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Marcovitch, K.; Tasiaux, C.; Bihin, B.; Blommaert, D.; Chenu, P.; Dangoisse, V.; Floria, M.; Gabriel, L.; Gerard, V.; Guédès, A.; Hanet, C.; Marchandise, B.; Seldrum, S.; Schröder, E.

*Published in:*

Archives of Cardiovascular Diseases Supplements

*DOI:*

[10.1016/j.acvdsp.2017.11.266](https://doi.org/10.1016/j.acvdsp.2017.11.266)

*Publication date:*

2018

*Document Version*

Publisher's PDF, also known as Version of record

[Link to publication](#)

*Citation for pulished version (HARVARD):*

Marcovitch, K, Tasiaux, C, Bihin, B, Blommaert, D, Chenu, P, Dangoisse, V, Floria, M, Gabriel, L, Gerard, V, Guédès, A, Hanet, C, Marchandise, B, Seldrum, S & Schröder, E 2018, 'Determinants of long-term outcome in patients with mild/moderate aortic valve stenosis', *Archives of Cardiovascular Diseases Supplements*, vol. 10, no. 1, pp. 66. <https://doi.org/10.1016/j.acvdsp.2017.11.266>

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## 04-Valvular heart disease and general cardiology

January 18th, Thursday 2018

064

### Determinants of long-term outcome in patients with mild/moderate aortic valve stenosis



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**Background** Previous studies on the natural history of mild/moderate aortic valve stenosis used the combined end-point of death and aortic valve replacement (AVR).

**Aim** The aim of our study was to assess the very long-term outcome (survival) of patients with mild/moderate aortic stenosis (AS).  
**Methods** A consecutive series of 760 patients with the diagnosis of mild (AVA > 1.5 cm<sup>2</sup>–2 cm<sup>2</sup>, n=408) and of moderate (AVR > 1 cm<sup>2</sup>–1.5 cm<sup>2</sup>, n=352) AS during the inclusion period from 01.12.2003 to 01.05.2006 were followed. Follow-up duration ≥ 10 years in all patients. Vital status (national vital statistics) was assessed on 29.10.2016. Completeness of follow-up: 100%. Mean age: 76 ± 10 y. Logistic Euroscore: 13 ± 11; Euroscore 2010: 4.3 ± 4.9.

**Results** Overall survival at 1–5–10 years according to AS severity was respectively for mild AS: 88%–60%–39% and for moderate AS: 85%–54%–30%. The following baseline characteristics were independently (COX model) associated with poor outcome (death following follow-up) (Table 1). The severity of AS was not found to be an independent prediction of poor survival (death). Moreover the median (50%) time to AVR was 9 y. in case of moderate AS and 12 y. in case of mild AS.

**Conclusion** In this large patients cohort (760 pts) with mild/moderate AS, the very long-term outcome (> 10y) was depending on clinical and hemodynamic variables such as age, comorbidities, LV dysfunction, signs of heart failure and renal failure, but not on the AS severity. The severity of AS seems not to have an independent impact on overall survival.

Table 1

	HR	IC
Log Euroscore > 8.5	2.06	1.73–2.45
Age > 78 y	1.68	1.41–2.01
LVEF ≤ 40%	1.77	1.34–2.33
NYHA ≥ III	1.31	1.08–1.58
GRF < 50 mL	1.24	1.06–1.46

**Disclosure of interest** The authors declare that they have no competing interest.

<https://doi.org/10.1016/j.acvdsp.2017.11.266>

145

### Impact of gender on outcome in aortic stenosis



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**Objective** Some studies have shown sex differences in the pathophysiology of aortic stenosis (AS). However, sex-related outcome in AS remain unclear. We sought to investigate the prognostic impact of gender in a large cohort of AS.

**Methods** A total of 2,348 patients with AS defined by aortic valve area (AVA) < 2 cm<sup>2</sup> were included. The primary endpoint was long term overall mortality and the secondary endpoint, long-term cardiovascular mortality.

**Results** A total of 1211 patients were men and 1137 women. At baseline, women were older ( $P < 0.001$ ) and more symptomatic ( $P < 0.001$ ) than men. Overall five-year survival was  $70 \pm 4\%$  for men and  $65 \pm 3\%$  for women ( $P < 0.001$ ). However, on multivariate analysis, after adjustment for covariate of prognosis importance including age and symptoms, both sex found to have a similar long-term prognosis (adjusted HR: 0.882 [0.741–1.049];  $P = 0.156$ ) even after further adjustment for surgery (adjusted HR: 0.865 [0.745–1.003];  $P = 0.055$ ). For cardiovascular mortality, five-year survival was  $88.5 \pm 1\%$  for men and  $85\% \pm 2\%$  for women ( $P = 0.001$ ). On multivariate analysis, there was no difference between genders (adjusted HR: 0.996 [0.760–1.304];  $P = 0.976$ ), even after