Letter by Meurin et al Regarding Article, “Early Surgery versus Conventional Treatment in Asymptomatic Very Severe Aortic Stenosis”

To the Editor:

We respectfully disagree with the methodology and the conclusion of the article published by Kang et al in the April 6, 2010 issue of Circulation. Indeed, we believe that this study was not designed to affirm that, “Compared with the conventional treatment strategy, early surgery is therefore a therapeutic option to further improve clinical outcomes in asymptomatic patients with very severe aortic stenosis and low operative risk.”

In our opinion, a registry should not be used to compare two therapeutic strategies because, as in this study, too many biases can be involved:

1. Nonoperated patients probably had more serious extracardiac diseases in spite of a similar EuroSCORE, as suggested by a very high rate of noncardiac deaths during the follow-up (1095 = 10.5% in nonoperated patients versus 3/102 = 2.9% in operated ones). Furthermore, the absence of exercise testing may have led to falsely categorizing patients as “asymptomatic,” although they should have been rapidly treated. It must be emphasized that very severe asymptomatic aortic stenosis patients have not been excluded in dedicated exercise test studies.

2. Operated patients had a very low operative risk profile, as suggested by a perioperative mortality of 0% and by a coronary artery disease incidence of 6% versus 2.9% and 39%, respectively, among patients included in the Euro Heart Survey.

These 2 points suggest that the choice of the therapeutic strategy in this registry may have been influenced by the cardiac and extracardiac status of the patients.

Finally, the patients included in this survey do not reflect “real life” practice. The mean age was 63 years, while 54% of the operated patients in the Euro Heart Study were older than 70, and the prevalence of bicuspid aortic valves was 49%, while it was 5% in the Euro Heart Survey.

Therefore, we believe that one cannot extend the results observed in this particular population to the whole population of asymptomatic patients with very severe aortic stenosis. We want to underline the fact that these interesting results are leading a way to conducting a randomized study, but they should not help to justify operations for which real benefit is not proven.

Disclosures

None.

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References


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