**OUTCOMES IN NONAGENARIANS UNDERGOING TRANSAORTIC VALVE REPLACEMENT IN A SINGLE CARDIOVASCULAR CENTER**

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*Background:* Transcatheter aortic valve replacement (TAVR) is the standard treatment for patients with severe aortic stenosis (AS) who are inoperable. However, the evidence about its safety, efficacy and outcomes in nonagenarians is very limited.

*Objective:* To determine outcomes in nonagenarians with severe AS following TAVR.

*Methods:* A retrospective chart review of 361 patients who underwent TAVR between 04/2012 and 01/2016 in a single cardiovascular center was performed. Evaluated outcomes were: in-hospital, 30-day and 1-year mortality, post-procedure complications, hospital length of stay (LOS), and discharge placement.

*Results:* Forty-Four percent (160/361) of the patients were female and 28.3% (102/361) were nonagenarians and comprise the study group.

Fifty-three percent of nonagenarians were male with a mean age of 92 +2 years. Their mean Society of Thoracic Surgeons’ Mortality risk score was 8.9+ 5.3 and their mean ejection fraction was 55%. Ninety percent had New York Heart Association class III symptoms and 15% had a prior [balloon aortic valvuloplasty](https://www.google.com/search?biw=1139&bih=801&q=Balloon+Aortic+Valvuloplasty.&spell=1&sa=X&ved=0ahUKEwixgpXN-qTLAhWE4SYKHYuEBBsQvwUIGSgA).

Chronic kidney disease, atrial fibrillation and permanent pacemaker (PPM) were present in 13%, 47% and 25% of the nonagenarians respectively. Mean creatinine was 1.1 mg/dl and mean albumin was 3.4 mg/dl.

Femoral approach was performed in 73/102 patients. First, second and third generation Edwards Valves were placed on 35%, 26% and 23% of patients respectively

In-hospital mortality was 3% (3/102). Thirty-day mortality was 6% (6/102) vs 7.3% (19/259--patients <90) with a p>0.05. One-year follow up was available in 49/102 nonagenarians with a mortality of 16% (8/49). PPM insertion was required in 33% (26/77). Mean LOS was 7.6 days and 47% (48/102) of nonagenarians were discharged to rehabilitation facilities due to deconditioning.

*Conclusion:*This single center retrospective observational study demonstrates that TAVR can be safely performed with excellent survival and minimal morbidity in a group of extremely elderly patients that are inoperable.