

TAVI is eligible for the all-risk severe symptomatic aortic stenosis patient population

As the most common valvular heart disease in developed countries, aortic stenosis (AS) is prevalent in 4.1-5.2% in the population aged ≥ 75 years.^{1,2} By 2050, this prevalence is expected to have doubled and significantly impact healthcare services.^{3,4}

The only currently accepted treatment for symptomatic patients with severe AS (ssAS) is aortic valve replacement (AVR).⁵ However, it is estimated that 33% of patients aged ≥ 75 years are declined for treatment, even when indicated.⁵ Moreover, many older patients are deemed to be high risk for surgical aortic valve replacement (SAVR).¹ Instead, patients with ssAS could be considered for transcatheter aortic valve implantation (TAVI).¹

In addition to the expansion into young, low-risk patients and promising long-term durability data, the ongoing COVID-19 pandemic is adding to the increasing ssAS patient population who are eligible for TAVI. TAVI has organisational advantages over SAVR such as reduced resourcing needs. However, patients should be risk stratified to ensure that the risk of exposure to COVID-19 is balanced with a definitive need to treat their ssAS.⁶

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References

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