



Dlouhodobé výsledky Rossovy operace

Dětské Kardiocentrum 2. LF UK a FN v Motole

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21. SYMPOSIUM PS CHLOPENNÍ A VROZENÉ SRDEČNÍ VADY V DOSPĚLOSTI ČKS

Central Message

Outcome a review and

All valve substitutes provide suboptimal results in children, reflecting the urgent need for innovative repair and replacement options.

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Perspective

ABSTRACT

The balance of the risks and benefits of the various valve prostheses remains a point of discussion. This systematic review, encompassing a total of 3329 patients with 21,110 patient-years of follow-up, provides a comprehensive overview of the clinical benefits and limitations of the various aortic valve substitutes in children, crucial information to optimize the surgical decision-making process.

Objective: Despite valve replacement after pediatric aortic case series. This systematic review of reported outcomes

Methods: A systematic review of pediatric aortic valve replacement was conducted. Sixty patients were included

Results: Thirty-four studies were included in the review: 26 concerning aortic valve prosthesis aortic valve replacement



choice in pediatric AVR.

provide suboptimal results reflecting the urgent need for innovative repair and replacement options.

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TABLE 4. Pooled outcome estimates after aortic valve replacement with mechanical prosthesis

Study	Early mortality	Late mortality	SUUD	AV reoperation	Reoperation	TE/VT	Bleeding	Endocarditis
	%	%/y			for SVD/NSVD			
Abid (1992)	12.50 (6.54-23.90)	2.60 (1.41-4.79)	0.13 (0.01-2.07)	1.30 (0.54-3.10)	0.78 (0.25-2.41)	1.30 (0.54-3.10)	0.52 (0.13-2.07)	0.78 (0.25-2.41)
Cabalka (1995)	5.56 (1.44-21.36)	0.85 (0.12-6.02)	-	0.43 (0.03-6.79)	0.43 (0.03-6.79)	0.85 (0.12-6.02)	1.71 (0.43-6.75)	0.43 (0.03-6.79)
Yamak (1995)	8.11 (2.74-23.99)	0.49 (0.03-7.83)	0.49 (0.03-7.83)	0.49 (0.03-7.83)	0.49 (0.03-7.83)	0.49 (0.03-7.83)	0.49 (0.03-7.83)	0.49 (0.03-7.83)
Champsaur (1997)	12.96 (6.49-25.87)	2.30 (1.04-5.07)	0.19 (0.01-3.05)	1.15 (0.37-3.54)	1.15 (0.37-3.54)	0.77 (0.19-3.05)	0.38 (0.05-2.71)	-
Mazzitelli (1998)	1.67 (0.11-26.04)	1.52 (0.49-4.66)	0.25 (0.02-4.02)	2.53 (1.06-6.00)	1.52 (0.49-4.66)	1.01 (0.25-4.01)	0.51 (0.07-3.57)	-
Lupinetti (1999)	10.00 (4.35-22.97)	1.48 (0.56-3.91)	0.18 (0.01-2.94)	3.69 (2.01-6.78)	2.58 (1.24-5.37)	1.11 (0.36-3.41)	0.18 (0.01-2.94)	0.74 (0.19-2.94)
Alexiou (2000)	5.36 (1.78-16.11)	0.74 (0.24-2.29)	0.12 (0.01-1.97)	0.74 (0.24-2.29)	0.49 (0.12-1.97)	0.49 (0.12-1.97)	0.12 (0.01-1.97)	0.12 (0.01-1.97)
Shanmugam (2005)	0.91 (0.06-14.35)	0.15 (0.02-1.07)	0.08 (0.00-1.20)	0.60 (0.23-1.60)	0.45 (0.15-1.40)	0.08 (0.00-1.20)	0.15 (0.02-1.07)	0.30 (0.08-1.20)
Ruzmetov (2006)	6.38 (2.14-19.08)	0.83 (0.27-2.56)	0.14 (0.01-2.20)	1.38 (0.58-3.30)	0.83 (0.27-2.56)	0.14 (0.01-2.20)	0.14 (0.01-2.20)	0.55 (0.14-2.20)
Burczynski (2007)	0.91 (0.06-14.35)	0.57 (0.14-2.26)	0.14 (0.01-2.26)	0.28 (0.04-2.01)	0.14 (0.01-2.26)	0.57 (0.14-2.26)	0.14 (0.01-2.26)	0.57 (0.14-2.26)
Masuda (2008)	2.22 (0.32-15.43)	0.48 (0.12-1.93)	0.24 (0.03-1.71)	0.48 (0.12-1.93)	0.24 (0.03-1.71)	0.97 (0.36-2.56)	-	0.24 (0.03-1.71)
Alsoufi (2009)	6.11 (3.12-11.95)	1.75 (1.12-2.73)	-	0.74 (0.37-1.47)	-	0.37 (0.14-0.98)	0.28 (0.09-0.85)	0.09 (0.01-0.65)
Khan (2013)	1.39 (0.09-21.78)	0.60 (0.09-4.26)	-	0.60 (0.09-4.26)	-	1.21 (0.30-4.79)	-	-
Pooled (random effects)	7.34 (5.21-10.34)	1.23 (0.85-1.79)	0.18 (0.08-0.41)	1.07 (0.68-1.68)	0.86 (0.53-1.42)	0.76 (0.53-1.09)	0.39 (0.22-0.68)	0.45 (0.27-0.75)
Heterogeneity test	χ^2 14.78 (<i>P</i> = .52)	χ^2 18.79 (<i>P</i> = .15)	χ^2 1.22 (<i>P</i> = 1.00)	χ^2 25.57 (<i>P</i> = .01)	χ^2 14.81 (<i>P</i> = .19)	χ^2 9.62 (<i>P</i> = .72)	χ^2 7.97 (<i>P</i> = .72)	χ^2 5.67 (<i>P</i> = .84)
	<i>I</i> ² = 18%	<i>I</i> ² = 36%	<i>I</i> ² = 0%	<i>I</i> ² = 53%	<i>I</i> ² = 32%	<i>I</i> ² = 0%	<i>I</i> ² = 0%	<i>I</i> ² = 0%

Data expressed as percentage (95% CI). “-” = variable not reported. In case an event was reported not to occur, for pooling purposes it was assumed that 0.5 patient experienced the event. *SUUD*, Sudden, unexpected, unexplained death; *AV*, aortic valve; *SVD*, structural valve deterioration; *NSVD*, nonstructural valve dysfunction; *TE*, thromboembolism; *VT*, valve thrombosis.

