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6034-427. ¿ES EL PRO-BNP MEJOR PREDICTOR DE MORTALIDAD TRAS EL IMPLANTE DE PRÓTESIS AÓRTICA PERCUTÁNEA QUE LA HISTORIA DE INSUFICIENCIA CARDIACA PREIMPLANTE?

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Resumen

Introduction: To assess whether pro B-type natriuretic peptide (pro-BNP) or the presence of pre-implantation history of heart failure (HF) are prognostic markers in patients with aortic stenosis (AS) undergoing transcatheter aortic valve implantation (TAVI). The assessment of surgical risk in patients with AS by STS score includes the presence of heart failure in the two weeks prior to implantation, but not the presence of a high pro-BNP. Would benefit the use of proBNP as a part in a new risk score specific to TAVI?

Methods: 349 patients undergoing TAVI were included in a a retrospective study. The pro-BNP was measured 24 hours before the procedure and the admission due to HF previous to the implant was registered. Pro-BNP levels were transformed to logarithm to homogenize the sample. Cox proportional hazards model was used to evaluate clinical factors.

Results: The mean age of the population was 82.4 ± 5.7 years, 56% women, with a STS score of $5.9 \pm 3.8\%$ and a pro-BNP level of $5{,}051 \pm 14{,}661$ pg/ml. 56.7% (n = 198) of the patients had previous admission for HF. Multivariate analysis revealed that only increased log pro-BNP levels were associated with higher mortality rate at short and long-term follow-ups. HF was not associated with increased mortality at either time point.

Conclusions: Pre-procedure log-transform of plasma pro-BNP levels are an independent and strong predictor of short and long-term outcomes after TAVI and are more discriminatory than history of HF.