



***Left Ventricular Hypertrophy and
Geometry Playground in TAVI Patients:
After Pressure Unload to Volume Overload***

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Conflict of interests

- None

Outline

- Different patterns of myocardial remodeling and hypertrophy process based on nature and timing of initiating hemodynamic stress stimulus
- Law of Laplace: LV wall stress (σ) is directly proportional to intracavitary pressure and chamber radius and inversely proportional to wall thickness ($\sigma = [\text{Pressure} \times \text{radius}]/\text{wall thickness}$)

Ford LE. Circulation Research. 1976;39:297-303

Outline

- Primary stimulus pressure overload: an increased wall stress during ventricular systole leads to increased thickness of ventricular walls with little or no change in chamber volume, a pattern of *concentric hypertrophy*



Outline

- Primary stimulus volume overload: an increase in wall stress as in aortic or mitral regurgitation increases chamber volume with ventricular wall thickness increased in proportion with chamber dimensions, a pattern known as *eccentric hypertrophy*



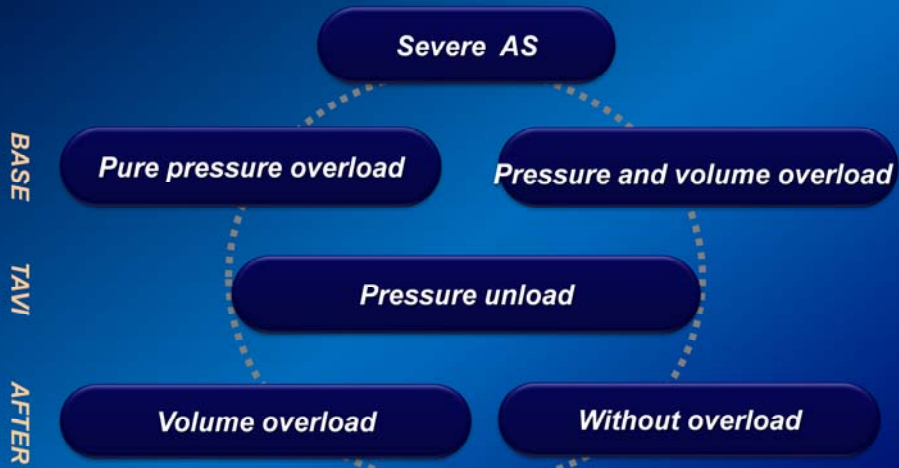
Outline

- Severe AS with pressure and volume overload based on amount of aortic and/or mitral regurgitation.
- LV after TAVI is pressure *unloaded* but some are volume overloaded based on aortic regurgitation post procedure.
- Such hypertrophy and geometry playground influence on heart shape and clinical outcome in patients undergoing TAVI is not well studied.

