

## CO60

**327. IMPLANTE DE PRÓTESIS AÓRTICAS TRANSAPICALES: EXCELENTES RESULTADOS EN PACIENTES DE ALTO RIESGO**

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Objetivos: el implante de prótesis aórticas transapicales (TAVI) es una nueva alternativa terapéutica para los pacientes con estenosis aórtica y elevado riesgo quirúrgico. Analizamos nuestra experiencia inicial.

Métodos: desde abril de 2008, 672 pacientes (edad  $79 \pm 8$  años; rango 28-99) han sido tratados mediante implante de TAVI. El EuroSCORE logístico medio fue de  $38 \pm 21\%$  y el *score Society of Thoracic Surgeons* (STS)  $18 \pm 15\%$ ; 25 pacientes (6,1%) presentaban *shock* cardiogénico. Se realizaron los siguientes procedimientos concomitantes: *stent* coronario electivo (46), cirugía de revascularización coronaria (4), reparación tricuspídea (3), cierre de comunicación interauricular (CIA) (1), dilatación de válvula pulmonar (1) y sustitución valvular mitral (1).

Resultados: el implante se llevó a cabo con éxito en el 99,5%. La supervivencia a los 30 días, 1, 2 y 3 años fue del  $95,2 \pm 1,1\%$ ,  $83,0 \pm 2,1\%$ ,  $68,3 \pm 3,5\%$ , y  $63,7 \pm 4,5\%$ , respectivamente. En el análisis multivariante se observaron como factores predictores de supervivencia el sexo femenino, ausencia de insuficiencia renal previa, arteriopatía periférica y *shock* cardiogénico.

Conclusiones: el implante de TAVI es factible en pacientes con riesgo prohibitivo para cirugía convencional. Dado que nuestros resultados son excelentes, incluso a medio plazo, consideramos que esta técnica cambiará el futuro de la cirugía cardíaca, abriendo un nuevo camino hacia la cirugía híbrida.

## CO61

**292. EXTRACORPOREAL MEMBRANE OXYGENATION FOR REFRACTORY CARDIOGENIC SHOCK: A BRIDGE TO DECISION?**

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Objectives: cardiogenic shock refractory to conventional therapy has very high mortality and limited therapeutical options. Aim of the study was to evaluate the impact of the use of ECMO as a life-saving measure when optimal conventional treatment has been reached and mechanical circulatory support is the only option for survival.

Material and methods: between January 2009 and May 2011, 32 patients in cardiogenic shock refractory to optimal conventional therapy (inotropes and intra-aortic-balloon-pump) were treated with the extracorporeal life support implantation. Venous-arterial extracorporeal membrane oxygenation has been implanted either at bedside under local anesthesia or in operating room.

Results: the mean age of the population (24 male and 8 female) was  $49 \pm 16$  years, all patients presented with cardiogenic shock refractory to medical therapy due to various etiology. Venous-arterial extracorporeal membrane oxygenation was

implanted at bedside under local anesthesia in 20 awake patients (63%) and in the operating room in the remaining 12 (37%). Average duration of ECMO support was  $12.3 \pm 10.2$  days (range 1-46). Twenty-six patients (81%) were weaned from venous-arterial extracorporeal membrane oxygenation or bridged to either a ventricular assist device or heart transplantation. ECMO was used as bridge to transplantation in 7 patients (22%), bridge to recovery in 10 patients (31%) and bridge to bridge in 9 patients (28%). Six patients (18.7%) died during ECMO support, whereas 30-day overall survival after ECMO removal was 80.7% (21/26 pts). Sixteen patients (50%) were discharged from the hospital, with a 100% survival at six-months follow-up.

Conclusions: in our experience the use of ECMO as a "bridge to decision" significantly improved the outcome of cardiogenic shock patients, greatly reducing the expected mortality.