

Low Stroke Volume Index is an Independent Predictor of Mortality among Patients with Low Gradient Severe Aortic Stenosis and Preserved Left Ventricle Function

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Disclosures

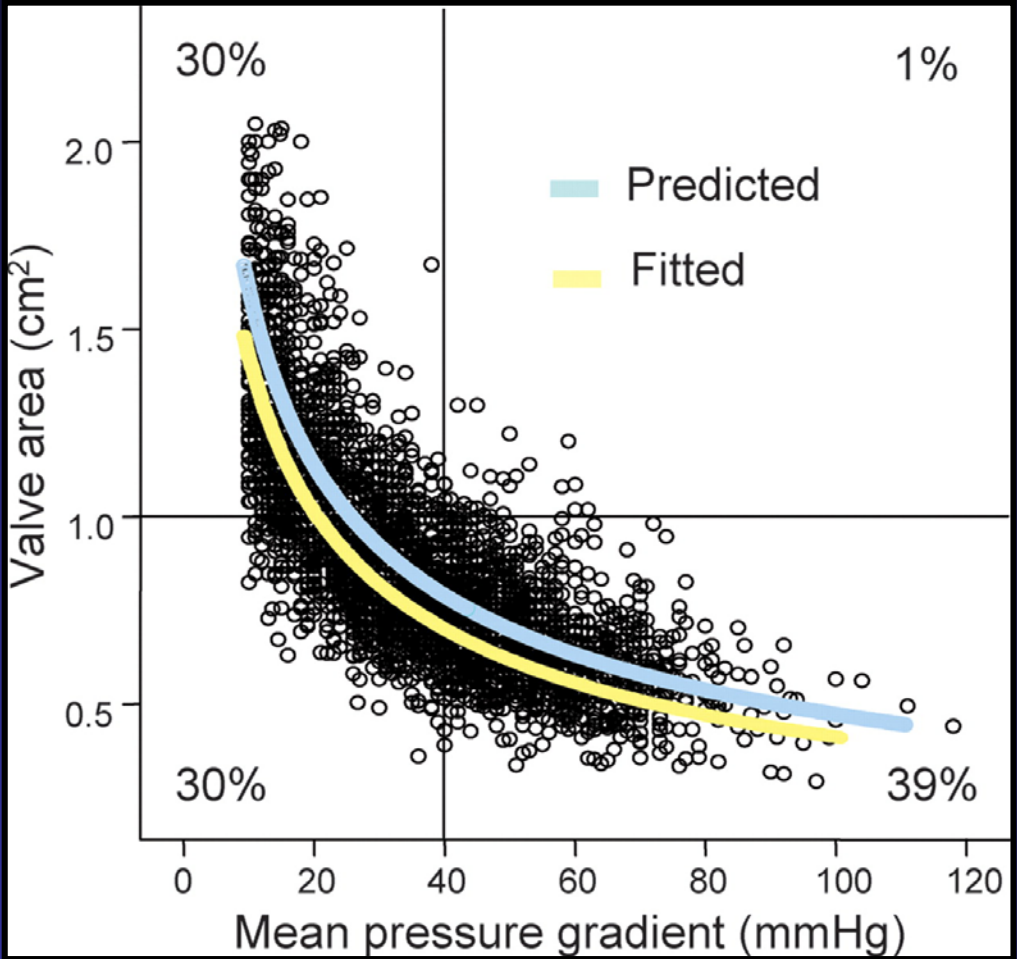
- None



Severe Aortic Stenosis

- Aortic valve area $\leq 1 \text{ cm}^2$
 - Index aortic valve area $\leq 0.6 \text{ cm}^2/\text{m}^2$
- Mean pressure gradient $\geq 40 \text{ mmHg}$
- Peak transvalvular velocity $\geq 4 \text{ m/s}$

