Prosthesis-annular length and QRS duration before and immediately after TAVI implantation were compared to the need of permanent pacing.

**Results:** The TAVI procedure was successfully performed in all and permanent pace maker implantation was required in 7 patients (20%) because of a complete AV block occurring during the 3 days after TAVI procedure. Patients requiring a permanent pacing had greater prosthesis-annular length (11±4 mm vs. 6±4 mm, p=0.03) and QRS duration after implantation (137±24 ms vs. 161±3 ms, p=0.006), while no difference was showed for baseline QRS duration. QRS enlargement correlated with prosthesis annular length (r=0.4, p=0.01). Interestingly, all patients with QRS enlargement >48 ms (n=20) were free of complete AV block, while permanent pacing was required in 54% (7/13) of patients with a QRS enlargement >48 ms (n=15).

**Conclusions:** In patients with a limited changes in QRS duration (<48 ms) after TAVI procedure, the risk of complete block seems limited, while QRS enlargement >48ms appears strongly associated to the need of permanent pacing.

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**Percutaneous mitral commissurotomy in patients aged 50 years and more**

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**Introduction:** The studies concerning the percutaneous mitral commissurotomy (PMC) in the elderly patients are rare.

**Objectives:** The purpose of this work is the study of early and mid-term results of the PMC in patients aged more than 50-years and their comparison with the results obtained in the younger patients.

**Materials and methods:** retrospective study of 170 patients, hospitalized in the cardiology department between January 1994 and January 2008 having PMC by balloon incision with a clinical and echocardiographic follow-up of more than 10 years. We defined the patients >=50 years old (group1) and the patients aged less than 50-years (group 2)

**Results:** – 45 patients were >= 50 years old (17.05%). The mean age was 56.41±6.21% were in atrial fibrillation (AF) and 37.9% were in sinus rhythm(SR). The WILKINS score showed that 20.7% had a score <8.72, 4% between 9-11 and 6.9% a score >12. After PMC the mean mitral area was passed from 1,07±0,2 cm² to 2,03±0,3 cm² (p<0,001), the transmitral gradient was passed from 14,88+–5,14 mmhg to 3,99+–2,26 (p<0,001) and the mean pulmonary artery pressure was passed from 35,66 +–9,97 mmhg to 24,1±6,48 mmhg (p<0,01). The estimation of Kaplan-Meier showed that the absence of restenosis was respectively 80,8%/73,1%; 65,4% and 61,5% in the absence of restenosis was respectively 80,8%;73,1%; 65,4% and 61,5% in group1, group2, group3 and group4 respectively. The estimation of Kaplan-Meier showed that the absence of restenosis was respectively 80,8%/73,1%; 65,4% and 61,5% in group1, group2, group3 and group4 respectively.

**Conclusions:** PMC is effective first therapy in patients aged >=50 years with symptomatic mitral stenosis.