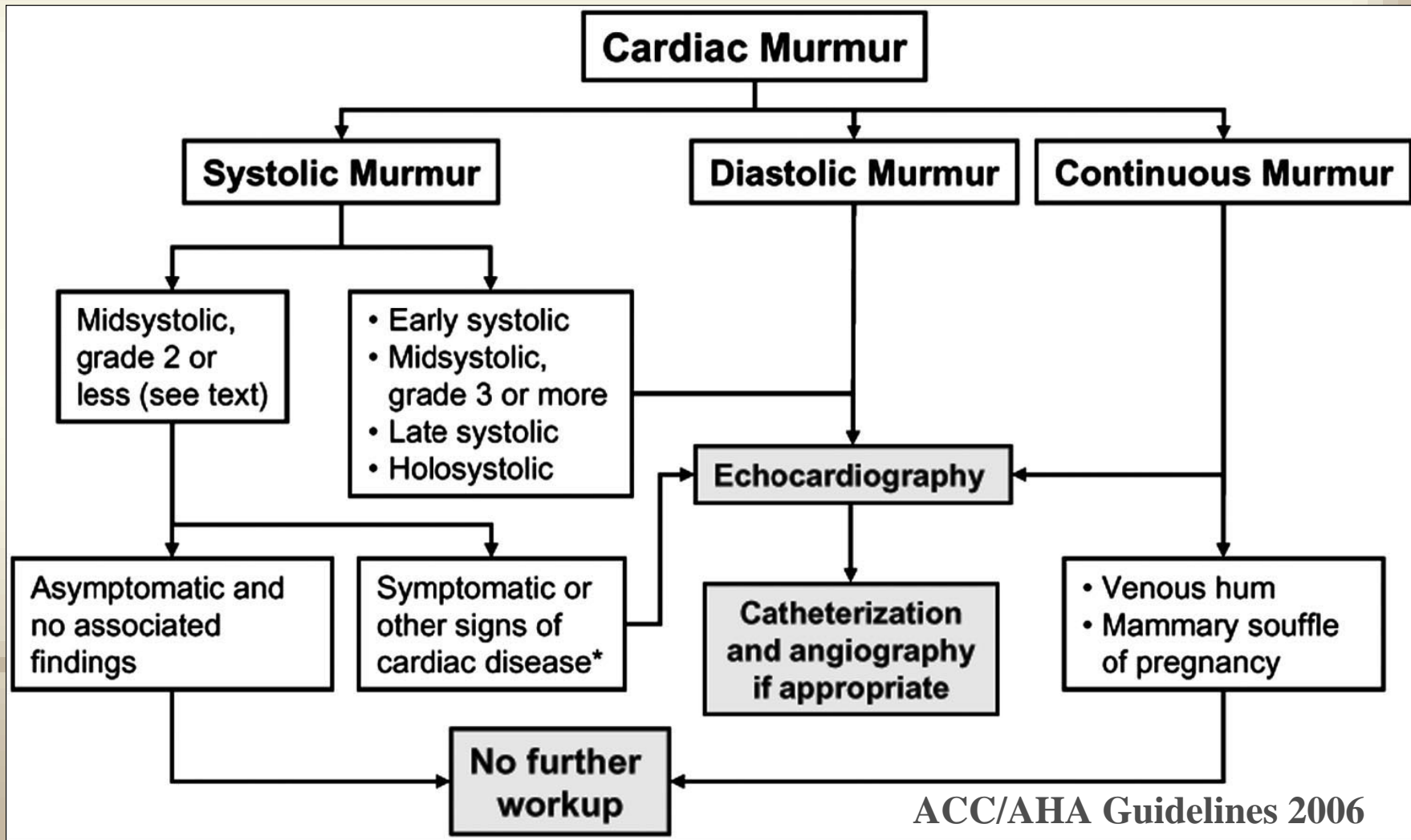
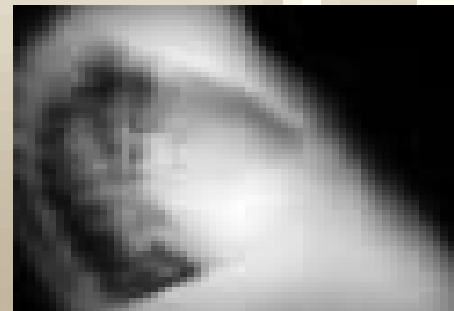
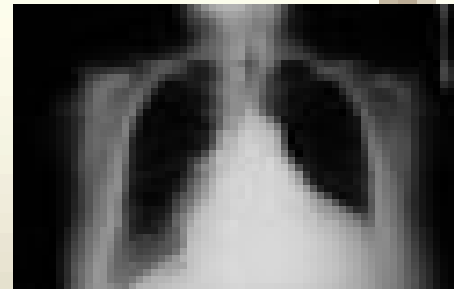
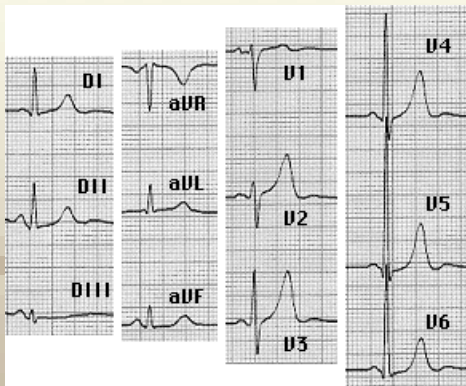


