

Prosthesis-Patient Mismatch

Implications for Outcome in Aortic Valve Disease

Stéphane Lopez, MD

Philippe Pibarot, DVM, PhD, FACC, FAHA

Canada Research Chair in Valvular Heart Diseases



**Quebec Heart Institute /
Laval Hospital**



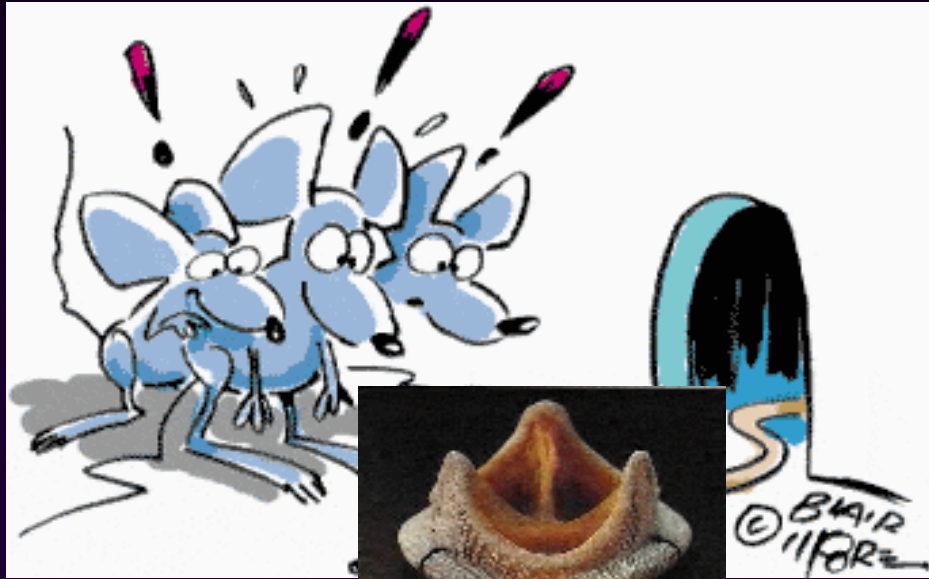
**Université
LAVAL**

Disclosure

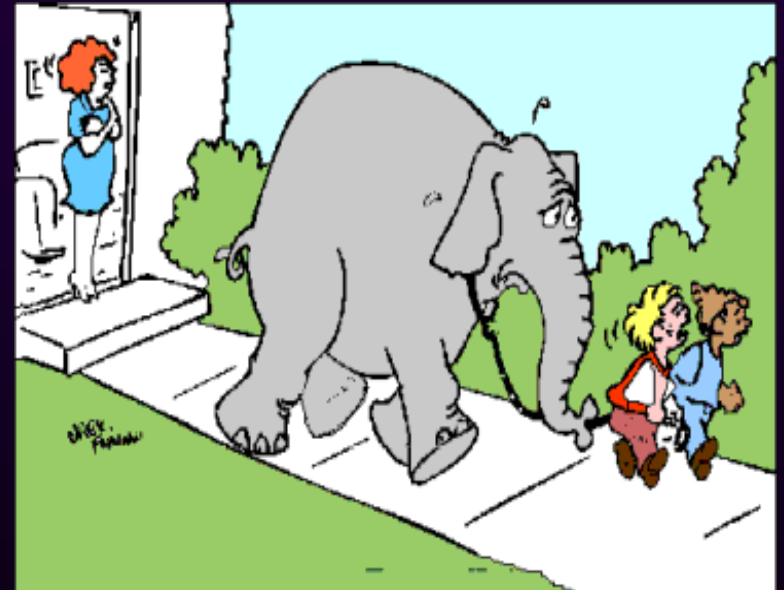
- ◆ **Honoraria:** Edwards Life Sc., Medtronic, St. Jude Medical
- ◆ **Consultant:** St. Jude Medical, Sorin
- ◆ **Research support:** Medtronic, Edwards Life Sc., St. Jude Medical, MCRI

Valve Prosthesis-Patient Mismatch (PPM)

- ◆ **Definition**: “Mismatch can be considered to be present when the effective prosthetic valve area, after insertion into the patient, is less than that of a normal human valve”
- ◆ **Consequence**: Persistence of abnormally high postoperative gradients, which is often the reason why we operate patients in the first place.



Mismatch !!!



$$\text{Gradient} = \frac{Q^2}{K \times \text{EOA}^2}$$

| | Mouse | Elephant | Elephant Mismatch |
|-------------------------|-------|----------|-----------------------------|
| Cardiac Output (mL/min) | 50 | 50 000 | 50 000 |
| EOA (cm ²) | 0.1 | 50 | 0.1 |
| Gradient (mmHg) | 1 | 1 | 11 000 000 ! |

We are not created equal in terms of body size !

