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Balloon aortic valve valvuloplasty as palliative therapy in severe aortic valve stenosis: 10 years experience in a single centre

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Background: Improved technology together with greater operator experience has led to refinement of balloon aortic valve valvuloplasty (BAV) in recent years. It may provide a palliative treatment option in high-risk patients, highly symptomatic, for whom no other invasive therapy is available. However, there has not been universal adoption of BAV as a standalone therapy.

Methods: A retrospective analysis of ten years of practice of BAV as palliative strategy in patient with symptomatic aortic stenosis between March 2008 and June 2018 was performed. Demographic, clinical, procedural, and follow-up data on all patients were collected.

Results: A total of 152 patients (95 women, 63%) with a mean age of 85±6 years underwent BAV. All patients had severe aortic stenosis, were considered not suitable to aortic valve replacement nor Trans-catheter aortic valve implantation (TAVI) for appreciable comorbidity (STS score 9±5) and had

severe symptoms mainly of heart failure which required medical attention. A statistically significant decrease in trans-valvular gradient was observed (peak to peak gradient before BAV 52±22 mmHg, after BAV 29±16 mmHg, delta gradient 24±14 mmHg; p<0.0001). Only one patient, who undergone BAV because of cardiogenic shock, died during the procedure. Considering the high-risk population, intra-hospital mortality was low (7 patients died, 4%). Mortality at 1-year follow-up was 43% and survival free from new hospitalization for heart failure was 63% at 1-year follow-up and 53% at 2 years follow-up. 19 patients (13%) required repeated BAV during follow-up. **Conclusion:** BAV as a palliative procedure in high-risk patients who are highly symptomatic, has a low operative mortality in our experience. BAV is associated with a significant reduction in aortic valve gradient and is valuable since half of the patients were alive without re-hospitalizations for heart failure at 2 years follow-up.