

Conclusions: In patients undergoing TAVI, the majority of patients with MR at baseline showed improvement in severity of regurgitation. Patients with moderate MR or above demonstrated the greatest improvement.

TCT-780

Clinical Outcomes of Asian Patients with Low to Intermediate Risk Undergoing Transcatheter Aortic Valve Implantation

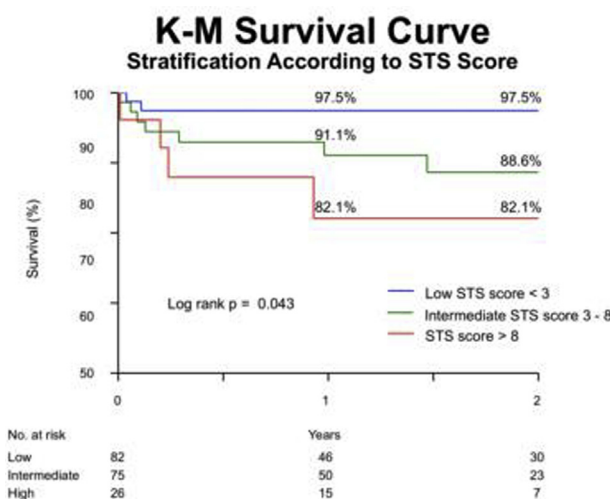
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Background: Transcatheter aortic valve implantation (TAVI) is an established treatment alternative to surgical aortic valve replacement in high-risk and inoperable patients and outcomes among patients with intermediate risk remain to be determined. The aim of this study was to assess clinical outcomes among Asian patients with low to intermediate risk undergoing TAVI.

Methods: Data from Asian TAVI multicenter registry were pooled and analyzed. In total, 185 patients with severe symptomatic aortic stenosis undergoing TAVI were categorized according to the Society of Thoracic Surgeons (STS) score into low (STS < 3%; N = 82, 44.3%), intermediate (STS ≥ 3% and ≤ 8%; N = 77, 41.6%), and high risk (STS > 8%; N = 26, 14.1%) groups.

Results: Significant differences were found between the groups (low risk vs. intermediate risk vs. high risk) for age (75.6 ± 5.5 vs. 80.5 ± 5.2 vs. 80.1 ± 6.7 , $p < 0.001$), body mass index (25.5 ± 3.1 vs. 23.6 ± 3.7 vs. 23.2 ± 3.1 , $p = 0.001$), diabetes (21.3% vs. 46.7% vs. 68.4%, $p < 0.001$), previous coronary artery bypass surgery (1.3% vs. 6.7% vs. 21.1%, $p = 0.004$), and peripheral artery disease (4.0% vs. 8.3% vs. 42.1%, $p < 0.001$). No differences were observed with regards to major vascular complication, postoperative aortic regurgitation ≥ moderate, new permanent pacemaker, device success and all-cause mortality at 30 days, however significant difference was found for all-cause mortality at 1-year (2.5% vs. 11.3% vs. 17.9%, $p = 0.043$).

Conclusions: Compared with patients at high risk, patients with low or intermediate risk have favorable clinical outcomes after TAVI in the Asian population.



TCT-781

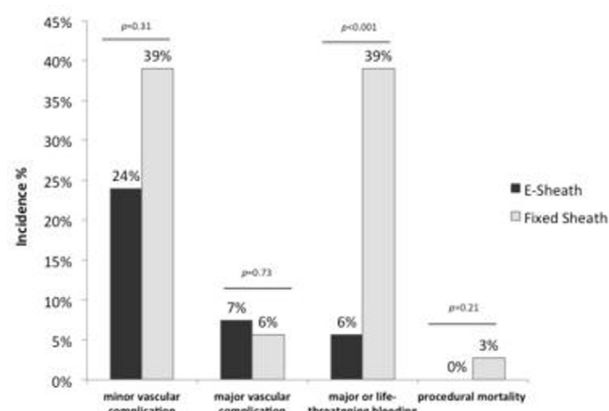
Impact of Smaller and Expandable Sheath During TAVR: Results From a Single-Center Registry

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Background: Vascular and bleeding complications are common following transcatheter aortic valve replacement (TAVR). The impact of the expandable sheath (e-sheath) for trans-femoral Edwards aortic valve replacement is unclear. Our objective was to compare the incidence of procedural complication when using 18Fr fixed size sheath vs. 16 to 18Fr e-sheath during TAVR.

Methods: We enrolled 90 consecutive patients who underwent TAVR with Edwards valve at our center. Since June 2011 e-sheath has been routinely employed to obtain femoral access. Prostar System for vascular hemostasis, and intraprocedural heparin monitored by activated clotting time were used in all cases. We compared baseline and procedural outcomes according to the use of e-sheath. Vascular and bleeding complications were defined using the VARC-2 definitions.

Results: Patients receiving e-sheath (n=54, 60%) matched for age, sex, body mass index, rate of peripheral artery disease, diabetes, and chronic kidney disease compared to those treated with fixed size sheath. E-sheath use was associated with reductions in major or life-threatening bleeding (5.6% vs. 39%, $p < 0.001$) and minor vascular complication (24% vs. 39%, $p = 0.31$), while major vascular complication (7.4% vs. 5.6%, $p = 0.73$), and procedural mortality (0.0% vs. 2.7%, $p = 0.21$) resulted not significantly different (Figure 1).



Conclusions: The use of e-sheath is associated with substantial reductions in bleeding and minor vascular bleeding, during trans-femoral TAVR, while an advantage in term of major vascular complication was not readily apparent.

TCT-782

Abstract Withdrawn

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Less access-site related vascular complications with double versus single Prostar closure device in patients with transfemoral Transcatheter Aortic Valve Implantation

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Background: Serious vascular complications have been reported to occur in 6% of the transfemoral TAVI patients. The aim was to report access site related complications using Single (SP) versus Double (DP) Prostar XL for closure of 18F femoral arterial access in TAVI.

Methods: 134 patients included in our prospective TAVI database at Karolinska University Hospital (Nov 2012- Feb 2014), transfemoral-TAVI was performed in 126 patients using 18F sheath. The first 63 consecutive patients were treated with SP and the last 63 patients with DP closure. Primary endpoint was defined as access-site related vascular complication (femoral hematoma >4 cm in diameter, external femoral bleeding, retroperitoneal hematoma or blood transfusion within 1 week after the procedure). Secondary endpoint was defined as post-procedure hemoglobin (Hb)-fall.