

Medical Expertise

"Development of the European Network in Orphan Cardiovascular Diseases"
„Rozszerzenie Europejskiej Sieci Współpracy ds Sierocych Chorób Kardiologicznych”

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In my opinion there are indications for cardiac surgery in the patient presenting BAV, severe aortic regurgitation and progression of LV dilatation and dysfunction. Asymptomatic clinical course of the disease should not be a reason for the therapy delay.

The important point for the further decision making is the type of cardiac surgery – replacement (bioprosthesis << mechanical prosthesis) or repair. TTE scans suggested the presence of the type 2 AR (fragile prolapsing cusp / cusps) that can be suitable for repair. The repair procedure does not need antithrombotic treatment that can be important for the young patient. Currently, there are clinical centers both in the world and in Poland that offer repair procedure in aortic regurgitation in BAV. Experience of our center - Upper Silesian Cardiology Center in Katowice-Ochojec confirms this possibility. Long-term results of the BAV repair performed by experienced surgeon seems to be promising.

Additionally, the therapeutic decision should also involve a potent pathology of connective tissue observed in aorta of BAV patients. Regardless of the normal dimensions of aortic complex the „wrapping” of ascending aorta can be done to improve .

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