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**Nine years of experience with the Melody valve for PPVI
Valve function remains preserved, incidence of endocarditis can be reduced.**

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Introduction : worldwide the experience with the Melody valve for PPVI is growing and also the indications for use have been broadened. Endocarditis appears to be a serious threat.
Patients and methods: national data are collected from the Belgian registry which started in 2006. Four implant centers serving 11 million people. Follow-up data prospectively and ongoing collection: leaflet function (echo), re-interventions, mortality, endocarditis, X-ray (stent fractures).
Results: 222 valves have been implanted 2006-2015. The indication was PS 40%, PR 35% and mixed PS/PR 25 %, male/female ratio 1.8, mean age at implant 20.7 y (3.9-81.6), original lesion : Fallot 50.4%, PS 9 %, Arterial Trunc 8.6 %, DORV with PS 17.1 % and other 11.9 %. Adequate pre-stenting in 218 pts. Follow-up data : at last follow-up median RVOT gradient 22 mmHg (5-30), median PI 0/4 (0-2). Endocarditis occurred in 14/206 (6.8%), freedom from endocarditis is 85% at 8 y; incidence dropped after firm recommendations of life-style (skin and dental care) and prophylaxis from 2.8%/y to < 0.6%/y. Overall survival was 98 % at 9 years, no procedure or valve related deaths. Freedom from stent fractures was 80 % at 9 y, but none was hemodynamically important and none did require intervention. Overall freedom from re-intervention was 96% at 9y, mostly balloon dilation for somatic growth. Five valves were explanted: endocarditis (n=4), residual subPS (n=1).
Conclusion: With 9 years of follow-up the leaflet function remains well preserved. Adequate pre-stenting the RVOT prior to PPVI has abolished the risk of hemodynamic important stent. Endocarditis incidence was reduced after firm recommendations of life-style and prophylaxis.