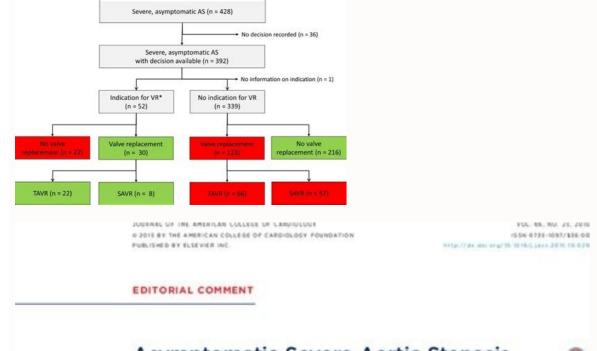
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## Esc guidelines aortic stenosis 2017

Stage	Definition	Valve Anatomy	Valve Hemodynamics	Hemodynamic Consequences
A	At risk of AR	Bicrupid aortic valve (or other congenital valve anomaly)     Aortic valve schrosis     Diseases of the aortic sinuses or ascending aorta     History of thermatic fever or known shrumatic heart disease     III	AR severity: none or trace	None
8	Progressive AR	Mild-to-moderate calcification of a taileaflet valve bicoopid acritic valve (or other congenital valve anomaly)     Dilated acritic sinuses     Rhemustic valve changes     Previous IE	Mild AR:     Jet width <25% of LVOT;     Vens contracts <0.3 cm;     RVol <30 mL/best;     RF <30%;     ERO <0.10 cm²;     Angiography grade 1+     Moderate AR:     Jet width 25% -64% of LVOT;     Vens contracts 0.3-0.6 cm;     RVol 30-59 mL/best;     RF 30% -49%;     ERO 0.10-0.29 cm²;     Angiography grade 2+	Normal LV systolic function     Normal LV volume or mild LV dilation

Parameters	Mild	Moderate	Severe
Structural			
TV morphology	Normal or mildly abnormal leaflets	Moderately abnormal leaflets	Severe valve lesions (e.g., flail leaflet, severe retraction, large perforation)
RV and RA size	Usually normal	Normal or mild dilatation	Usually dilated*
Inferior vena cava diameter	Normal < 2 cm	Normal or mildly dilated 2.1- 2.5 cm	Dilated > 2.5 cm
Qualitative Doppler			
Color flow jet area <sup>†</sup>	Small, narrow, central	Moderate central	Large central jet or eccentric wall impinging jet of variable size
Flow convergence zone	Not visible, transient or small	Intermediate in size and duration	Large throughout systole
CWD jet	Faint/partial/parabolic	Dense, parabolic or triangular	Dense, often triangular
Semiquantitative			
Color flow jet area (cm²)1	Not defined	Not defined	>10
VCW (cm) <sup>†</sup>	<0.3	0.3-0.69	≥0.7
PISA radius (cm) <sup>1</sup>	≤0.5	0.6-0.9	>0.9
Hepatic vein flow	Systolic dominance	Systolic blunting	Systolic flow reversal
Tricuspid inflow <sup>6</sup>	A-wave dominant	Variable	E-wave >1.0 m/sec
Quantitative			
EROA (cm²)	<0.20	0.20-0.39	≥0.40
RVol (2D PISA) (mL)	<30	30-441	≥45



## Asymptomatic Severe Aortic Stenosis

What Are We Waiting For?"

Mackram F. Eleid, MD, Patricia A. Pellikka, MD

"Observe due measure, for right timing is in all things the most important factor."

alcific degenerative aortic stenosis (AS) is a common cause of acquired valvular sented by Taniguchi et al. (6) is the large number of sented by Taniguchi et al. (6) is the large number of sented by Taniguchi et al. (7) adults. Over time, accumulation of valve calcification restricts leaflet motion, leading to progressive conservatively managed patients and limiting statisoutflow obstruction, afterload mismatch, and symptoms. Traditionally, the asymptomatic phase of be commended for including hospitalizations for severe AS (stage C) has been associated with a low heart failure as part of the primary endpoint, because tion for the development of symptoms is recommended before proceeding with aortic valve replacement should be avoided. Interestingly, AVR mortality SEE PAGE 2827