TABLE 2 Pooled outcome estimates after the Ross procedure (excluding studies that concerned only neonates and infants)

Study	Early mortality	Late mortality	SUUD %/y	AV reoperation	RVOT reoperation	reoperation for SVD/NSVD	TE/VT %/y	Bleeding %/y	Endocarditis %/y
	%	%/y		%/y	%/y	%/y			
Gerosa (1991)	11.63 (5.10-26.51)	1.68 (0.71-4.01)	-	1.68 (0.71-4.01)	0.34 (0.05-2.38)	0.34 (0.05-2.38)	0.17 (0.01-2.69)	-	1.68 (0.71-4.01)
Reddy (1998)	2.44 (0.35-16.90)	0.47 (0.03-7.50)	0.47 (0.03-7.50)	1.89 (0.48-7.45)	0.47 (0.03-7.50)	1.89 (0.48-7.45)	-	-	-
Elkins (2001)	4.49 (2.28-8.85)	0.31 (0.10-0.95)	-	1.23 (0.70-2.16)	0.92 (0.48-1.77)	1.95 (1.25-3.05)	0.05 (0.00-0.82)	-	0.21 (0.05-0.82)
Simon (2001)	1.67 (0.11-26.04)	0.78 (0.11-5.46)	0.39 (0.02-6.16)	0.78 (0.11-5.46)	0.39 (0.02-6.16)	0.78 (0.11-5.46)	0.39 (0.02-6.16)	0.39 (0.02-6.16)	0.39 (0.02-6.16)
Hazekamp (2005)	5.66 (1.89-16.99)	1.03 (0.33-3.17)	0.17 (0.01-2.74)	1.72 (0.72-4.09)	1.03 (0.33-3.17)	2.74 (1.39-5.44)	-	-	-
Bohm (2006)	0.83 (0.05-13.17)	0.95 (0.24-3.78)	0.24 (0.01-3.79)	0.24 (0.01-3.79)	4.76 (2.60-8.72)	4.76 (2.60-8.72)	0.24 (0.01-3.79)	0.24 (0.01-3.79)	0.24 (0.01-3.79)
Kalavrouziotis (2006)	1.43 (0.09-22.39)	0.70 (0.10-4.91)	0.35 (0.02-5.54)	0.35 (0.02-5.54)	1.39 (0.35-5.52)	1.39 (0.35-5.52)	-	-	-
Ruzmetov (2006)	1.23 (0.18-8.66)	0.23 (0.03-1.65)	0.12 (0.01-1.86)	1.63 (0.78-3.40)	1.40 (0.63-3.09)	3.03 (1.77-5.17)	0.12 (0.01-1.86)	0.12 (0.01-1.86)	0.12 (0.01-1.86)
Stewart (2007)	1.09 (0.07-17.12)	0.20 (0.01-3.20)	0.20 (0.01-3.20)	2.81 (1.35-5.83)	0.40 (0.06-2.84)	3.21 (1.62-6.35)	0.20 (0.01-3.20)	0.20 (0.01-3.20)	-
Kadner (2008)	9.62 (4.18-22.12)	1.61 (0.52-4.95)	0.27 (0.02-4.27)	1.07 (0.27-4.26)	3.22 (1.47-7.08)	4.29 (2.18-8.46)	0.27 (0.02-4.27)	-	0.27 (0.02-4.27)
Alsoufi (2009)	2.33 (0.98-5.53)	0.04 (0.00-0.65)	0.04 (0.00-0.65)	2.28 (1.58-3.29)	-	-	0.04 (0.00-0.65)	0.04 (0.00-0.65)	0.16 (0.04-0.65)
El Behery (2009)	4.88 (1.26-18.85)	0.20 (0.01-3.24)	0.20 (0.01-3.24)	0.20 (0.01-3.24)	1.63 (0.62-4.30)	0.81 (0.20-3.23)	-	-	0.81 (0.20-3.23)
Piccardo (2009)	1.82 (0.26-12.68)	0.66 (0.17-2.63)	0.17 (0.01-2.64)	0.99 (0.32-3.06)	0.99 (0.32-3.06)	0.66 (0.17-2.63)	-	-	0.33 (0.05-2.34)
Charitos (2012)	3.42 (1.80-6.50)	0.58 (0.30-1.12)	0.13 (0.03-0.52)	0.91 (0.54-1.53)	2.72 (2.02-3.67)	2.98 (2.24-3.96)	0.58 (0.30-1.12)	0.03 (0.00-0.52)	0.65 (0.35-1.20)
Talwar (2012)	2.78 (0.40-19.19)	1.40 (0.53-3.71)	0.18 (0.01-2.80)	1.75 (0.74-4.18)	0.70 (0.18-2.79)	-	0.18 (0.01-2.80)	0.18 (0.01-2.80)	0.70 (0.18-2.79)
Khan (2013)	1.47 (0.21-10.29)	0.44 (0.11-1.75)	-	0.66 (0.21-2.03)	3.51 (2.17-5.68)	-	-	-	-
Ruzmetov (2013)	3.85 (1.27-11.67)	0.58 (0.22-1.55)	0.29 (0.07-1.16)	2.91 (1.89-4.49)	2.33 (1.44-3.78)	5.24 (3.82-7.21)	-	-	-
Tan Tanny (2013)	6.00 (2.76-13.03)	0.55 (0.21-1.46)	0.14 (0.02-0.97)	1.23 (0.64-2.36)	2.74 (1.78-4.22)	-	-	-	-
Luciani (2014)	3.28 (1.78-6.03)	0.47 (0.27-0.82)	0.02 (0.00-0.31)	1.44 (1.05-1.99)	1.44 (1.05-1.99)	2.77 (2.20-3.49)	0.08 (0.02-0.31)	0.02 (0.00-0.31)	0.08 (0.02-0.31)
Bansal (2015)	4.29 (2.26-8.12)	0.05 (0.00-0.76)	0.05 (0.00-0.76)	-	-	-	-	-	-
Nelson (2015)	4.17 (2.27-7.84)	0.66 (0.41-1.05)	-	2.66 (2.11-3.36)	2.20 (1.70-2.84)	-	-	-	-
Pooled (random effects)	4.20 (3.37-5.22)	0.64 (0.49-0.84)	0.16 (0.09-0.29)	1.60 (1.27-2.02)	1.91 (1.50-2.44)	2.75 (2.13-3.53)	0.22 (0.11-0.43)	0.10 (0.04-0.27)	0.40 (0.22-0.73)
Heterogeneity test	χ^2 28.78 ($P = .11$)	χ^2 23.77 ($P = .12$)	χ^2 6.32 ($P = .98$)	χ^2 40.97 ($P = .00$)	χ^2 44.49 ($P = .00$)	χ^2 35.59 ($P = .00$)	χ^2 12.09 ($P = .27$)	χ^2 4.08 ($P = .77$)	χ^2 21.60 ($P = .03$)
	$I^2 = 3\%$	$I^2 = 16\%$	$I^2 = 0\%$	$I^2 = 54\%$	$I^2 = 59\%$	$I^2 = 60\%$	$I^2 = 17\%$	$I^2 = 0\%$	$I^2 = 49\%$

