

Optimizing outcomes of aortic valve replacement

1. The current labelling of surgical prosthetic heart valves is confusing, which renders valve choice cumbersome. – *this thesis*
2. Surgical aortic valve replacement has excellent long-term survival compared to the sex and age-matched general population. – *this thesis*
3. Approximately 180,000 patients with aortic stenosis and high or intermediate surgical risk are potential candidates for transcatheter aortic valve implantation in the European Union and in Northern-America annually. – *this thesis*
4. Early neurological events after surgical or transcatheter aortic valve implantation are associated with significantly increased mortality and decreased quality of life. – *this thesis*
5. After aortic valve replacement the overall rate of coronary revascularization is low during follow-up. However, prior coronary revascularization is a risk factor for repeat revascularization after aortic valve replacement. – *this thesis*
6. If transcatheter aortic valve implantation proves to be durable and cost-effective on the long-term, it will be a viable treatment option in younger and lower-risk patients with aortic valve stenosis.
7. In patients with aortic valve endocarditis, with concomitant aortic root pathology, multiple valve pathologies or associated complex coronary disease, surgical aortic valve replacement remains the gold standard.
8. Valve-in-valve transcatheter aortic valve implantation is an attractive alternative to reoperation for selected patients with bioprosthetic valve degeneration.
9. Patient prosthesis mismatch (PPM) should be avoided after aortic valve replacement. However, the definition of PPM is not well established, and criteria should correlate with significant adverse outcomes.
10. Tissue engineering could be the answer to the limited durability of current bioprosthetic heart valves.
11. A tût pörgetni kell. – *Péterffy Árpád*

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