14 Significance of echocardiographic factors in prediction of immediate result of percutaneous mitral commissurotomy
CHU Hédi Chaker, Service de Cardiologie, Sfax, Tunisia

Objectives.— Define echocardiographic predictors of the result after percutaneous mitral balloon commissurotomy (PMC).

Methods.— PMC by the Inoue balloon was attempted in 361 patients (73.68% female) with severe mitral valve stenosis. The mean age was 32.87 years. All the patients had undergone echocardiographic examination before PMC to assess mitral anatomy, commissural calcification, and to determine the Wilkins score. Successful PMC was defined as: final mitral valve area (MVA) ≥ 1.5 cm² without a post-procedure mitral regurgitation (MR) grade > 2.

Results.— The mean value of Wilkins score was 7.48 ± 1.89 (range 5–13) and the mean mitral valve area (MVA) before PMC was 0.89 ± 0.17 cm² (range 0.55–1.3 cm²). 34 patients (9.4%) had one-commissural calcification. After PMC, the mean MVA increased to 1.82 ± 0.1 cm² (P < 0.001) resulting in a success rate of 92.7%. Mitral valve mean gradient (MVMG) decreased from 13.3 ± 5.5 to 6.4 ± 3.4 mmHg. Severe mitral regurgitation (≥ grade 3) occurred in eight patients (2.2%). Wilkins score was an independent predictor of the immediate result of PMC but, if > 8, this score had a weak predictive value. Commisural morphology was another independent predictor of the immediate result of PMC.

Conclusion.— Pre-procedure echocardiographic assessment appears to be helpful in predicting PMC results. Successful PMC is influenced by the Wilkins score and commisural morphology.

http://dx.doi.org/10.1016/j.acvd.2013.03.015

15 Hemodynamic profile changes during exercise of the new St-Jude trifecta aortic bioprosthesis: Results from a French multicentre exercise echocardiography study
a CHU d’Amiens, Amiens, France
b CHU de Rennes, Rennes, France
c CHU d’Angers, Angers, France

Objectives.— Initial experience with the new supra-annular pericardial stented St-Jude Trifecta aortic bioprosthesis reports excellent resting hemodynamic profiles. Nevertheless, little is known concerning haemodynamic profile changes of aortic bioprostheses during exercise.

Methods.— Between February 2011 and September 2012, 57 patients (26 men; mean age 75 ± 9) with severe symptomatic aortic stenosis who underwent AVR with the new St-Jude Trifecta Bioprosthesis were prospectively included in a French multicentre study (University hospitals of Amiens, Rennes and Angers). All patients who were able to exercise underwent quantitative Doppler echocardiographic measurements at rest and during semi-supine exercise test at 6 months after AVR. Doppler parameters were recorded at rest, at low level (25 W) and at peak exercise (53 ± 8 W).

Results.— None of the patients had significant paravalvular leakage. For all valve size, the mean peak transvalvular aortic velocity, mean transvalvular gradient (TVG) and the left ventricular ejection fraction, were respectively:

© 2018 Elsevier Masson SAS. All rights reserved. - Document downloaded on 30/12/2018 It is forbidden and illegal to distribute this document.