

## P754

## Severe aortic stenosis with preserved ejection prognostic differences according to flow status and gradient fraction: a Spanish multicentre study

Galian-Gay L.<sup>1</sup>; Escalona Silva RA.<sup>1</sup>; Ferrer-Sistach E.<sup>2</sup>; Mitroi C.<sup>3</sup>; Mingo S.<sup>3</sup>; Saura D.<sup>4</sup>; Vidal B.<sup>5</sup>; Moral S.<sup>6</sup>; Calvo F.<sup>7</sup>; Sanchez-Sanchez V.<sup>8</sup>; Gonzalez A.<sup>9</sup>; Guzman G.<sup>10</sup>; Noris Mora M.<sup>11</sup>; Arnau Vives MA.<sup>12</sup>; Evangelista A.<sup>1</sup>

<sup>1</sup>Hospital Vall d'Hebron, Barcelona, Spain

<sup>2</sup>Germans Trias i Pujol University Hospital, Barcelona, Spain

<sup>3</sup>University Hospital Puerta de Hierro Majadahonda, Madrid, Spain

<sup>4</sup>Hospital Universitario Virgen Arrixaca, Murcia, Spain

<sup>5</sup>Hospital Clinic de Barcelona, Barcelona, Spain

<sup>6</sup>University Hospital de Girona Dr. Josep Trueta, Girona, Spain

<sup>7</sup>Complejo Hospitalario Universitario de Vigo, Vigo, Spain

<sup>8</sup>University Hospital 12 de Octubre, Madrid, Spain

<sup>9</sup>University Hospital Ramon y Cajal de Madrid, Madrid, Spain

<sup>10</sup>University Hospital La Paz, Madrid, Spain

<sup>11</sup>University Hospital Son Espases, Palma de Mallorca, Spain

<sup>12</sup>University Hospital La Fe, Valencia, Spain

**Background and objectives:** Low-flow low-gradient (LFLG) aortic stenosis portends bad prognosis in different series. The objective of this study was to evaluate the evolution of this entity in our country.

**Methods:** We included 1394 consecutive patients evaluated between 2008-2016 with severe AS (AVA <1 cm<sup>2</sup>) and ejection fraction > 50% from 14 Spanish centres. The results (aortic valve intervention and mortality) were compared using the Kaplan-Meier survival analysis.

**Results:** Three groups based on gradient and flow status were established (high gradient: HG, normal flow under gradient: NFLG, low gradient low flow: LFLG). No significant demographic or clinical differences between groups were observed. After a follow-up of 61.52 months (IQR 43.5-86.5), 551 (73.8%) HG, 268 (35.4%) with NFLG and 81 (57.9%) LFLG received intervention, with a later surgery/TAVI indication in the LFLG group compared with HG group (p = 0.001) (Figure 1). The analysis of the Kaplan-Meier mortality curves showed no significant differences.

**Conclusions:** Patients with LFLG aortic stenosis with normal ejection fraction received less and later aortic valve intervention than the HG group with no significant differences in mortality.

Abstract P754 Figure. Time to surgery

