low international normalized ratio thresholds using point-of-care home monitoring. The merits of mechanical aortic valve have been reiterated by the study of Weber et al. [4]. They selected a cohort of 103 patients younger than 60 years old with the Peri pump-Carpentier-Edwards pericardial tissue valve and compared them with a propensity matched group of 103 patients with mechanical bileaflet aortic valve over a period of 10 years. Surprisingly, valve-related event rates were similar in both groups; however, survival was significantly reduced in patients with bioprostheses (90% vs 98%). One possible explanation speculated by the authors was the protective role of oral anticoagulation in patients with mechanical valves.

The current guidelines from major international cardiovascular societies propose that both valve types are acceptable in patients aged between 60 and 65 years at the time of surgery. However, there is still insufficient evidence to recommend biological valves for patients younger than 60 years, other than in patients who have major medical contraindications to anticoagulant therapy.

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References


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References


