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This site is a free online encyclopedia devoted to sharing knowledge, talent and experience to build the online teaching and studying field. Reconstruction of the aortic root in adult patients with bicuspid aortic valve disease: Implantation of a new stentless bioprosthesis. Stentless valves are associated with lower thromboembolic complications compared with stented aortic valve bioprostheses. Due to their design, they can be implanted in patients with increased risk for cerebrovascular events. Outcomes of stentless aortic valve implantation in adult patients with bicuspid aortic valve disease remain largely unknown. Between January 2005 and March 2010, all consecutive adult patients who underwent stentless aortic valve replacement (AVR) were prospectively enrolled. Preoperative characteristics, perioperative variables, and follow-up data were retrieved and analyzed. Outcome endpoints consisted of overall and major cardiovascular (CV) complications, reintervention, and freedom from aortic valve reoperation. A total of 169 patients underwent AVR (mean age, 67 years; men, 81%; advanced New York Heart Association class, 70%). Aortic regurgitation was present in 130 patients (77%), and in 9 patients (5%), a stenosis of the valve was present. Follow-up was complete in 153 patients (91%). The mean follow-up was 38 ± 24 months. There were 19 late deaths (12 cardiac and 7 noncardiac). The 5- and 10-year survival rates were 86 ± 4% and 76 ± 8%, respectively. The mean echocardiographic follow-up was 31 ± 22 months. Ninety-eight patients (63%) required postoperative permanent pacemaker implantation, mostly due to sinus node dysfunction. Four patients (2%) had stroke (3 in the subacute phase). Thirty-eight reinterventions were performed in 32 patients (21%). Twenty-seven aortic valve-related reoperations were performed (18%). Freedom from reintervention at 12, 36, and 60 months was 89 ± 4%, 84 ± 5%, and 77 ± 6%, respectively. Aortic valve reoperation was necessary in 10 patients (7%) at 15 ± 8 months. In adult patients with bicuspid aortic valve disease, it can be safely and effectively implanted as a stentless AVR. Patients with aortic regurgitation benefit more from the

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