

## Child Health **Research Institute**



- right/non fusion (20%)
- patients with a reported success rate of 85%
- replacement, heart transplant, or death
- affects valvuloplasty results



- that predicts better outcomes of balloon aortic valvuloplasty
- increased risk of repeat interventions

- Inclusion criteria: Pediatric patients (< 18 years of age) who
- Valve morphology was determined from echo reports and/or
- Paired T-Test and Chi squared test were used for statistical analysis

# **Bicuspid Aortic Valve Morphology Affects Outcome** of Balloon Aortic Valvuloplasty

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Table II Procedural Outcomes				
<u>Variables</u>	<u>Cohort 1</u>	<u>Cohort 2</u>	<u>P-Value</u>	
	n = 29	n = 25		
>1 Balloon Attempt	30%	62.5%	p: 0.03	
Maximum Ratio	0.89 +/-0.05	0.93 +/-0.07	p: > 0.05	
Balloon : Annulus Ratio > 1.0	3%	9%	p: 0.03	
<b>Gradient Reduction</b>	29 +/- 20	33 +/-14	p: > 0.05	
≥ Moderate Insufficiency	3	4	p: > 0.05	
Adverse Outcomes	1	2	p: > 0.05	

- 3.0 m/s) and moderate or more insufficiency: 30% vs. 20%).

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### CONCLUSION

- is study supports balloon aortic valvuloplasty as a safe and ective therapy
- Ir data suggests that the aortic valve morphology may affect both e procedural strategy as well as outcome
- on-right/left fusion valve appear to require more aggressive raprocedural dilation and are less likely to have long term durable sults
- -intervention in non-right/left fusion valves is common rther studies with larger patient volumes should be done to tter assess this data
- Iditionally, interventionalists should pause when considering ocedural details for non-right/left fusion bicuspid aortic valves

## REFERENCES

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