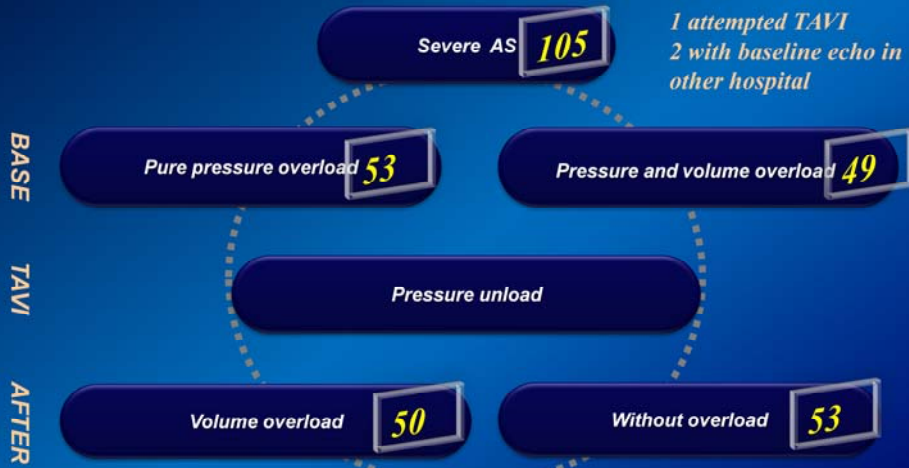
Methods

- From 2008-2012 a total of 105 pts with severe AS (Echo-derived AVA $< 1 \text{ cm}^2$ or AVA index $< 0.5 \text{ cm}^2/\text{m}^2$ and mean AVG $> 40 \text{ mm Hg}$ or peak jet velocity $> 4.0 \text{ m/s}$)
- At least 1 year F\U
- High surgical risk
- Clinical status baseline, month and year after
- Echo: baseline, after month and year (EF, LVM, LVMi, LVEDD, RWT)

