Dokumenttyp: journal article

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Sievers, HH; Stierle, U; Charitos, EI; Hanke, T; Misfeld, M; Bechtel, JFM; Gorski, A; Franke, UFW; Graf, B; Robinson, DR; Bogers, AJJC; Dodge-Khatami, A; Boehm, JO; Rein, JG; Botha, CA; Lange, R; Hoerer, J; Moritz, A; Wahlers, T; Breuer, M; Ferrari-Kuehne, K; Hetzer, R; Huebler, M; Ziemer, G; Takkenberg, JJM; Hemmer, W; German-Dutch Ross Registry

Titel des Beitrags:
Major Adverse Cardiac and Cerebrovascular Events After the Ross Procedure A Report From the German-Dutch Ross Registry

Abstract:
Background-The purpose of the study is to report major cardiac and cerebrovascular events after the Ross procedure in the large adult and pediatric population of the German-Dutch Ross registry. These data could provide an additional basis for discussions among physicians and a source of information for patients.

Methods and Results-One thousand six hundred twenty patients (1420 adults; 1211 male; mean age, 39.2 +/- 16.2 years) underwent a Ross procedure between 1988 and 2008. Follow-up was performed on an annual basis (median, 6.2 years; 10 747 patient-years). Early and late mortality were 1.2% (n=19) and 3.6% (n=58; 0.54%/patient-year), respectively. Ninety-three patients underwent 99 reinterventions on the autograft (0.92%/patient-year); 78 reinterventions in 63 patients on the pulmonary conduit were performed (0.73%/patient-year). Freedom from autograft or pulmonary conduit reoperation was 98.2%, 95.1%, and 89% at 1, 5, and 10 years, respectively. Preoperative aortic regurgitation and the root replacement technique without surgical autograft...
reinforcement were associated with a greater hazard for autograft reoperation. Major internal or external bleeding occurred in 17 (0.15%/patient-year), and a total of 38 patients had composite end point of thrombosis, embolism, or bleeding (0.35%/patient-year). Late endocarditis with medical (n=16) or surgical treatment (n=29) was observed in 38 patients (0.38%/patient-year). Freedom from any valve-related event was 94.9% at 1 year, 90.7% at 5 years, and 82.5% at 10 years.

Conclusions—Although longer follow-up of patients who undergo Ross operation is needed, the present series confirms that the autograft procedure is a valid option to treat aortic valve disease in selected patients. The nonreinforced full root technique and preoperative aortic regurgitation are predictors for autograft failure and warrant further consideration.