

**C63. The Predictive Value Of Dobutamine Stress Echocardiography Of Worse Late Outcome of Asymptomatic Patients With Patient Prosthesis Mismatch After AVR**

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**OBJECTIVES:** Most of patients with good LVEF and moderate patient prosthesis mismatch (ppm) after small size aortic valve replacement (AVR) become asymptomatic, but different outcome in exercise capacity and LV mass regression occur the individual subjects in long term observation. We want to estimate if dobutamine stress echocardiography (DSE) could predict the worse long term recovery of such pts.

**METHODS:** 48 asymptomatic pts. (17males and 31females) with identified moderate ppm (EOAIndex 0,85–0,65cm<sup>2</sup>/m<sup>2</sup>) and mean LVEF 52±5% were studied 12 months after AVR with reference to NYHA class and LV mass value. DSE to max. 40µg/kg/min dose of dobutamine or HR>120/min was performed in each patient with analysis of peak (PG) and mean (MG) stress transprosthetic gradients.

**RESULTS:** DSE findings divided pts. into 2 groups. Group I (23 pts) with significantly higher stress PG and MG: 72/40 mmHg and group II (25pts) with lower: 53/25 mmHg PG/MG (p. NYHA and LV mass were comparable in both groups at 1 year: 321 and 313g, (p=NS). In 4 years group I present significant lower LV mass reduction than group II: 281 vs 215 (p < 0,05). 13 pts. (56%) of group I and 2pts. (8%) of group II have changed NYHA class from I on II and become symptomatic (p

**CONCLUSIONS:** Asymptomatic patients, with good LVEF and prosthesis mismatch are in risk of worse long term clinical and hemodynamic recovery. Dobutamine stress echocardiography could specify such group of pts. and predict their late outcome.