Reply to the Editor:

We appreciate the thorough review of our 2-year data after transcatheter aortic valve implantation (TAVI). However, we would like to precisely differentiate between early results (30-day mortality, 11.5%; stroke, 2.6%; myocardial infarction, 1.8%) and cumulative incidence of events at 2 years (stroke, 6.6%; myocardial infarction, 2.7%). In addition, it has to be taken into account that the published series includes our very first TAVI experience starting in 2007, when there was limited worldwide knowledge on these new procedures. Having performed now more than 700 TAVI cases, we consistently see 30-day mortality rates of less than 4% during the recent years. Comparisons with surgical results are difficult as long as patient populations are not

randomized. The predominant aim of our study was to demonstrate the event rate up to 2 years beyond procedural results, which, in our eyes, is low and justifies TAVI in all high-risk patients and octogenarians. We disagree with the title of your comment, because we do not advocate treating younger, lower-risk patients with TAVI.

In response to your concern with porcelain aorta, we think that in a patient population referred for TAVI there might be a cumulation of all patients with porcelain aorta who would never have been sent for AVR. We completely agree that concerns about durability of the new transcatheter prostheses should argue against implanting these new prostheses into younger, lower-risk patients until longer-term data are available. Other specific TAVI complications such as

paravalvular leak must be analyzed as well for long-term impact.

To repeat the conclusion stated in our article, TAVI can be considered the treatment of choice for aortic valve stenosis in elderly patients with increased risk for surgery with a heart–lung machine on the basis of our results. We do not expand indications to younger, lower-risk patients at present. Decision making is individually performed by a multidisciplinary team at our center, taking into account the age, comorbidities, and frailty of the patients.

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<http://dx.doi.org/10.1016/j.jtcvs.2012.05.014>