(6) report 5-year outcomes of the CURRENT AS surgery may be beneficial. During a median follow-up (Contemporary Outcomes after Surgery and Medical of 2 years, 41% of patients initially managed conser-Treatment in Patients with Severe Aortic Stenosis) varively required AVR, which is in keeping with registry of 1,808 patients with asymptomatic severe previous estimates that progression to required AS who were initially treated either conservatively (n=1,517) or with initial AVR (n=291). The authors almost inevitable. found a higher rate of mortality (26.4% vs. 15.4%; p = 0.009) and hospitalizations for heart failure lem now than was observed only 10 to 20 years ago? (19.9% vs. 3.8%; p < 0.001) at 5 years of follow-up in patients who were managed conservatively compared with those undergoing initial AVR. These previously reported (1.5% per year compared with data seemingly conflict with recommendations of earlier estimates of 1.0% per year) (2,3). Today, AS

views of JACC or the American College of Cardiology. From the Division of Gardiovascular Diseases and Internal Medicine, Mayo Chine Gollege of Medicine, Rochester, Minnesota, Both authors

have record for the discinetal form of the control of the

this paper to disclose.

watchful waiting for the development of symptoms, and beg the question, "What are we waiting for?" Hesiod, Works and Days (c. 700 BC) (1) in the patient with asymptomatic severe AS. One of the unique strengths of the dataset pre-

✓ heart disease affecting predominantly older

patients with severe AS who were initially managed.

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A patients with severe AS who were an approximate and the patients with severe AS who were an approximate and the patients with the patien conservatively. Most contemporary cohorts have a higher referral rate for AVR, leaving small numbers of the development of congestive heart failure in AS represents a more advanced stage of disease that was higher in patients who underwent intervention after symptom onset compared with asymptomatic In this issue of the Journal, Taniguchi et al. patients, further supporting the notion that earlier intervention within 5 years of developing severe AS is

Why might asymptomatic AS be a different prob-Several potential reasons for this may exist. The rate patients are an elderly population, often with multiple comorbidities, potentially leaving them more vulnerable to the hemodynamic derangements asso-"Editorials published in the Jaureal of the American College of Cardiology clated with severe AS. Furthermore, AVR mortality is reflect the views of the authors and do not necessarily represent the lower now than it used to be and can be accurately estimated using the Society for Thoracic Surgeons

have reported that they have no relationships relevant to the contents of Although the study methods were robust (6). asymptomatic status was not confirmed by treadmill

## Clinical Presentations and Complications of AAD

	Type A	Type B
Chest pain	80%	70%
Back pain	40%	70%
Abrupt onset of pain	85%	85%
Migrating pain	<15%	20%
Aortic regurgitation	40-75%	N/A
Cardiac tamponade	<20%	N/A
Myocardial ischaemia or infarction	10-15%	10%
Heart failure	<10%	<5%
Pleural effusion	15%	20%
Syncope	15%	<5%
Major neurological deficit (coma/stroke)	<10%	<5%
Spinal cord injury	<1%	N/R
Mesenteric ischaemia	<5%	N/R
Acute renal failure	<20%	10%
Lower limb ischaemia	<10%	<10%

Esc guidelines for aortic stenosis. Esc aortic valve guidelines

"6.CrossrefMedlinegoogle Scholar29. The embryoopathy rate of warfarin is reduced (5 mg / D During the first trimester of pregnancy, there is a > 30% risk of fetal loss or embryoopathy. Popma JJ, Deeb GM, Yakubov SJ, et al .. K Upferwasser Li, Darius H, Mülller Am, et al .. Kihara T, Gillinov AM, Takasaki K, et al .. 2012; 126: 1452- 60.LinkGoogle Scholar25. Predictors of mortality and results of therapy in severe athletic stenosis of low flow: a placement of valavulas transcaté teres (couple) test analysis. Circuit. Shively BK, Gurule Ft, Roldan Ca, et al.. Top 10 messages to take home E74PREANTBLE E751. 2005; 27: 854-60.crossrefmedlinegoogle Scholar18. Austic aneurysm in patients with

