

P31. Impact Of Prosthesis-Patient-Mismatch (PPM) On Mortality And Quality Of Life

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OBJECTIVES: Patient-prosthesis mismatch (PPM) as predictor for mortality and morbidity remains a matter of debate in cardiac surgery. There is no unselected data on associated quality of life (QoL) available.

METHODS: We present follow-up data on 1087 cardiac valve operations performed with an observation time of 387–5570 days in survivors. The QoL score was assessed through the standardized Euroqol Questionnaire.

RESULTS: Patients underwent cardiac valve operations with isolated AVR (56%) or with additional procedures CABG, MVR and others (44%). Higher mortality was significantly associated with combined procedures, age (</> 65y), valve size and PPM, that was, however, lost to non-significance after adjustment for covariates. Age was a significant predictor for early mortality (<30d) increasing risk by 4.3% with every year. Using conventional PPM criteria (severe ≤ 0.65 , moderate 0.65-0.85 and $ns \geq 0.85$) was not significantly associated with mortality overall. Best (significant) discrimination in the entire study population was ~ 0.78 . For isolated AVR, however, PPM did not appear to be of any effect on survival. In contrast, PPM was significantly associated with QoL score (severe vs. ns; and moderate vs. ns: $p=0.0005$ each) that can be demonstrated in all valve sizes individually.

CONCLUSIONS: In our cohort a PPM index of ~ 0.78 had weak prognostic significance for early mortality, suggesting individual cut-off criteria according to study populations. Quality of Life was significantly associated with PPM severity in all valve sizes and this association persisted over the full period of follow-up. PPM may have greater impact on QoL than on early and late mortality.