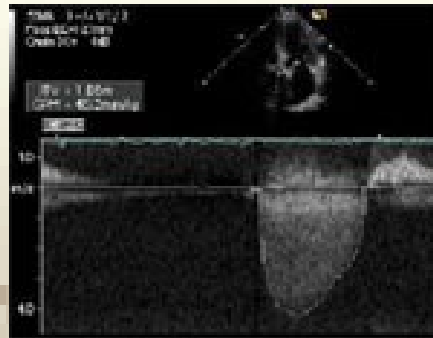
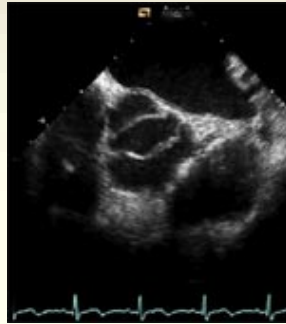
Elche 2 de Marzo 2007



Varón de 80 años que ingresa por hemorragia digestiva.

- HTA
- EPOC moderado
- Insuficiencia renal crónica (creatinina 2 mg/dl)

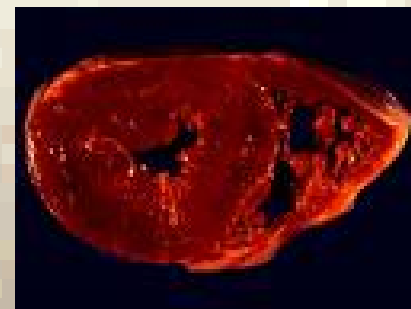
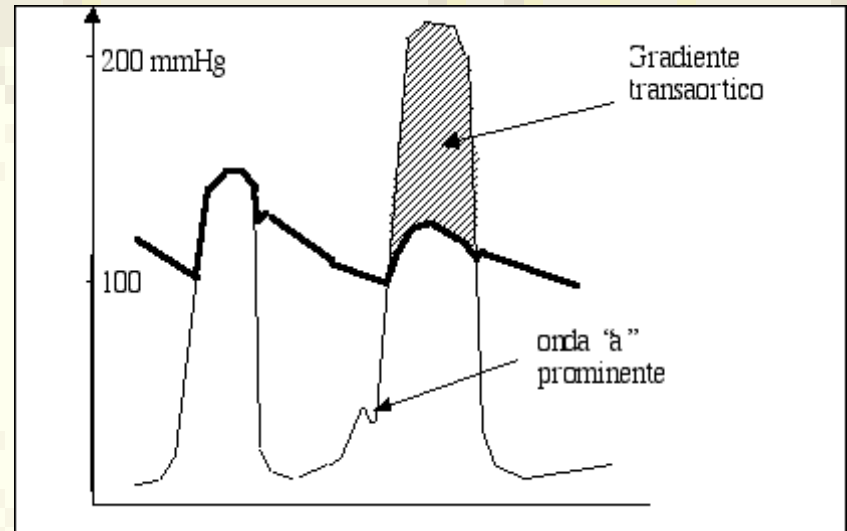
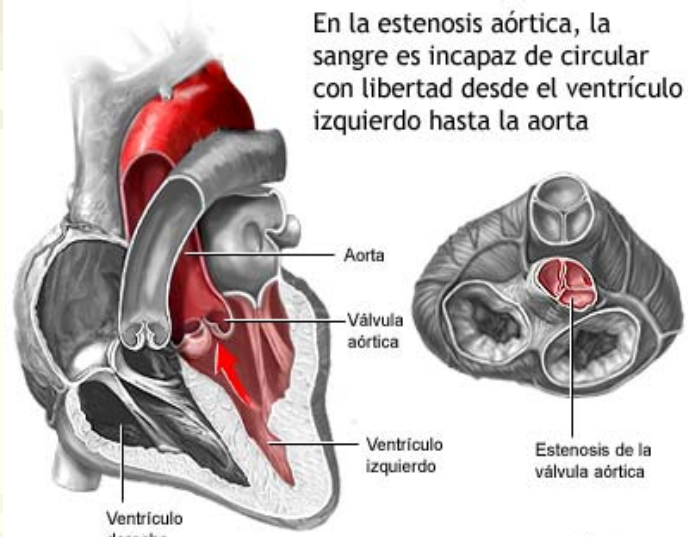




Velocidad jet sistólico 4,2 m/seg