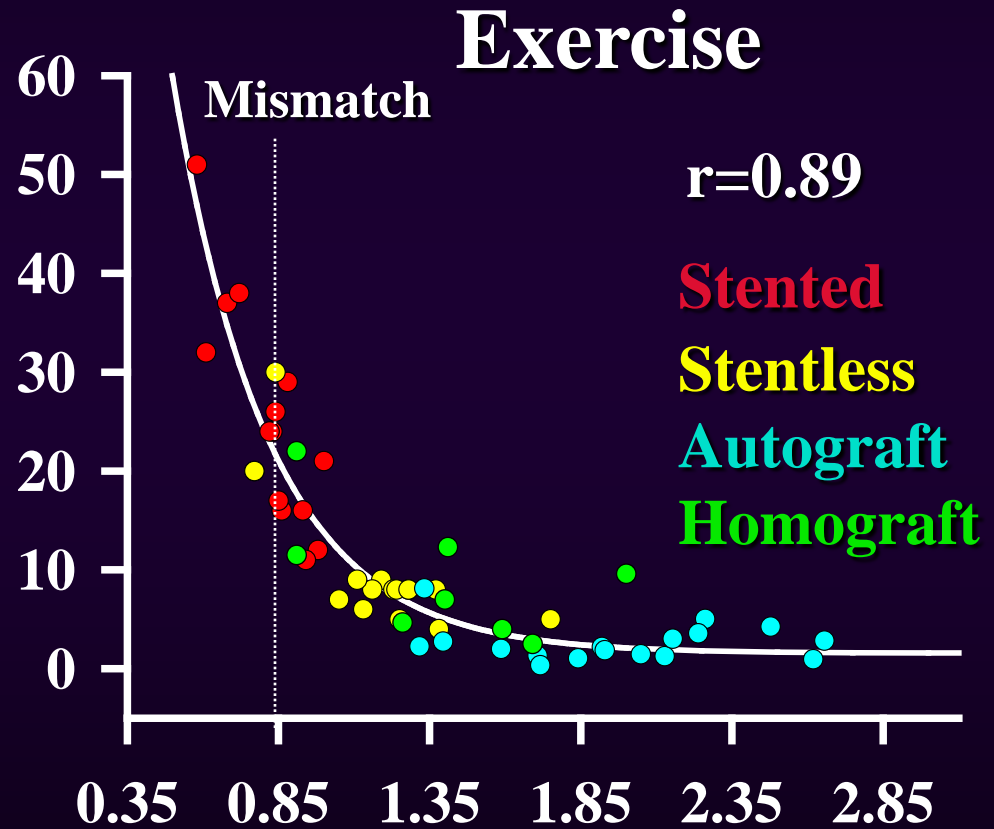
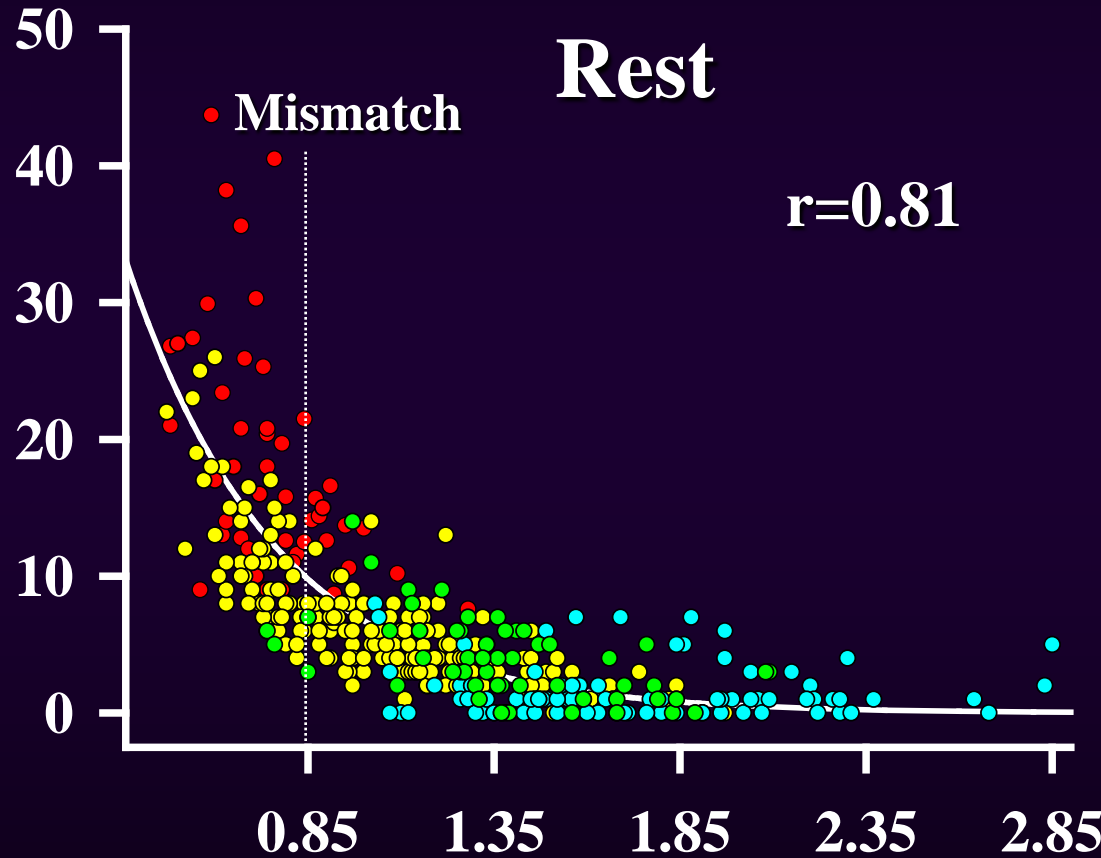


