

2023 대한심장혈관흉부외과학회

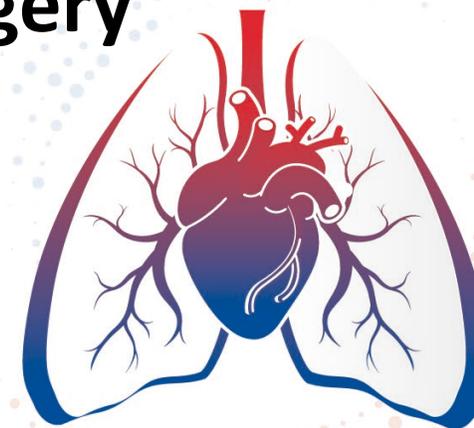
제55차 추계학술대회 & APELSO 2023

2023. 11. 02 (Thu) - 11. 04 (Sat), 그랜드 인터컨티넨탈 파르나스 서울

The Impacts of Tricuspid Valve Regurgitation and concomitant Tricuspid surgery in Aortic valve Surgery

공지사항

- 소속기관이나 저자명이 드러나지 않도록 해주세요.
- 제목 슬라이드 포함 최대 6장, Font size 20 이상
- **PPT 파일 작성 후 PDF로 전환해서 접수(필수)**

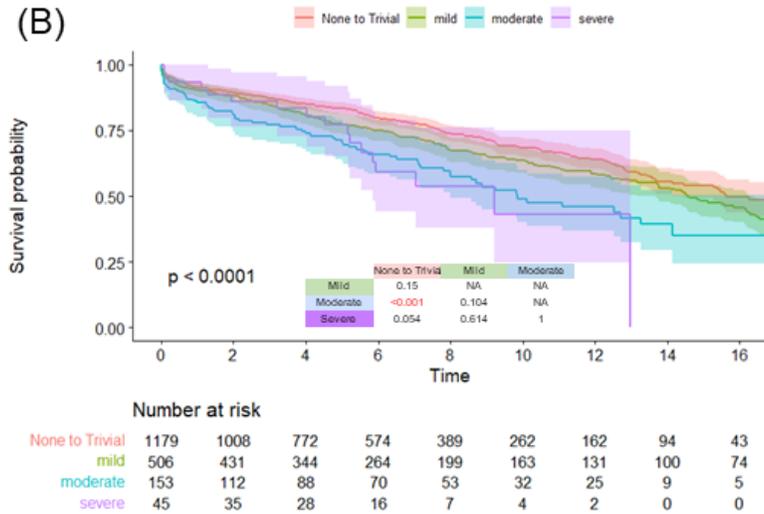
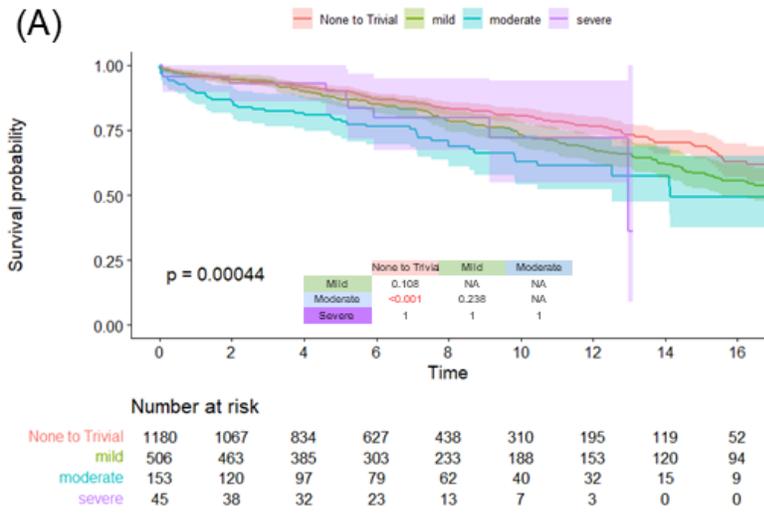


- To explore differential influences of preoperative tricuspid regurgitation (TR) on outcomes depending on the severity of TR, and to examine their interactions with concomitant tricuspid valve (TV) surgery in the setting of aortic valve (AV) surgery.

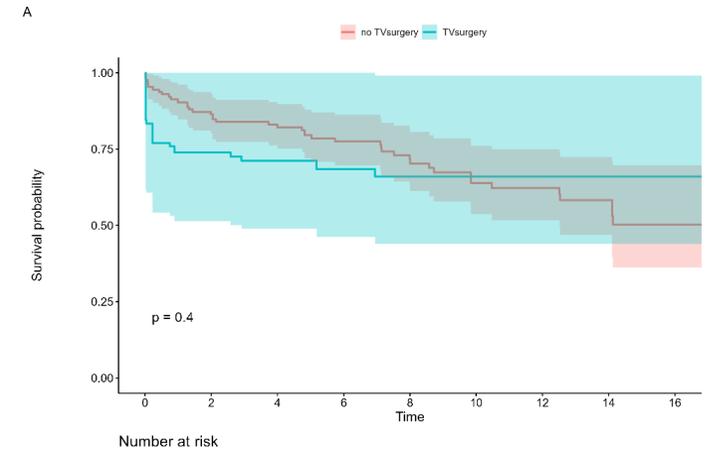
- Consecutive 1884 patients (846 women; mean age, 65.75 ± 10.86 years) undergoing AV surgery from 2000 to 2022 formed the subject cohort.
- Primary outcome was all-cause death, and secondary outcome was a composite of death, reoperation, stroke, and heart failure (HF) requiring re-admission.
- Pairwise comparison using Bonferroni method and Cox proportional hazard models were used to examine the association between perioperative variables and long-term clinical outcomes.