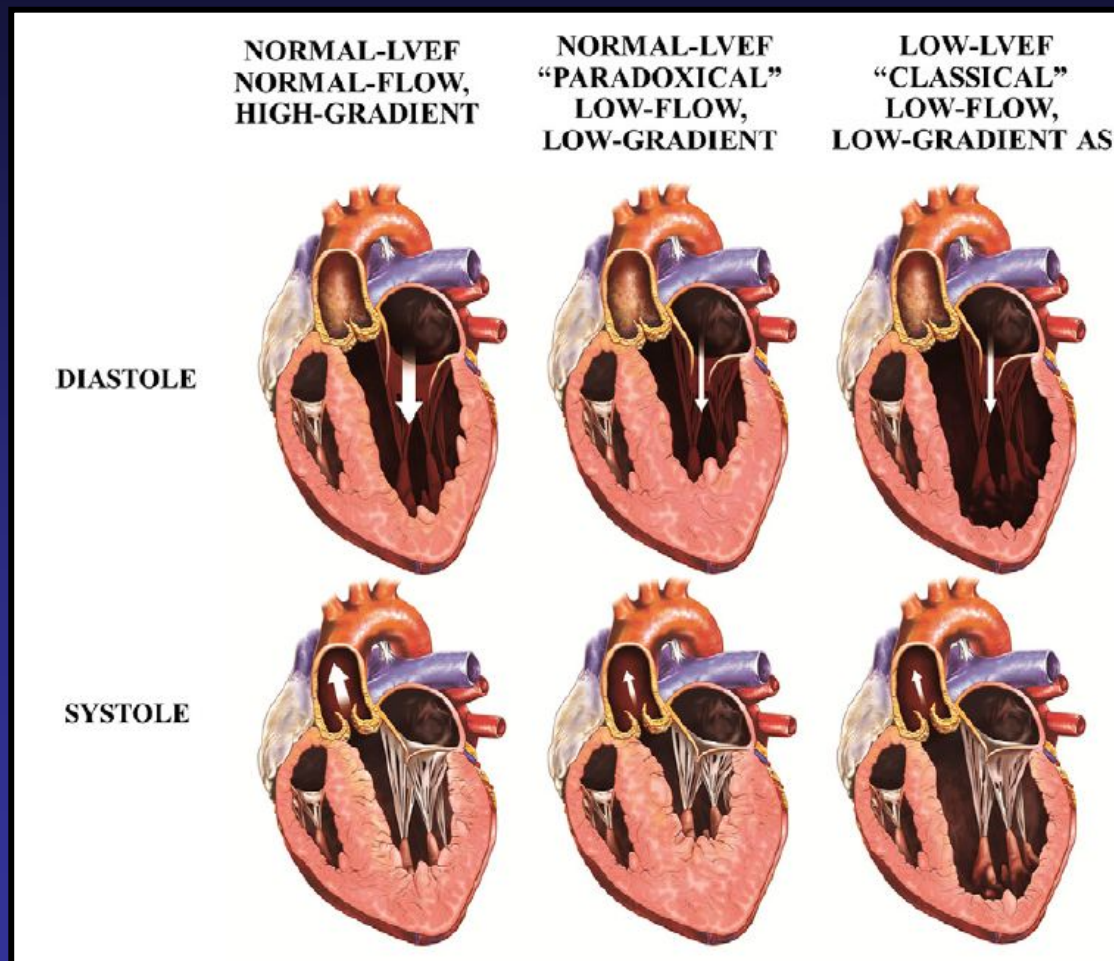
Inconsistencies in Echocardiographic Criteria



Minners J et al. Eur Heart J 2008;29:1043-1048



Low Gradient Severe Aortic Stenosis



Low Gradient Severe Aortic Stenosis with Preserved Ejection Fraction

- Low gradient severe aortic stenosis and preserved ejection fraction has **similar** outcome to moderate AS

Jander N et al. Circulation. 2011; 123:887–895

- Low gradient low flow severe aortic stenosis carries **worse prognosis** then that of high gradient with normal flow

Clavel MA et al. JACC 2012; 60:1259–1267



Low Gradient Severe Aortic Stenosis with Preserved Ejection Fraction

- Stroke volume index (SVI) ≤ 35 ml/m² has been arbitrarily selected to identify increased risk among patients with low gradient severe aortic stenosis in a single retrospective study (N=512).