Comparisons of transvalvular gradient in patients receiving the same prosthesis but having different BSAs

| | Patient number | | | | |
|-------------------------------------|----------------|------|-----|------|-----|
| | 1 | 2 | 3 | 4 | 5 |
| Body surface area (m ²) | 1.5 | 1.75 | 2.0 | 2.25 | 2.5 |
| Cardiac output (l/min) | 4.5 | 5.25 | 6.0 | 6.75 | 7.5 |
| Valve EOA (cm ²) | 1.3 | 1.3 | 1.3 | 1.3 | 1.3 |
| Mean pressure gradient (mm Hg) | 13 | 17 | 22 | 28 | 35 |

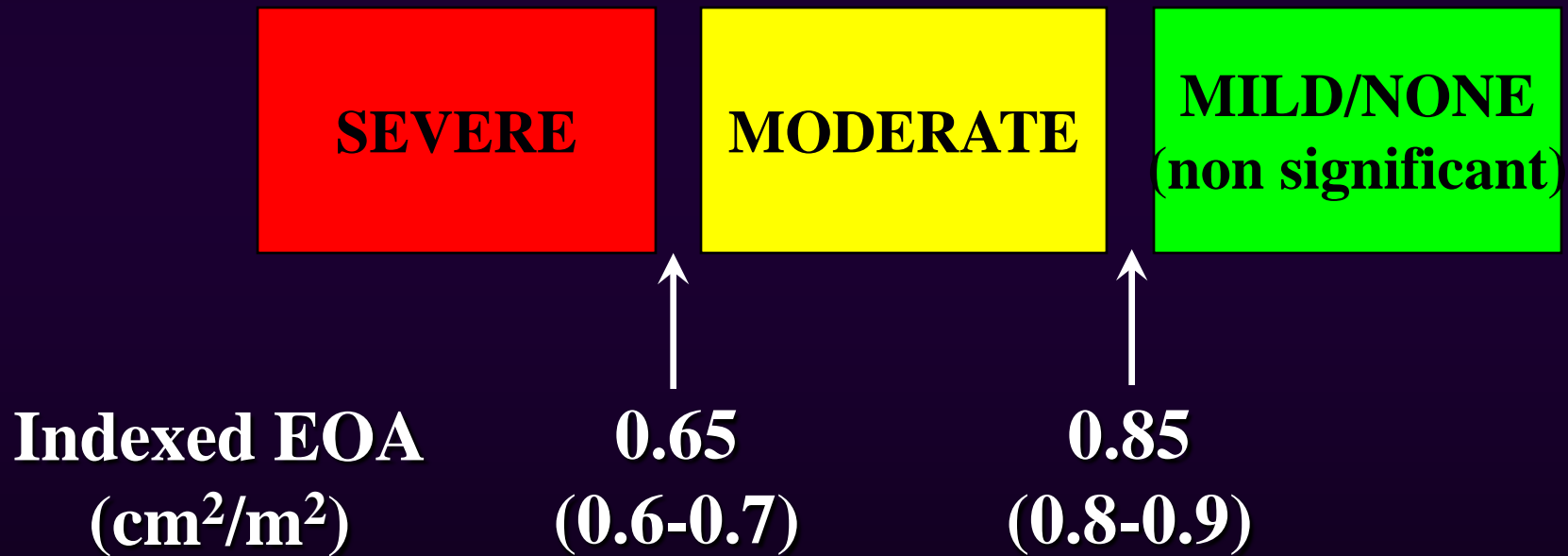
Definition of PPM Based on Indexed EOA of Prosthesis