- Severities of TR in the baseline were non-to-trivial in 1180 (62.6%), mild 506 (26.9%), moderate in 153 (8.1%), severe in 45 (2.4%).
- Concomitant TV surgery was performed in 91 patients (4.8%), in which the TR severity was significantly greater than those not undergoing TV surgery. Overall survival was significantly different depending on the baseline TR severity (Figure; $P < 0.001$), and the difference stemmed from the difference TR degrees demonstrated by pairwise comparisons in patients without TV surgery ($P < 0.001$).
- The similar trends were also observed for the secondary outcomes demonstrating the significantly different incidence rates according to TR severity in patients without TV surgery ($P < 0.001$, Severe vs. moderate; $P = 0.004$).
- With regard to the impacts of TV surgery on outcomes, there were no significant differences in the primary (HR, 0.74; 95% CI, 0.36-1.51; $P = 0.40$) and secondary outcomes (HR, 0.67; 95% CI, 0.36-1.26; $P = 0.22$) after adjustments for baseline variables using Cox proportional hazards models.
- When these results of multivariable analyses were further examined by interaction-term with regard to concomitant TV surgery, there were no significant interactions across different TR severity (death, p for interaction = 0.29; secondary outcome, p for interaction = 0.38).

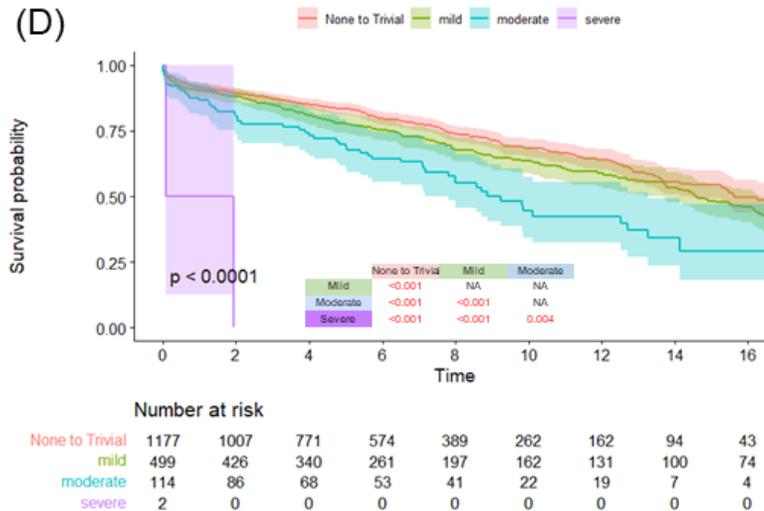
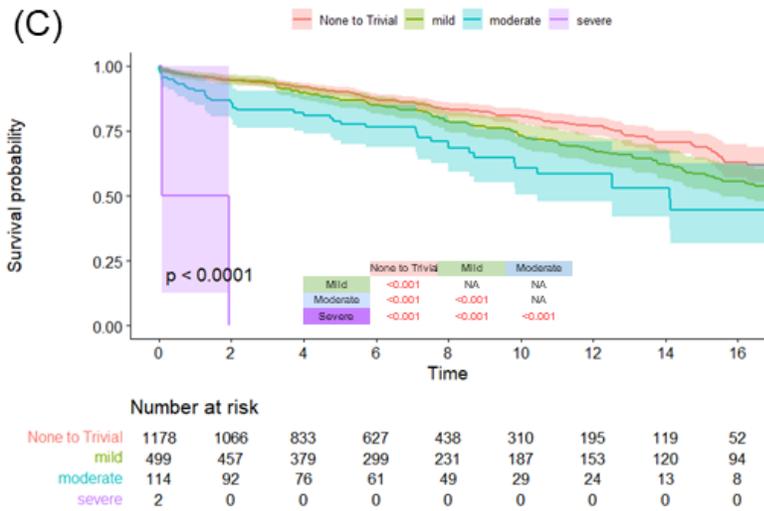
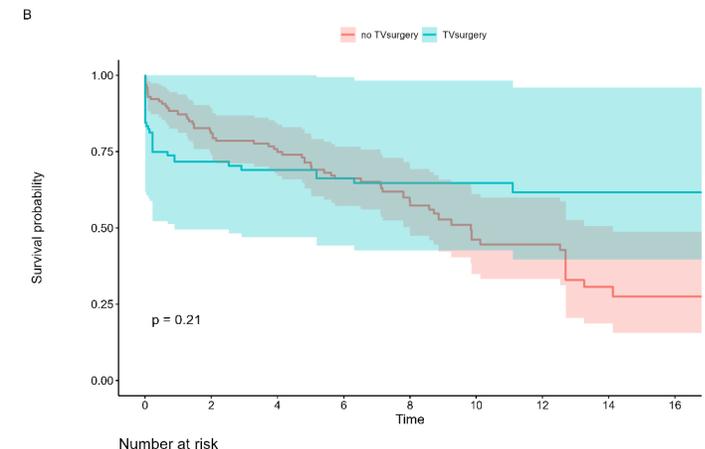
Results



Kaplan Meier curve for death (A) and composite outcome (B) in IPTW-adjusted moderate TR patients.



Kaplan Meier curve for death (A) and composite outcome (B) with TV surgery.



Kaplan Meier curve for death (C) and composite outcome (D) without TV surgery.

- In patients undergoing AV surgery without TV surgery, baseline TR severity was significantly associated with poor long-term clinical outcomes, but concomitant TV repair did not seem to improve outcomes in moderate TR.
- The study results should be further validated by larger-scale prospective studies.