



IMPACT OF ACUTE KIDNEY INJURY ON OUTCOMES IN PATIENTS UNDERGOING BALLOON AORTIC VALVULOPLASTY

Poster Contributions Poster Sessions, Expo North Saturday, March 09, 2013, 3:45 p.m.-4:30 p.m.

Session Title: Valvular Heart Disease: Clinical III - Aortic Valve Stenosis Abstract Category: 31. Valvular Heart Disease: Clinical Presentation Number: 1155-80

Authors: <u>Nilusha Gukathasan</u>, Annapoorna Kini, Roxana Mehran, Georgios Vlachojannis, Mauricio Cohen, Jennifer Yu, Ziad Sergie, Usman Baber, Samantha Sartori, Robert Pyo, Kleanthis Theodoropoulos, Eliot Elias, Socrates Kakoulides, Evan Jacobs, David Knopf, Jason Kovacic, Raj Vadde, Brian O'Neill, Samin Sharma, George Dangas, Mount Sinai School of Medicine, New York, NY, USA

Background: Acute kidney injury (AKI) is frequently seen in elderly patients with aortic stenosis undergoing BAV, however its impact on in-hospital outcomes has not been characterized.

Methods: We conducted a retrospective review of 428 consecutive patients who underwent non-emergent, retrograde BAV from January 2005 to July 2011 at two high-volume US centers that used heparin (UFH) or Bivalirudin anticoagulation. We analyzed baseline and procedural characteristics as well as in-hospital outcomes according to the presence or absence of AKI. All adverse events were adjudicated by a blinded, independent clinical events committee.

Results: Among the 428 patients who underwent BAV, the average age was 83±9, and 41 (9.6%) had AKI. Those patients were more often female, with a higher prevalence of diabetes, and were more likely to receive higher volume of contrast media (78.4 mL±90.73 vs 62.4 mL±51.16; P is NS). AKI patients experienced significantly higher rates of in-hospital mortality, MACE, NACE and major bleeding compared to patients without AKI (Table 1). After adjusting for confounders, AKI was associated with in-hospital NACE (OR: 8.51 95% CI: 3.90-18.56; P<0.001).

Conclusion: In this large BAV registry, AKI was associated with an increased risk of in-hospital adverse outcomes. Further investigation into the prevention of AKI in these high-risk patients is warranted.

	AKI (n= 41)	No AKI (n=387)	P value
MACE	15 (36.6)	23 (5.9)	< 0.001
NACE	21 (51.2)	45 (11.6)	<0.001
All-cause mortality	11 (26.8)	13 (3.4)	< 0.001
Myocardial infarction	5 (12.2)	9 (2.3)	0.007
Major stroke	0 (0.0)	3 (0.8)	0.57
Major bleeding	11 (26.8)	27 (7.0)	< 0.001
Acute vascular injury	15 (36.6)	23 (5.9)	0.04

In-Hospital Outcomes. Values are n (%). Abbreviations: BARC - Bleeding Academic Research Consortium; MACE - major adverse cardiovascular events; NACE - net adverse clinical events includes any major bleeding or MACE.