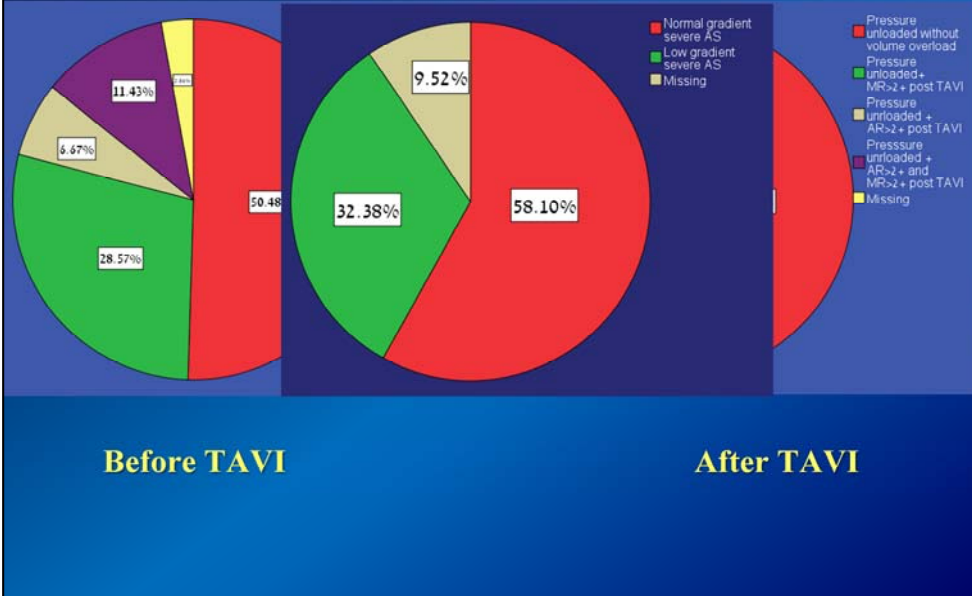
Methods



Methods



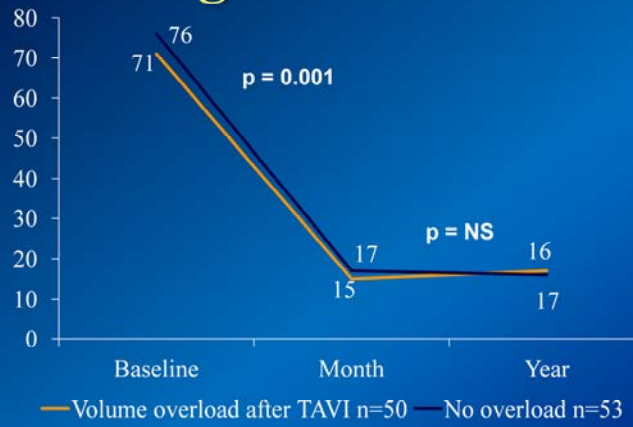
Playground



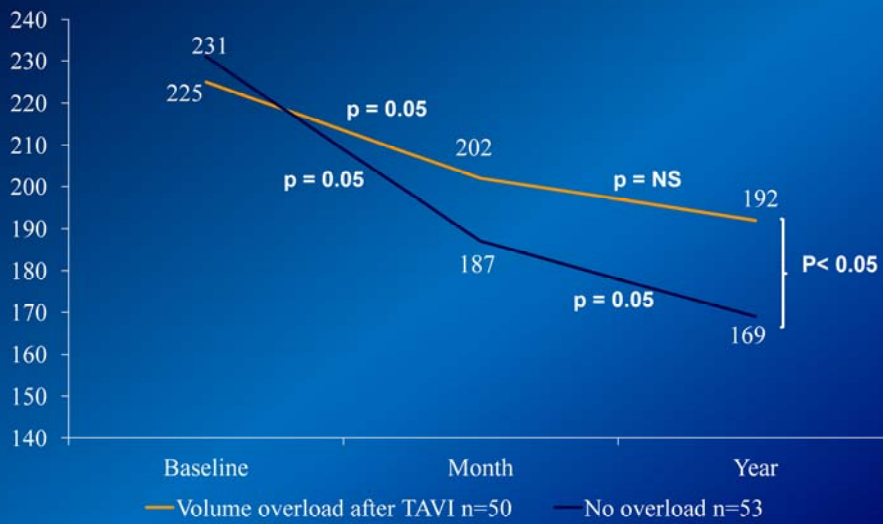
Baseline characteristics

| Characteristic | No overload | | Volume overload | |
|---|-------------|-------------|-----------------|------------|
| | n | 53 | n | 50 |
| Age – years (Mean ± SD) | 53 | 79.9 ± 7.01 | 50 | 80.9 ± 5.3 |
| Male | 24 | 45% | 25 | 50% |
| NYHA Class III or IV | 50 | 95% | 48 | 97.0% |
| Previous coronary revascularisation | 28 | 49% | 22 | 48% |
| Normal or mildly reduced systolic LV function | 44 | 83% | 39 | 78% |
| Transfemoral access site | 49 | 93% | 40 | 80% |
| EuroScore (Mean ± SD) | 53 | 18.6 ± 4.6 | 50 | 20.3 ± 3.5 |

