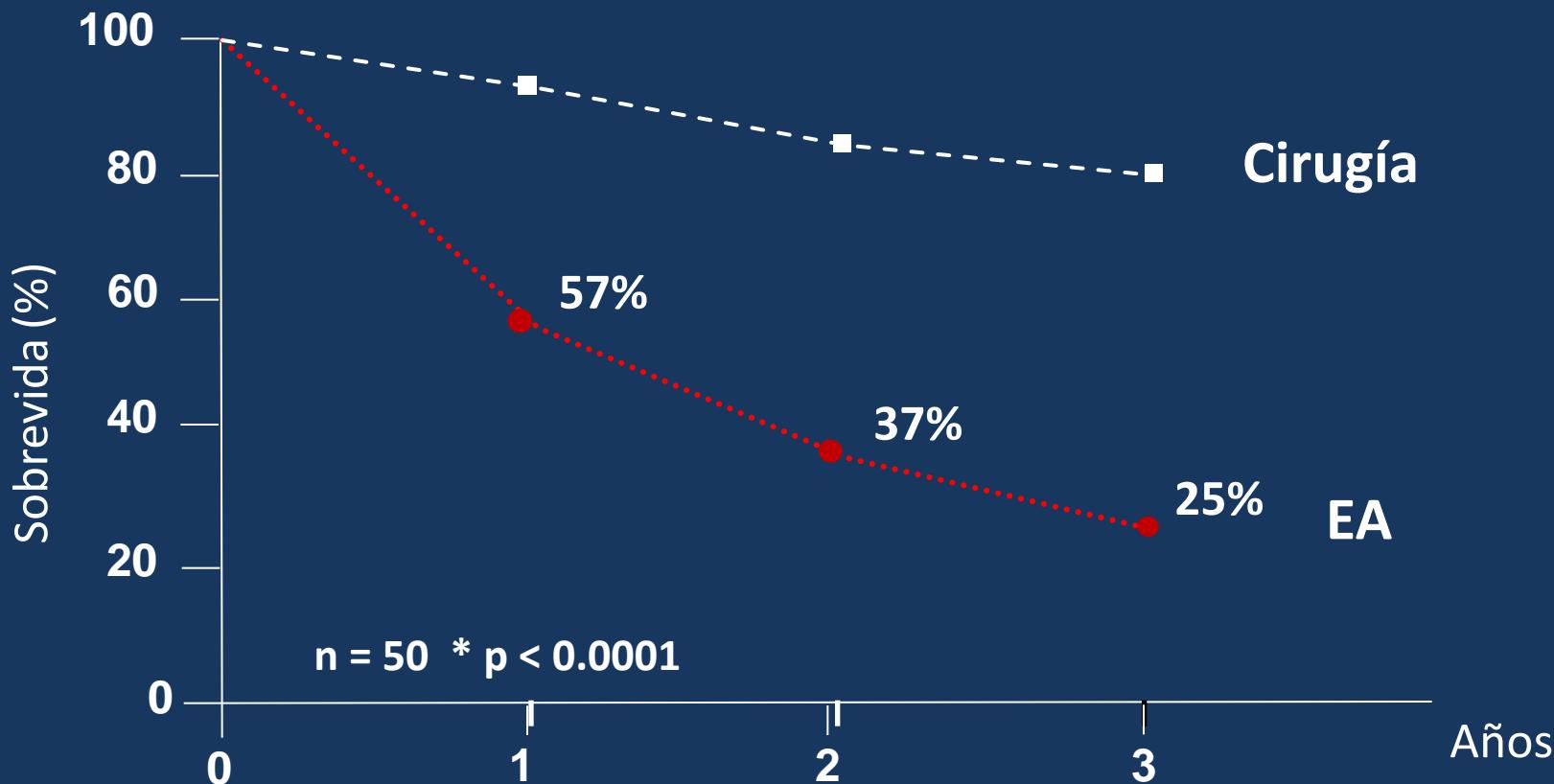


Selección Clínica para TAVI y Resultados



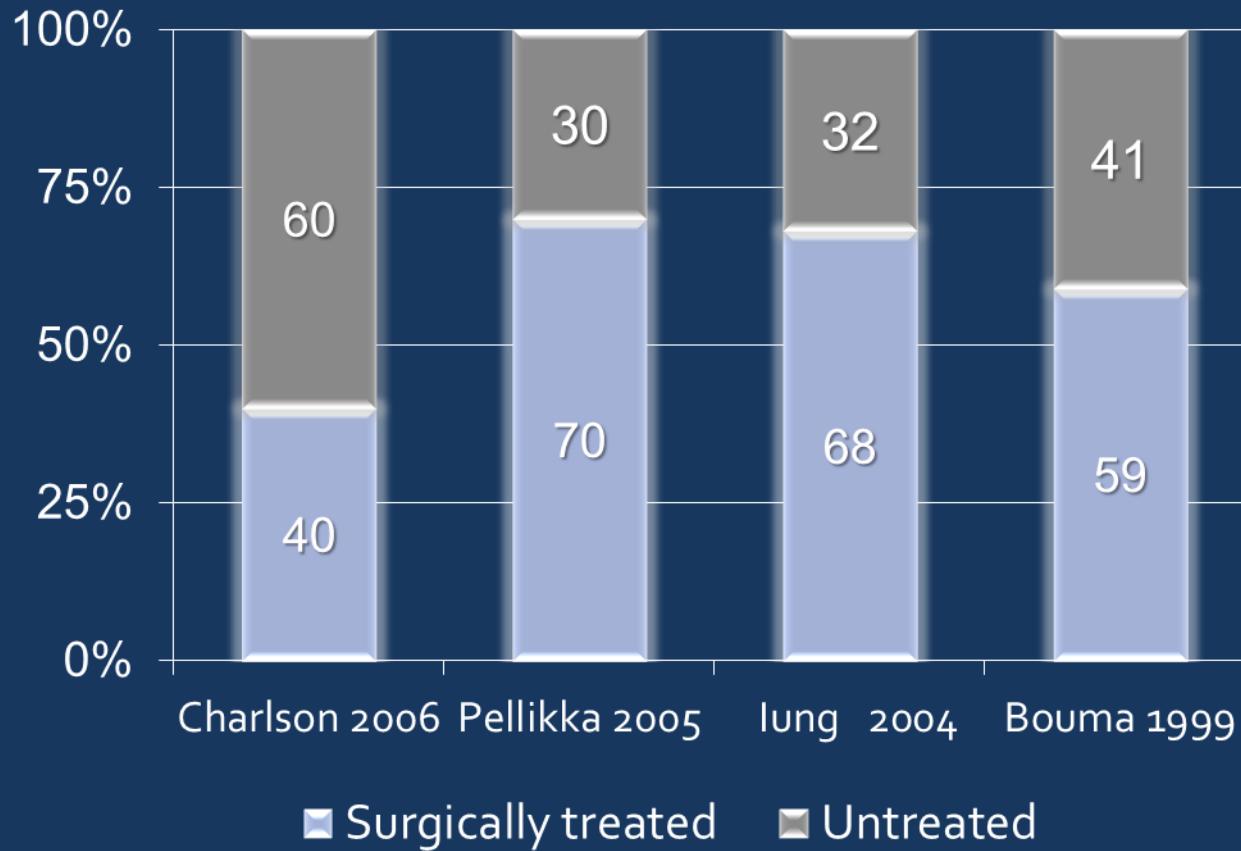
**NO TENGO CONFLICTO DE INTERESES
RESPECTO A ESTA PRESENTACIÓN**

Historia natural de adultos con Estenosis Aórtica severa



O'Keefe et al. Mayo Clin Proc 1987

Pacientes que NO se operan



1. Charlson E et al. Decision-making and outcomes in severe symptomatic aortic stenosis. *J Heart Valve Dis* 2006;15:312-321
2. Pellikka, Sarano et al. Outcome of 622 Adults with Asymptomatic, Hemodynamically Significant Aortic Stenosis During Prolonged Follow-Up. *Circulation* 2005
3. lung B et al. A prospective survey of patients with valvular heart disease in Europe: The Euro Survey on Valvular Disease. *European Heart Journal* 2003;24:1231-1243
4. Bouma B J et al. To operate or not on elderly patients with aortic stenosis: the decision and its consequences. *Heart* 1999;82:143-148

Característica	Todos los pacientes (n=312)	Pacientes operados (n=93)	Pacientes no operados (n=219)	p
Edad (años)	82 (78 – 87)	78 (75 – 80)	85 (81 – 88)	< 0.0001 ✓
Sexo	194 (62.2%)	56 (60.2%)	138 (63.0%)	0.64
EPOC	27 (8.7%)	3 (3.2%)	24 (11.0%)	0.026 ✓
Vascular	67 (21.5%)	16 (17.2%)	51 (23.3%)	0.23
Alt Neurol	24 (7.7%)	2 (2.2%)	22 (10.0%)	0.017 ✓
QX previa	24 (7.7%)	2 (2.2%)	22 (10.0%)	0.017 ✓
Insuf. renal	27 (8.7%)	3 (3.2%)	24 (11.0%)	0.026 ✓
EI	2 (0.6%)	0	2 (0.9%)	1.0
Situación crítica	36 (11.5%)	3 (3.2%)	33 (15.1%)	0.003 ✓
AI	16 (5.1%)	3 (3.2%)	13 (5.9%)	0.41
IAM	3 (1.0%)	0	3 (1.4%)	0.56
PSP>60	25 (8.0%)	2 (2.2%)	23 (10.5%)	0.013 ✓
QX emergencia	7 (2.2%)	0	7 (3.2%)	0.11
Euroscore	14.2 (8.4 – 25.4)	7.8 (5.8 – 11.9)	17.1 (11.4 – 31.8)	<0.0001 ✓

Evolución de 312pts con estenosis aórtica severa sintomática: Rol del Reemplazo Aórtico Percutaneo.
Agatiello C, Berrocal D. Abstract SAC2010

Predictores de la decisión de no operar considerando el Euroscore

Predictor ⁽¹⁾	“Odds Ratio” (IC al 95%)	p
Edad⁽²⁾	0.75 (0.69 – 0.81)	<0.0001
QX previa	0.051 (0.01 – 0.29)	0.0007
FEY⁽³⁾	2.36 (1.05 – 5.28)	0.037
EPOC	0.19 (0.04 – 0.98)	0.047
Situación crítica	0.23 (0.05 – 1.01)	0.052
PSP>60	0.19 (0.04 – 1.05)	0.056
Insuf. Renal	0.26 (0.06 – 1.07)	0.062
Alt. Neurológ	0.21 (0.03 – 1.36)	0.101
Euroscore(4)	0.31 (0.18 – 0.54)	<0.0001

