To evaluate the perspectives of potential and success of transcatheter aortic valve implantations (TAVIs), a fundamental analysis of conventional cardio-surgical aortic valve implantation is absolutely necessary guiding the procedural decision-making and patient stratification. Even though several single-centre observations on the outcome of octogenarians with aortic valve surgery have been published [1, 2], a more global and representative information is still missing.

Di Eusanio et al. [3] have to be congratulated to present in this issue the substantial data out of a regional Italian cardiac surgery registry. Compared with the available single-centre analysis, the patient population has a much larger size and is very actual including patients between 2003 and 2009.

In particular, the mentioned logistic EuroSCORE of 13% in their patients indicates that this is not a highly selected group of superior octogenarians in top condition but a representative average also including individuals with high-risk constellations. The obtained hospital mortality of 4.5% in these patients is remarkable and clearly demonstrates that conventional aortic valve implantation is a routine procedure in this group of patients.

Aiming at the question what should be done best for an octogenarian with aortic stenosis either conventional heart surgery or a TAVI procedure, some additional information would be interesting, especially data on paravalvular leakage and remaining aortic insufficiency [4]. The number of pacemaker implantation which corresponds to the incidence of complete atrial ventricular block appears to be comparably low and is also basically different from pacemaker implantations in TAVI procedures, especially when dealing with the CoreValve® system [5]. Beyond the perioperative situation, the long-term outcome of these patients is also quite impressing with an estimated 6-year survival rate of 67.5%.

These data strongly emphasize the necessity for complete registry analyses combining the periprocedural outcome with a
substantial long-term follow-up and at best including both the conventional aortic valve replacement and the transcatheter aortic valve implantation in the same data world.

REFERENCES