Mean Gradient (mmHg)



Indexed EOA (cm^2/m^2)

Severity of PPM



Prevalence of PPM

- ◆ **PPM (EOAI \leq 0.85): 20-70%**
- ◆ **Severe PPM (EOAI \leq 0.65): 2-10%**

Impact of PPM on Clinical Outcomes

- ◆ **Less regression of LVH**
- ◆ **Less recovery of coronary flow reserve**
- ◆ **Less improvement in functional class**
- ◆ **Worse exercise capacity**
- ◆ **Increased incidence of late cardiac events**
- ◆ **(Increased bleeding complications ?)**
- ◆ **Negative impact on short- and long-term survival particularly if LV dysfunction**

Pibarot & Dumesnil, JACC 2000; 36: 1131-1141

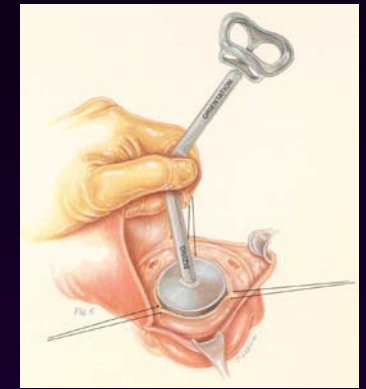
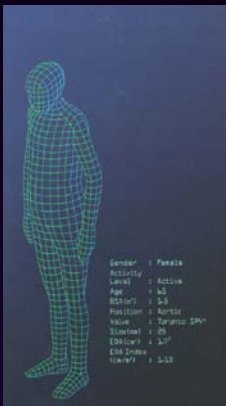
Pibarot & Dumesnil, 92:1022-9, 2006

PPM is Predictive of Congestive Heart Failure after AVR

1681 patients, mean follow-up 4.4 years

Independent predictors of CHF (NYHA 3-4 or CHF death):

- ◆ Age
- ◆ Preop. NYHA class
- ◆ Elevated diastolic pulmonary arterial pressures
- ◆ Atrial fibrillation
- ◆ Coronary artery disease
- ◆ Smoking
- ◆ Redo status
- ◆ **PPM (EOAI ≤ 0.80 cm²/m²): 60% increase in the risk of CHF**



Impact of Valve Prosthesis-Patient Mismatch on Short-Term Mortality After Aortic Valve Replacement with Stentless Bioprostheses

Stéphane Lopez, MD,

Philippe Pibarot, DVM, PhD, FACC, FAHA

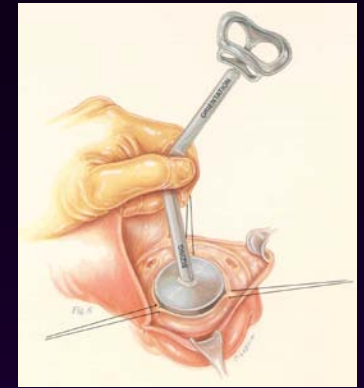
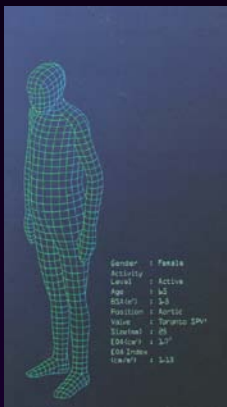
Canada Research Chair in Valvular Heart Diseases