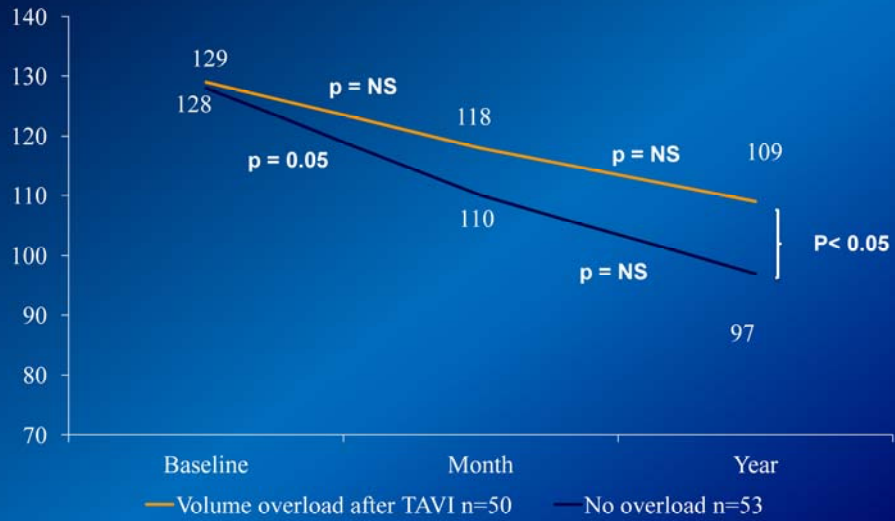
Pressure unloading-peak gradient



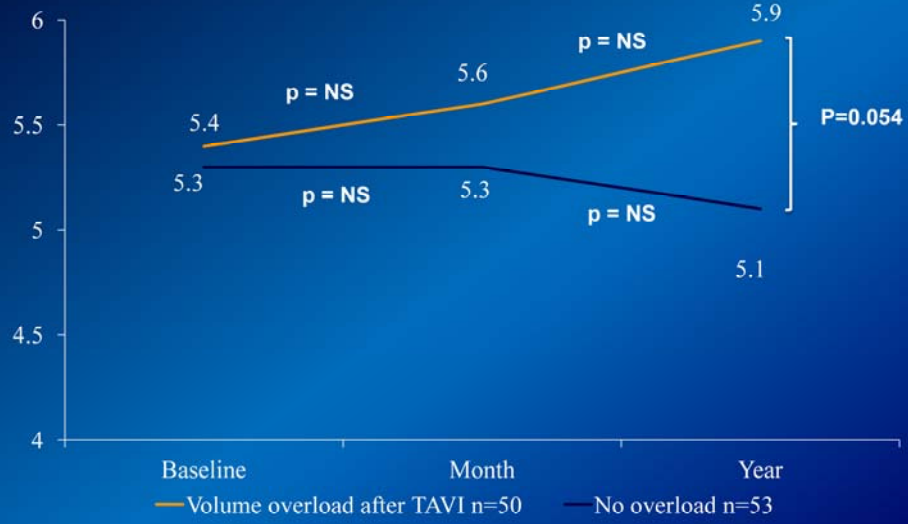
Playground-LV mass (g)



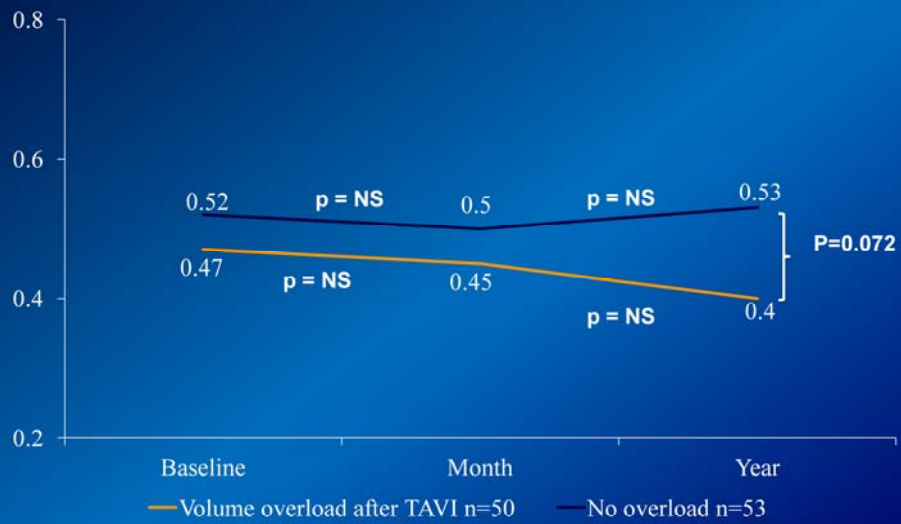
Playground-LV mass index (g/m²)



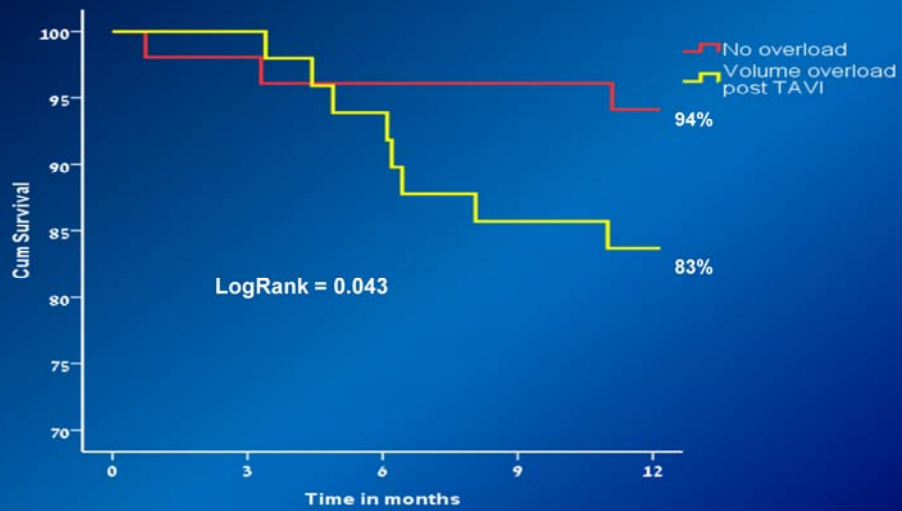
Playground-LV EDD_(mm)



