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FOCUS ON TRANSCATHETER HEART VALVE INTERVENTION

STATE-OF-THE-ART REVIEW

Expanding Indications of Transcatheter Heart Valve Interventions **CME**

1777

Fabien Praz, Stephan Windecker, Christoph Huber, Thierry Carrel, Peter Wenaweser



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STRUCTURAL

A Randomized Evaluation of the SAPIEN XT Transcatheter Heart Valve System in Patients With Aortic Stenosis Who Are Not Candidates for Surgery

1797

John G. Webb, Darshan Doshi, Michael J. Mack, Raj Makkar, Craig R. Smith, Augusto D. Pichard, Susheel Kodali, Samir Kapadia, D. Craig Miller, Vasilis Babaliaros, Vinod Thourani, Howard C. Herrmann, Mark Bodenhamer, Brian K. Whisenant, Stephen Ramee, Hersh Maniar, Jr., Dean Kereiakes, Ke Xu, Wael A. Jaber, Venu Menon, E. Murat Tuzcu, David Wood, Lars G. Svensson, Martin B. Leon

The PARTNER (Placement of Aortic Transcatheter Valves) II trial cohort B compared the lower-profile SAPIEN XT versus SAPIEN transcatheter heart valve (Edwards Lifesciences, Irvine, California) in inoperable patients with severe aortic stenosis undergoing transcatheter aortic valve replacement (TAVR). Major vascular complications were higher at 30 days in patients undergoing TAVR with SAPIEN compared with SAPIEN XT (15.2% vs. 9.5%; $p = 0.04$). Bleeding requiring blood transfusions was more frequent with SAPIEN compared with SAPIEN XT (10.6% vs. 5.3%; $p = 0.02$). At 1-year follow-up, all-cause mortality, major stroke, or rehospitalization was similar (37.7% SAPIEN vs. 37.2% SAPIEN XT; noninferiority $p < 0.002$). Further improvements in transcatheter valve design may lead to superior patient outcomes.

■ EDITORIAL COMMENT

Transcatheter Aortic Valve Replacement Is Growing Up, But Kids Do the Darndest Things

1807

Blase A. Carabello

CME

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Outcomes After Transcatheter Aortic Valve Replacement Using a Novel Balloon-Expandable Transcatheter Heart Valve: A Single-Center Experience

1809

Oliver Husser, Costanza Pellegrini, Thorsten Kessler, Christof Burgdorf, Hannah Thaller, N. Patrick Mayr, Ilka Ott, Albert M. Kasel, Heribert Schunkert, Adnan Kastrati, Christian Hengstenberg

Data after transcatheter aortic valve replacement (TAVR) with the novel balloon-expandable SAPIEN 3 (Edwards Lifesciences, Irvine, California) are limited. In this analysis of 250 patients undergoing TAVR, follow-up at 30 days was assessed according to the updated Valve Academic Research Consortium-2 (VARC-2) criteria. The authors found favorable outcome with very low rates of clinical adverse events with the VARC-2 composite early safety endpoint observed in only 25 patients (10%). Interventions resulted in high rates of device success in 244 patients (97.6%); however, the need for pacemaker implantation seems to be more frequent compared with the SAPIEN XT prosthesis.

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■ EDITORIAL COMMENT

Sapien 3: A Triple Threat to Aortic Stenosis

1817

Saibal Kar, Rahul Sharma

Transcatheter Pulmonary Valve Replacement With the Edwards Sapien System: The Toronto Experience

1819

William M. Wilson, Lee N. Benson, Mark D. Osten, Ashish Shah, Eric M. Horlick

This is a retrospective, single-center review of the use of the Edwards Sapien system in the pulmonic position. Twenty-five patients were identified. Technical success was high (96%). Procedural complications were low. At a mean follow-up of 3.5 ± 2.1 years, there was high freedom from reintervention (96%). There were no cases of endocarditis and no stent fractures. There was no change in valve gradients nor pulmonary regurgitation severity during follow-up. The Edwards Sapien system is a viable and durable option for percutaneous pulmonary valve implantation in this single-center study.

■ EDITORIAL COMMENT

Off-Label, On-Target: Transcatheter Pulmonary Valve Implantation With the SAPIEN Valve

1828

Dennis W. Kim

A New Transcatheter Aortic Valve Replacement System for Predominant Aortic Regurgitation Implantation of the J-Valve and Early Outcome

1831

Lai Wei, Huan Liu, Liming Zhu, Ye Yang, Jiayu Zheng, Kefang Guo, Hong Luo, Weipeng Zhao, Xue Yang, Aikebaier Maimaiti, Chunsheng Wang

Transcatheter aortic valve replacement has been proved to be an efficient treatment for aortic valve disease in high-risk patients. However, most transcatheter aortic valve prostheses were designed for patients with aortic stenosis. Predominant aortic regurgitation without significant valve calcification remains a technological challenge because of the uncertainty in anchoring the valve. In this study, we introduced a new-generation device, the J-Valve prosthesis (JieCheng Medical Technology Co., Ltd., Suzhou, China), and report the feasibility and early outcomes of its implantation in 6 patients with predominant aortic regurgitation without significant valve calcification.

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