Quebec Heart Institute /
Laval Hospital



Université
LAVAL



*Now the Good News :
PPM can be Prevented !*

Hypothetical Prosthesis Model XXX

| | EOAi by Prosthesis size (mm) | | | | | |
|--------------------------------|------------------------------|------|------|------|------|------|
| Prosthesis size (mm) | 19 | 21 | 23 | 25 | 27 | 29 |
| Average EOA (cm ²) | 1.1 | 1.3 | 1.5 | 1.8 | 2.3 | 2.7 |
| BSA (m²) | | | | | | |
| 0.6 | 1.83 | 2.17 | 2.50 | 3.00 | 3.83 | 4.50 |
| 0.7 | 1.57 | 1.86 | 2.14 | 2.57 | 3.29 | 3.86 |
| 0.8 | 1.38 | 1.63 | 1.88 | 2.25 | 2.88 | 3.38 |
| 0.9 | 1.22 | 1.44 | 1.67 | 2.00 | 2.56 | 3.00 |
| 1 | 1.10 | 1.30 | 1.50 | 1.80 | 2.30 | 2.70 |
| 1.1 | 1.00 | 1.18 | 1.36 | 1.64 | 2.09 | 2.45 |
| 1.2 | 0.92 | 1.08 | 1.25 | 1.50 | 1.92 | 2.25 |
| 1.3 | 0.85 | 1.00 | 1.15 | 1.38 | 1.77 | 2.08 |
| 1.4 | 0.79 | 0.93 | 1.07 | 1.29 | 1.64 | 1.93 |
| 1.5 | 0.73 | 0.87 | 1.00 | 1.20 | 1.53 | 1.80 |
| 1.6 | 0.49 | 0.88 | 0.88 | 0.88 | 0.88 | 1.69 |
| 1.7 | 0.65 | 0.76 | 0.88 | 1.06 | 1.35 | 1.59 |
| 1.8 | 0.61 | 0.72 | 0.83 | 1.00 | 1.28 | 1.50 |
| 1.9 | 0.58 | 0.68 | 0.79 | 0.95 | 1.21 | 1.42 |
| 2 | 0.55 | 0.65 | 0.75 | 0.90 | 1.15 | 1.35 |
| 2.1 | 0.52 | 0.62 | 0.71 | 0.86 | 1.10 | 1.29 |
| 2.2 | 0.50 | 0.59 | 0.68 | 0.82 | 1.05 | 1.23 |
| 2.3 | 0.48 | 0.57 | 0.65 | 0.78 | 1.00 | 1.17 |
| 2.4 | 0.46 | 0.54 | 0.63 | 0.75 | 0.96 | 1.13 |
| 2.5 | 0.44 | 0.52 | 0.60 | 0.72 | 0.92 | 1.08 |

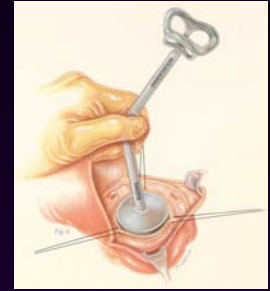
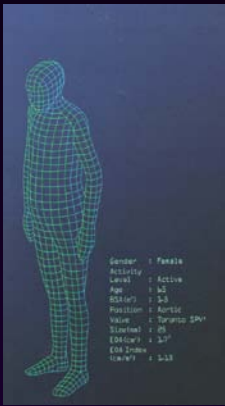
Surgical Options if Anticipating PPM

- ◆ **Use of better performing prosthesis**
 - ◆ **Newer generation supra-annular bioprosthesis**
 - ◆ **Stentless bioprosthesis**
 - ◆ **Newer generation mechanical prosthesis**
 - ◆ **Homografts**
 - ◆ **Ross operation**
- ◆ **Aortic root enlargement**
- ◆ **Acceptance of PPM in light of other clinical factors**



Avoiding Aortic PPM

Why and How ?



Why

- ◆ PPM is a frequent and modifiable risk factor leading to worse hemodynamics and coronary flow reserve, more cardiac events, and lesser survival.

