

AORTIC VALVE SURGERY: EARLY AND LONG TERM RESULTS OF AORTIC VALVE SURGERY COMBINED OR NOT WITH CABG SURGERY.

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Abstract

Objective: The number of patients doing aortic valve surgery with or without CABG is increasing continuously in our country. The goal of this study is to evaluate the early and long-term results of aortic valve surgery alone or combined with CABG surgery.

Methods: This is a retrospective and prospective study. We included the patients underwent aortic valve surgery (replacement or another procedure) with or without CABG from January 2007 and in January 2013. The population of 330 patients is divided into two groups: Group 1 included 81 patients combined surgery; Group 2 included 249 patients isolated aortic valve surgery. In the early results we referred hospital mortality and perioperative complications. The follow-up time is from 2 to 73 months for 303 cases that were discharged from hospital. The long-term results were evaluated in terms of mean survival, quality of life and prosthetic-related complications.

Results:

The hospital mortality is 3.6 % in general. The hospital mortality: group 1 is 4.9% and group 2 is 3.2 %. The difference is not statistically significant. Low cardiac output, conduction disturbances, stroke, pulmonary complications, renal complications, bleeding, atrial fibrillation, wound infections, ventricular arithmias about the complications are 14.8% vs 9.6%, 3.7% vs 6.9%, 3.7% vs 0.4%, 9.9% vs 2.8%, 3.7% vs 1.2%, 6.3% vs 2.0%, 14.8% vs 19.7%, 11.3% vs 1.6%, 6.2% vs 5.6% respectively for the group 1 and 2. The differences were statistically significant only for low cardiac output, stroke, pulmonary and wound complications. The long-term outcomes: overall mortality 3.9%, bleeding 1.9%, prosthetic endocarditis and thrombosis 1.3%. Endocarditis and thrombosis are more frequent in group 1.

During the follow-up survival was 93% and 96% respectively for group 1 and 2, with no significant difference between groups.

CONCLUSIONS:

We achieved satisfactory results by our experience. Simultaneous coronary artery by-pass with aortic valve increases slightly the operative mortality and perioperative complications. CABG surgery does not influence long-term results of aortic valve surgery.

Introduction

Surgery of aortic valve began since the years "80 of the last century treating initially the rheumatic and infectious pathology of aortic valve continuing later with degenerative one in our country. It has been seen a trend of change of nature of aortic valve pathology toward atherosclerotic etiology in the last two decades with the change of life style, increase of mean age of population and progression of surgical management of old age patients.

Ischemic heart disease is the most frequent pathology that accompanies the pathology of aortic valve and especially aortic valve stenosis [1, 2] and the most frequent intervention coupled with surgical correction of aortic valve pathology is coronary artery by-pass grafting. We tried to expose our experience in surgical treatment of aortic valve pathology combined or not with CABG surgery in this contest

Materials and methods

This is a retrospective and prospective study. All patients included in this study, underwent intervention in two cardiac surgical centers, the first one is public and the other one a private cardiac surgical center in Tirana. The data were collected from hospital records and registers of hospital statistics. Follow-up of patients in long-term is obtained through clinical visits and telephone interviews with patients and/or their family. All survivors underwent a questionnaire regarding the