Data expressed as percentage (95% CI). "-" = variable not reported. In case an event was reported not to occur, for pooling purposes it was assumed that 0.5 patient experienced the event. *SUUD*, Sudden, unexpected, unexplained death; *AV*, aortic valve; *RVOT*, right ventricular outflow tract; *SVD*, structural valve deterioration; *NSVD*, nonstructural valve dysfunction; *TE*, thromboembolism; *VT*, valve thrombosis.

Náhrada aortální chlopně u dětí

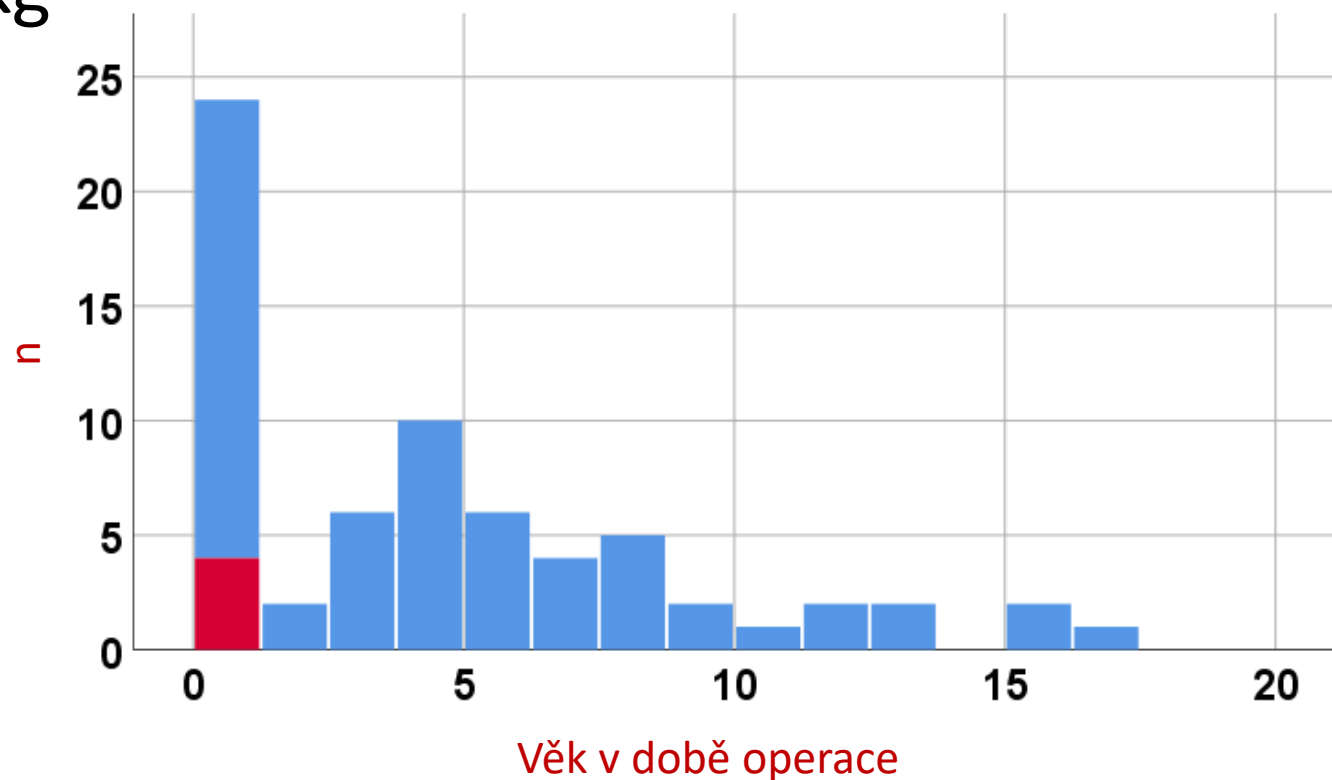
- Možnosti
 - Biologická nebo mechanická náhrada
 - Rossova operace
 - Náhrada aortálního kořene homograftem

Metodika

- Strukturovaná databáze DKC
 - Období 1981 – 2017
- Křížové mapování s ÚZIS/registry
 - Úmrtnost – matrika zemřelých
 - Kardiochirurgické operace u sledovaných pacientů v dospělém věku
- End – pointy
 - Pravděpodobnost přežití
 - Pravděpodobnost přežití bez reoperace aortální chlopně
 - Pravděpodobnost přežití bez výkonu na RVOT

Rossova operace

- $n = 67$
- Věk: medián 4,3 (0,02 – 17,4) let
- Váha medián 14,8 (2,7 – 69,3) kg
- Úmrtí
 - Časná 4 (5,97%)
 - Pozdní 5 (7,46%)
- Předchozí výkony na aortální chlopni
 - $N = 85$
 - Chirurgické - 17
 - Katetrizační - 68



