

## **Repair Of The Bicuspid Aortic Valve- Our Experience**

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### **Background**

A bicuspid aortic valve (BAV) occurs in 2% of the population and is a common reason for significant aortic regurgitation, particularly in the third and fourth decades of life. For patients with a regurgitating bicuspid aortic valve, repair appears an attractive alternative to replacement. Preservation of the native valve has the advantage of obviating the need for anticoagulation, and there is evidence that it minimizes the overall incidence of valve-related complications. Here we evaluate the institutional results of Aortic valve repair in patients with bicuspid regurgitate aortic valves

### **Methods**

From 2004 to 2008, 97 patients underwent aortic valve repair in our institution, out of them 21 repairs of BAV. Operative techniques included: subcommissural plications, free leaflet edge plications and pericardial leaflet augmentation. Post operative complications, and midterm follow up of clinical and echocardiography evaluation were analyzed for this group of patients.

### **Results**

Mean age was  $43 \pm 13$  years, 19 out of the 21 patients were males. There were no in hospital deaths in the BAV repair group. Post operative complications included 2 re-explorations due to bleeding. Mean Hospital stay was  $5.7 \pm 2.2$  days. Mean follow up was  $20 \pm 15$  month. Freedom from reoperation was 100%. Freedom from AR  $>2$  was 95%.

### **Conclusions**

BAV repair is associated with good early post operative outcome and midterm clinical and echocardiography results