Gradiente aórtico medio 60 mmHg
Área valvular 0,8 cm²
Índice área 0,5 cm²/m²

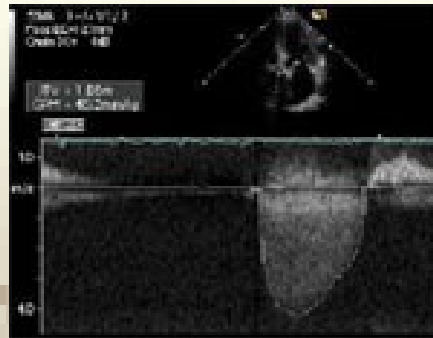
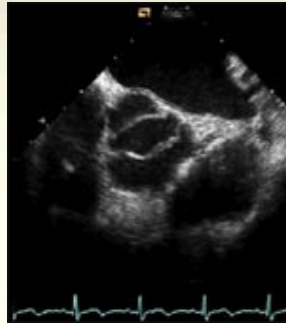
Aortic Stenosis

	Mild	Moderate	Severe
Jet velocity (m per second)	Less than 3.0	3.0–4.0	Greater than 4.0
Mean gradient (mm Hg)*	Less than 25	25–40	Greater than 40
Valve area (cm²)	Greater than 1.5	1.0–1.5	Less than 1.0
Valve area index (cm² per m²)			Less than 0.6