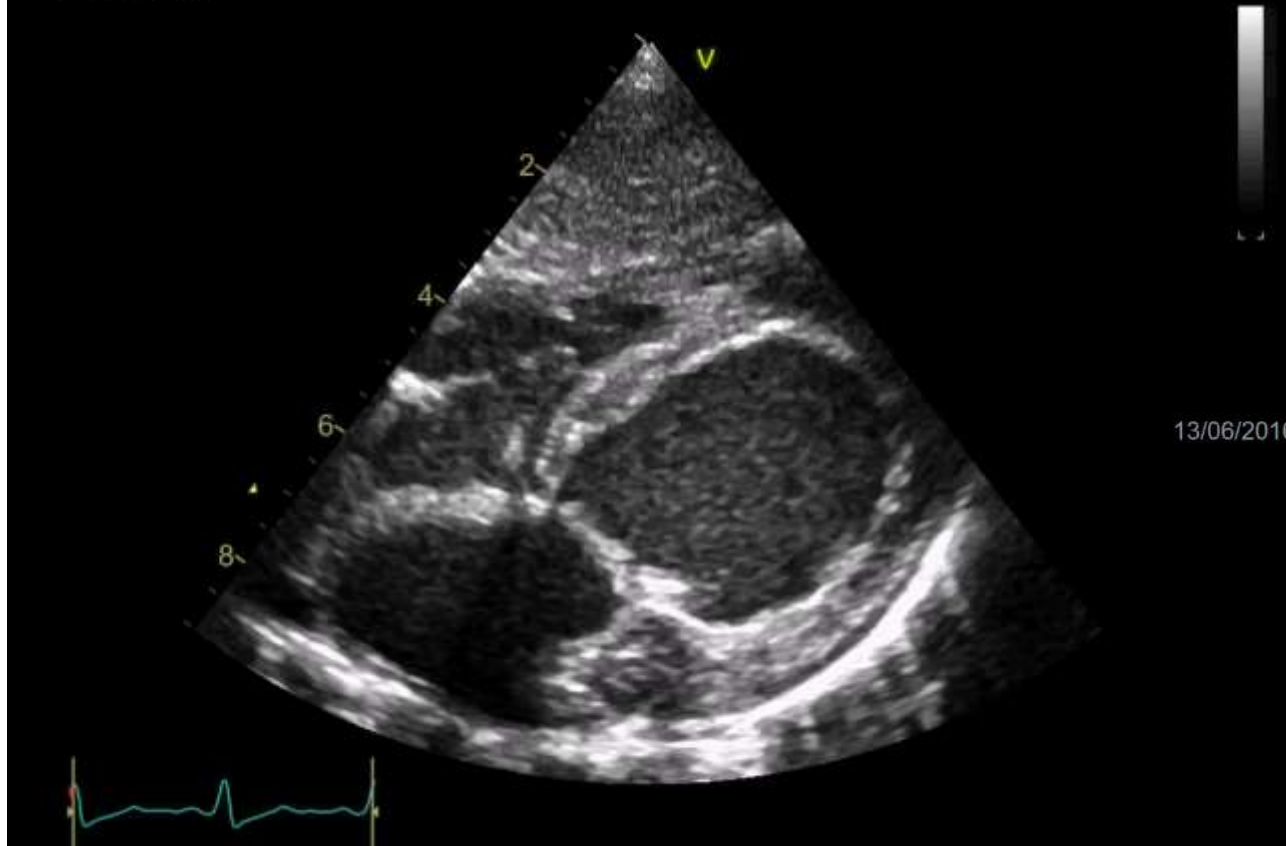
Pacient N.D.

- Věk 6 měsíců, váha 7,1kg
- Stenóza a insuficience aortální chlopně (AS 81/45, AI 3)
- Mitrální insuficience 2. st
- Fibroelastóza levé komory
- Stav po katetrizační valvuloplastice ve věku 1 dne

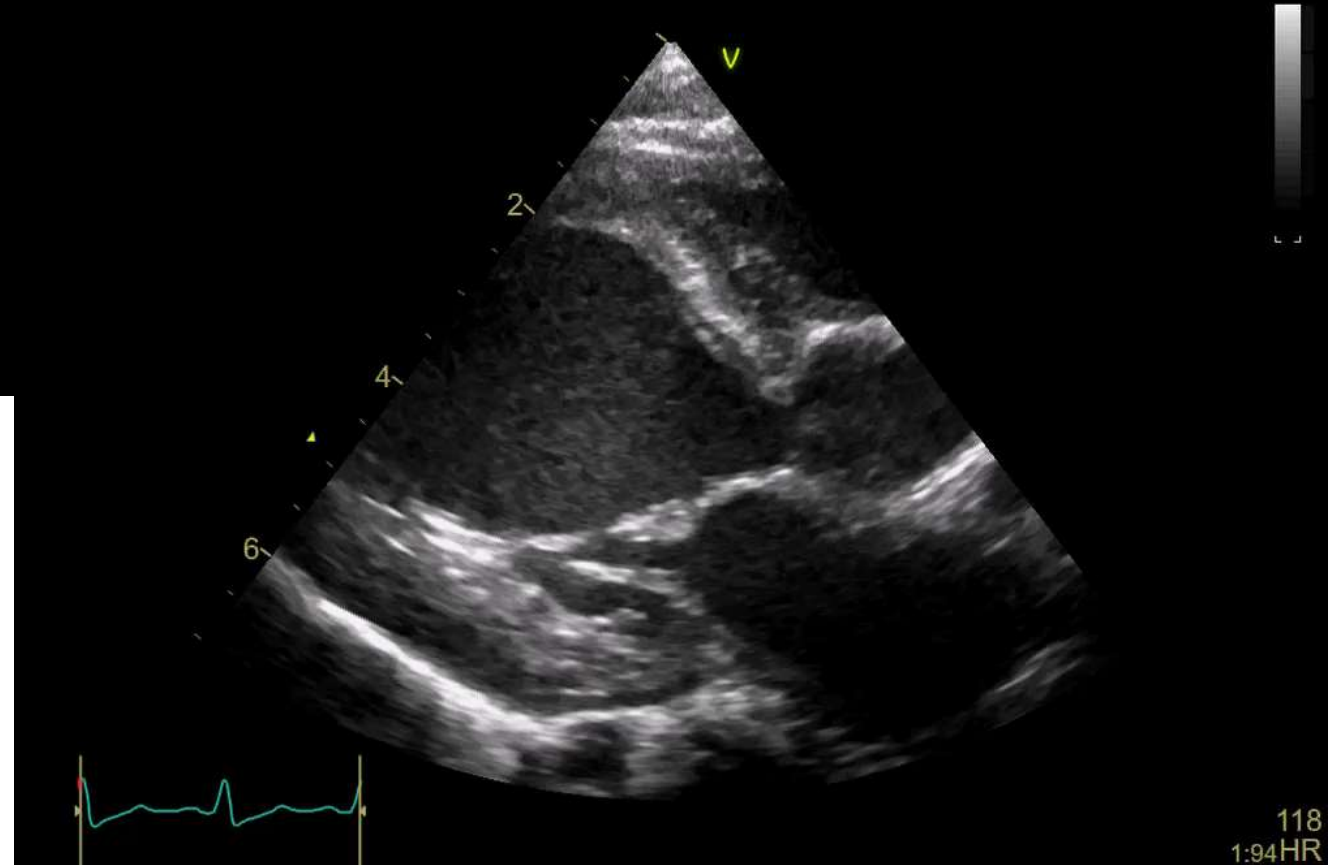
Operace

- Ross-Konnova operace
- Excize endokardiální fibroelastózy
- EC 288 minut
- Svorka na aortě 182 minut