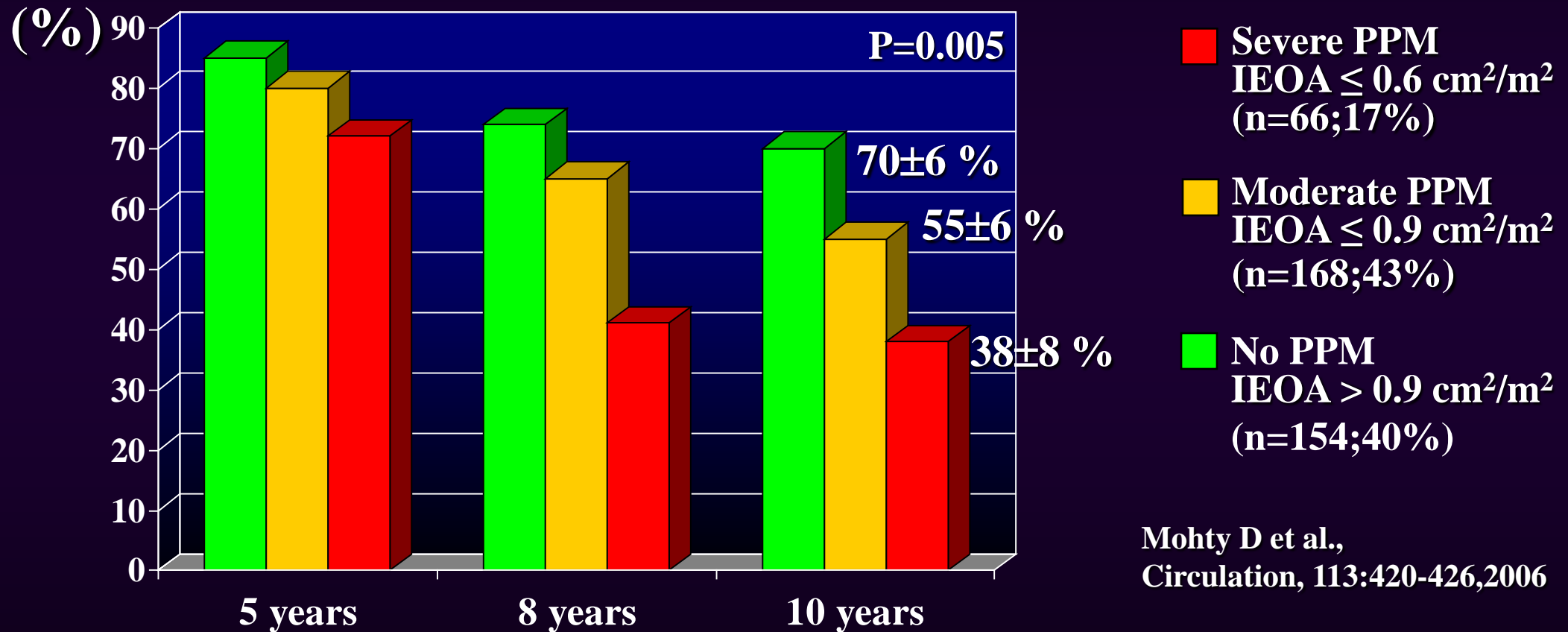
How

- ◆ Use charts to project postoperative indexed EOA.
- ◆ If anticipating PPM, consider alternative options in light of patient's clinical condition and risk-benefit ratio.

Impact of severe PPM on Long-term Survival

388 patients with 19 or 21 mm St-Jude Standard

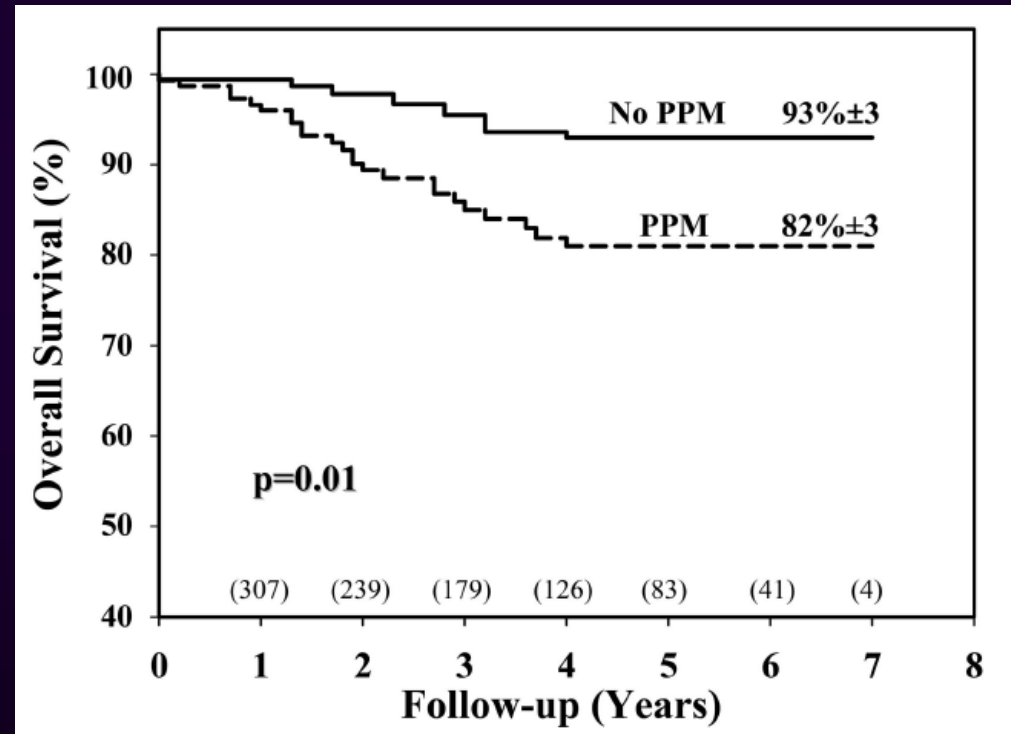
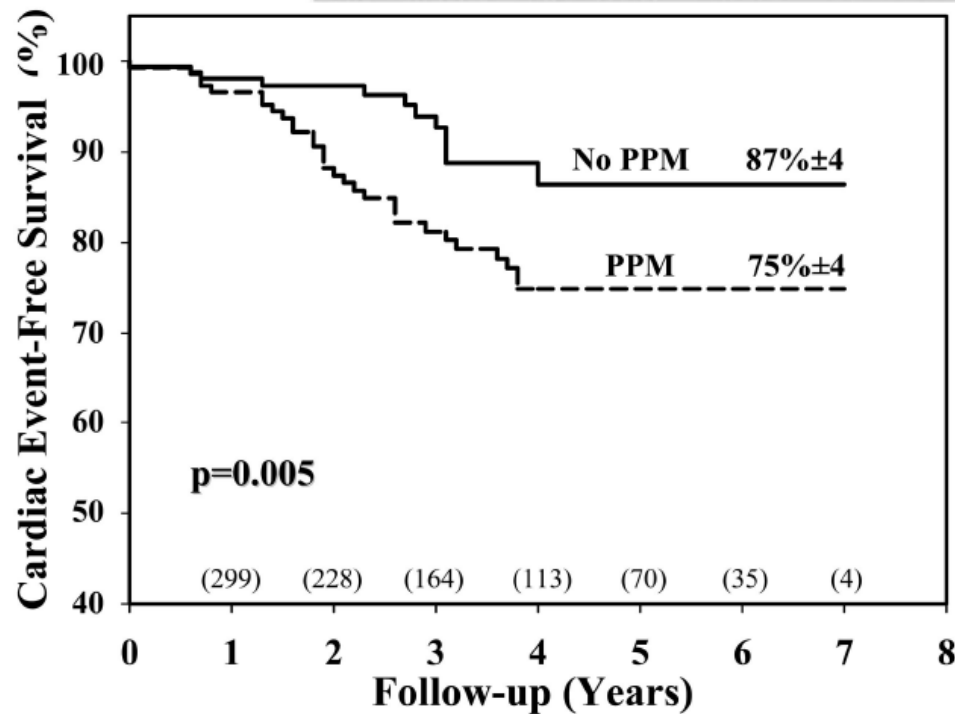
Survival