(1) área bajo la curva ROC de este modelo: 0.895, coeficiente de Akaike 249.96

(2) el “odds ratio” de edad está informado por cada año

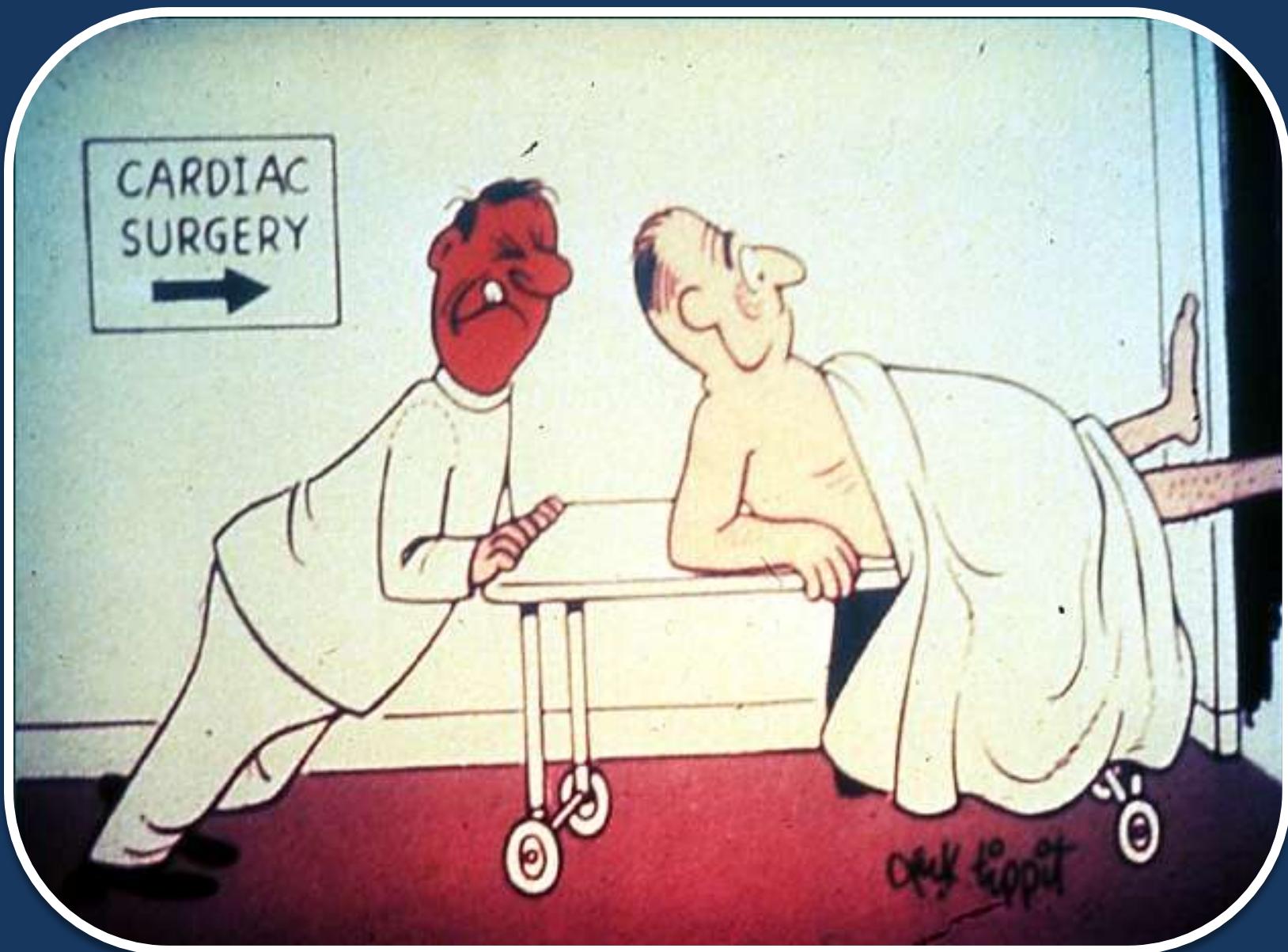
(3) la fracción de eyección se la consideró como numérica (1,2,3)

TAVI a quienes?

En 2013

- **Estenosis Aortica severa:**
 - AVA<0.8cm²,vel pico >4m/s o grad medio>40mmHg
- **Sintomática**
- **Riesgo quirúrgico elevado o contraindicación quirúrgica**
 - Scores elevados:STS,EUROSCORE
 - Criterio clínico-quirúrgico





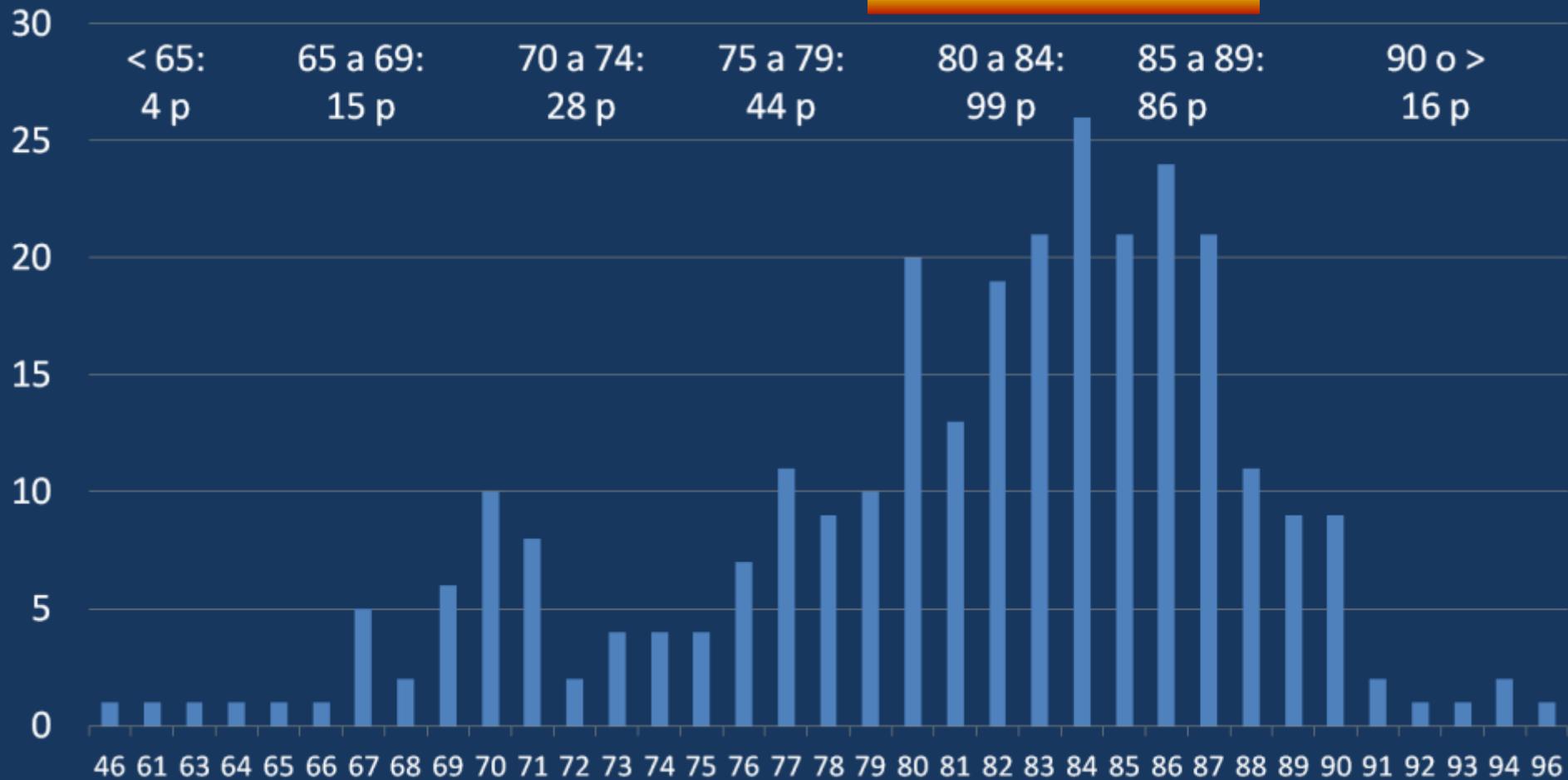
Que es fragilidad?

A functional assessment is a multidimensional and often interdisciplinary diagnostic process, which assesses and quantifies an older adult's medical, psychosocial and functional status. Information gathered in this process is used by practitioners, the patient, and family to develop a comprehensive plan for therapy and future care decisions and can also help in the process of long-term care decision-making





