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VENTRICULO-ARTERIAL IMPEDANCE DIFFERENTLY IMPACT 2D STRAIN PARAMETERS IN PATIENTS WITH AORTIC STENOSIS

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Introduction: ventriculo-arterial impedance (ZV_a) is recognised as influencing exercise tolerance, syncope onset and prognosis in aortic stenosis (AS) patients.

Aim of the present study is to show the impact of a progressive increase in ZV_a of different left ventricular strain parameters.

Methods: 218 patients (mean age: 79.9 ± 8.6 years, males: 54%) with severe AS (aortic surface $< 1 \text{ cm}^2$ or $< 0.6 \text{ cm}^2/\text{m}^2$) underwent standard echocardiography and 2D speckle tracking echocardiography to characterize aortic valve gradients, biventricular function, ZV_a and strain parameters.

Results: according to ZV_a quartiles the population was divided in four groups: Group A ($ZV_a \leq 3.43 \text{ mmHg/ml/m}^2$), Group B ($3.43 < ZV_a \leq 4.1 \text{ mmHg/ml/m}^2$), Group C ($4.1 < ZV_a \leq 5.1 \text{ mmHg/ml/m}^2$), Group D ($ZV_a > 5.1 \text{ mmHg/ml/m}^2$). Progressive increase in ZV_a was associated with a progressive alteration of all strain parameters. GLS and GCS were affected earlier, whereas a significant reduction of GRS appeared only in patients with the higher ZV_a values (Table 1).

Table 1	Group A	Group B	Group C	Group D	ANOVA <i>p</i> value
GLS (%)	-14.4 ± 4.0	-13.3 ± 3.4	-12.4 ± 3.5*	-10.6 ± 3.2***,▪,▲	<0.0001
GCS (%)	-12.4 ± 5.2	-8.3 ± 4.7**	-9.2 ± 3.7**	-7.7 ± 3.5***	<0.0001
GRS (%)	29.8 ± 16.1	25.0 ± 12.9	26.6 ± 17.1	20.7 ± 13.18**	0.09

p* < 0.05 vs group A, *p* ≤ 0.01 vs group A, ****p* ≤ 0.0001 vs group A, ▪ *p* ≤ 0.0001 vs group B, ▲ *p* ≤ 0.01 vs group C

Conclusions: In patients with severe AS, a mild to moderate increase in ZV_a induces a rapid decrease in longitudinal subendocardial fibres function as demonstrated by the impairment in GLS and GCS. Mid-wall circumferential fibres function is significantly affected only at very elevated ZV_a values. Further studies are necessary to clarify if these functional alterations may be reversed after AS surgical treatment or if they are representatives of a more advanced, irreversible left ventricular disease.