17.03 ± 6.7, p <0.05) were significantly lower in the TAVI group. Incidence of LV dysfunction was similar in both groups (TAVI vs SAVR 6 vs SAVR 9, p < 0.05).

**Conclusion:** Our initial results suggest excellent early haemodynamic performance of Edwards Sapien TAVI valve compared to the commonly used surgical bio prosthetic valves.

**CRT-704**

**What are the Correlates with Significant Post Transcatheter Aortic Valve Replacement Aortic Regurgitation?**

Sa'ar Minha, Marco Magalhaes, Ricardo Orlando Escarcega, Itzik Ben-Dor, Nevin Baker, Petro Okubagzi, Joshua P. Loh, Lakshmana Pendyala, Al Fazir Omar, Hideaki Ota, Chen Fang, Rebecca Torguson, Lowell F. Satler, William O. Suddath, Augusto Piichard, Ron Waksman

**MedStar Heart Institute, Washington, DC**

**Introduction:** Aortic Regurgitation (AR) post Transcatheter Aortic Valve Replacement (TAVR) was correlated with poor outcome. Heterogeneity in the clinical and procedural parameters associated with the post-TAVR of AR still exists.

**Methods:** All patients undergoing TAVR (n=407) had a post-procedural echocardiography and were grouped according to their AR degree into two groups (none/mild (n=345) and AR>Mild (n=62)). A comparison of the baseline, procedural characteristics and outcome metrics was performed. A multivariable logistic regression analysis was used to explore the variables associated with AR>mild.

**Results:** Post procedural AR incidence was 79.11% in this cohort (322/407) with most patients having mild AR (63.8%; n=260). After examining clinical and procedural parameters, only the left-ventricular outflow diameter (LVOT) was independently associated with AR>mild (figure-1).

**Conclusion:** The reported etiologies for post-TAVR AR are multifactorial and include both patient and procedural characteristics. The association between LVOT diameter and post-TAVR AR suggested accurate valve size is imperative. Of the few modifiable parameters, appropriate valve sizing should be emphasized as it is the strongest predictor of post-TAVR AR development.

**CRT-705**

**Does the Disparity in Baseline Characteristics of Patients Undergoing Transcatheter Aortic Valve Replacement with 23 mm vs 26 mm Valves Impacts Clinical Outcomes?**

Ricardo Orlando Escarcega, Marco A. de Magalhaes, Nevin C. Baker, Sa’ar Minha, Joshua P. Loh, Lakshmana Pendyala, Al Fazir Omar, Hideaki Ota, Rebecca Torguson, Fang Chen, Fernando Rodriguez-Weissen, Petro G. Okubagzi, Itzik Ben-Dor, Lowell Satler, Augusto Pichard, William O. Suddath, Ron Waksman

MedStar Heart Institute, Washington, DC

**Background:** Transcatheter aortic valve replacement (TAVR) is an effective alternative in symptomatic patients with severe aortic stenosis, but the differences in baseline characteristics of patients who receive a 23-mm valve vs a 26-mm valve and its impact on clinical outcomes remains unclear.

**Methods:** We retrospectively analysed patients undergoing TAVR. Patients were divided into 2 groups based on the size of the valve (23-mm and 26-mm). A comparison of baseline and procedural characteristics was performed.

**Results:** Of the 213 patients, 132 received a 23 mm valve and 81 a 26 mm valve. (Table) No significant differences were found in clinical outcomes (Figure).

**Conclusion:** Patients undergoing TAVR with 23mm and 26mm valves have similar clinical outcomes despite significant differences in baseline characteristics.