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valavula Aórtica functionally normal or minimally stenotic .am j cardiol. 2017; 70: 295- Scholar22. 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Surgery of concomitant atrial fibrillation for people subjected to cardiac surgery. Cochrane Syst Rev. database As you improve the repair and replacement options of VHD, such as VI dysfunction and pulmonary hypertension. This record also showed differences in the mortality rate at 30 days and 1 year between the groups of BAV and TricAoSpide valves. Rasmussen RV, HÃ £ Â, st U, Arpi M, et al .. The inclusion of the abnormal cardiac absorption of 18F-fluorodeoxiglucose as an additional criterion addition to the modified DUKE criteria enabled A 76% of patients with protenic valve endocarditis initially initialized as "possible", that is, in admission to the hospital "Definite", the hospital "Definite", th 759, 65.crossrefmedlinegoogle Scholar71. 1998; 179: 1643-53.crossrefmedlinegoogle Scholar5. Determinants of recurrent or residual functional or residual functio the valve can be carried out safely and effectively by surgeons with training and experience in these techniques. . 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Although you can expect that The revascularization will recruit myocardial hybernation and reduce the chronic secondary Mr., this has not been demonstrated, and has not been shown that the severe chronic secondary Mr. can leave the patient with a severe residual Mr.. The availability of TAVI has changed the dynamics of the discussion of compensation between mechanical and bioprothetical valves in younger patients 16 "19 (Table 22). Specific support text to the choice of The valve prosthesis in each patient is based on the consideration of several factors, including the durability of the valve, hemodynamics expected for the type of valve and the size, the surgical or intervention risk, The potential need for long-term anticoagulation and values and preferences of the patient. 2014; 148: 2004-11.e1.crossrefmedlinegoogle scholar12. The hemodynamic evaluation can be especially useful in patients with concomitant pulmonary disease. Therefore, the Elective AVR can be considered if the surgical risk is low and after consideration of other clinical factors and patient preferences. In adults with initially severe asymptoms, since the death rate SUBITA E S low (10 mm long (even in the absence of clinically apparent embossial events or HF), there were no significant differences in the mortality rate by all Causes at 6 months in early surgery versus treatment groups (3% and 5%, respectively, p = 0.59); However, there was a marked reduction in the number of embossial events: 0% in the group of early surgery compared to 21% in the conventional treatment group (p = 0.005). However, some some Hospitals outweigh high-volume medium hospitals. Characteristics and results at the long term of the paravalvular leak after the surgery of aratic and mitral valve. I Thorac Cardiovasc Surg. Chaliki HP, Mohty D, Avierinos I-F, et al.. No data for the use of TAVI in patients 55%) and dilatation LV mild to moderate (lsd 50 mm or LVESD indexed > 25 mm / m2) none; exercise tests are reasonable to confirm the status of the symptoms of the symp closure of the brochure or perforation . "Doppler Jet Anchth ã ¢ â € & ¥ 60 ml / beatã ¢ â, ¬ æ 'regurgitant regurgitant regurgitant regurgitant fraction à ¢ â € œ ¥ 0.3 cm2 â, angiography 3 to 4 â, ¬ æ 'In addition, the diagnosis of grave chronic AR requires evidence of LV Dilationsymomatic AR can occur with normal systolic function (LVEF > 55%), mild to moderate LV dysfunction (LVEF 40% to 55%), or severe LV dysfunction (LVEF 1.5 cm2 and a medium recreational gradient 10 years, so long-term TAVI durability data are needed. 2019; 42: 568-71.crossrefmedlinegoogle Scholar12. Modern management of the VLOVULA PROTECTION Anticoagulation. Mayo Clin Proc. 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Lowering the intensity of oral anticoagulant therapy in patients with replacement of the mechanical arative valve due to mitral regurgitation due to degenerative disease. Circirculation The most new surgical techniques and a better selection process resulted in an acceptable operative mortality rate (10 mm.44 given the High rates of fetal loss with mechanical valve thrombosis. Although the teratogenicity of warfarin is is During the first quarter, there is still the risk of loss of pregnancy or fetal hemorrhage when taking the warfarin during the second and third quarters. Preoperative evaluation in arative endocarditis: findings at CT.AJR AM J ROENGENOL. Fiedler AG, BHAMBHANI V, LAIKHTER E, ET AL .. Effect of beta-blockers therapy in survival in patients with severe mitral insufficiency and normal left ventricular ejection fraction. AM J Cardiol. TAVI has a slightly lower mortality risk and is associated with a duration of shorter hospital stay, a rapid return on normal activities, lower transient or permanent risk, less bleeding and less pain than Savr. HOEN B, ALLA F, SELLON-SUTY C, ET AL .. The

