extent of vessel disease, especially of the left anterior descending coronary artery. Thus, AS group patients may have undergone AVR and CABG surgery to resolve more serious CADs rather than valvular disease. The complete revascularization of AR patients may account for their similarly late survival, although incomplete revascularization is not a predictor of late mortality [8].

Retrospective studies have inherent limitations, such as small sample sizes. We may observe different results and outcomes with comprehensive studies using a larger sample size. However, our results indicate that AR patients have similar survivals as those with other types of aortic valve pathology.

References


References