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Modulo per la sottomissione abstract di ricerca CLINICA

Titolo (massimo **15 parole**)

Functional Mitral Regurgitation treated with percutaneous repair: a relative survival analysis of a national Swiss cohort.

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Testo (massimo **250 parole**, preferibilmente in italiano (accettato anche in inglese), suddiviso in Introduzione, **Metodi, Risultati, Conclusioni e Finanziamento**)

Introduction:

Percutaneous treatment of functional mitral regurgitation (FMR) with MitraClip (MC) has led to discordant results in recent randomized clinical trials. We aimed at estimating excess mortality (EM) and to evaluate its predictors in the large Swiss FMR population treated with MC included in the prospective Mitraswiss Registry, with a follow up scheduled up to 5 years

Methods:

FMR patients enrolled in the MitraSwiss Registry (479 pts) with a mean age of 74.7 ± 9.42 years were evaluated. We computed and plotted EM up to 5 years after implant using the Swiss 2008-20013 mortality tables, stratified by age and sex. A Poisson regression was used to model EM as a function of age, sex, pre-implant RV/RA gradient, calendar period (2011-2013;2014-2015;2016-2017), ischemic vs non ischemic aetiology, acute procedural success and residual MR.

Results:

Patient's survival at 1,2,3,4 and 5 years were respectively 0.84, 0.72, 0.59, 0.53 and 0.48. FMR patients treated with MC showed excess mortality as compared to the Swiss population of +13% (95%CI,18%-10%), +18% (95%CI,28%-17%), +34% (95%CI,41%-37%), +37%(95%CI,46%-39%) and +39%(95%CI,50-38%) at each time point with not differences over the entire follow up ($p=0.481$). Age group, sex, RV/RA gradient calendar period, ischemic vs non ischemic and residual MR were not associated with excess mortality while a clear association was recognized with acute procedural success ($p=0.011$).

Conclusions:

In FMR patients treated with MC a persistent EM was observed at a 5 years follow up. Acute procedural success is the only determinant of EM with a 65% lower EM as compared to procedural failures.

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Visto superiore* (prego indicare **Nome e Cognome** del superiore) ***campo obbligatorio**

Pedrazzini Giovanni

Criteria per sottomissione Abstract:
NO Case report
NO Abstract senza nessun risultato
VISTO da un superiore

Invio Abstract