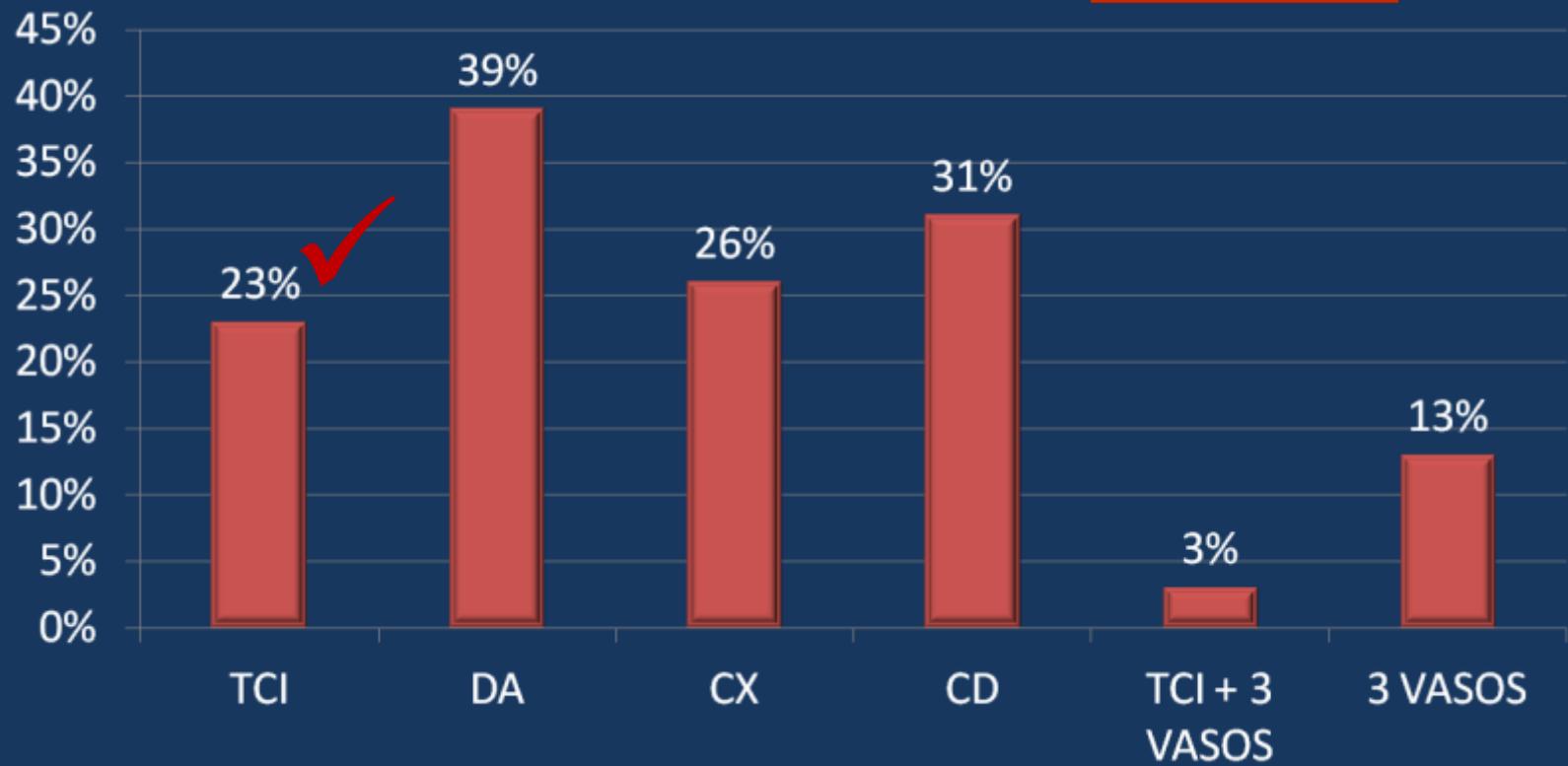
R.I.A. 81.4 años





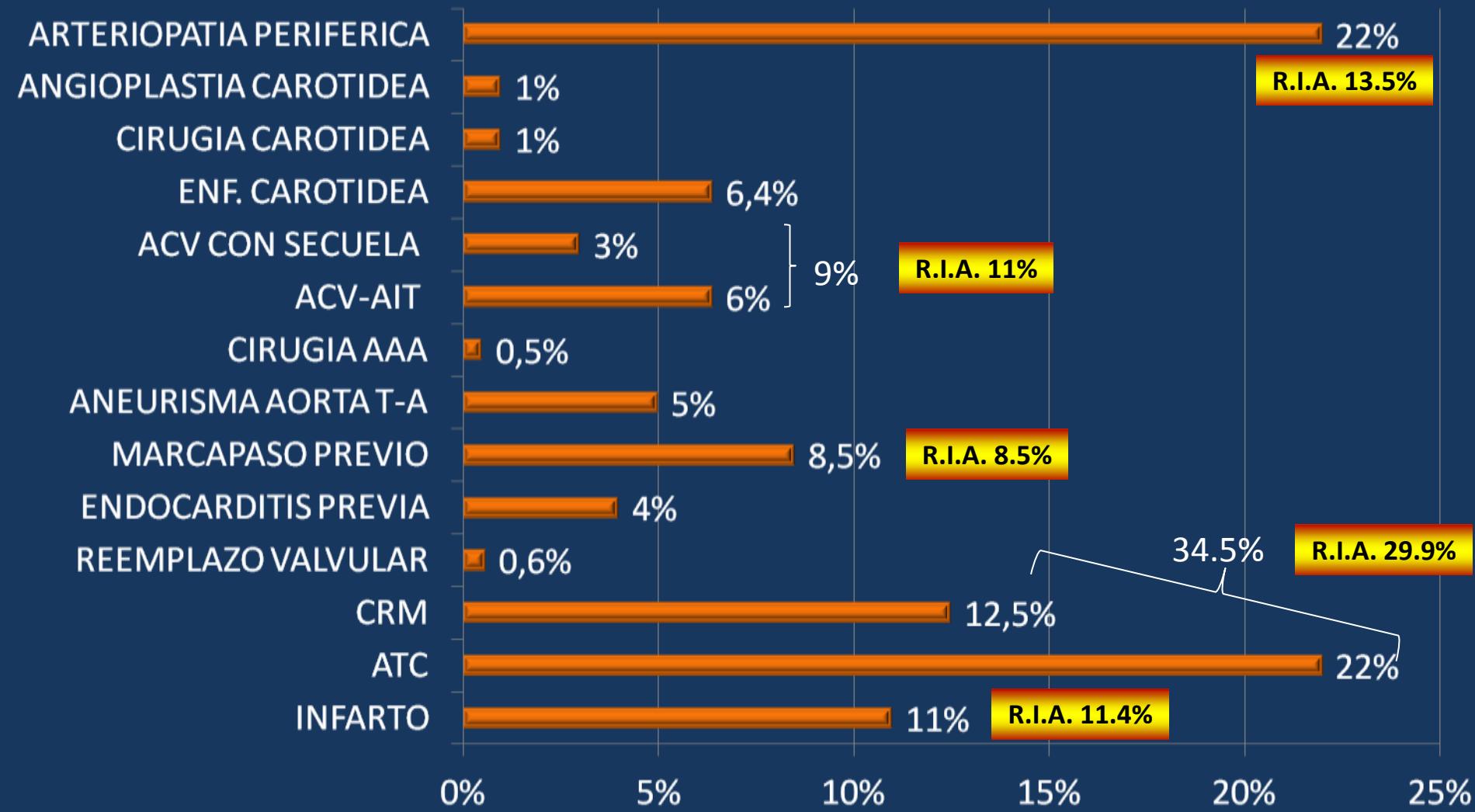
ENFERMEDAD CORONARIA: 35%

R.I.A. 35%



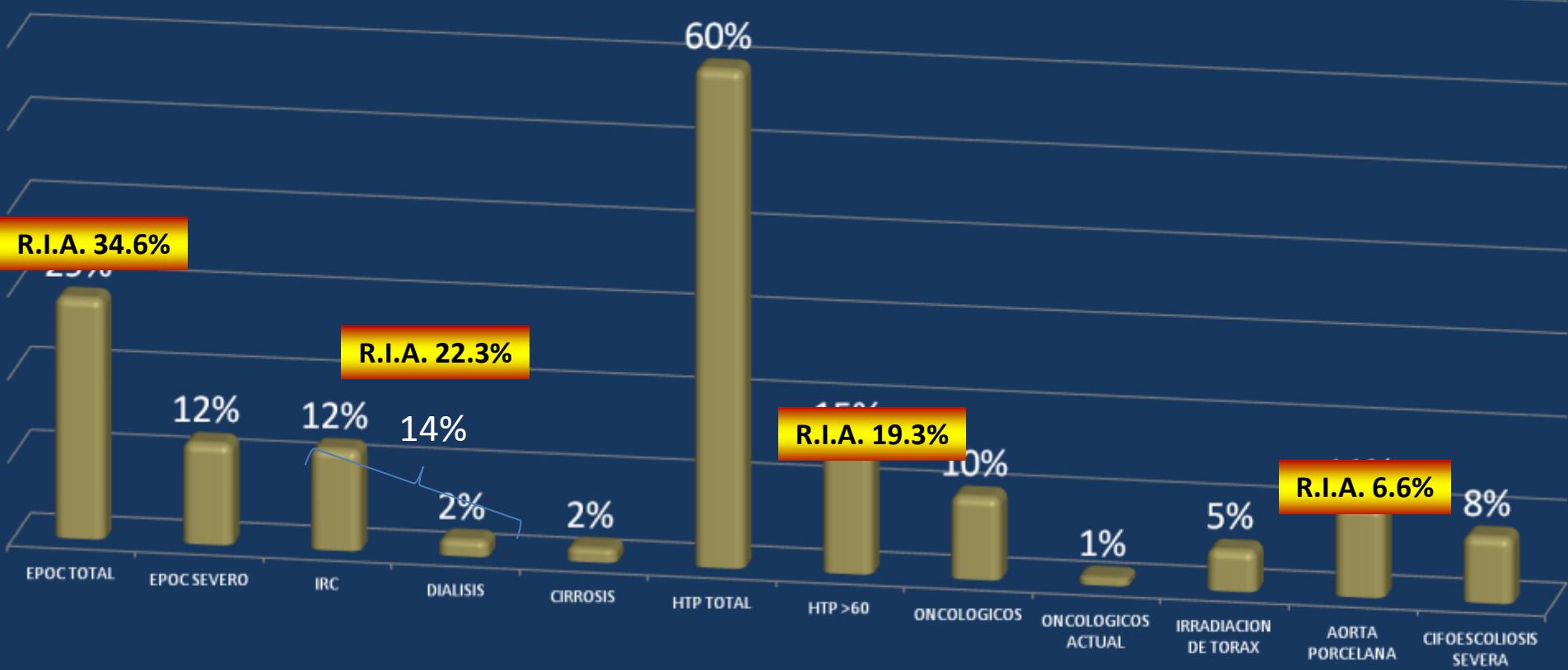


ANTECEDENTES CARDIOVASCULARES





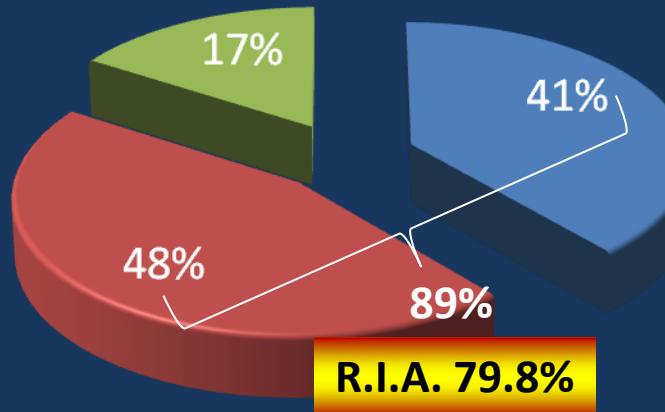
COMORBILIDADES





SÍNTOMAS PREEXISTENTES

NYHA



DISNEA	98%
ANGINA	29%
SINCOPE	10%

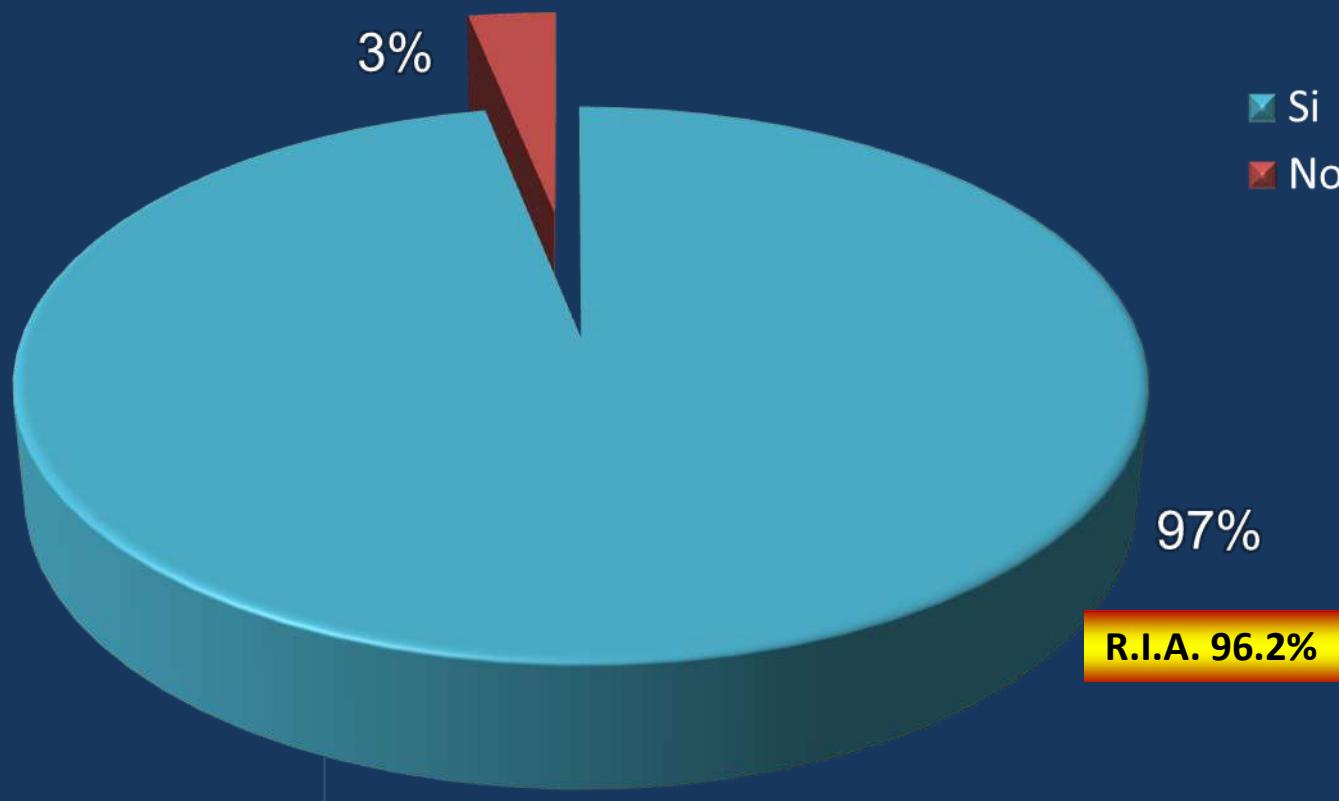


EuroSCORE: 20.15% **R.I.A. 17.8%**

STS score: 14.7% (3.2 a 37.9)