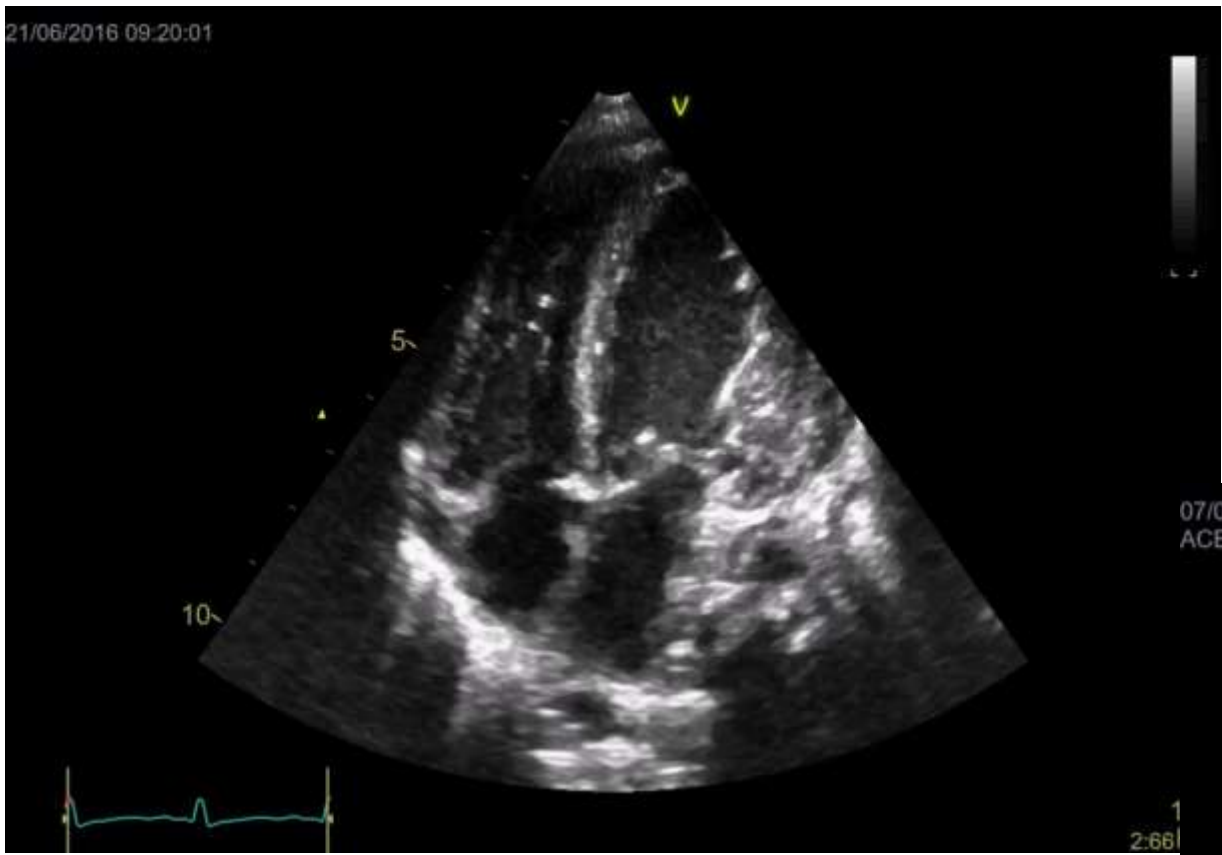
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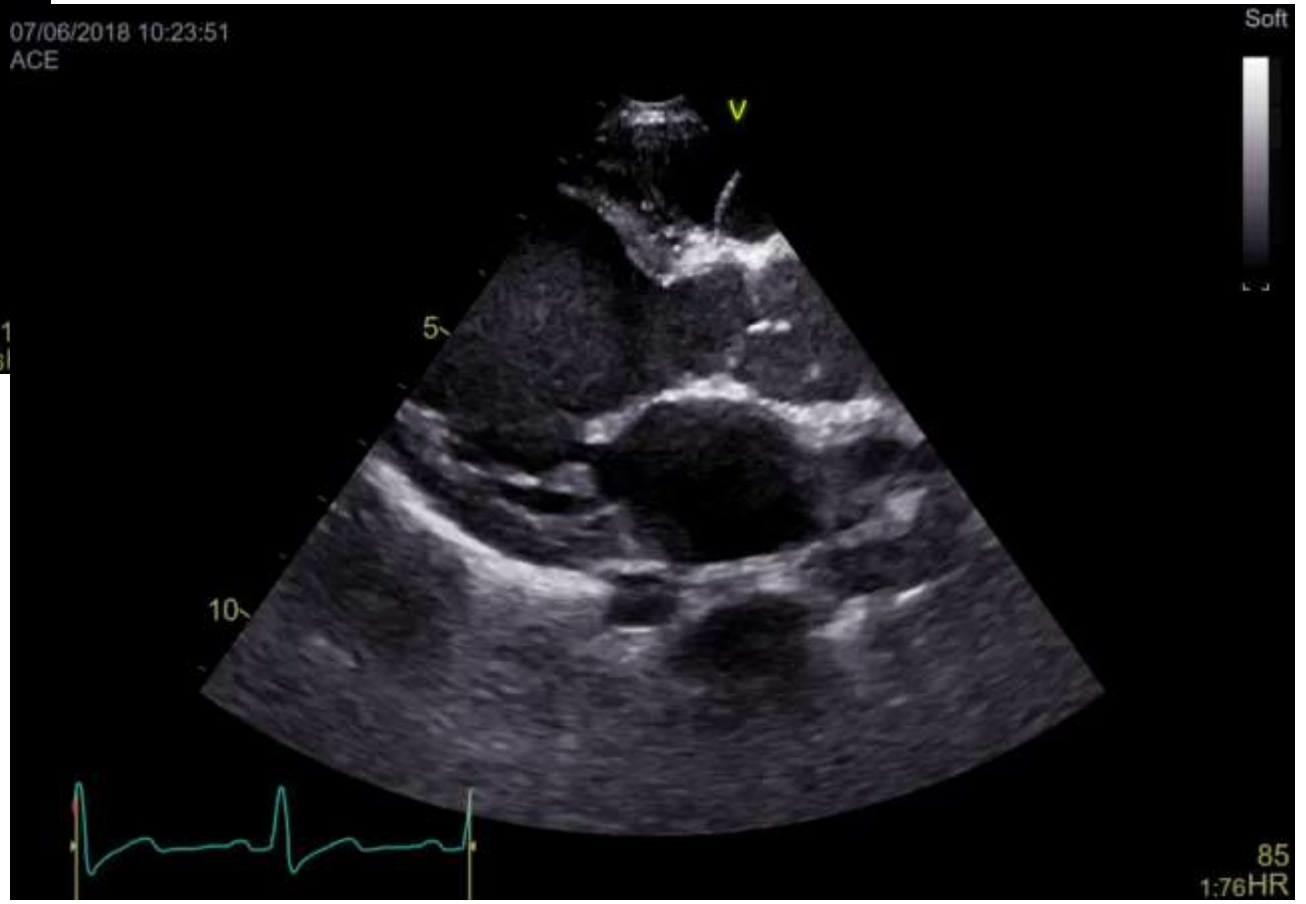