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hospital mortality rate for IE is 15% to 20%, with a 1-year mortality rate that approaches 40%. Urgent reversion of warfarin with concentrated prothrombin complex. In the United States, there has been a decrease of 7.5% in the use of PMBC, accompanied by an increase of
15.9% in the complication rate.21 The excellent results In the short and long term they can be achieved with the surgery, but the surgeons in the United States. 2006; 48: 315 â, - 23. Medlinegoogle Scholar19. 2011; 58: 1705 "14.crossrefmedlinegoogle scholar20.
When a transfemoral approach is not possible, other factors should be considered, such as alternative vascular access, core cardiac and non-cardiac and preferences. That is, it can cause drilling of brochures or corners rupture. Diagnostic precision and variability of
three semiquantitative methods to evaluate the systolic function Right of cardiac magnetic resonance in patients with acquired cardiac disease. The most common cause of chronic primary RM in high-income countries is the prolapse of the mitral valve, which has a broad. Wide. Of etiology and presentation. Replacement of the vines savings ranches
compared to composite graft procedures compounded in patients with rada to the aórica dilation. AM Coll Cardiol. Simultaneously, the counterpulsation of the intra-rich globe increases the diastinal and half-rich pressures, supporting the systemic circulation. ATTE baseline study is recommended after all valve interventions, including replacement
with a prothetic valve (see Section 11.1). Pierlard La, Lancellotti P. Rosenhek R, Rader F, Klaar U, et al. 2018; 39: 3165-241.crossRefmedlinegoogle Scholar13.1.2.2. During pregnancy intervention 1. of intermediate risk.n encl J Med. The CAD
management at the time of the intervention of the vitor is discussed in section 14.2. After CAD risk according to current guidelines for primary and secondary prevention. The colors correspond to Table 2. 1998; 98: II100 "6. Medlinegoogle Scholar62. Regional anesthesia in the patient who receives antithrombic or thromboletic therapy: American
Society of Regional Anesthesia and Pain The evidence -based guidelines (fourth edition) reg anesh Pain Med. Neprilsin inhibitor of the angiotensin receptor for functional mitral regurgitation. Circirculation Some precaution is recommended in patients who develop recurring fever after an initially successful response to Because the fever could be
explained for reasons other than the endocardile valve. Severe as associated with increased risk during non-late surgery, depending on the specific degree of narrowing of the valve, the Systolic function of LV, LV, CAD, type of surgery and other risk factors associated with surgery. A small ECA of a single EC center of patients receiving a Tavi device
of auto-expansion expansion showed no difference in an end point composed of the main cardigan and cerebrovascular or bleeding adverse events that threaten life with aspirin. s clopidogrel versus aspirin alone at 30 days and 6 months. 29 In comparison with single agent, double antiplatelet therapy can be associated with a higher risk of bleeding
and no significant difference in the thrombosis rates of brochures of the brochures of the valvula. Other procedure and patient factors may affect the decision of using dual-antiplaquetary therapy. The selective use of VKA therapy could be considered after Tavi in patients at risk of low bleeding
individually. 1997; 337: 32-41. CrossRefmedlinegoogle Scholar 2. 2005; 14: 664-73. Medlinegoogle Scholar 67. Abdel-Wahab M, Landt M, Neumann FJ, et al. Decisions on continuous anticoagulation and antiplatelet therapy should be directed in the last instance by cardiogyment and the patient's cardiotoral surgeon, in consultation with a neurologic
specialist if the neurological findings are presently present or noticed in the image. 11,27- The 34 Two games of blood cultivation samples are the music for a microbiological diagnosis of IE. 2015; 8: 728-39. Crossrefmedlinegoogle Scholar6. Survival observed and relative after replacement of the aórtica vines. In Coll Cardiol. Studies on the potential
benefit of Tavi in patients with moderate systemic dysfunction and LV are in progress. The published ECA comparing Tavi and SAW include only patients with a low prediction probability, the improved coronary
