

Can Perceval Sutureless aortic valve help closing the gender gap?

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Poorer outcomes have been described in females after isolated SAVR

- High risk profile
- Small aortic annulus
- Higher gradients
- Delayed referral

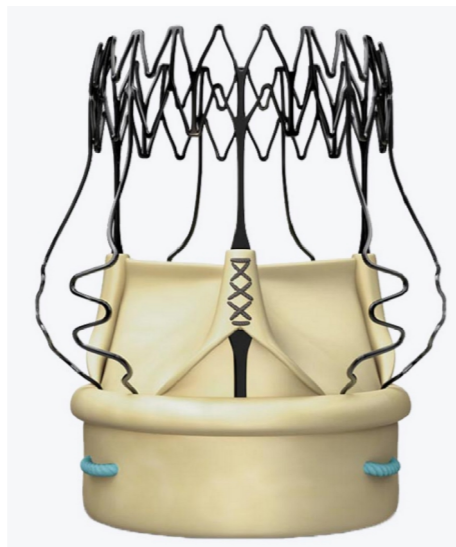
seem to influence outcomes

Safety and advantages of Perceval sutureless aortic valve have already been demonstrated

- Ease of use
- Reduced bypass & X-clamp times
- Safety

We investigated if Perceval sutureless aortic valve could help closing that gender gap

- Retrospective analysis
- Isolated AVR
- 2007 – 2019
- 349 patients
- 52.4 % minimally invasive approach



Despite higher gradients, Perceval prosthesis has similar iEOA and patient prosthesis mismatch rate in females and in males

	Male (n=132)	Female (n=217)	p
Peak gradient (mmHg)	25.54 ± 9.9	29.0 ± 11.26	0.003
EOA cm ²	1.76 ± 0.51	1.53 ± 0.46	< 0.001
iEOA cm ² /m ²	0.89 ± 0.25	0.87 ± 0.28	0.240
Moderate/severe PPM (%)	55.3	49.5	0.334

Perceval prosthesis achieves low morbidity and mortality in both groups

	Male (n=132)	Female (n=217)	p
In hospital mortality	1.51 %	1.38 %	1
Reoperation	5 %	2 %	0.111
Stroke	2.3 %	1.8 %	1
1-year survival	94.7 %	93.6 %	0.662

Poor outcomes in females after SAVR is not a fate

SAVR using Perceval sutureless aortic valve is a safe option in women

- Low in hospital mortality in males as well as in females
- No difference in patient prosthesis mismatch

Availability of minimally invasive surgery might lower the threshold to surgery for women

Gender bias should be taken into account in prospective studies