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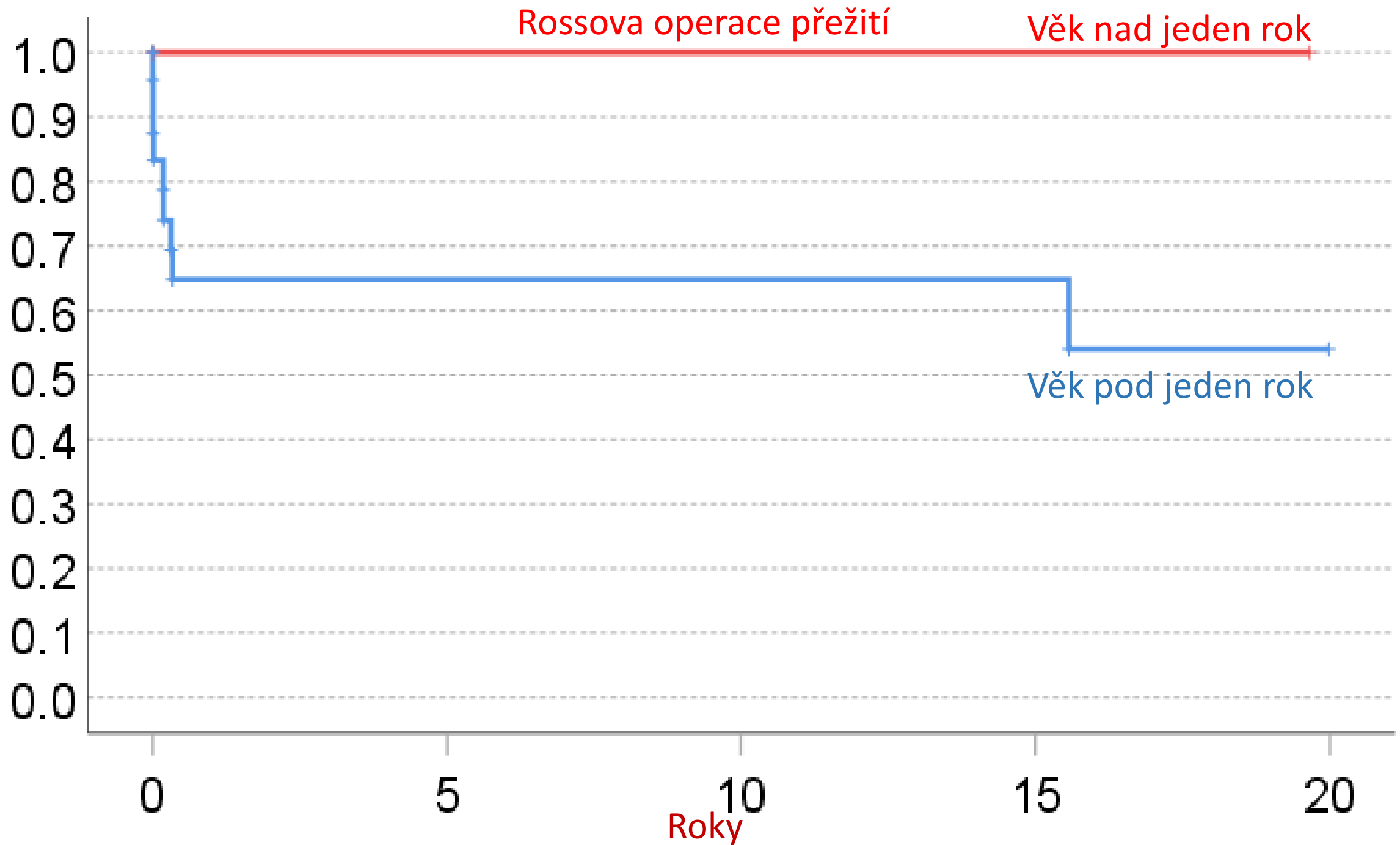