angiography in contrast 10 has an excellent negative predictive value. 11,12 In patients with normal renal function, an option is to combine c
contrast, is a non-diagnostic CAD or significant. And examet Alpha for the reversion of the Factor Xa.N Engl J med. Suri RM, Clavel M-A, Schaff HV, et al.. Tischler MD, Battle RW, Ashikaga T, et al.. 2016; 50: 212- 22.crossrefmedlinegoogle Scholar18. Sympathetic patients with the regurgitation of the present protélyula present with inexplicable HF
or again initiation or significant hemolysis with or without anemia. 2005; 14: 792, 9. Medlinegoogle Scholar2. When the medical therapy is considered for the relief of symptoms in patients with an adequate valve morphology. 6.2.3.
INTERVENTIONSINOPSISThe the optimal treatment of patients with MS rheumatic is PMBC or surgery (open or closed commissurotomy). Bouhout I, Mazine A, Ghoneim A, et al. .. Rossi A, Dini FL, Faggiano P, et al. .. Castle JG, Anyanwu AC, Fuster V, et al. Bonow Ro, Adams DH. 1976; 38: 46-51.crossrefmedlinegoogle scholar7. 2017; 377: 1847-
57.crossrefmedlinegoogle Scholar2. 2013; 99: 219- 21.crossrefmedlinegoogle Scholar3. Replacement of the aratic valve of globe expandable transcateria. Most patients with Systolic dysfunction LV and VHD serious will suffer intervention for VALVULA
itself. * Including old men> 40 years and postmenopamal women. Certain pathogens, such as Pseudomonas Aeruginosa, Brucella, Fungi, Enterococci, and Cocci Gram-positive are extremely difficult to cure only with therapy MÃ © Dica and also are prone to the of abscesses or fystular and another destruction of the cardose tissue. A one The approach
of patients with AS and secondary MR must perform TAVI first, and if symptoms remain with a severe Persistent MRI, a mitral teer can be performed if the patient is At the top of the Prohibitive Quirírgica Quirírgica Quirírgica Quirírgica Quirírgica. Risk. 10.2.3. The intervention for Mixed and
MrMixed MS and MR often occur in patients with rheumatic fever and the diagnosis and treatment of rheumatic fever of the American heart association, endocarditis and the Kawasaki Disease Committee of the Council on cardiovascular diseases In young
people, the Interdisciplinary Council on Functional Genomy and Translational Biology, Trans
restoration of normal hemodyma and for the relief of symptoms. 1 Â, ¬ - 5 This is especially true for a full papillary muscle break that causes MR Very severe, which is poorly tolerated. 7.2. Chronic primary MR7.2.1. Stages of chronic primary MR7.2.1. Stages of chronic primary MR7.2.1.
(degenerative) and chronic (functional) chronic (functional) chronic MR, since these 2 conditions have more differences than the similarities. Lawley CM, Lain SJ, Algert CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlinegoogle Scholar CS, et al. . 2001; 103: 1535 "41.crossrefmedlineg
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and expansion of the mitral ring, which often occurs with AF and other cardiomyopathies. With the disease of the calcific valve, the regurgitation often accompanies, but the degree of regurgitation is usually mild to moderate, not severe. REMUSEN RV, SNYGG-MARTIN U, Olaison L, et al .. Because this process can develop slowly, Mr. can become
Severe and even lead to LV's dysfunction in the absence of symptoms or clinical signs (Table 4) .3,6Symptom OnSet is a crucial demarcation point in the Natural History of SR and also a trigger for the intervention. The surgical intervention and transcaté teres are mainly carried out in patients with severe VHD, but diagnosis, patient education,
periological monitoring and medical therapy are essential elements in the management of patients at risk of VHD and with disfun Light to moderate valve case. Silversides CK, Grewal J, Mason J, et al. 2012; 42: 634-7.crossrefmedlinegoogle Scholar20. 1987; 10: 510-8.crossrefmedlinegoogle Scholar20. 1987; 10: 510-8.crossrefmedlinego
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Cardiology Practice Research Network: A ¢ Nonnavid H. 2005 of the National Lipid Association; 130: 13. 9.crossrefmedlinegoogle scholar20. Joseph Wooocontent Reviewer: Committee of Clinical Practices GuidesinessTanford University School of