After adjusting for other risk factors, severe PPM was associated with higher mortality: HR: 2.2 [1.24-2.7] (p=0.007)

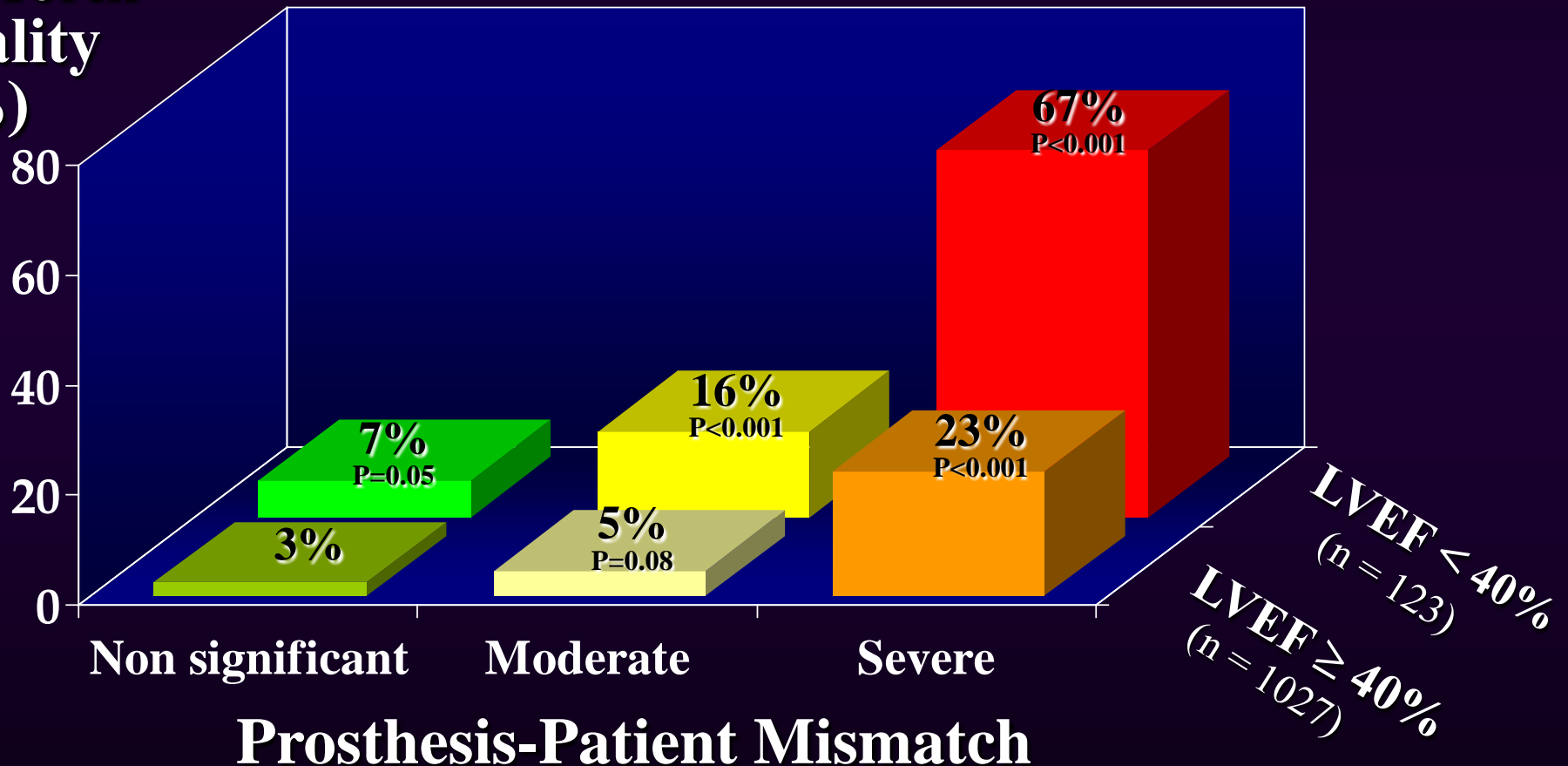
Impact of PPM on Cardiac Events and Survival