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ACE

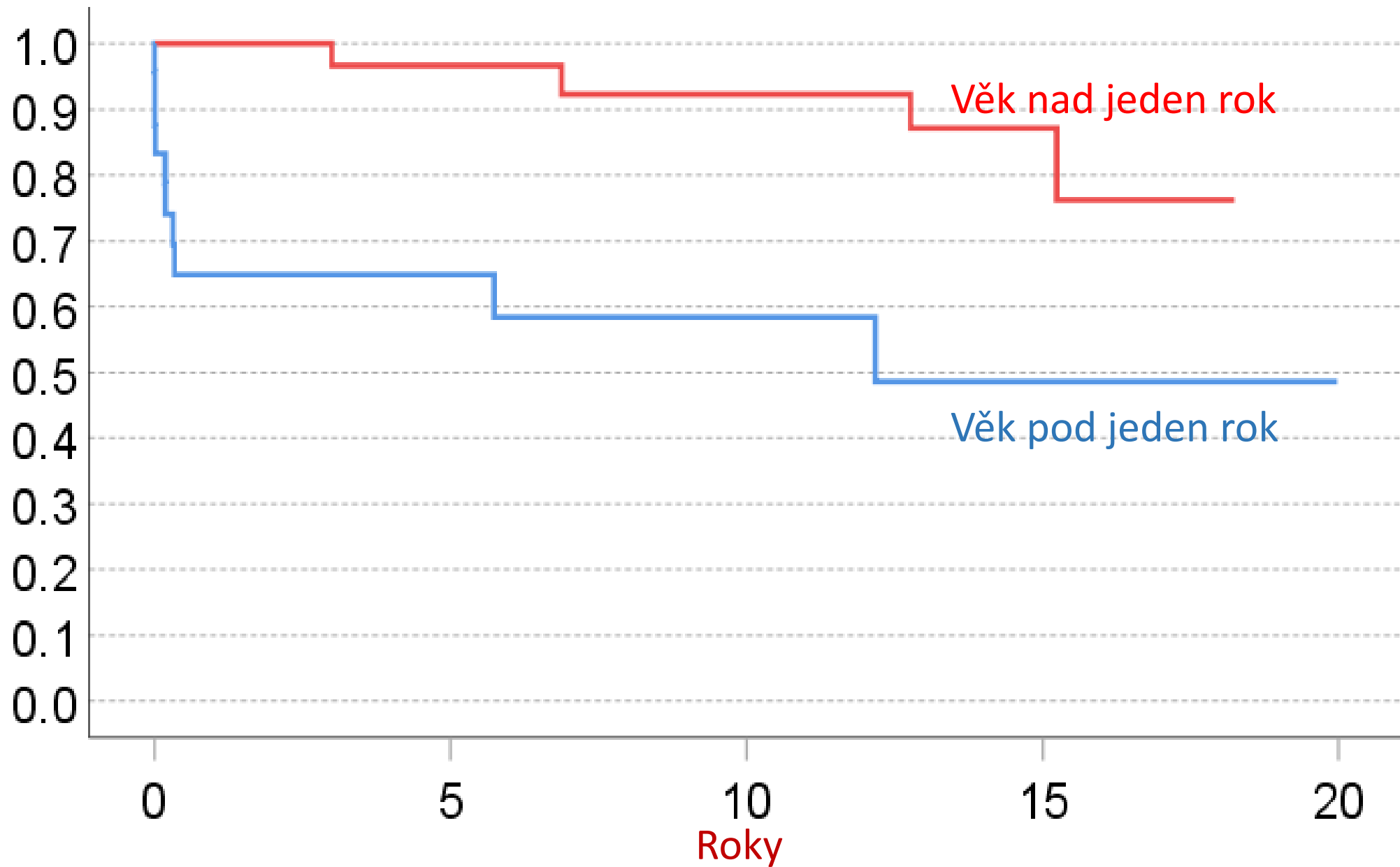


Follow up – 2 roky po operaci

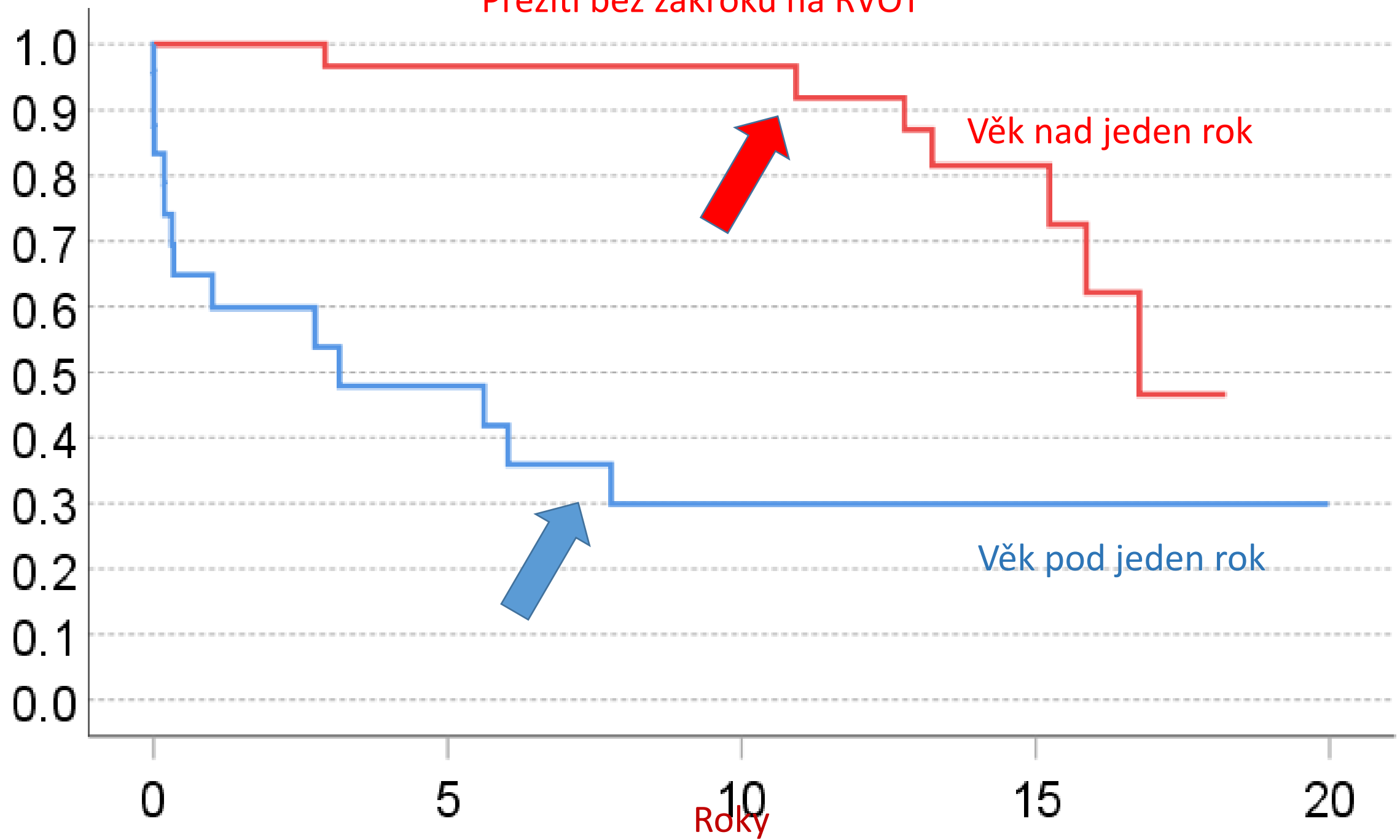
- AS 0
- AI 1
- MI 1
- “PS” (konduit) 13 Torr