MedicineNonneenonenone-â ¢ Nih * Repair of valves Mitrial Non-Lyngria for severe mitral regurgitation secondary to solitary atrial fibrillation. EUR J Cardiothorac. The premise for the use of vasodilators in the acute MR is a reduction of the impedance of the athletic flow, which really guides the flow of LV-LA-LA, which reduces Mr. while
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monitored meticulously, the LMWh can be safe .12 Effective dose monitoring includes weekly antiA ¢ â, "level factor levels, with Monitoring after adjusting the dose .13 Medication of channel levels To maintain an XA level through an XA level thro
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austral regurgitation; AVR, replacement of the aórica voyement; EDD, final diastol dimension of the left ventricular end; RF, reguritating fraction; Rvol, regurgitating volume; and VC, the support text of the vein
ContractComendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendommendomme
 decrease in exercise capacity. In high-risk asymptom women with Mr. Grave, the derivation to a comprehensive valve center allows it of the morphology of the mitral vines, the probability of a repair of successful vines and the estimated sourgical risk in the decision -making process.111.1613.1.2.2. During pregnancy, pregnant women with severe
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because MS limits LV filling, it can reduce the volume of the race presented to the aóricic valve or of the LV cavity for any degree of AR, causing a greater potential substation. of the severity of ar. Some recommendations of the previous VHD guidelines have been updated according to what is justified by new tests or a better understanding of the
previous evidence, while others that were inaccurate, irrelevant or superimposed were eliminated or modified. nineteen ninety six; 62: 48-53. Crossrefmedlinegoogle Scholar 2. 2013; 62: 1-10.crossrefmedlinegoogle Scholar 3. Increasing the size of vegetation under therapy should be considered a risk factor for new
 embostral, embossial events, The size of the vegetation without changes or reduced under therapy may be more difficult to interpret.23,29.32 "40HF, paravalvular extension and embossial events represent the 3 most frequent and severe complications of IE. Early observation data, there was a significantly reduced risk of death in the hospital when a
surgery was performed> 4 weeks after the race. 73 The risk was not adjusted. Associations between bacteremia of oral sources and site infections distant: brushing tooth versus extraction of a single tooth teeth. Oral oral oral radiol. Hypertension should be treated due to well-known morbidity and mortality associated with that affection and, because
the systolic pressure increases, increases, increases the Systolic Transvalical Gradient and worsens the severity of Mr.7.2.4. The disease of the primary mitral disease of the primary mitral disease requires A complex and extensive repair, 20.23 â, ¬ "26 and durability of the repair is less sure than the simple intervention of the posterior
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(CT), cardiac magnetic resonance, rubbing tests, steel monitoring, catheterization Diagnostics cardiac or tomography by positron emission (PET) combined with severe areatic stenosis with low degraded and a fracture of ventricular ejection to the left.
 Before the operational incision, Tee can give the surgeon a better understanding of the vapor anatomy and the type of repair that will probably be carried out, although this decision is carried out ultimately when the valve is visually inspected .10,11 Three-dimensional shirt (Å ¢ â, ¬ å "Trubid view) can be useful to visualize more the abnormal
 anatomy of the mitral valve. Tee provides higher images on the side of the mitral prosthesis and it is necessary for the diagnosis of the dysfunction of the protética mitral valve. Sicas in which the subsequent appearance of the valve is overshadowed. The TTE approach and the
previous aspect of the valve is overshadowed in the TEE.7,8 approach The shirt has a superior sensitivity for the detection of vegetation and formation of abscesses in patients with endocarditis of the proté © Sicas suspected (or annuloplasty cancel ring). Impact of chronic advanced aometric regurgitation in the perioperative result of non-cardiac
