

Transcatheter versus surgical aortic valve replacement in cardiac amyloidosis.

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Transcatheter versus surgical aortic valve replacement in cardiac amyloidosis

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We read with great interest the article by Khan et al. [1] that was recently accepted by your journal for publication, regarding the clinical outcome of transcatheter aortic valve replacement (TAVR) and surgical aortic valve replacement (SAVR) in patients with cardiac amyloidosis (CA). However, we would like to raise a few concerns about the data presented in this article.

TAVR received United States Food and Drug Administration (US FDA) approval in 2011, hence studies on TAVR do not predate 2011. Using the National Inpatient Sample (NIS) database, Elbadawi et al. [2] had identified only 39,253 patients who underwent TAVR between the years 2011 and 2014. A similar number of TAVRs (around 40,000) from 2011 to 2014 was reported by other studies as well using the NIS [3,4].

In their article, Khan et al. [1] report identifying 18,745 patients with CA who had undergone TAVR during the time period of 2009 to 2014. This number seems erroneously high. Based on the above facts, this number would imply that almost half of all patients undergoing TAVR have CA. However, it is well known that the prevalence of CA in patients undergoing TAVR is between 15 and 20% [5,6], as also acknowledged by Khan et al. in their manuscript. It is also unclear how Khan et al. identified TAVR patients for the years 2009 and 2010 when it was not an approved procedure.

It is possible that the number of CA patients undergoing TAVR identified in this study is incorrect due to some coding error, and we would love to get a clarification on the same from the authors.

Declaration of competing interest

The authors have no conflicts of interest to disclose.

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