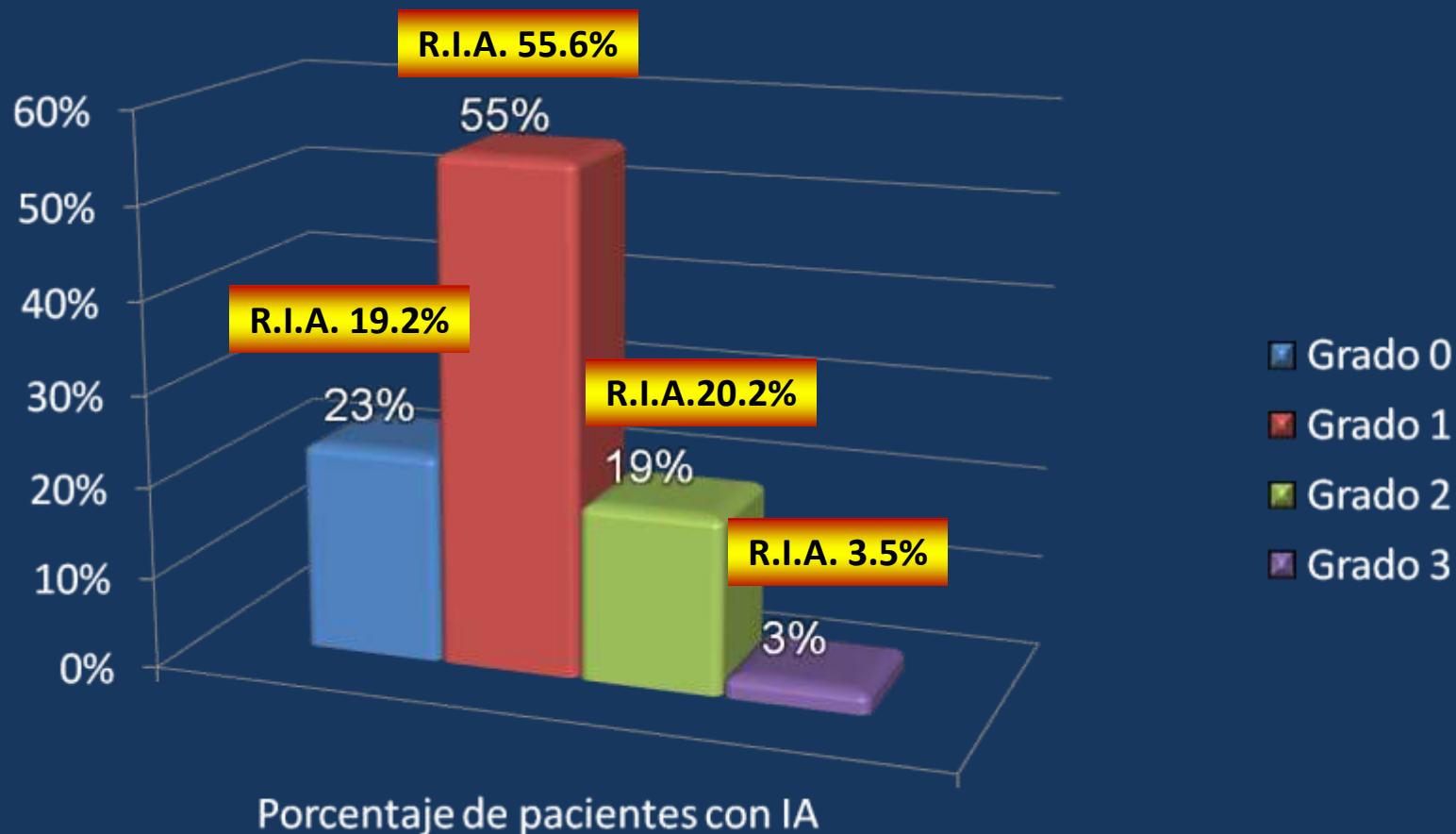


TASA DE EXITO DEL IVAP





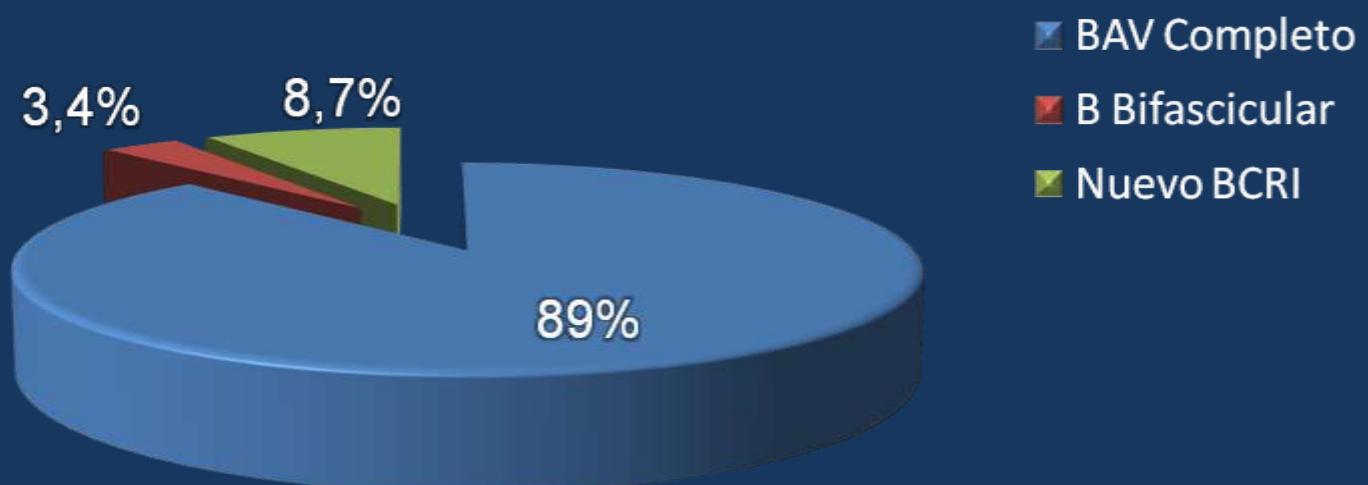
INSUFICIENCIA AORTICA POST-IMPLANTE (LEAK VALVULAR)