Hachicha et al. Circulation. 2007; 115: 2856-2864



Study Purpose

- Identify a stroke volume index (SVI) threshold that can be used to improve risk stratification among patients with low gradient severe aortic stenosis and preserved ejection fraction

Study population (2004-2012)

Inclusion Criteria

- Ejection Fraction $\geq 50\%$
- Aortic valve area $\leq 1 \text{ cm}^2$
- Mean pressure gradient $< 40 \text{ mmHg}$

Exclusion Criteria

- Ejection Fraction $< 50\%$
- Any significant other valvular disease

N=416



Methods

- Echocardiographic parameters
- Clinical data
- Valvular intervention
- Death records from the ministry of health

Stroke Volume Index Assessment

- “Classic” criteria: $SVI \leq 35 \text{ ml/m}^2$
- By SVI tertiles:
 - Lower tertile: $SVI \leq 37 \text{ ml/m}^2$
 - Middle tertile: $37 < SVI \leq 42 \text{ ml/m}^2$
 - Upper tertile: $42 \text{ ml/m}^2 < SVI$
- SVI as a **continuous** measurement

Baseline Characteristics

	SVI \leq 35 (N=113)	SVI $>$ 35 (N=303)
Male (%)	48	40
Age (Years)	79 \pm 11	77 \pm 11
BMI (Kg/m ²)	30 \pm 6*	27 \pm 5
BSA (m ²)	1.9 \pm 0.2*	1.8 \pm 0.2

SVI – Stroke Volume Index (ml/m²)

* P < 0.01

Baseline Characteristics

	SVI \leq 35 (N=113)	SVI $>$ 35 (N=303)
Diabetes Mellitus (%)	43	34
Hypertension (%)	65	69
Dyslipidemia (%)	47	50
Active Smokers (%)	6	6
Chronic renal failure (%)	32*	20
Ischemic heart disease (%)	51	44
Cerebrovascular disease (%)	22	17

SVI – Stroke Volume Index (ml/m²)

* P < 0.05



Echocardiographic Characteristics

	SVI≤35 (N=113)	SVI>35 (N=303)
Left Ventricle Ejection Fraction (%)	60±5	60±5
Left Ventricle Mass (gr)	195±50	192±47
Left Ventricle Diastolic Dimension (cm)	4.6±0.5	4.6±0.5
Left Ventricle Systolic Dimension (cm)	2.7±0.5	2.7±0.5
Septum Width (cm)	1.2±0.2	1.2±0.2
Left Atrium Area (cm ²)	24±6	23±7
Estimated Pulmonary Artery Pressure (mmHg)	39±11	41±12