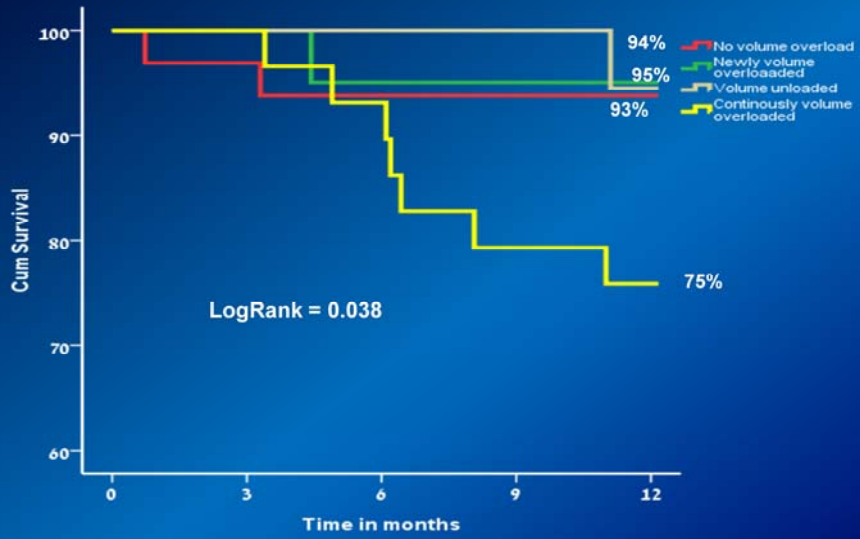
Playground-RWT



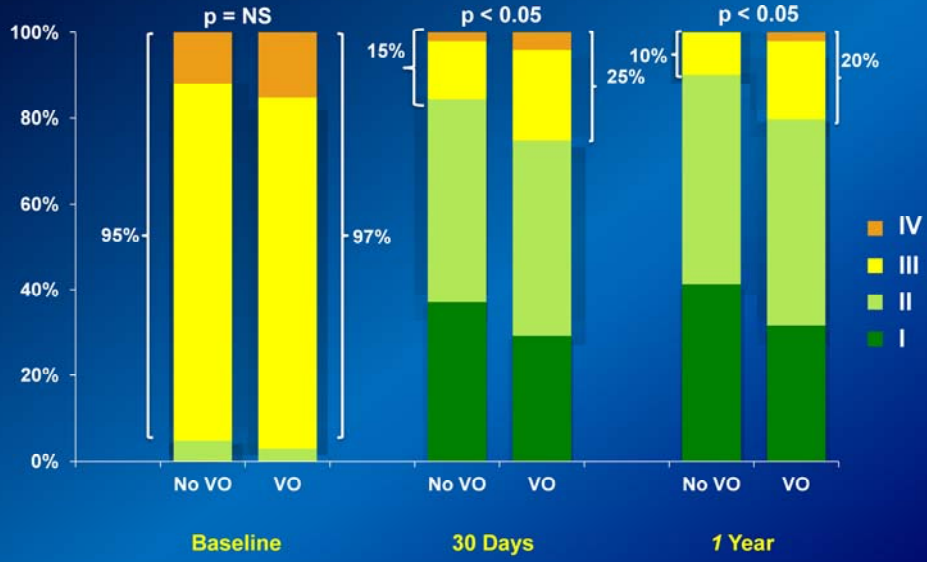
Kaplan-Meier survival



Kaplan-Meier survival



NYHA class of survivors



Conclusion

- **At 1 year, in patients with symptomatic severe AS underwent TAVI and are volume overloaded...**
 - There was *slower reduction* of LV mass and LV mass index
 - There was *tendencies* to shift from concentric to eccentric hypertrophy
 - There was **significantly higher percentage** of patients with NYHA III and IV month and year after TAVI
 - There was **significant higher all-cause mortality**
- **A group of patients *continuously* volume overloaded had worse prognosis**