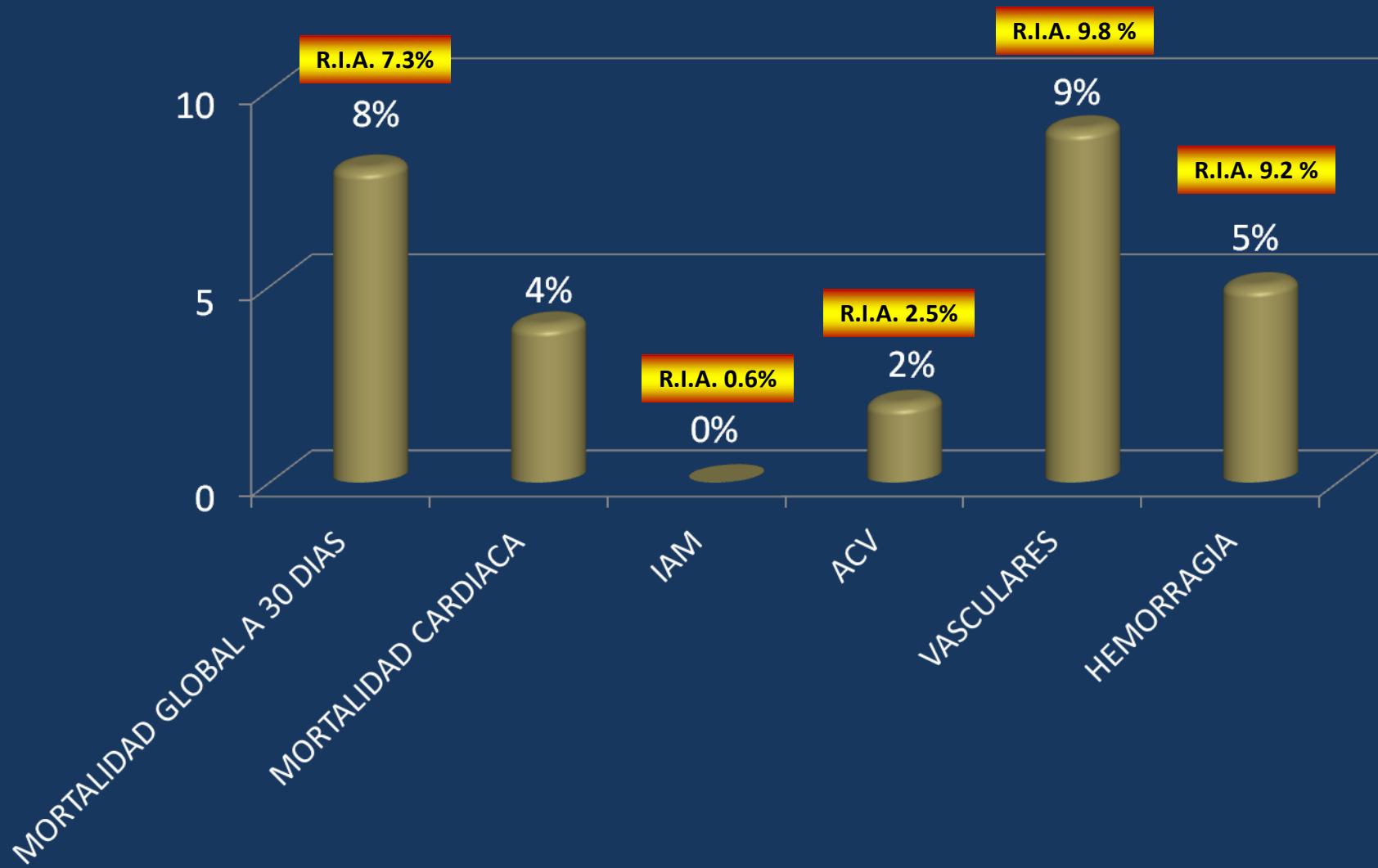
MARCAPASO DEFINITIVO 20%

R.I.A. 24.7%



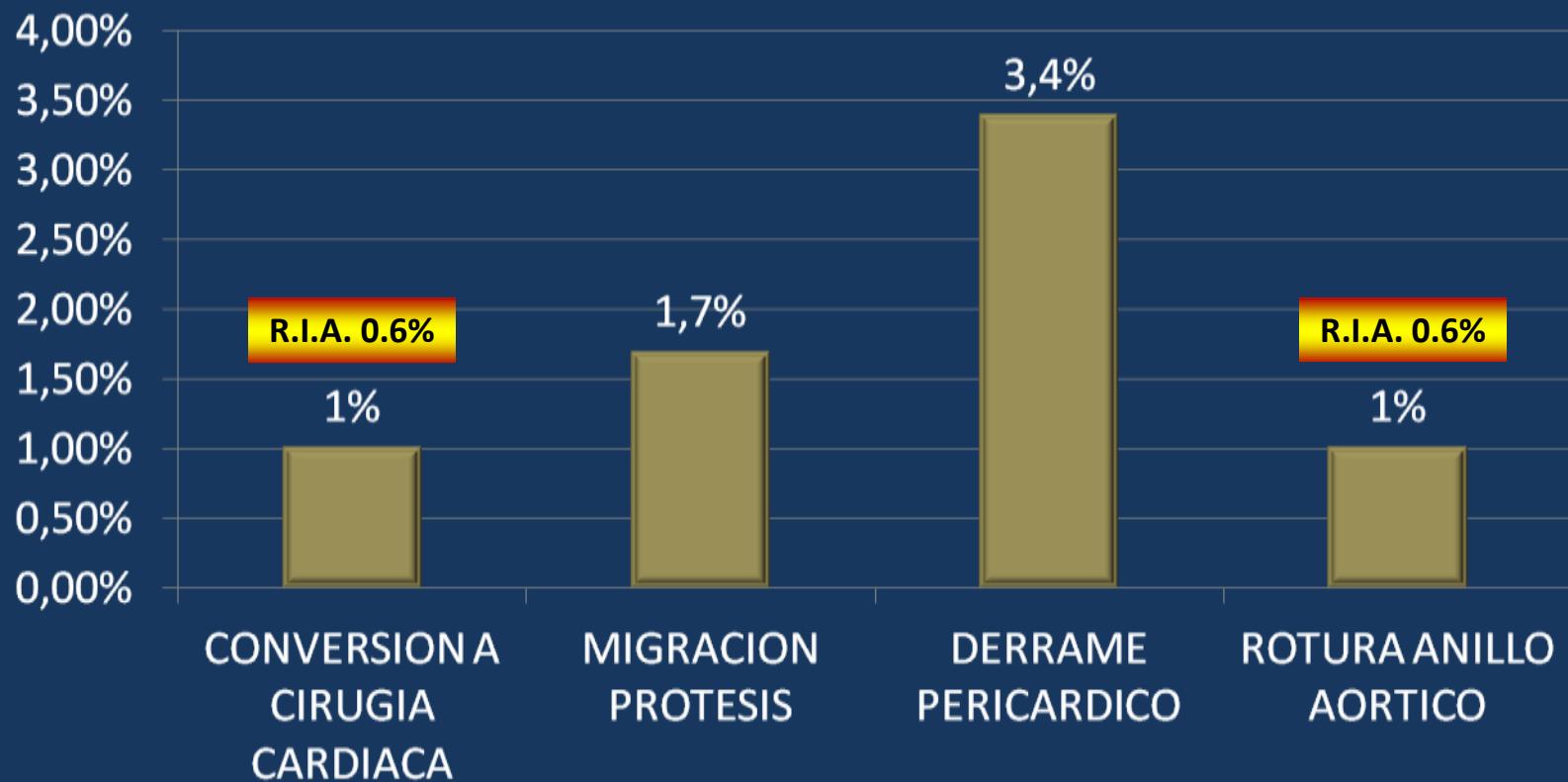


TASA DE EVENTOS A LOS 30 DIAS



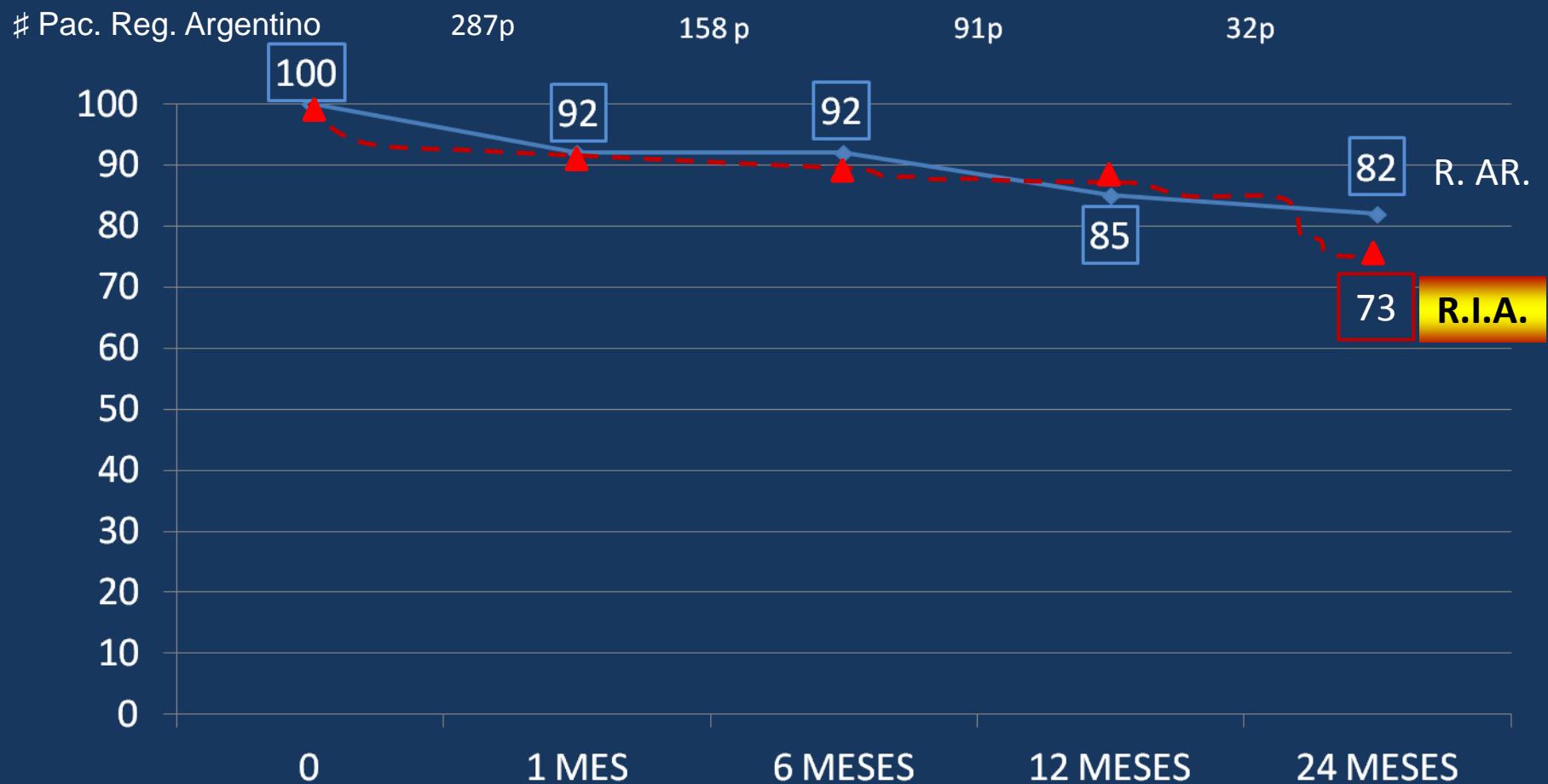


OTRAS COMPLICACIONES



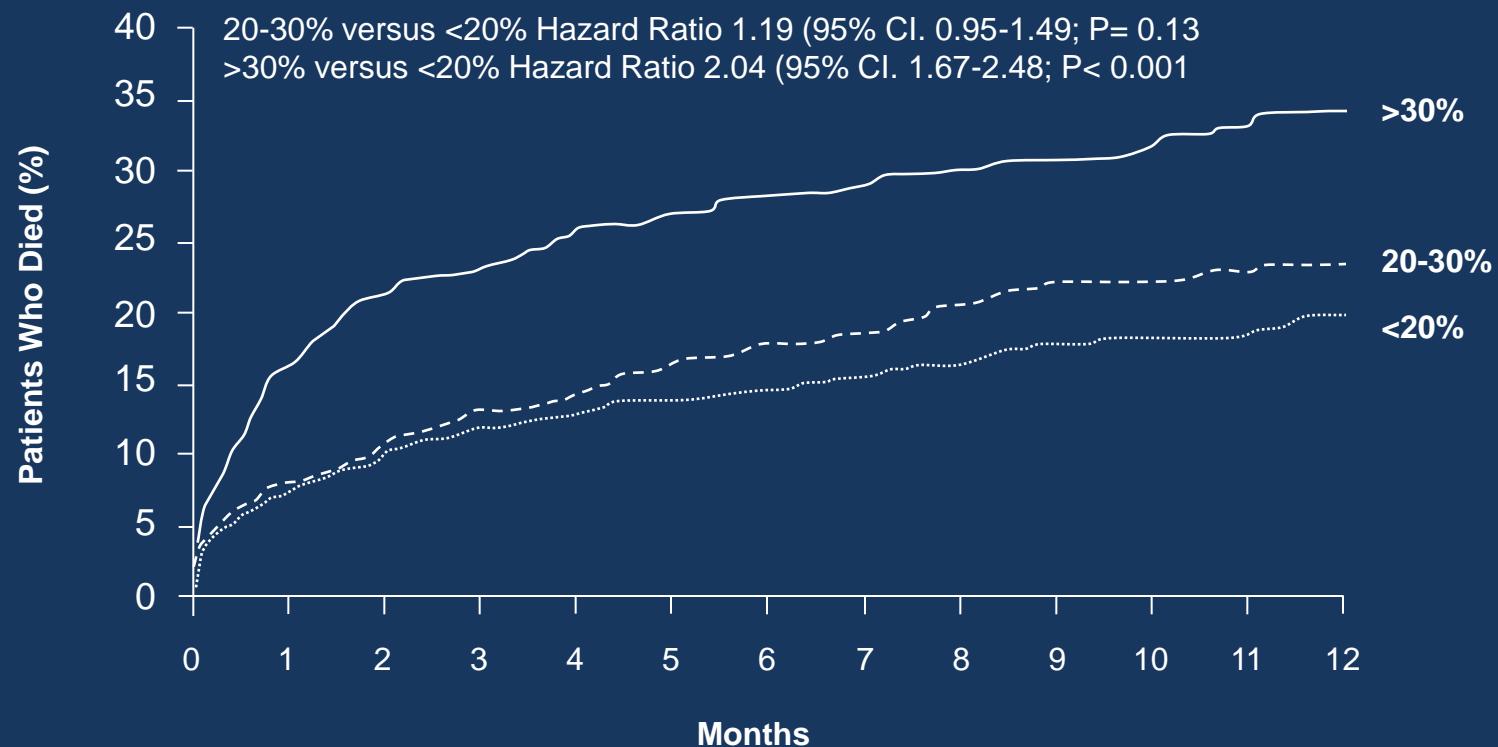


SOBREVIDA ACTUARIAL





Muerte según EuroScore



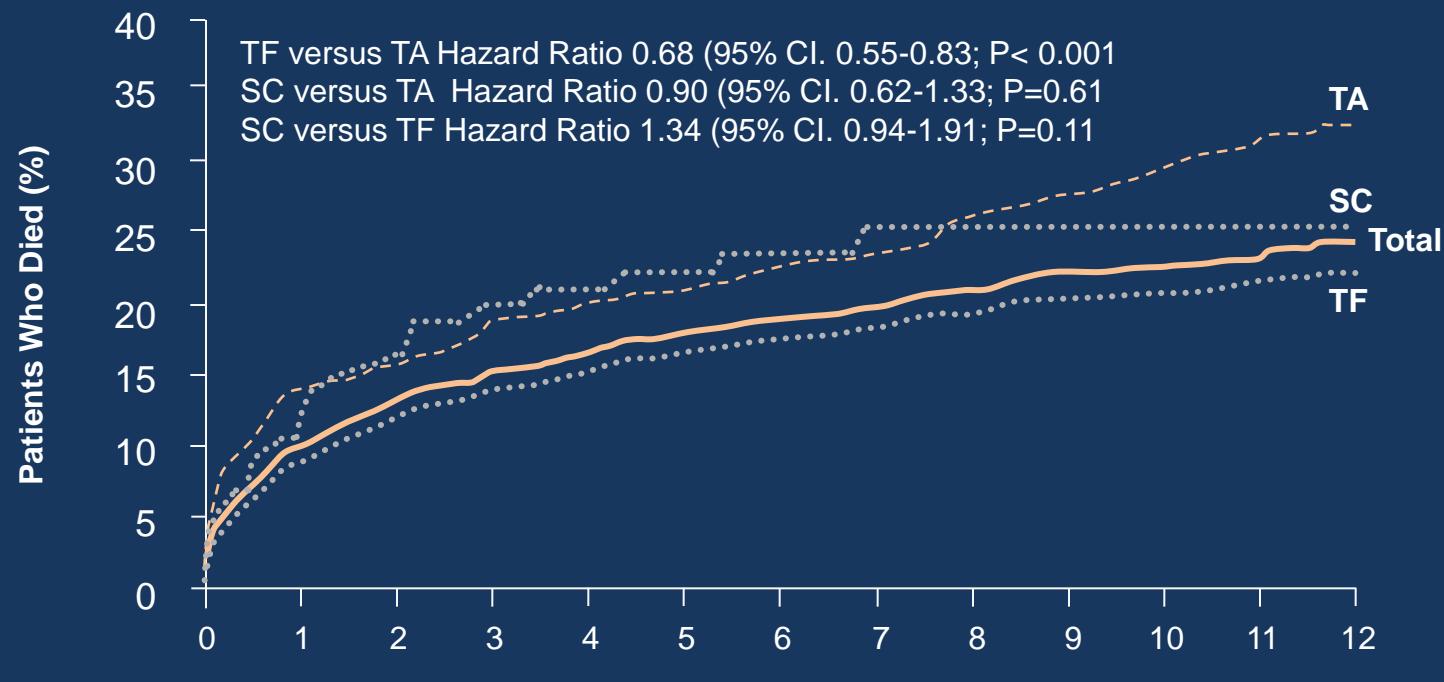
at Risk

< 20%	1686	1301	636	208
20-30%	749	582	300	113
>30%	717	518	269	81

Gilard M, Eltchaninoff H y col. NEJM 2012;366:1705-15
Registry of Transcatheter Aortic Valve Implantation in High Risk patients
France 2.



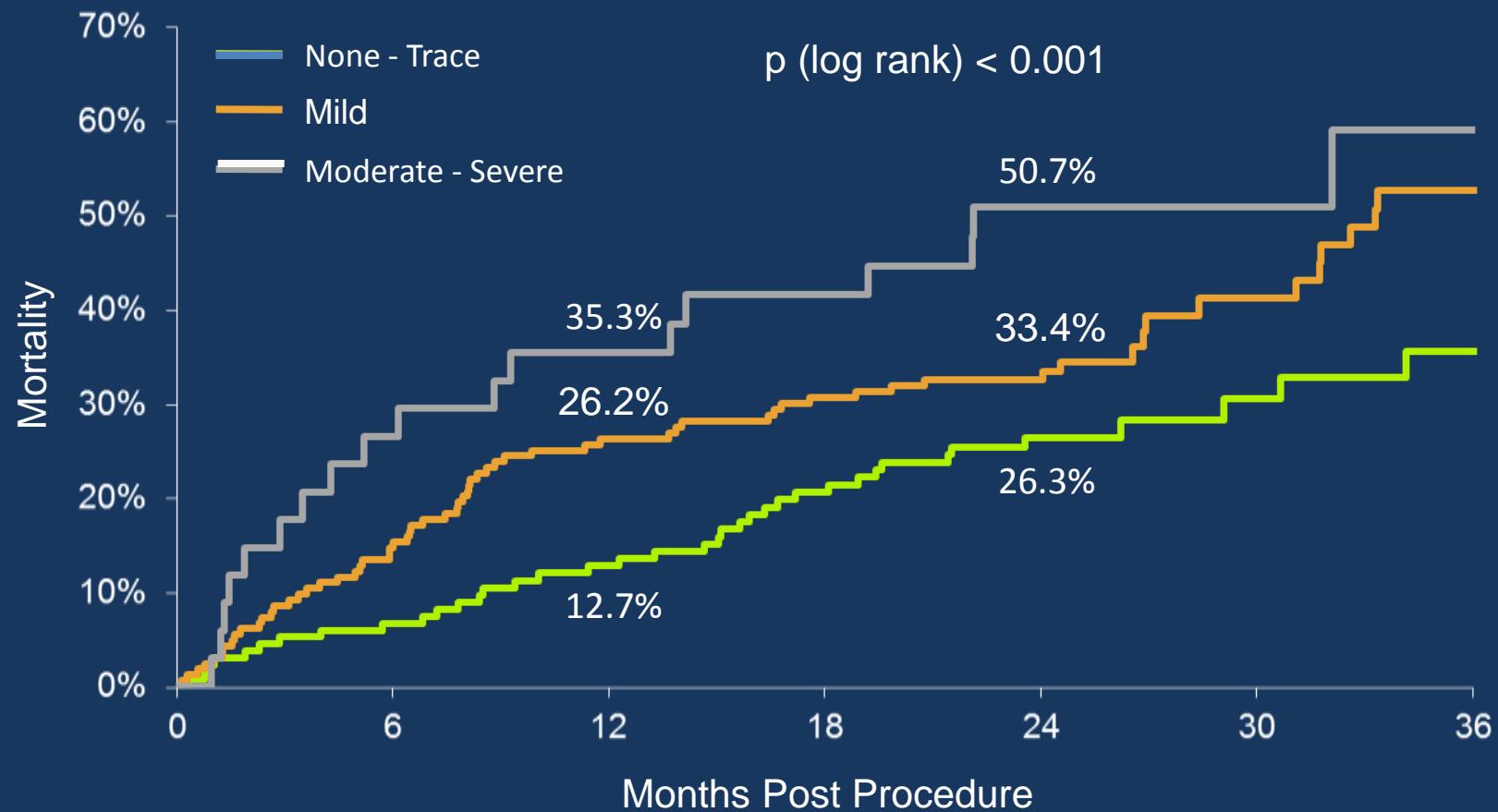
Vía de Acceso y Mortalidad



Gilard M, Eltchaninoff H y col. NEJM 2012;366:1705-15
Registry of Transcatheter Aortic Valve Implantation in High Risk patients
France 2.