Echocardiographic Characteristics

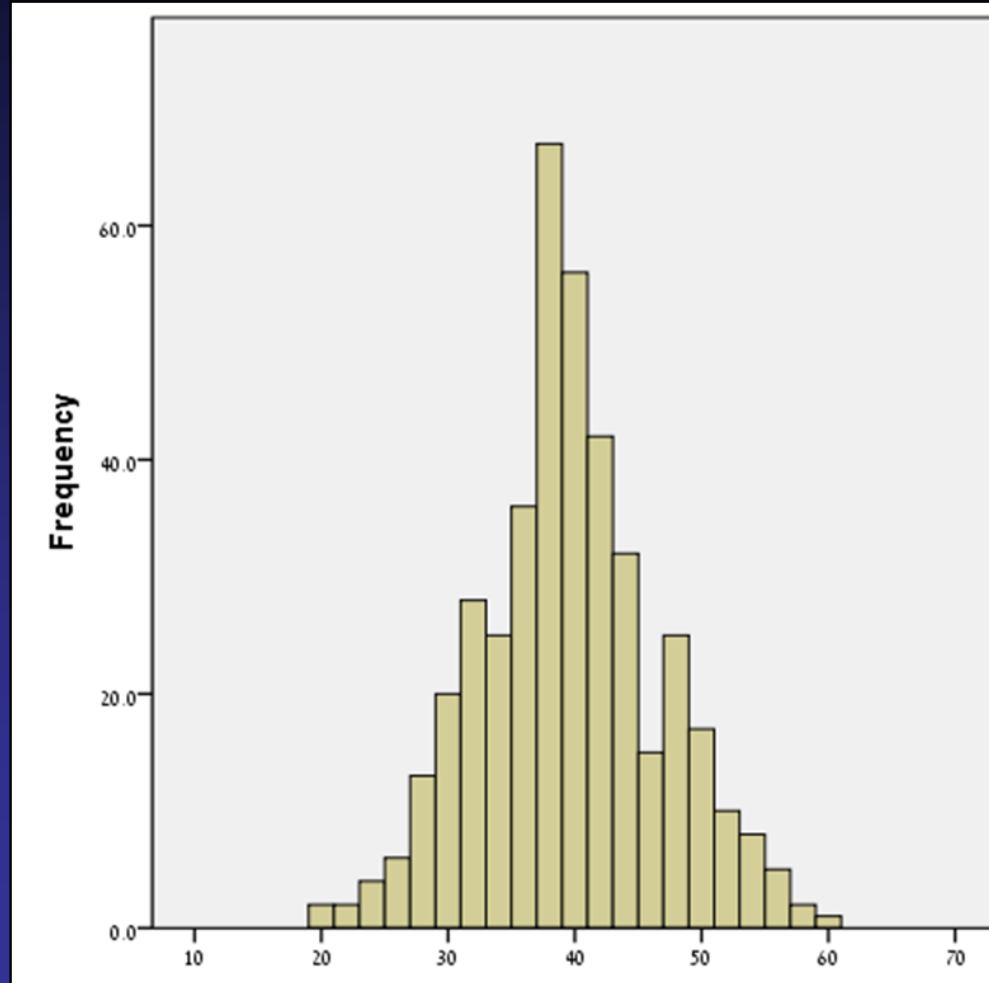
	SVI≤35 (N=113)	SVI>35 (N=303)
Aortic Valve area (cm ²)	0.8±0.1*	0.9±0.1
Indexed Area (cm ² /m ²)	0.4±0.1*	0.5±0.1
Aortic Valve Mean Gradient (mmHg)	28±7*	32±5
Peak Velocity (m)	3.4±0.7*	3.7±0.4
Stroke Volume Index (ml/m ²)	31±4*	42±5
Cardiac Index (L/min*m ²)	2.3±0.4*	2.9±0.5

SVI– Stroke Volume Index (mL/m²)

