GENDER DIFFERENCES DURING DIAGNOSIS AND EVOLUTION OF PROGRESSIVE TRICUSPID AORTIC STENOSIS IN WHITE PATIENTS WITHOUT CARDIAC CO-MORBIDITIES

Poster Contributions
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Background: Gender differences in coronary artery disease (CAD) evolution, and overlap in etiologies of CAD and progressive tricuspid aortic stenosis (trileafletAS), suggest also gender differences during the natural progression of trileafletAS. We aimed to explore those differences in a healthy older cohort newly diagnosed with trileafletAS.

Methods and Results: Exploratory clinical-based cohort study of 293 consecutive trileafletAS pts (age 70.9±10.9 yrs., 43.7 % female) without cardiac co-morbidities, identified during initial confirmatory echo diagnosis, followed up for 6.5±3.4 yrs for competing outcomes of heart failure (HF), aortic valve (AV) replacement (AVR), and death. 109 pts received AVR-s, 94 pts developed Incident HF, and 102 died. Compared to men, women showed higher hazard ratio of incident HF [age-adjusted HR=1.9; 95% CI (1.1-3.5)] (competing parametric model for AVR, HF and mortality), especially non-ischemic incident HF, and were less likely to die after receiving AVR.

Conclusion: We identified gender differences following the diagnostic and clinical expression of trileafletAS without cardiac comorbidities. Further studies should clarify the pathophysiological mechanisms associated with these differences, address the benefits of gender-specific risk scores for predicting outcomes in this population, and explore the potential benefits of gender specific diagnosis approaches, follow-up, and therapy.