Rossova operace – přežití bez výkonu na aortální chlopni

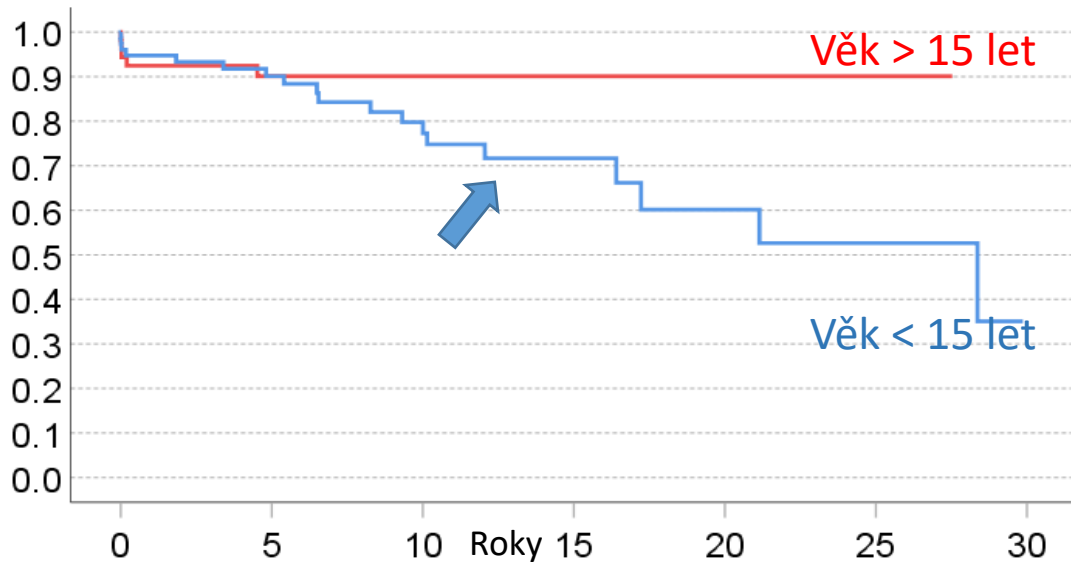


Přežití bez zákroku na RVOT

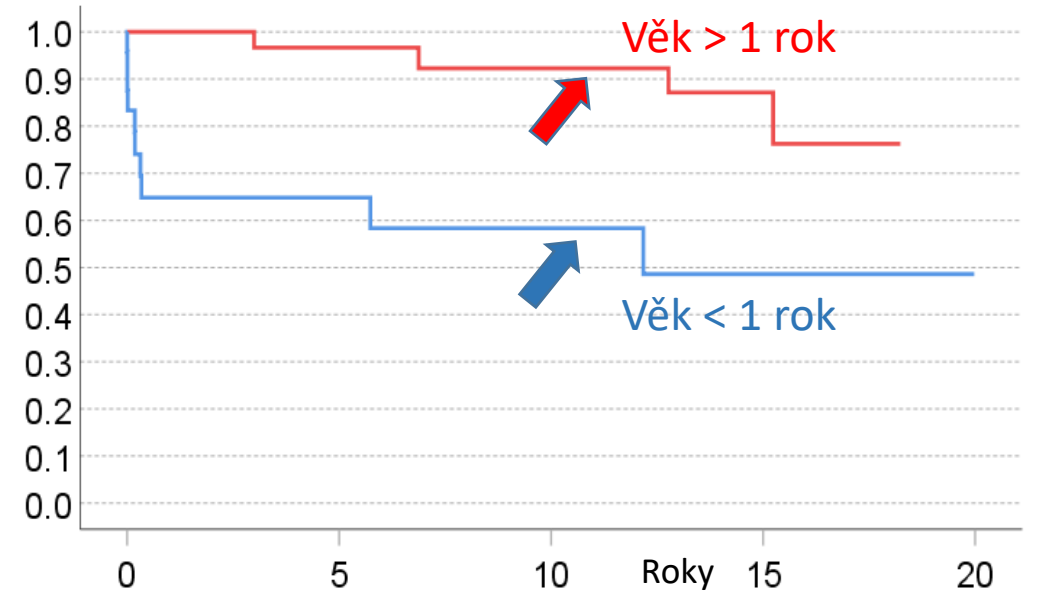


AVR vs Ross

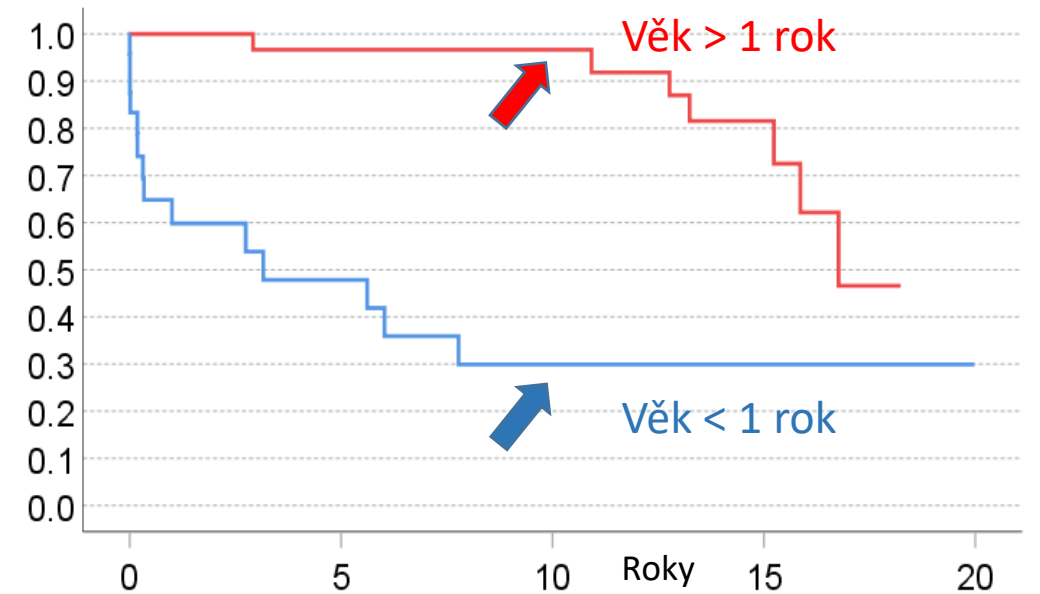
AVR: Pravděpodobnost přežití bez renáhrady



Rossova operace – přežití bez výkonu na aortální chlopni



Rossova operace - přežití bez výkonu na RVOT



Závěr

- Věk <1 rok
 - Jedinou možností Rossova operace (ev. Ross-Konno)
 - Spojená s vysokou mortalitou a pravděpodobností reintervence na AoV či RVOT
- Věk 1 - 15 let
 - Náhrada aortální chlopně má vyšší pravděpodobnost chirurgických reintervencí ve srovnání s Rossovou operací
- Věk >15 let
 - Výsledky srovnatelné, není však srovnatelná kvalita života vzhledem k doživotní antikoagulaci