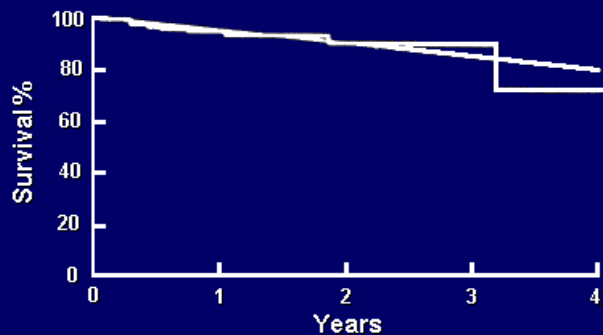


Recomendaciones Clase I utilización ecocardiografía en EA

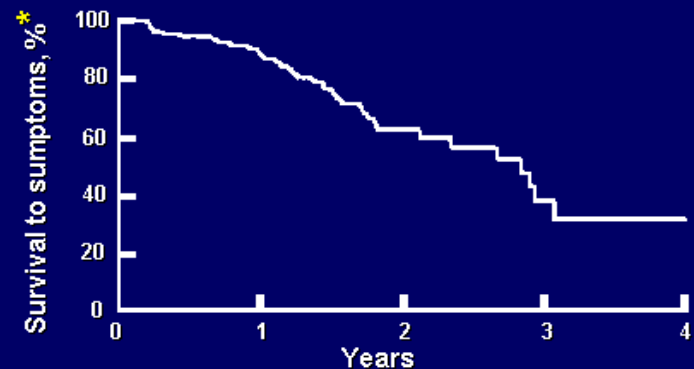
- **Diagnóstico y gravedad de la EA (Evidencia B)**
- **Grosor, tamaño y función VI (Evidencia B)**
- **Re-evaluación en caso de cambio de síntomas o signos (Evidencia B)**



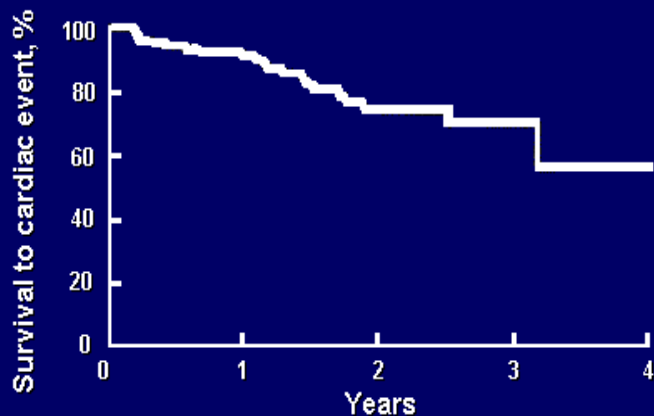
Velocidad jet sistólico 4,2m/seg
Gradiente aórtico 60 mmHg
Área valvular 0,8 cm²
Índice área 0,5 cm²/m²
Grosor pared 14 mm
Diámetro telediastólico 52 mm
FE 65%



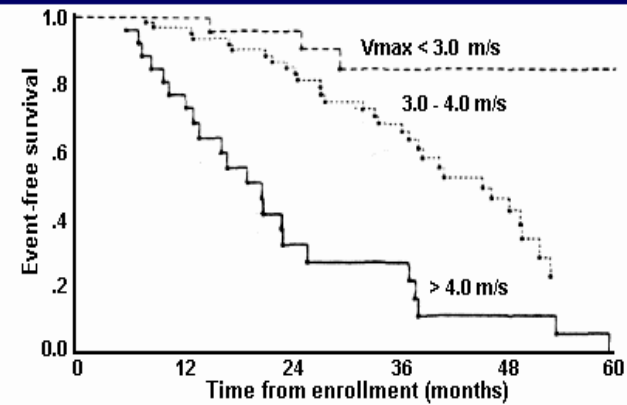
Survival for 113 patients with asymptomatic, severe aortic stenosis (*thick line*) who did not receive early intervention (group 2) compared with survival for age- and gender-matched control subjects (*thin line*). *Censored at symptoms, aortic valve replacement or valvuloplasty.



