

ACC-i2 with TCT

IMPACT OF BIVALIRUDIN ON ACCESS AND NON-ACCESS RELATED BLEEDING IN PATIENTS UNDERGOING BALLOON AORTIC VALVULOPLASTY: RESULTS FROM A 2-CENTER REGISTRY

i2 Poster Contributions
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Background: Bivalirudin is associated with a significant reduction in both access and non-access site bleeding in PCI patients. Whether this benefit extends to patients undergoing balloon aortic valvuloplasty (BAV) is unknown.

Methods: We conducted an independent retrospective review of 428 consecutive patients who underwent retrograde BAV (from 2005 to 2010) at two high-volume centers using either bivalirudin (n=223) or unfractionated heparin (UFH) (n=205) as anticoagulant. Major bleeding was defined as Bleeding Academic Research Consortium (BARC) type bleeding ≥ 3 . All events were adjudicated by a CEC blinded to antithrombin use.

Results: Baseline features were well-balanced between groups. Pts receiving UFH were more likely to have 2 arterial access sites (12.6% v. 53.7%, $p < 0.001$) and less likely to undergo successful preclosure (69.1% v. 41.7%, $p < 0.001$). Major bleeding occurred in 38 (8.9%) patients, which included bleeding at the access site (n=24), and non-access site (n=14). Compared to UFH, bivalirudin reduced the overall bleeding rate (4.9% v. 13.2%, OR 0.34, 95% CI: 0.15 - 0.74, $p = 0.003$); concordant reductions were evident in both access (3.9% vs. 7.2%, OR 0.52, 95% CI: 0.19 - 1.34, $p = 0.14$) and non-access site bleeding (1.5% vs. 4.9%, OR 0.29, 95% CI: 0.05 - 1.11, $p = 0.06$).

Conclusion: In this two-center registry of high risk patients undergoing BAV, bivalirudin significantly reduced bleeding and this was attributable to both access and non-access sites.