315 consecutive patients with pure AS; PPM: EOAI ≤ 0.8 cm²/m²



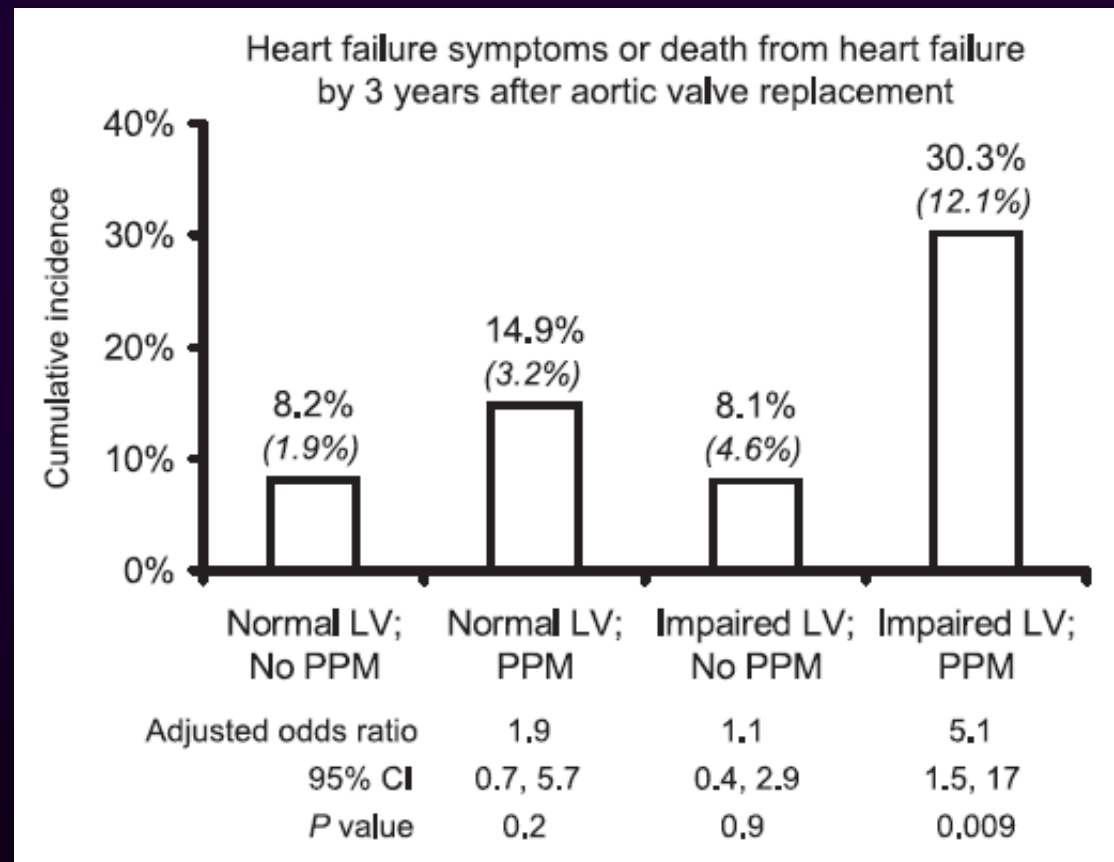
Combined Impact of PPM and LV Dysfunction on Short-term Mortality

Short-Term Mortality (%)



Prosthesis–patient mismatch after aortic valve replacement predominantly affects patients with preexisting left ventricular dysfunction: Effect on survival, freedom from heart failure, and left ventricular mass regression

Marc Ruel, MD, MPH,^{a,b} Hussam Al-Faleh, MD,^c Alexander Kulik, MD,^a Kwan L. Chan, MD,^c Thierry G. Mesana, MD, PhD,^a and Ian G. Burwash, MD^c



Ruel et al, JTCVS;
131:1036-44, 2006