Survival free of development of symptoms for 113 patients with asymptomatic aortic stenosis who did not receive early intervention (group 2)



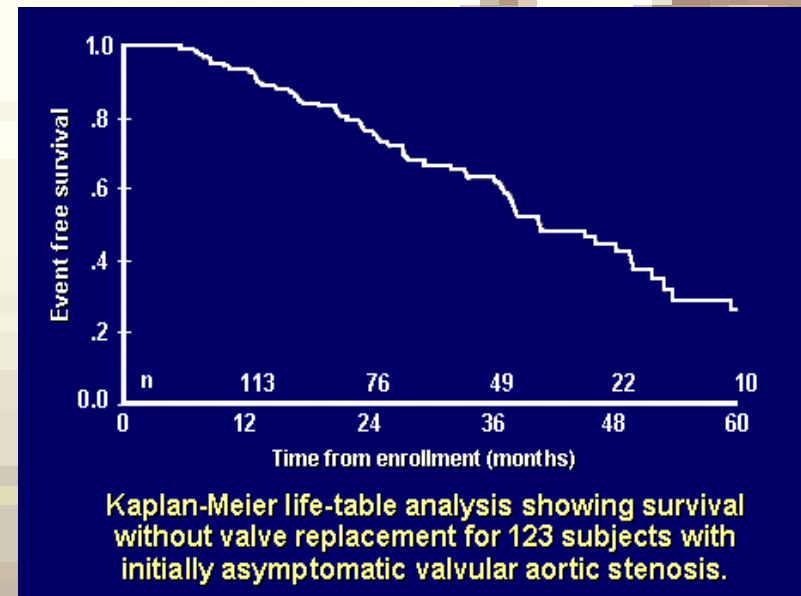
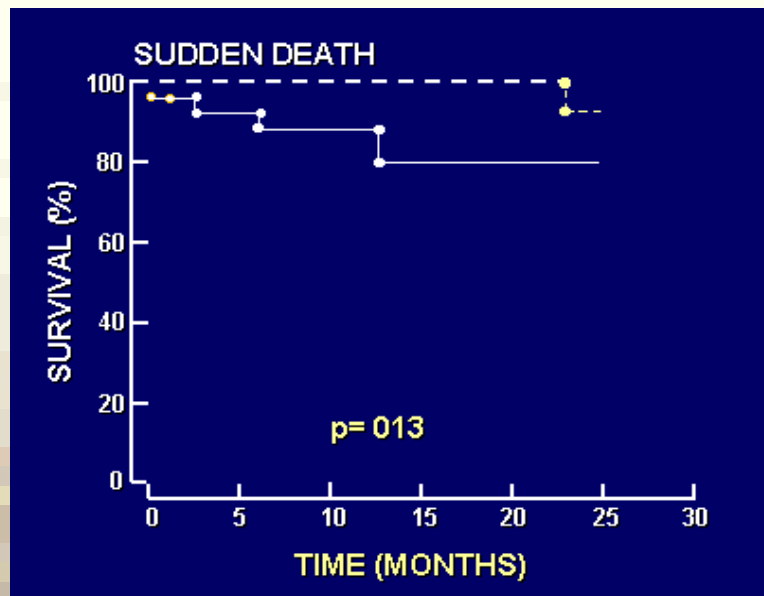
Survival free of aortic stenosis-related cardiac events in group 2



Cox regression analysis showing event-free survival in groups defined by aortic jet velocity at entry ($P < .0001$ by log-rank test).



Estimating the Time of Death





Recomendaciones ergometría en EA

Clase IIb: En pacientes asintomáticos para inducir síntomas y repuestas tensionales anormales (Evidencia B)

Clase III: No en pacientes sintomáticos (Evidencia B)



Recomendaciones

Clase I:

- **Antes de RV en pacientes con riesgo de EC (Evidencia B)**
- **Confirmación de gravedad de EA en pacientes sintomáticos con test no invasivos no concluyentes o discrepantes con la clínica (Evidencia C)**

Clase III:

- **No indicado si tests y clínica concordante (Evidencia C)**
- **No indicado para asegurar la gravedad de EA o función VI en pacientes asintomáticos (Evidencia C)**



- **Profilaxis endocarditis**
- **Tratar cautelosamente la TA en hipertensos**
- **¿Estatinas?**
- **Evaluar y modificar factores de riesgo ECV**
- **Evitar ejercicio físico intenso**



Recomendaciones Clase I (Evidencia B)

- Ecocardiografía anual si grave**
- Ecocardiografía cada 1 a 2 años si moderada**
- Ecocardiografía cada 3 a 5 años si ligera**

Síntomas

Angina

Disnea

Sincope

Muerte súbita

**2-3
años**



Edad (a.)