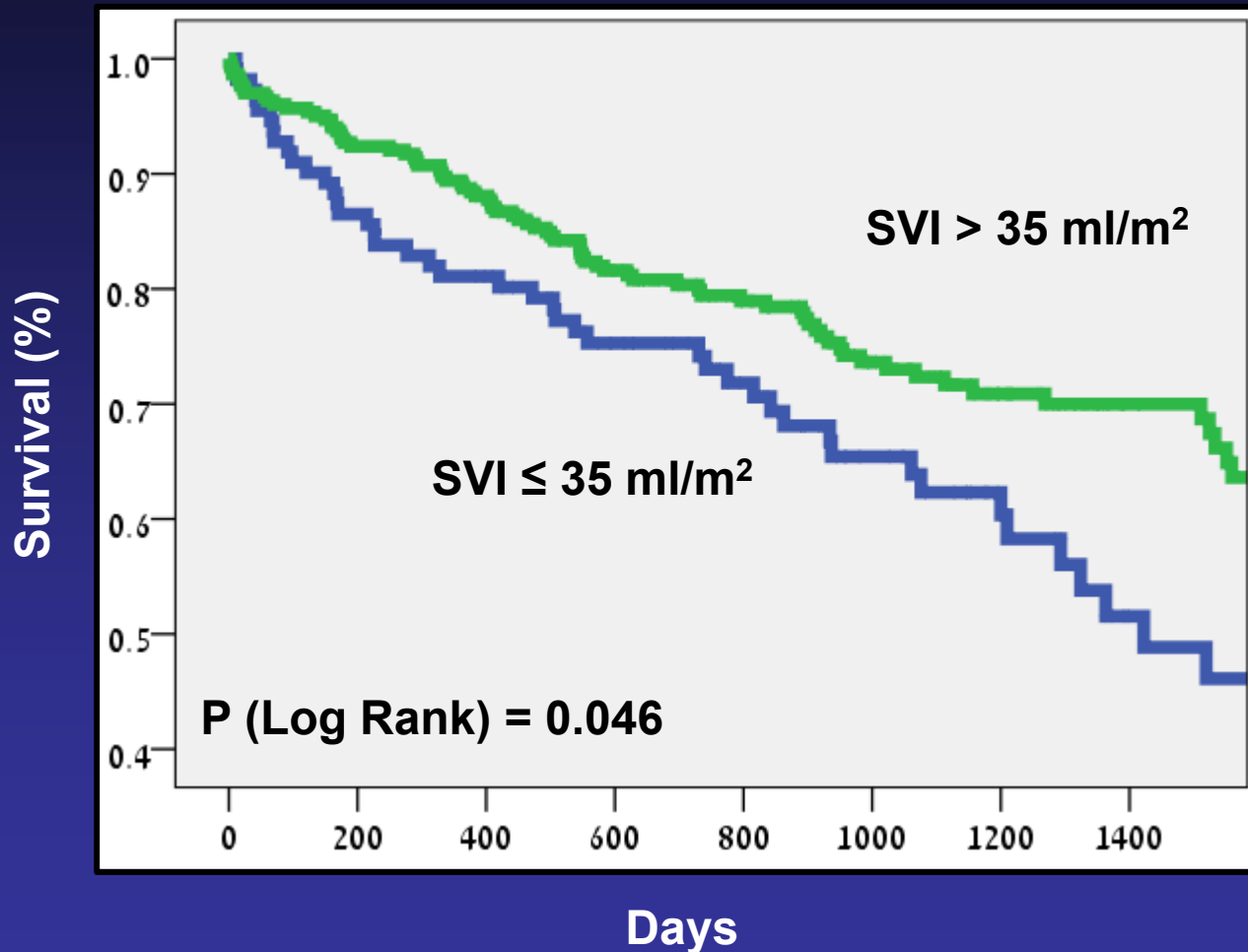
*P value < 0.01



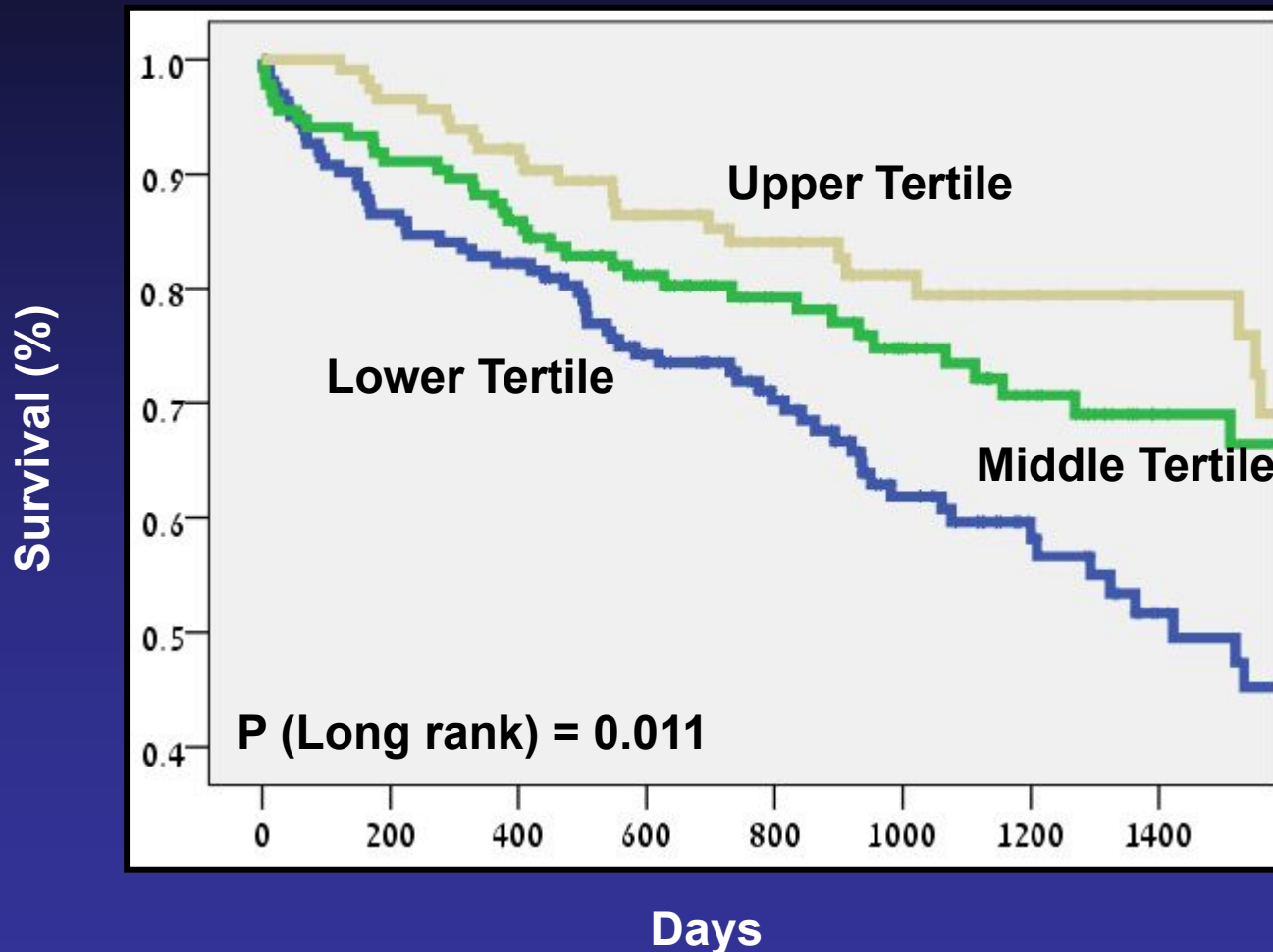
Stroke Volume Index Histogram



Kaplan Meier by Stroke Volume Index



Kaplan Meier by SVI Tertiles



Multivariate Cox Regression

		Hazard Ratio	P value
Model 1	SVI \leq 35 ml/m ²	1.28	0.24
Model 2	Continuous SVI (for each 5 ml/m ²)	1.19	0.01
Model 3	Middle vs. <u>Upper tertile</u>	1.34	0.25
	Lower vs. <u>Upper tertile</u>	1.69	0.04

* Adjusted for: gender, age (dichotomous at 80), Obesity , Ischemic heart disease , and aortic valve intervention (time dependent)



Limitations

- Retrospective Analysis
- Single Center Cohort
- Measurements Error
 - Stroke volume measurements
- Ejection Fraction Estimation
- Lack of data regarding functional class

Conclusions

- Stroke volume index is an **independent predictor** of poor prognosis among subjects with low gradient severe aortic stenosis and preserved ejection fraction
- Stroke volume index may be evaluated as a **continuous variable** in the risk stratification of patients with severe aortic stenosis