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0-1-C1241 :Thrombosis of heart valve prosthesis

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Introduction :

*The prosthetic heart valve thrombosis is a life threatening complication of mechanical valve prosthesis.

*It can be attributed more frequently to inadequate anticoagulant therapy; in the aortic and mitral position reported incidence varies widely from 0.5% to 6% per patient-year, and is highest in the mitral position and up to 20% in tricuspid valve prosthesis.

*Medical therapy has emerged as an alternative therapy in high-risk surgical patients.

*The purpose of this study is to present a single-center experience of 183 consecutive patients hospitalized between 2000 and 2015.

méthods :

*From 2000 to 2015, 183 consecutive patients were hospitalized in our center for mechanical prosthetic valve thrombosis.

*The diagnosis was mainly assessed by echocardiography and/or fluoroscopy.

*There were 34 men and 139 women aged 14–75 years.

*Prosthetic valve location was mitral in 162 patients, tricuspid in 05 and aortic in 5.

*The interval from first operation to valve thrombosis was from 1 day to 38 years.

Résultats :

*There were two groups; the first group A: 132 patients have been operated, It is emergency surgery in 103 patients, prosthetic replacement was done (108) .

*51 patients underwent medical treatment; on clinical, sonographic and under strict supervision in a hospital.

*For the second group, all patients have unlocked their fin; 03 deaths (6%) (Hemorrhagic stroke, LV dysfunction and dysfunction VD).

*In the group we deplore operated 17 (14%) cause of death varied.

Conclusion:

* The prosthetic heart valve thrombosis remains a serious complication of mechanical heart valve prosthetic with high morbidity and mortality despite aggressive treatment by thrombolysis and/or surgery.

* Surgery treatment should be the preferred therapeutic modality for most patients with PVT.

*Thrombolysis, followed by heparin and aspirin, is advised or high-risk surgical candidates without hemodynamic instability under strict echocardiographic survey.

Bibliographie:

1- Guidelines on the management of valvular heart disease (version 2012), The Joint Task Force on the Management of Valvular Heart Disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS)European Heart Journal (2012) 33, 2451–2496.

2- 2014 AHA/ACC Guideline for the Management of Patients With Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Rick A. Nishimura, Catherine M. Otto, Robert O. Bonow, Blase A. Carabello, John P. Erwin III, Robert A. Guyton, Patrick T. O'Gara, Carlos E. Ruiz, Nikolaos J. Skubas, Paul Sorajja, Thoralf M. Sundt III and James D. Thomas. *Circulation. published online March 3, 2014;*

3- Edmunds LH Jr, Clark RE, Cohn LH, Grunkemeier GL, Miller DC, Weisel RD. *Guidelines for reporting morbidity and mortality after cardiac valvular operations. Ad hoc liaison committee for standardizing definitions of prosthetic heart valve morbidity of the American association for thoracic surgery and the society of thoracic surgeons. J Thorac Cardiovasc Surg 1996; 112: 708-11.*