



Quality of life and long-term follow-up after stenting of Coarctation of the Aorta

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Introduction

Stenting of Coarctation of the aorta (CA) requires life-long medical follow-up for late complications, hypertension sequelae and treatment - including reinterventions. Lack of adequate care is a frequent problem with grown-up congenital heart defect patients (GUCH).

Aim and Methods

Evaluation of long-term clinical condition and quality of life (QoL) after stenting for CA.

QoL was assessed with a custom-made questionnaire via phone call or direct contact during regular visit.

Hospital database was used to assess healthcare accessibility, insurance and if specific diagnostics or treatment are being performed.

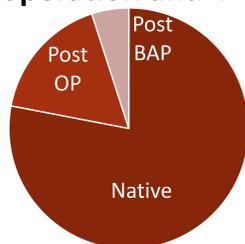
Data was compared to official national statistics.

Patient breakdown

41 patients underwent CA stenting between 2003 and March 2017 (mean age at stenting 15.15y – 5.4 to 40.3).

Six patients were excluded – 2 due to urgent operation and 4 foreigners.

78% Of stented cases were with a native CA, 17% after previous operation 5% after balloon dilation for CA.



Concomitant CHD include Bicuspid aortic valve(n=11), Aortic valve stenosis(n=2), Subaortic stenosis(n=3), VSD(n=3), PDA(n=3), AVSD(n=1).

Associated genetic syndromes were Turner syndrome (n=3) and Rubinstein-Taybi(n=2), Cystic fibrosis (n=1).

Complications occurred in 19%(n=8)

Major complications – stent migration (n=3); dissection after migration and restenting (n=1)

Vascular complications (n=6) – arterial thrombosis (incl. fibrinolysis, n=2); peripheral embolism (n=1); massive hematoma (n=3)

Conclusion

There is a clear lapse in the care for GUCH patients with stented CA. Discrepancy between general self-assessment (as with good general health) and symptomatic findings and need for continual medication.

GUCH patients with stented CA need proactive care with multimodality imaging methods and timely solutions to potential complications.

Results

Patients were followed up for 3.2 ±2.8 years mean (0.1 to 10.2 years). During follow-up 10 additional interventional procedures were performed (all of them in children).



There is a significant difference in the follow-up free period mean 1.86 years for children mean 5.86 years for adults (p=0.003)

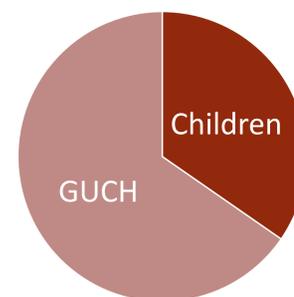
All children are being followed-up on regular basis
Lack of adequate care was observed in stented adult patients
25% of GUCH patients are not followed-up at all.

Follow-up is performed in secondary (37.5%) or tertiary center (56.3%) by a cardiologist (43.8%) or pediatric cardiologist (50%)

Quality of Life

The QoL questionnaire was presented to 35 native habitants 26 responded

34.6% (n=9) of the adults have not responded due to inactive phone number or refusal to participate.



34.6% (n=9) are children
65.4% (n=17) are GUCH.

Educational level, income and employment correspond to the general population

11% are unemployed and with no insurance.
All, except 5 patients report good general health.
50% (n=13) take antihypertensive therapy.

Study Limitations

Small sample size. Lack of national registry
Lack of validated QoL questionnaire tool

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