brought to you by 🐰 CORE

10-year's experience of aortic valve replacement with the Mitroflow bioprosthesis

J. Verbeke, L. Lootens, T. Martens, F. Caes, Y. Van Belleghem, T. Bové, K. François Department of Cardiac Surgery, University Hospital of Ghent

<u>Objective</u>: Recent reports raised concerns on the durability of the Mitroflow aortic bioprosthesis, especially for the LXA-model without anticalcification treatment. This study reflects a single-center experience with the Mitroflow for aortic valve replacement (AVR)

<u>Method</u>: From June 2003 to December 2014, 634 patients underwent AVR with the Mitroflow prosthesis. The study focused on 510 consecutive patients that received the LXA-prosthesis (2003-2012), by addressing the end-points survival and prosthesis durability, with structural valve degeneration (SVD) defined by a mean transprosthetic gradient > 30 mmHg at echocardiography and/or need for reoperation.

Results: The mean patient age was 76 ± 6 years, with 14% < 70 y and 23% > 80 y. Valve sizes 23 and 25 were used in 70%, and 19 and 21 in only 18%, avoiding patient-prosthesis mismatch (PPM) in 91%. The mean follow-up time was 5.0 ± 3.2 years, cumulating a total of 2152 patient-years (max 11.6 y). The 1-, 5-, and 8-year patient survival was $86\pm2\%$, $67\pm3\%$, and $47\pm3\%$ respectively. Freedom from SVD was $99\pm1\%$ and $88\pm3\%$ at 5 and 8 years. Reoperation for SVD was performed in 3.3%, including redo-AVR (9) or TAVI (6) for cusp rupture (6) and stenotic calcified degeneration (9). Prosthetic explantation for endocarditis was done in 3 patients. No specific patient- nor prosthesis-related factors significantly affected valve durability. SVD was not observed with the more recent Mitroflow model-DLA with phospholipid reduction therapy (used since May 2012), within a maximal follow-up time of 2.8 y.

<u>Conclusion</u>: Despite lacking anticalcification treatment, the LXA-generation Mitroflow bioprosthesis offered a reliable aortic valve substitute in patients older than 70 years. The low occurrence of PPM, enhanced by its specific design and a consistent supra-annular implantation technique, might have improved the valve durability. Further results with the Mitroflow model-DLA have to be awaited.