Recovery of Left Ventricular Mechanics Following Transcatheter Aortic Valve Implantation: Long-term Follow-up in Patients with Four Subtypes of Aortic Stenosis

INTRODUCTION
- Left ventricular mechanics are impaired in patients with severe aortic stenosis (AS).
- Global longitudinal strain (GLS) may recover differentially after relief of AS and may help identify select patients who have a higher likelihood of survival post transcatheter aortic valve implantation (TAVI).

HYPOTHESIS
- We hypothesized there would be differences in myocardial mechanics (measured by GLS) following TAVI in patients with four subtypes of severe AS, and these differences could predict survival.

METHODS
- All patients undergoing TAVI from January 2011 – March 2016 who had pre and post TAVI GLS data available.
- Speckle-tracking transthoracic echocardiography using VE Vivid E9 and E95 platforms.
- Classified by peak velocity, mean aortic gradient, LVEF and stroke volume index as: (1) Normal flow and high gradient (2) Normal flow and gradient with low EF (3) "Classic" low flow and low gradient (LFLGAS) (4) Paradoxical low flow and low gradient.

RESULTS
- Two hundred-eight patients with severe AS who underwent TAVI were analyzed (Table 1); 45 died during the 5 year study period.
- No significant differences were noted in age or comorbidities. "Classic" low flow low gradient stenosis patients were more likely men.
- GLS measured pre-TAVI and 30-35 days post TAVI (99% of patients, 2 patients with 30-30 day GLS assessment). (Table 2)
- Both GLS (-14.0 ± 4 to -15.0 ± 4.3, p<.0001) and LVEF (56±14% to 58±15%, p=0.003) improved significantly post TAVI.
- Across all types of AS, improvement in GLS associated with a survival benefit, with GLS recovery in alive patients (mean GLS pre-TAVI -14.2 ± 4.1 and post-TAVI -15.2 ± 4.1, p<.001) and no significant recovery in deceased patients (mean GLS pre-TAVI -14.1 ± 4.2 and post-TAVI -14.2 ± 4.4, p=0.885) (Figure 2).
- Patients with "classic" LFLGAS showed no significant improvement post TAVI in GLS or LVEF, and had highest overall mortality rate.

CONCLUSIONS
- LVEF and GLS improved significantly post-TAVI.
- "Classic" low flow, low gradient AS patients had lowest post-procedure GLS recovery and highest overall mortality in study period.
- Across all types of AS, GLS recovery was noted in patients who survived, but not in patients who subsequently died.