

Is There a Gender Difference in Outcomes Following TAVI?

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Background: TAVI is emerging as the standard of care for patients with severe symptomatic aortic stenosis (AS) who are sub-optimal surgical candidates. We aimed to assess the potential gender differences in outcomes following TAVI procedure at our center.

Methods: 123 TAVI pts (50 males and 73 females) were treated and analyzed using various access approaches (TF, TA, TA_x) and the 2 devices (Edwards and CoreValve) were used. Outcomes data were collected at 1 month follow up.

Results: Baseline characteristics did not differ between women and men including: age, clinical presentation (CHF, angina or syncope), CAD, CVA, COPD, and/or renal failure (p=NS for all comparisons). Male had more diabetes (46% vs. 22%) and prior CABG (38% vs. 19%) while female had more porcelain aorta (10% vs. 2%), (p<0.05 for all comparisons). Both groups were equally at high surgical risk (Euroscore and STS score: male 24±13 and 10.5±6.5 vs. female 22±11 and 9.3±5, P=NS). On average, female had lower aortic valve area by echocardiography (p=0.01), no significant differences were observed regarding the aortic valve gradients before TAVI. Procedural approach did not differ between genders. Procedural success was 98% in males and 96% in females with similar post TAVI gradients. Stroke was 4% in males and 0% in females (p=0.12). Importantly, one month mortality was 2% in males and 5.5% in females (p=0.3)

Conclusion: Baseline characteristics and short term outcomes of female AS patients undergoing TAVI was not different from males and both genders sustained favorable clinical outcomes.