

## **Isolated aortic valve replacement: results from a contemporary series of 3178 patients.**

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### **Abstract**

**Objective.** To evaluate outcome and to identify predictors of hospital and mid-term mortality after primary isolated aortic valve replacement. To compare early and mid-term survival of patients older and younger than 80 years and to assess the effectiveness of Logistic EuroSCORE in predicting the risk for hospital mortality in octogenarians with Logistic EuroSCORE >15% undergoing aortic valve replacement.

**Methods.** Data from 3178 patients undergoing primary isolated aortic valve replacement between January 2003 and December 2009 were prospectively collected in a Regional Registry (RERIC) and analysed to estimate hospital and mid-term results.

**Results.** Overall hospital mortality was 2.5%. By multivariate analysis, age, NYHA III-IV, CCS III-IV, pulmonary artery pressure > 60 mmHg, dialysis, infective endocarditis and severe chronic obstructive pulmonary disease emerged as independent predictors of hospital mortality. At 6 years the survival rate was 79.9%. Age > 80, NYHA III-IV, pulmonary artery pressure > 60 mmHg, EF 30%-50%, cerebrovascular disease, creatinine >2mg/dl and chronic obstructive pulmonary disease emerged as independent risk factors for 3-years mortality. **As compared to younger patients, octogenarians had higher hospital mortality rate (3.72% vs 1.81%; p=0.0143)** and a reduced 6-years survival rate (81.7% vs 67.5%; p<0.001). The observed mortality rate in octogenarians with logistic EuroSCORE > 15% (mean: 23.1%) was 8.2% (p<0.001).

**Conclusions.** This study provides contemporary data on characteristics and outcome of patients undergoing first-time isolated aortic valve replacement.