Conclusions: 337.8 mmHg, respectively. A trend toward more strokes was observed with ESV (3.6% vs. 1.2%; OR 3.074; 95% CI 2.266-7.143; p = 0.001). Indeed, there was less need for PPM in the ESV group (22.6% vs. 6.8%; OR = 0.783). The C-statistic for 30 day mortality for STS, logistic EuroSCORE, and logistic EuroSCORE II were respectively 0.60, 0.66 and 0.62. All high-risk groups developed more acute kidney injury stage 3 (in high-risk STS 16.8%, logistic EuroSCORE 14.8% and logistic EuroSCORE II 17.6%) and stroke was more frequent in the high-risk logistic EuroSCORE II group (0% vs. 9.9% vs. 5.4%; p = 0.001).

Results:

TCT-858
Transcatheter Aortic Valve Implantation with Edwards SAPIEN™ versus Medtronic CoreValve Revalving System® Devices: a Multi-Center Collaborative Study The PRAGMATIC Initiative – Pooled Rotterdam-Amsterdam-Toulouse In Collaboration
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TCT-859
Early echocardiographic data suggest valve function with a very low rate of significant paravalvular regurgitation, however, a higher mean transvalvular gradient compared to other TAVI devices.

Results: TA-TAVI was successfully performed in all patients with a mean radiation time of 11.4±2.8min. The average implanted device sizes included 23mm (n=6), 25mm (n=12) and 27mm (n=7), readjudication after deployment was necessary in 25.8% (55.6%). Angiographic evaluation demonstrated mild to moderate aortic regurgitation (AR) in one (3.7%) patient, whereas none or trivial AR were observed in 26 (96.3%) patients. Major adverse cardiovascular events within 30 days (according to VARC) occurred in 22.2% (6 events) of all patients including 6.3% pacemaker implantation for conduction disturbances 3.7% (2 events). Survival at 3 months was 81.5% (n=24). Echocardiographic evaluation 3 month after implantation (n=18/23) demonstrated moderate AR in 1 (3.7%) patient and none or trivial AR in 11 (40%) and 6 (22.2%) patients, respectively. The mean transvalvular gradient at 1 and 3 month after implantation was 17.9±10.5mmHg and 16.8±19.3mmHg, respectively.

Conclusions: The JenaValve™ is a safe and effective for transvalvular severe of AS. Early echocardiographic data suggest valve function with a very low rate of significant paravalvular regurgitation, however, a higher mean transvalvular gradient compared to other TAVI devices.

Background: Few data exists comparing transcatheter TAVI with Medtronic CoreValve® (MCV) and Edwards SAPIEN™/SAPIEN XT™ (ESV). Due to differences in baseline clinical characteristics, a propensity score matching was performed. Study endpoints were reported according to the Valve Academic Research Consortium (VARC) definitions. The C-statistic was performed to calculate the discriminative ability of the scores.

Results: A total of 417 patients were included: mean age was 79.5±7.5 years and 59.7% underwent implantation of Edwards SAPIEN™/SAPIEN XT™. According to STS, there were 17.7% patients in the low-, 49.2% in the intermediate- and 33.1% in the high-risk category. According to logistic EuroSCORE, there were 20.6% patients in the low-, 31.9% in the intermediate- and 47.5% in the high-risk category. According to logistic EuroSCORE II, there were 54.2% patients in the low-, 28.1% in the intermediate- and 17.7% in the high-risk category. Thirty-day mortality was 4.7% overall with no differences according to risk stratification: according to STS from low to high risk mortality was 3.4% - 3.5% vs. 6.7% (p = 0.307). The prospective TAVI databases of 4 experienced centers in Europe were pooled between January 2011 and May 2012, utilizing both commercially available valves, were analyzed. Patients were grouped by low-, intermediate- and high-risk (STS < 3%, 3.8% - 8%; logistic EuroSCORE <10%, 10-20%, >20%; logistic EuroSCORE II <5%, 5-10%, >10%; respectively). Study endpoints were reported according to the Valve Academic Research Consortium (VARC) definitions. The C-statistic was performed to calculate the discriminative ability of the scores.

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Conclusions: None of the available surgical risk scores were predictors of 30-day mortality following TAVI. Moreover, the C statistics showed poor discriminative ability of the scores for 30 day mortality. New scores are needed to help risk stratify TAVI patients.

TCT-861
The effect of inflammation on left ventricular function after transcatheter aortic valve implantation
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Background: Transcatheter aortic valve implantation (TAVI) is an emerging treatment option for inoperable or high risk patients. After the procedure, most of patients show significant improvement of left ventricular function. However, the recovery of left ventricle is not immediately observed to all patients while to some others, it is temporally deteriorated. Furthermore, some patients may elevate the levels of CRP and white blood cells (WBC) after TAVI. Elevated CRP has been associated with reduced left ventricular function. Therefore, we hypothesized that inflammatory parameters may influence left ventricular recovery after TAVI.

Methods: Data from consecutive patients who underwent TAVI were evaluated from an existed database. Blood samples were obtained before TAVI, 3 hours and daily for 5 days after the procedure. CRP as well as WBC were recorded. In addition, transthoracic echocardiogram was performed and obtained before TAVI and daily for 5 days after the procedure. Patients were separated into three groups according to left ventricle improvement (improved, unaffected, declined).

Results: Overall, data from 76 patients (80.37±5.36 years, 33 males (48.8%); AVA: 0.63±0.15 cm2) were analyzed. Out of them, in 29 patients (39.7%) LVEF improved, in 11 patients (15.1%) it declined and in 33 patients (45.2%) it remained unaffected. We performed an ANOVA test and the post-hoc analysis showed higher levels of CRPmax (70.2±4685 vs. 11748±4685, p < 0.01) in patients with declined LVEF comparing to those with unaffected LVEF respectively. Similarly, post-hoc analysis showed lower levels of CRPmax (70.2±4685 vs. 11748±4685, p < 0.01) in patients with declined LVEF comparing to those with improved LVEF.

Conclusions: In conclusion, inflammation as detected by simple indices such WBC and CRP may be associated with left ventricular function after TAVI.