Total AR and Mortality TAVR Patients (AT)



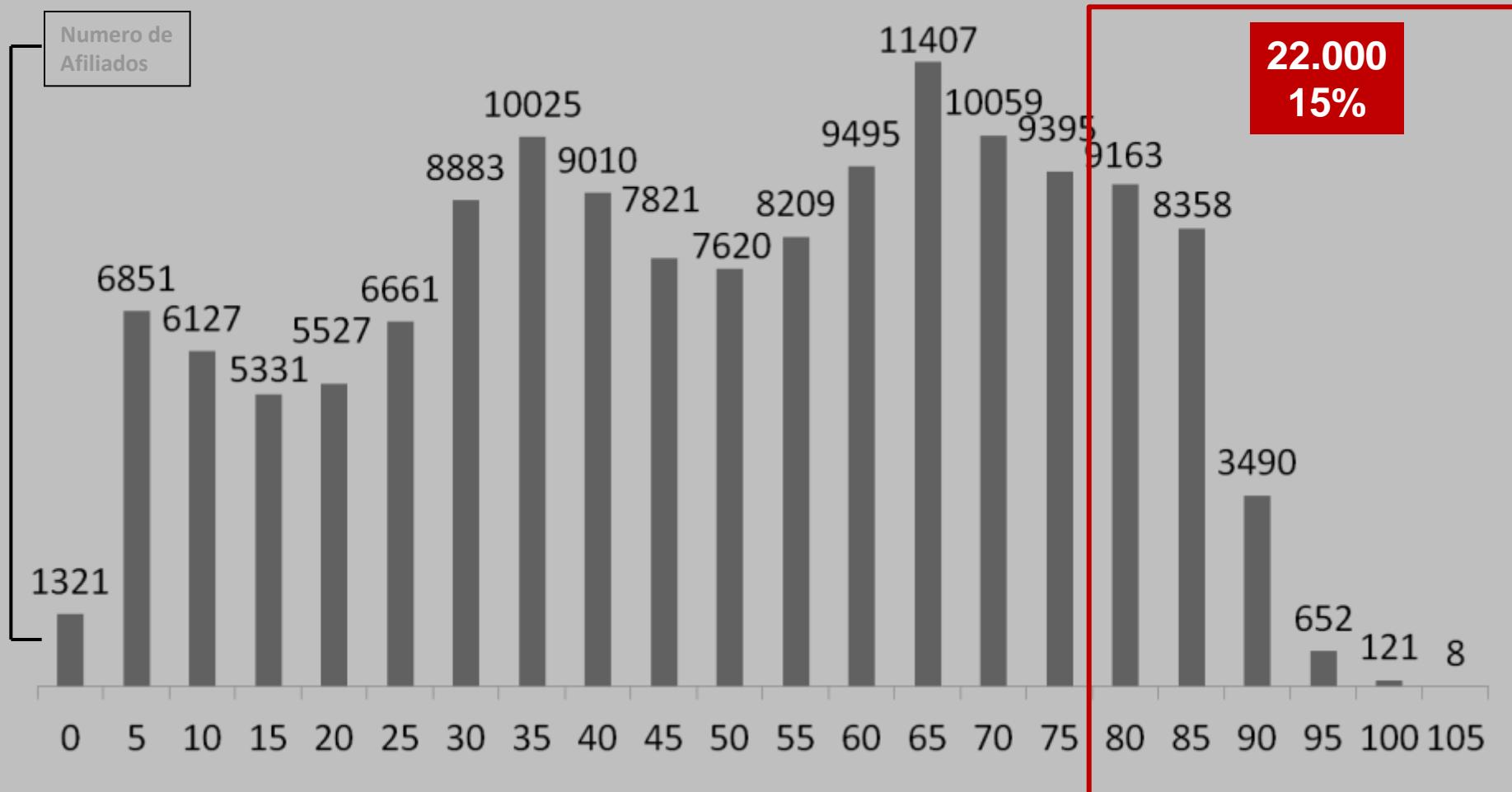
Numbers at Risk

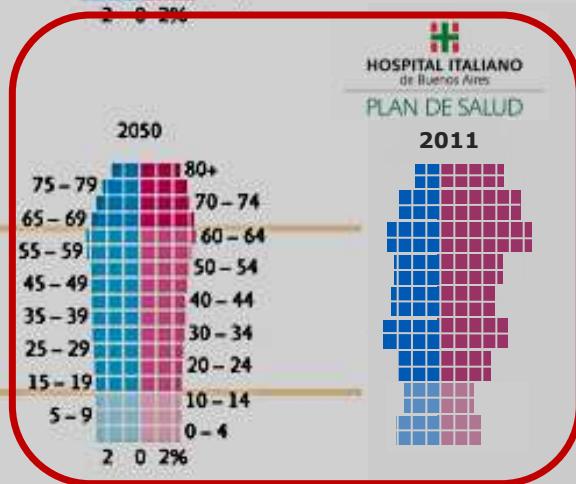
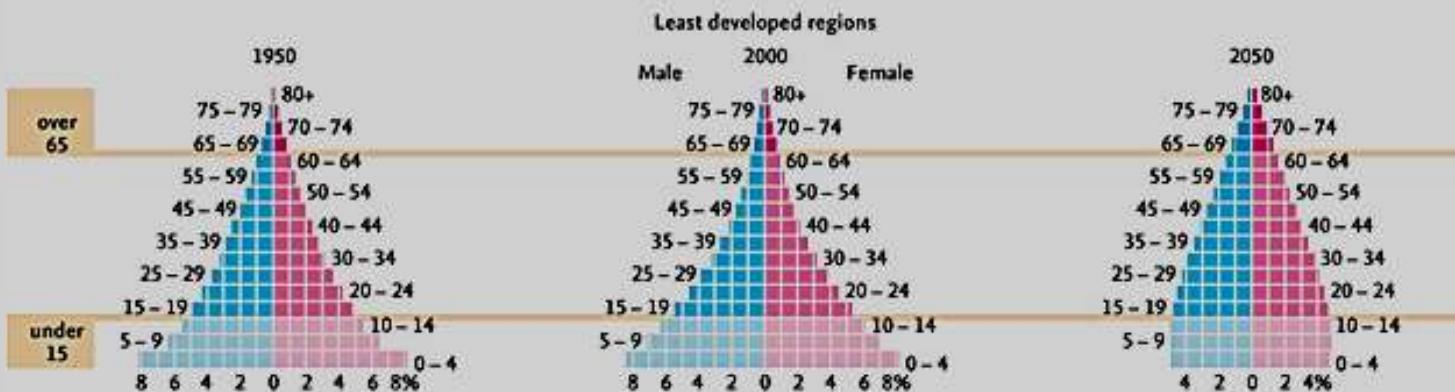
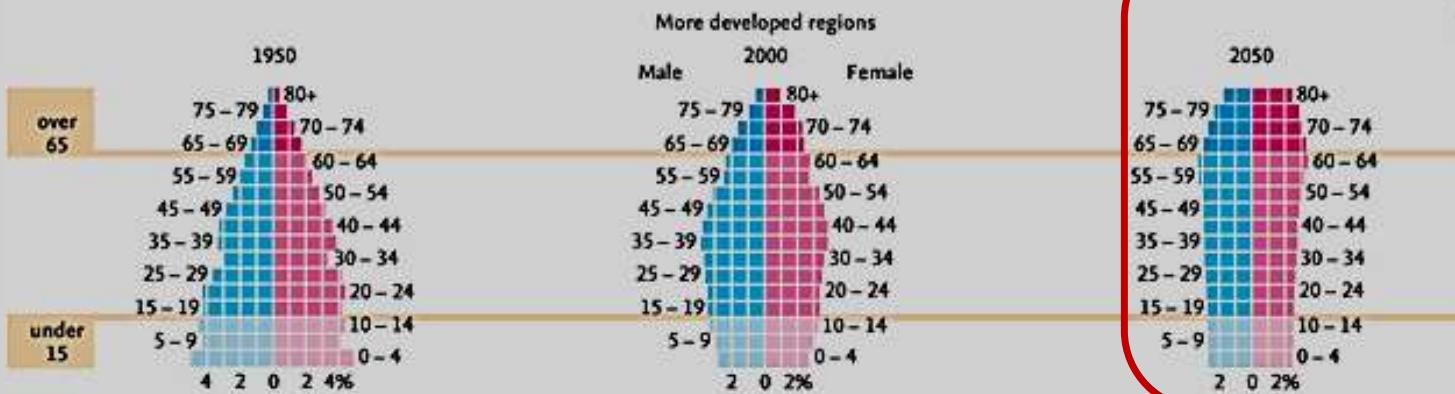
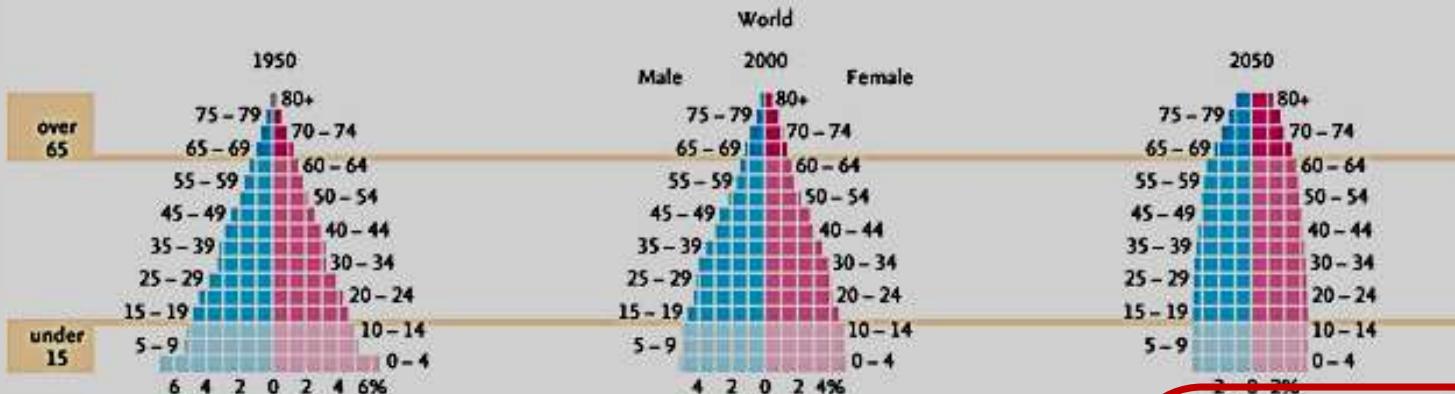
	135	125	115	101	68	31	11
None-Tr	135	125	115	101	68	31	11
Mild	165	139	121	111	71	33	16
Mod-Sev	34	25	22	19	15	6	2