Sexo

Enfermedad pulmonar crónica¹

Arteriopatía extracardiaca²

Disfunción neurológica³

Cirugía cardíaca previa⁴

Creatinina > 200 µmol/ L

Endocarditis activa⁵

Situación preoperatoria crítica⁶

Angina inestable⁷

Fracción de eyección de V.I.

I.A.M. reciente⁸

Presión sistólica pulmonar > 60 mmHg

Factores operatorios

Emergencia⁹

Cirugía distinta a coronaria aislada

Cirugía sobre la aorta torácica

Rotura septal post-infarto

EuroSCORE

Logistic

10.17 %



The Society of Thoracic Surgeons

ENHANCING THE ABILITY OF CARDIOTHORACIC SURGEONS TO PROVIDE THE HIGHEST QUALITY PATIENT CARE THROUGH EDUCATION, RESEARCH, AND ADVOCACY

SEARCH

GO

Wednesday, February 21, 2007

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Risk Calculator

The STS Risk Calculator allows a user to calculate a patient's risk of mortality and other morbidities, such as long length of stay and renal failure. The Risk Calculator incorporates the STS risk models that are designed to serve as statistical tools to account for the impact of patient risk factors on operative mortality and morbidity.

[Click here to start using the Risk Calculator.](#)

In this section:

Whats New

How to Become a Participant

Advances in Quality and Outcomes

Risk Calculator

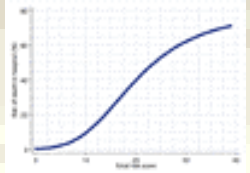
HIPAA

Data Managers Section

Regional Database Activities

Publications & Research

Simple risk model for heart valve surgery



Factor	Category	Score
Patient factors		
Age-group, years		5
Gender		0
BMI, kg/m ²		0
Hypertension		1
Diabetes (help)		0
Renal failure (help)		5
Preoperative arrhythmias		0
Ejection fraction		0
Surgical factors		
Number of prior cardiac operations		0
Surgical priority		0
Valve operation		0
Concomitant tricuspid surgery		0
Concomitant CABG surgery		0

Prediction

Total risk score	11
Risk of in-hospital death	11.7%



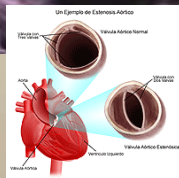


- ⇒ **Diuréticos, digital e IECAs si congestión pulmonar**
- ⇒ **Nitroprusiato e.v. si edema agudo de pulmón**
- ⇒ **Cardioversión y/o control frecuencia si arritmias**
- ⇒ **Nitratos o Betabloqueantes si angina**
- ⇒ **Marcapasos si síncope por bradi o taquiarritmia**



Varón de 80 años que ingresa por hemorragia digestiva.

- HTA
- EPOC moderado
- Insuficiencia renal crónica (creatinina 2 mg/dl)



Velocidad jet sistólico 3 m/seg

Gradiente aórtico 40 mmHg

Área valvular 0,8 cm²

Índice área 0,5 cm²/m²

Grosor pared 14 mm

Diámetro telediastólico 62 mm

FE 40%

Recomendaciones en EA de bajo flujo/bajo gradiente

Clase IIa:

