PERCUTANEOUS CLOSURE OF PARAVALVULAR LEAKS WITH AMPLATZER VASCULAR PLUG III DEVICE: IMMEDIATE AND MIDTERM RESULTS

i2 Oral Contributions
Ernest N. Morial Convention Center, Room 353
Tuesday, April 05, 2011, 11:27 a.m.-11:41 a.m.

Session Title: Structural and Valve
Abstract Category: 20. PCI - Valvular Heart Disease
Presentation Number: 2912-8

Authors: Manuel A. Paulo Guzman, Sr., Jaime R. Dutary, Rosana Hernandez Antolin, Carlos Almeria, Tamar Gorgadze, Eulogio Garcia, San Carlos University Hospital, Madrid, Spain

Background: Percutaneous closure of paravalvular leak (PVL) is a new therapeutic option for high surgical risk patients. The Amplatzer Vascular Plug III (AVP III) device has shown good results in anecdotal cases but experience is still limited. We describe the immediate and midterm follow-up results of percutaneous PVL closure using AVP III device, which is one of the larger series reported with this device.

Methods: Prospective, observational study of consecutive patients treated percutaneously in our Institution with AVP III device from December 2008 until July 2010.

Results: A total of 51 patients were included. Mean age was 67 ± 10.5 years. The most common indication to perform the procedure was hemolysis plus heart failure (30 P, 59%). Most were at high risk expressed by logistic Euroscore (20% ± 14). A total of 64 procedures (55 mitral, 7 aortic and 2 simultaneous) were performed. The device was implanted successfully in the first procedure in 85% of patients. Mean follow-up was 182 ± 157 days. More than half of patients reported improvement in their quality of life. Hemoglobin improved significantly at the end of the follow-up (9.7±1.5, 10.7±0.7, p=0.019). There were no deaths related to procedure and 10 patients (19%) died due to cardiac causes during follow-up.

Conclusions: PVL closure with AVP III device is a feasible and safe procedure with high success rate of implantation and discrete improvement in quality of life at midterm follow up, however its real long-term benefit is to be determined.