



LivaNova

Health innovation that matters

第49回

日本心臓血管外科学会学術総会

LUNCHEON SEMINAR

日時 2019年2月11日(月・祝)
12:30~13:20

会場 ANAクラウンプラザホテル岡山
1階 曲水

〒700-0024

岡山県岡山市北区駅元町15-1



PROGRAM

座長

澤 芳樹 先生

大阪大学大学院医学系研究科 外科学講座

演者

Bart Meuris, MD, PhD.

University Hospitals Leuven, Belgium.

演題

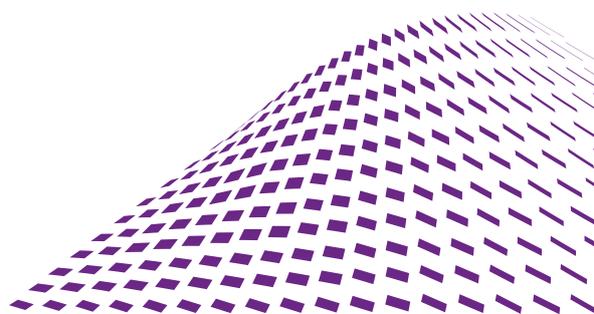
Know the “PERCEVAL”

- the Truly Sutureless Biological Solution
with 10 years Clinical Experience in AVR -

❖お問い合わせ リヴァノヴァ株式会社 マーケティング部
TEL.03-3595-7630
E-Mail : Info-CP.JP@livanova.com

❖共催 第49回日本心臓血管外科学会学術総会
リヴァノヴァ株式会社

販 売 名 : Perceval生体弁
医療機器承認番号 : 23000BZI00016000



Bart Meuris, MD, PhD.

University Hospitals Leuven, Belgium.

The Perceval bioprosthesis is currently the most frequently used tissue valve in the University Hospitals Leuven, with a yearly implant rate of over 125 implants/year. Since our center participated in the 'first-in-man' trial with this valve in 2007, our series represents the longest available clinical and echocardiographic follow-up (>11y) with this sutureless technology.

We collected all follow-up data in 468 consecutive patients who received Perceval at our institution between 2007 and 2017. The dataset represents an all-comers experience, including emergency cases. In 55% of cases, surgery was combined with CABG (39%), mitral valve surgery (10%) and/or other concomitant procedures (6%). In isolated procedures, 64% were done minimally invasive using either ministernotomy or right anterior thoracotomy.

Mean age was 79y, mean EuroSCORE II was 5.0 (range 0.8 to 60) and mean STS-score was 5.8 (range 0.7 to 36). Mean cross-clamp times for isolated (including minimal invasive) and combined procedures were 38 and 79 minutes respectively. Observed all-cause 30-day mortality was only 3.2% with an early stroke rate of 1.8%. All-cause mortality at 1 and 2 years was only 9.4% and 14% respectively. At the latest echocardiographic follow-up (mean 3y, range 1-11y), peak and mean gradients were 23 +/- 10mmHg and 13 +/- 6mmHg. Paravalvular leak (PVL) is absent in 94% of cases, 5% have trivial PVL (grade 0-1) and 1% have PVL grade 1-2. During follow-up, we explanted 4 valves for endocarditis, and none for structural valve degeneration (SVD). One case of SVD was diagnosed at 7y follow-up, but the patient refused reoperation.

We use the Perceval sutureless technology as the predominant tissue valve in our center. The valve is used in a variety of patients with combined pathologies, including elderly and high-risk patients. The results regarding stroke and survival are better than those observed in large trials comparing transcatheter and surgical valves in comparable patient cohorts. The Perceval sutureless valve offers a stable, time-saving and safe surgical result, both in isolated as in combined procedures. We observe very promising long-term durability given the low incidence of SVD after 11 years of continued clinical use.