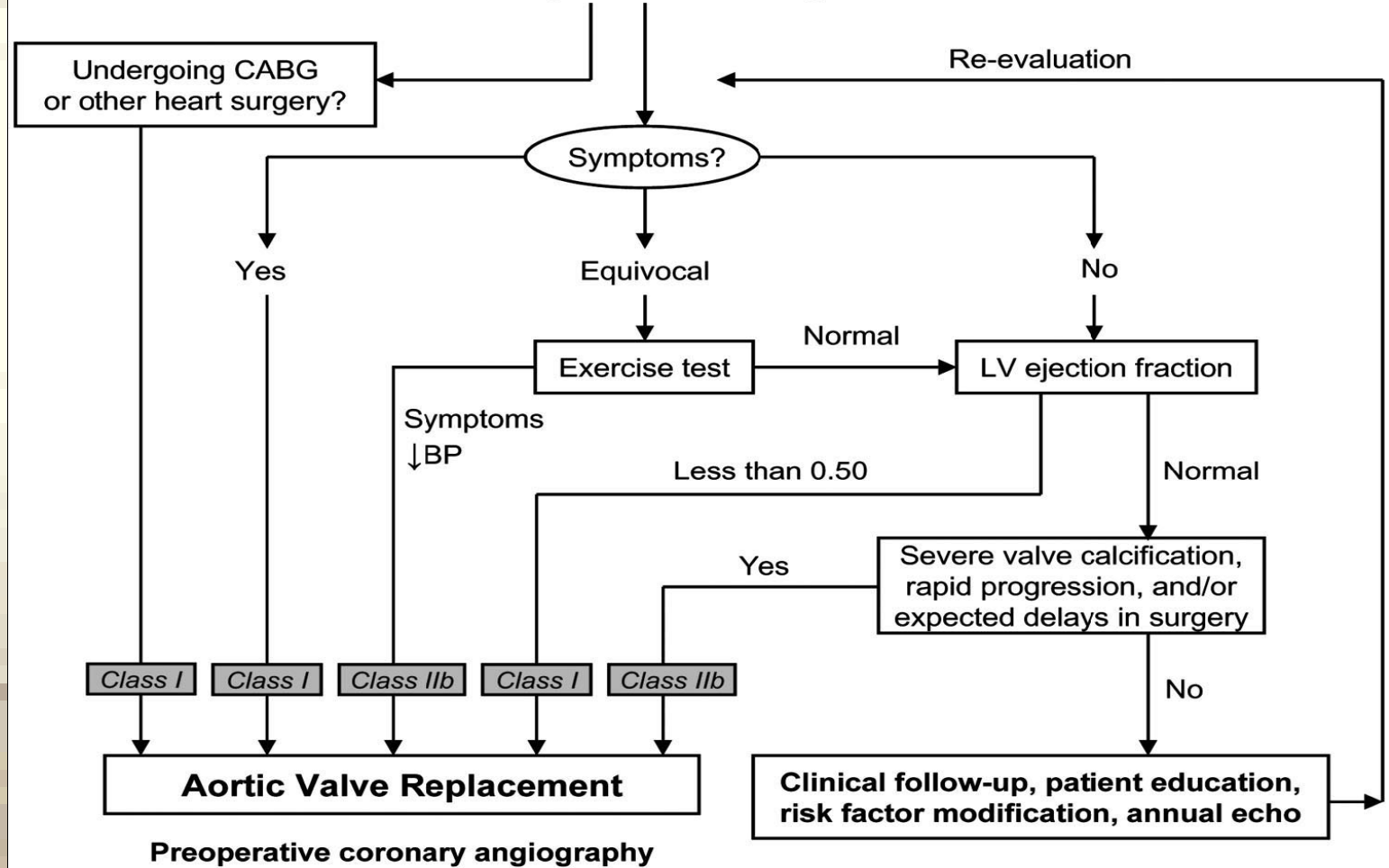
La eco-dobutamina es razonable para evaluar a los pacientes con bajo flujo/bajo gradiente y disfunción VI (Evidencia B)

El cateterismo con evaluación hemodinámica puede ser útil en pacientes con bajo flujo/bajo gradiente y disfunción VI (Evidencia C)



Severe Aortic Stenosis

V_{max} greater than 4 m/s
AVA less than 1.0 cm²
Mean gradient > 40 mm Hg





¡Muchas Gracias!