Conclusions This study demonstrated that the rapid pacing trough the back-up left ventricle guidewire is equivalent to right ventricular pacing in term of efficacy. This method is safer due to the limitation of complications related to right ventricular pacing lead placement. Finally, it simplify the procedure by making it faster.

The author hereby declares no conflict of interest

0179
Transcatheter valve-in-valve implantation in patients with failed aortic bioprosthesis: immediate and medium-term outcomes of 15 procedures
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Background TAVI offers an attractive option for patients with failed bioprosthesis and high operative risk (valve-in-valve concept).

Purpose The objective of this study was to analyze outcomes of patients with failed aortic bioprosthesis undergoing transcatheter aortic valve-in-valve implantation.

Methods From January 2012 to January 2015, 15 patients with degenerated aortic valve bioprosthesis underwent transcatheter aortic valve-in-valve implantation in our institution. Mean patient age was 82±6 years. Mean logistic Euroscore was 36±16% and mean STS score was 16±14%. The mean follow-up was 260±316 days.

Results The failing bioprosthesis were Cryolife O’Brien in 5 patients, Carpentier Edwards in 5 patients, Medtronic mosaic in 4 patients and Mitroflow in 1 patient. Bioprosthesis mode of failure was stenosis (n=6), regurgitation (n=5), or combined stenosis and regurgitation (n=4). The mean degenerative time was 11.15±6.1 years.

Implanted devices included Medtronic CoreValve (n=6) and Edwards SAPIEN (n=9). Successful implantation of a transcatheter aortic valve-in-valve with the patient leaving the catheterization laboratory alive was achieved in all patients. Adverse procedural outcomes included initial device malposition in 3 cases requiring a second valve, retroperitoneal hematoma in 1 patient, permanent pacemaker in 1 patient, Stroke in 1 patient and acute renal failure in 1 patient. The mean transvalvular gradient passed from 48.7±17.63 to 18.32±9.3mmHg in stenotic degenerated bioprosthesis. No significant aortic regurgitation was observed post-implantation. During hospitalization, 1 patient developed myocardial infarction. The medium in-hospital stay was 13.4±7.7 days. During later follow-up, there was no death, no myocardial infarction and no stroke or TIA. 2 patients were hospitalized for heart failure.

Conclusion Transcatheter aortic valve-in-valve implantation seems to be feasible and safe in both stenotic and regurgitant degenerative bioprosthesis.

The author hereby declares no conflict of interest

0345
Thirty-day outcomes of transcatheter aortic valve implantation with the latest generation Edwards SAPIEN 3 prosthesis via the transilofemoral approach
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Background Few data is available concerning the latest generation Edwards SAPIEN 3 prosthesis in patients with severe aortic stenosis undergoing transcatheter aortic valve implantation (TAVI).

Aims To evaluate periprocedural and 30-day clinical outcomes of TAVI using the Edwards SAPIEN 3 prosthesis via transilofemoral approach.

Methods Between September 2014 and March 2015, consecutive high-risk or non-operable patients with severe aortic stenosis had TAVI using Edwards SAPIEN 3 prosthesis in Institut Mutualiste Montsouris. Valve Academic Research Consortium endpoints were used.

Results Of 142 patients who underwent TAVI using Edwards SAPIEN prosthesis, 66 were treated with SAPIEN 3 via transfemoral access (mean age 84±7.1 years; 70% female). About 65% and 48% of patients had, respectively, severe peripheral artery diseases and calcified iliofemorale arteries. Multi-detector computed tomography estimated an aortic annular diameter of 25.07±2.6mm. Mean logistic EuroSCORE was 15.8±10.8. The device success rate was 98.5%. No failure of valve deployment had occurred and no patient had more than mild paravalvular aortic regurgitation. Mean transaortic gradient decreased from 46, 0±12,33mmHg to 8,2±3,37mmHg (p<0,001), at 30 days follow up, there were no myocardial infarction. The major complications were 6%, mortality and stroke were of 3%, and the rate for a new pacemaker was 10.6.

Conclusion In our study, TAVI with Edwards SAPIEN 3 was associated with a high rate of device success and low rate of paravalvular aortic regurgitations and major bleedings.

The author hereby declares no conflict of interest

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