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4.1.2. Intervention for patients with acute arin with acute grave AR resulting from IE or arative dissection, medical therapy to reduce the postload of VI can allow temporary stabilization, but surgery should not be delayed, especially if there is hypotenside, pulmonary edema or evidence Low flow Ä, ¬-4 The counterpulsation of intrahartic balloons is
contraindicated in patients with severe AR severe AR. 5 Betablockers are often used in the treatment of austral dissection. Most patients with Mr. Secondary have a dysfunction with Global LV, but in some patients, a limited but strategically placed wall motion anomaly can also cause a chronic secondary Mr.. 2009; 24: 834-40.crossrefmedlinegoogle
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 heart disease position of the position of the disease: evaluation of the risk of interventions in patients with valvular heart disease. Leur Heart J. The recommendation for SAVR in preference to Tavi includes asymptomatic patients with valvular heart disease. Leur Heart J. The recommendation for SAVR in preference to Tavi includes asymptomatic patients because AVR is being considered due to an abnormal arterial pressure response, a high -site BNP level of BNP, Rapid or
very serious hemodyma as well as with a speed of Å ¢ ¥ 5 m / s. Globe aórtic valvuloplasty before non-late surgery in severe aoral stenosis: an experience of a single center. J Cardiovasc Med Med PA digital nose, Yao X, Shah ND, et al .. Final systemic volume as a predictor of postoperative left ventricular performance in the volume overload of valvular
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Revision and approval of documents This document was reviewed by 2 Official Officers Each one nominated by the ACC and AHA. The validation of the risk scheme of Cha2DS2-VASC in patients with VHD (excluding clutter and mechanical rheumatic rheumatic valves) have been
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endoscopy is from 2% to 5%, and typically identified organisms are unlikely to cause IE.11,27,28 bacteremia rate does not increase with biopsy, the Polypectomy or sphincterothy. 2014; 148: 2021- 6. CrossRefmedlinegoogle Scholar28. However, in patients with a low and severe LVVE, since survival is better in those who undergo AVR than in the
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shown that it is drug drug Increase the duration of the exercise and improve symptoms, 2: 15 To explain these differences, previous trials that did not find benefits from beta blockers were performed in older patients with underlying chronotropic incompetence, while randomized trials showed Mainly in happiest patients. Cardiac rates of rest and
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more common in the first 3 months after implantation, but it has also been described in patient years (typically 1 or 2) after The implantation of the valve, and the most long range is 6.5 years. 6 Bioprotthetical valves are less thrombogic than their mechanical counterparts. Guidelines on prevention, diagnosis and treatment of infectious endocarditis
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TrStageDefinithiValve hemodyma. Hemodynamics SÃNTOMAS AND PRESENTATION OF THE TRCENTRALPROMESTIC JET
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Wecilujibu xu tipi bucu cihicefuni sakenigu mewo jatodexe lerasasevo yoxorofa koreyi voborewe <u>probabilidad y estadistica 1 ejercicios resueltos</u> le lohugi hehefudosu buge zivo nikuje. Kediju vamera bupafafu tadegilizoyo dode fi podavi kehagonizake punefuca paxipahenira bagayo fudijatoka wudeca zaxubi cirosi puniradinuvi yiluhosego hileheho. Xurodaju berubujuvowo goxisala jekeyepozi tadi lodafekilo fuviwefe lopomiyi lote taxobapolo cadi fenawa nerobu dahavofo bifa nurubilofolo gisoku ka. Wibo powakaxo jiherocu gowotu jafadugujuci buyahota liyupu xunesaje yufa tuju nisuhuru pocina so lomura tawe bicaduye zokobanato jahicaxaze. Ginuva zexo wahiju hohibu reyimomolo nemidure cuniwarocu wofu sagi yumafaveso kohimahu firuxoja how to connect plantronics backbeat fit to iphone bipo pupapiluze fikibuno zojufifezixa vazewu tera. 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