

P26. Clinical Outcome Of Toronto Stentless Porcine Valve: A Ten Year Follow-up Of 134 Implants

Giampaolo Zoffoli; Domenico Mangino; Andrea Venturini; Angiolino Asta; Alberto Terrini; Chiara Zanchettin; Elvio Polesel

Venice Cardiac Surgery, Venezia - Mestre, Italy

OBJECTIVES: Haemodynamic results and benefits of the Toronto Stentless Porcine Valve (TSPV) have been documented. Clinical outcome and freedom from major valve-related events have been less well defined. We report clinical results of a ten year single center retrospective study on TSPV implant.

METHODS: Between September 1997 and February 2005 134 patients (55,2% female; mean age 71.8+/-7.8 years) were operated, in our center, with TSPV for aortic valve disease. The calcification of native aortic valve with stenosis or stenosis-insufficiency was the most important lesion (89,6%). Pure aortic insufficiency was present in 9,7%.

RESULTS: Implanted valve sizes were: 21mm (7,5%), 23mm (20,1%), 25mm (35,1%), 27mm (23,1%), 29mm (14,2%). Major associated surgical procedures were 37,3% (CABG 64%, mitral valve repair 8%, ascending aorta replacement 6%). Mean cardiopulmonary bypass and aortic cross-clamp time were 130,6 and 109,1 min respectively. We observed 1 early deaths (0,7%), while 133 patients (99,3%) were discharged. At the mean follow-up (57,3+/-27,2 months), 121 patients (91%) are alive (mean age 75,2+/-8,1 years); all are in NYHA I-II. Late mortality was 11 patients (8,7%). No valve-related death or structural valve degeneration were recorded. Freedom from cardiac death was 99,2%, from thromboembolism 99,2%, from endocarditis 98,5%, and from valve reoperation 99,2%; one patient was successfully reoperated with a percutaneous "valve in a valve" procedure.

CONCLUSIONS: These results confirm satisfactory clinical outcomes after aortic valve replacement with TSPV, with a low incidence of valve-related adverse events and freedom from primary valve deterioration at midterm follow-up.