Percutaneous Implantation of the Self-Expandable CoreValve for High-risk Patients with Severe Aortic Stenosis: Initial Israeli Experience.

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Objectives: The prevalence of aortic stenosis increases with advancing age. Once symptoms occur the prognosis in patients with severe AS is poor. The current treratment of choice for these patients is surgical aortic valve replacement (AVR). However, in a large portion of patients, mainly the very elderly and those with major co morbidities, the surgical risk is considered extreme and thus, these patients are decline of surgery. Recently, a percutaneous alternative for surgical AVR has emerged and two percutaneous heart valves are available. In this report we will describe the initial Israeli experience with the self-expandable percutaneous CoreValve.

From September-November 2008, 15 patients underwent percutaneous AVR in two Israeli centers. Mean age was 79.6±7 years, 10 females and 5 males. Mean valve area was estimated by echo as 0.61±0.18 cm^2 with a maximal gradient of 81±18mmHg and a mean gradient of 52±12mmHg. All patients were highly symptomatic with NYHA functional capacity 3 or 4. Extensive cardiological-surgical evaluation considered all as high-surgical risk or inoperable. A single procedural death was recorded and 3 patients (20%) required permanent pacemaker implantation.
30 and 90-days follow-up data will be reported during the upcoming Israeli Heart Meeting

Conclusions: Based on accumulating worldwide and local data, percutaneous implantation of the CoreValve self-expandable valve is a novel promising therapy for high-surgical risk and inoperable patients with severe aortic stenosis.