STS: SAVR still excellent option for intermediate-risk seniors

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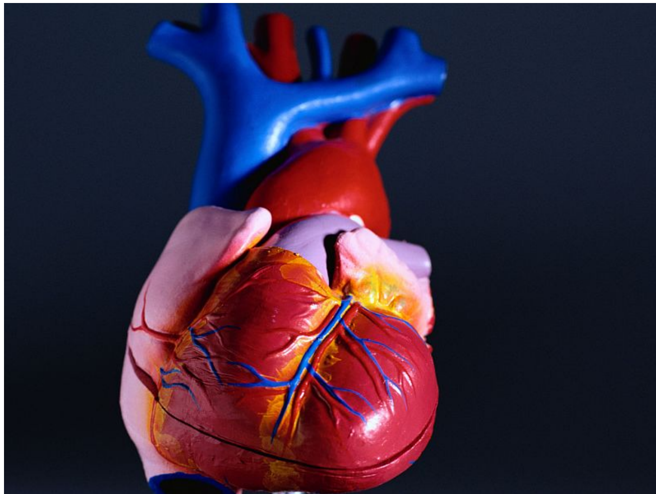

(HealthDay)—For intermediate-risk elderly patients, surgical aortic valve replacement (SAVR) remains a safe and effective way to treat aortic stenosis, according to a study presented at the annual meeting of the Society of Thoracic Surgeons, held from Jan. 21 to 25 in Houston.

Vinod H. Thourani, M.D., from Emory University in Atlanta, and colleagues randomized 1,011 intermediate-risk patients with severe aortic stenosis in 57 North American centers to SAVR; 92 percent of these patients had surgical valve implantation and made up the study group.

The researchers found that operative mortality was 4.1 percent, which was slightly lower than the STS-predicted risk models, while in-hospital stroke and sternal wound infection were twice expected at 5.4 and 0.75 percent, respectively. Time-related events were mainly seen early after SAVR. Similar survival was seen for patients with severe prosthesis-patient mismatch and for those without ($P > 0.9$), and for those undergoing full sternotomy via less invasive incisions ($P = 0.3$). Risk factors for early death after SAVR included longer procedure time, while cachexia, lower ejection fraction, higher creatinine, coronary artery disease, and smaller prostheses were risk factors for later deaths. There were no cases of valve thromboses or severe hemolysis reported, although four valves were explanted.

"The outcomes in intermediate-risk patients who received SAVR were excellent, showing that mortality is non-inferior to transcatheter aortic valve replacement," Thourani said in a statement. "Even with the availability of the relatively new transcatheter aortic valve replacement procedure, SAVR remains a safe and effective way to treat aortic stenosis in intermediate-risk elderly patients."

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

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