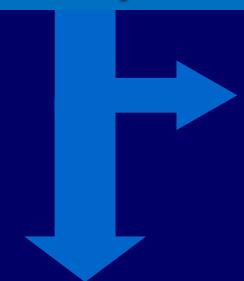
PLAN DE SALUD

Distribución por edades – Año 2010





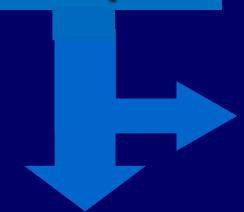
N:219ptes



48%
8%
12%

= RVAOquirurgico
= Comorbilidad extrema (tto medico)
= Asintomaticos (Stand by)

N:70ptes



11%
2%
5%

= Anillo < 20 mm (demasiado pequeño)
= Anillo > 25 mm por balon y 27 mm por TEE)
= Dificultades de acceso

TAVI

N:30pts
14%

(2 cada 10000 afiliados)
(2 cada 100 Estenosis aórticas)
(9 cada 100 Estenosis aórticas + >70 años + disnea)
(la mitad de los elegibles clinicamente)

001 S.D. ♂

88 años

E Ao severa

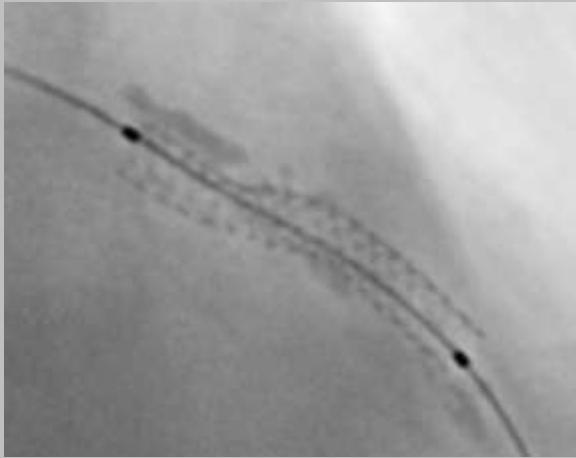
EPOC severa

EUROscore 28%



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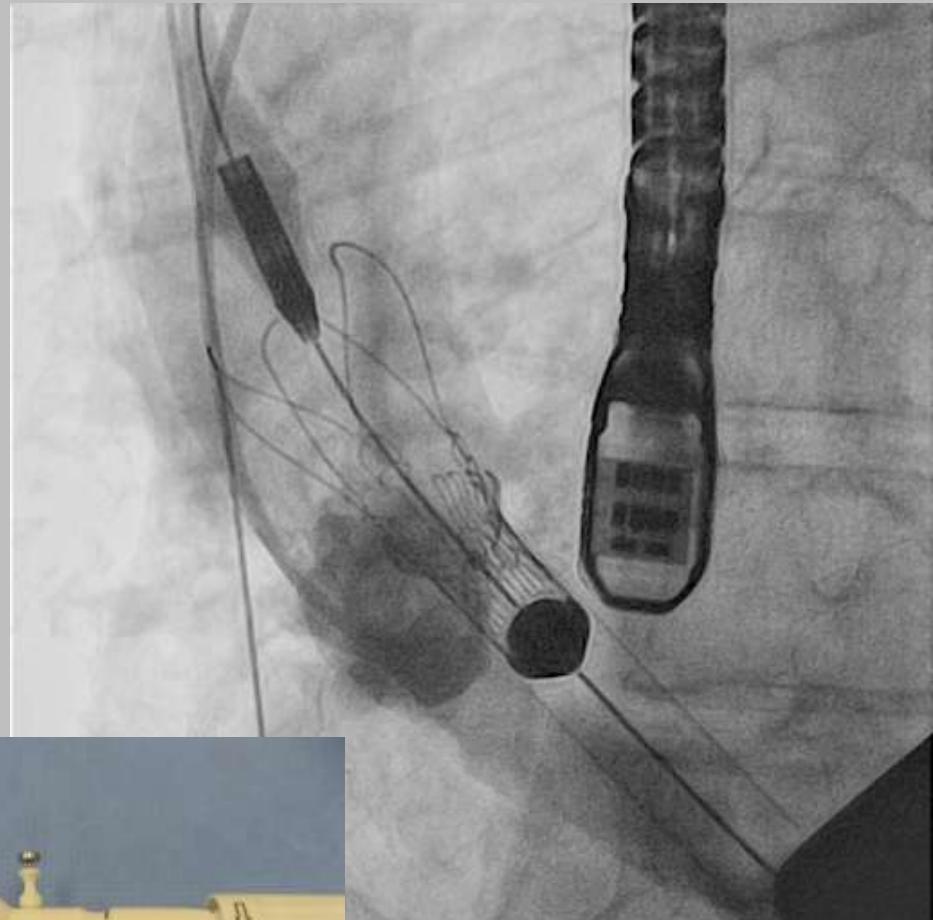
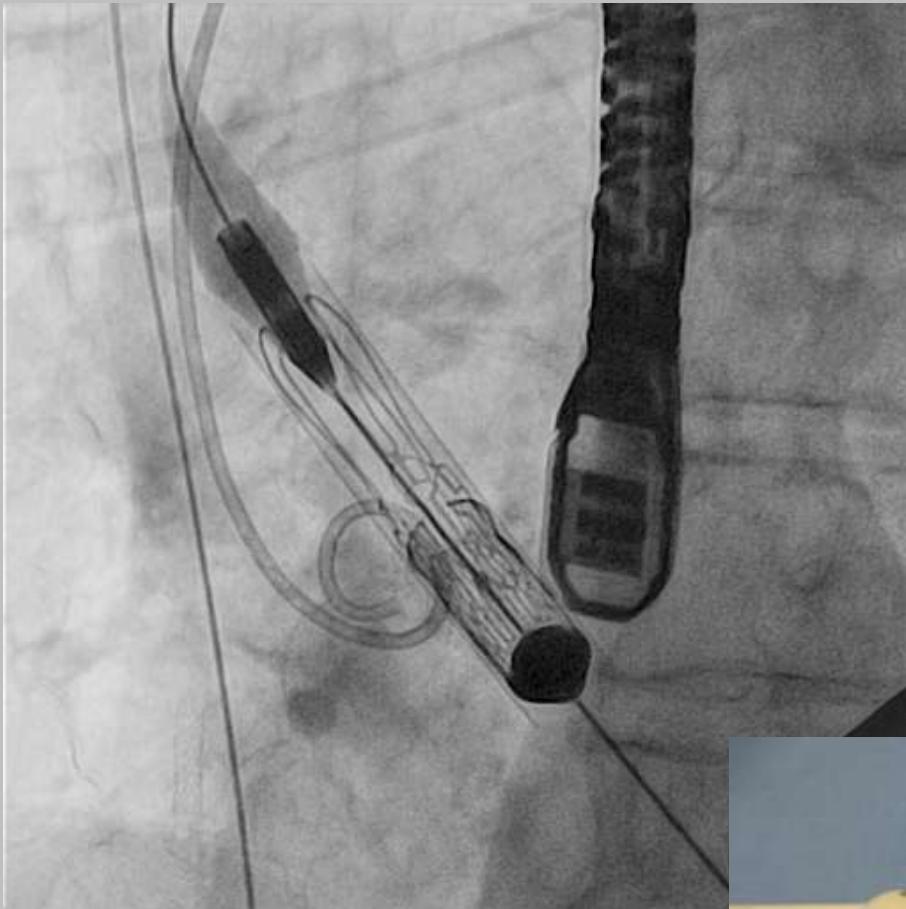




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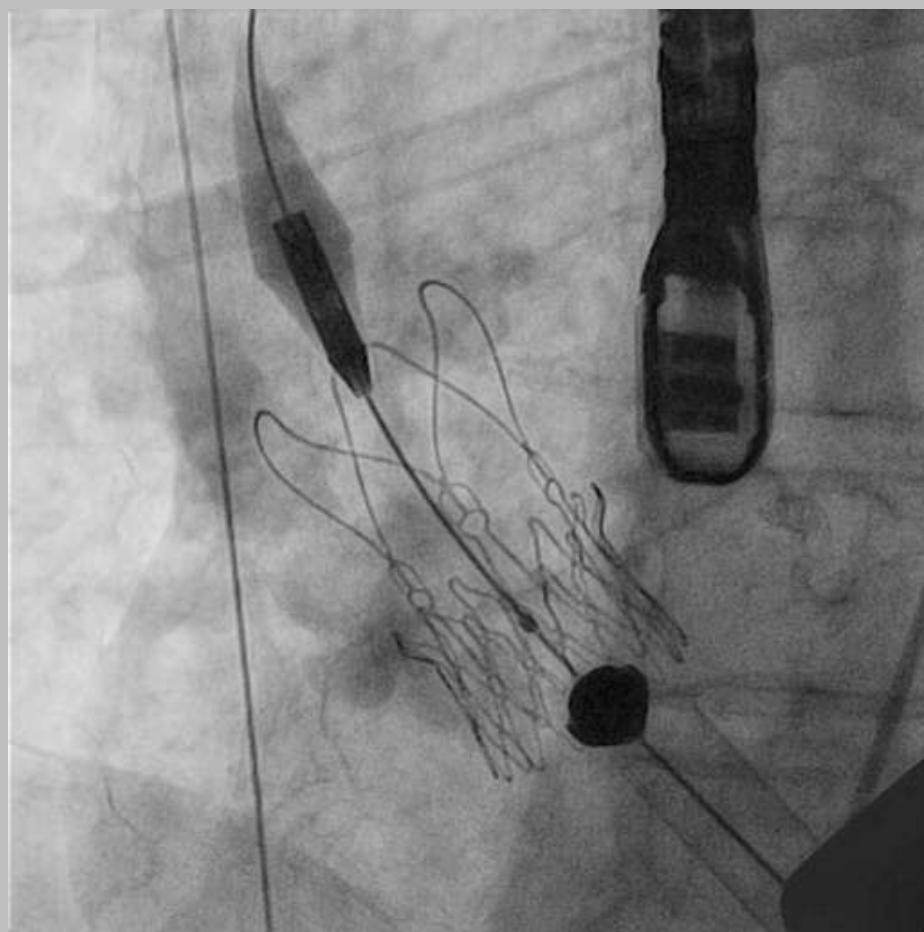
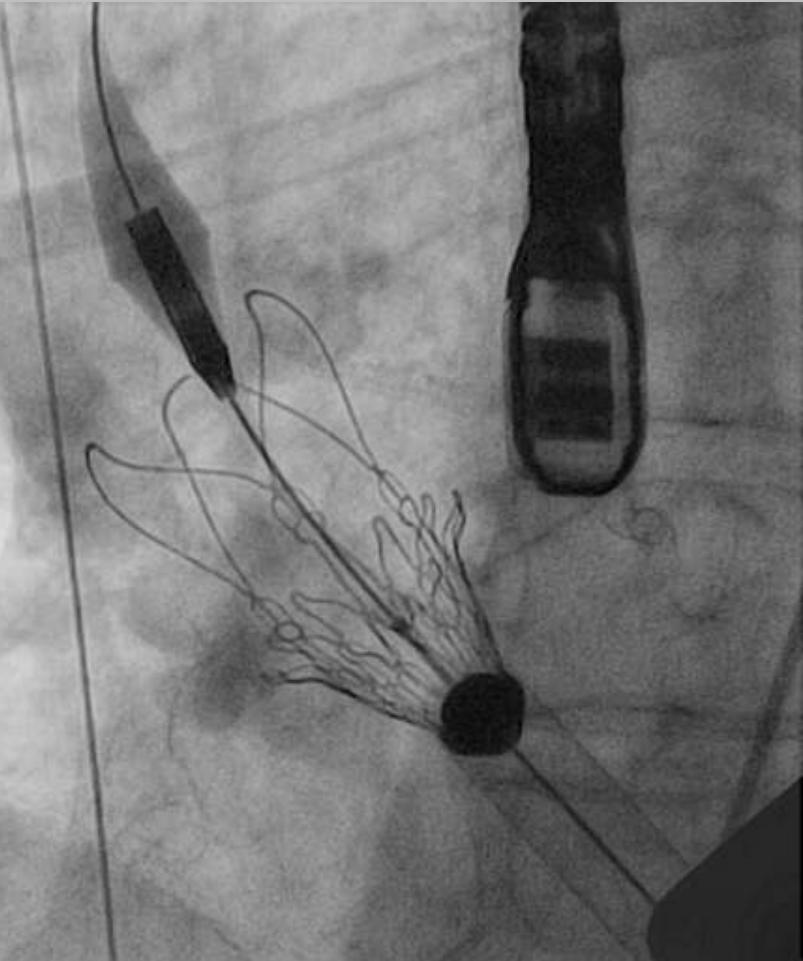
Posicionamiento de Bioproteesis ACURATE TA™ (SYNECTYS)





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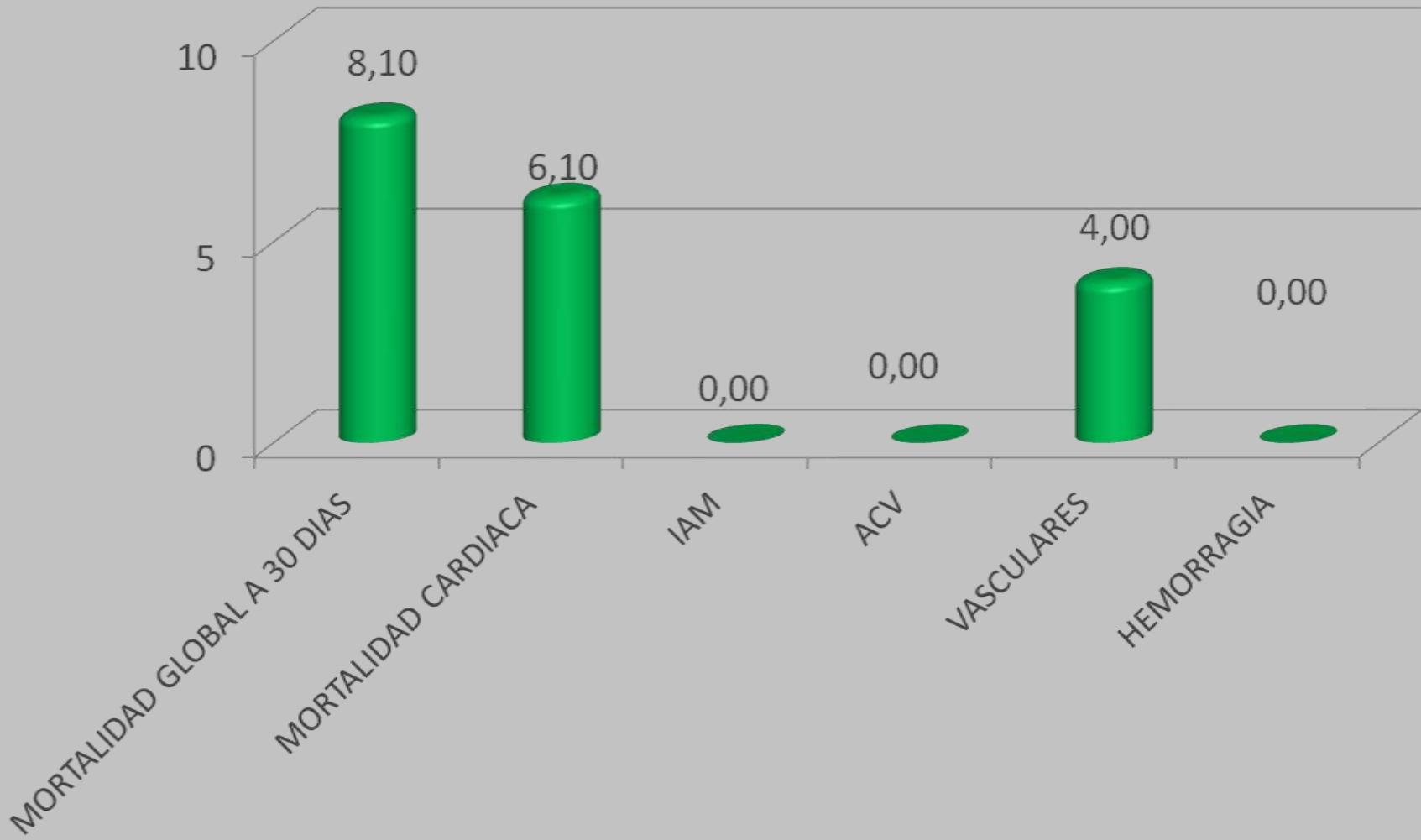
49 pacientes

2009 -2012

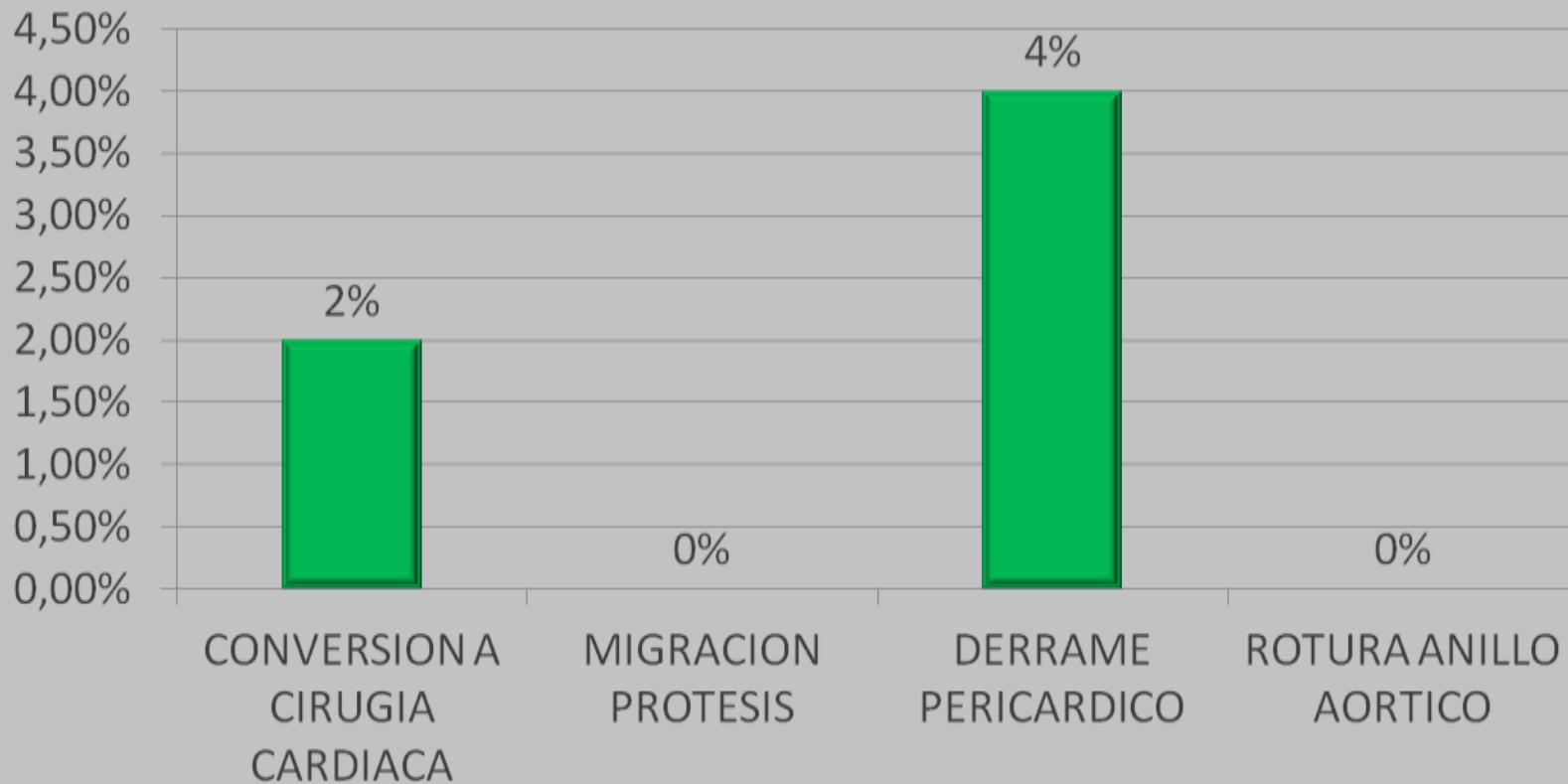
Euroscore Log	26%
Corevalve	44
TF	36
Tao	4
TSc	2
Tiliac.	2
Acurate TA	5



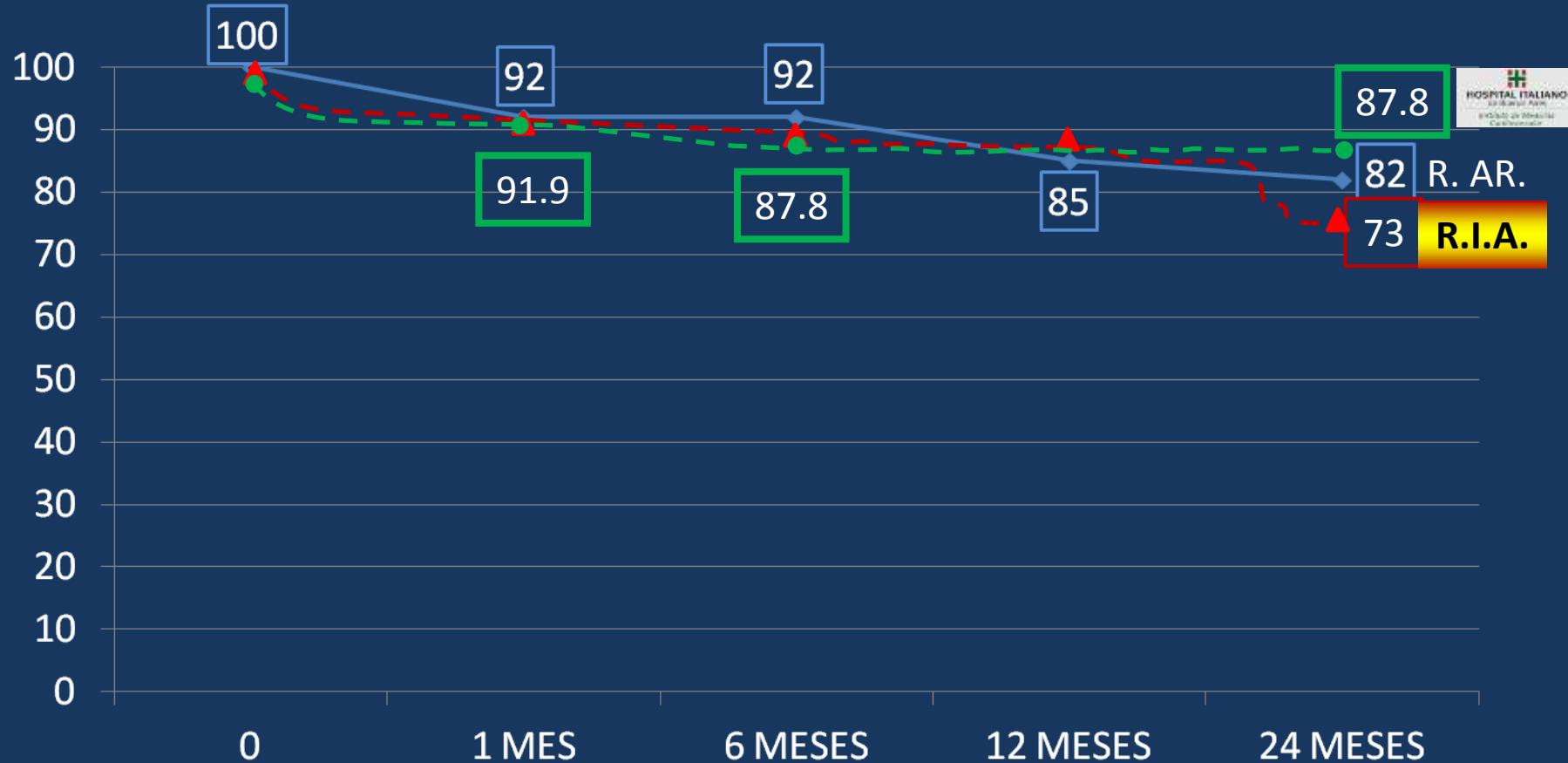
TASA DE EVENTOS A LOS 30 DIAS



OTRAS COMPLICACIONES



SOBREVIDA ACTUARIAL





- ✓ TAVI esta indicado en pacientes de alto riesgo, octogenarios y en pacientes que presentan comorbilidades.
 - ✓ La tasa de éxito superior al 97%
- ✓ Los registros de distintas regiones y países, concuerdan en resultados iniciales, mortalidad y evolución clínica.
- ✓ La evidencia muestra mejoría clínica y hemodinámica a mas de 3 años.
- ✓ Los abordajes alternativos son predictores de riesgo ya que implican pacientes mas complejos pero aumenta el numero de pacientes que pueden ser tratados



Cortesía Dr. Roberto Battellini