

Review IDs predictors of post-TAVR cerebrovascular events

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(HealthDay)—For patients undergoing transcatheter aortic valve

replacement (TAVR), predictors of cerebrovascular events (CVEs) include female sex, chronic kidney disease, new-onset atrial fibrillation, and enrollment date, according to a review published in the Aug. 16 issue of the *Journal of the American College of Cardiology*.

Vincent Auffret, M.D., from the Quebec Heart & Lung Institute in Canada, and colleagues conducted a systematic review to examine predictors of 30-day CVE post-TAVR. Data were included from 64 studies, involving 72,318 patients (2,385 with a CVE within 30-day post-TAVR).

The researchers found that the incidence of CVE varied from 1 to 11 percent, with no significant differences between single and multicenter studies. Based on the summary risk ratios the risk was lower for men (risk ratio, 0.82; $P = 0.02$) and higher for patients with [chronic kidney disease](#), for patients with new-onset atrial fibrillation post-TAVR, and for procedures performed within the first half of center experience (risk ratios, 1.29 [$P = 0.03$], 1.85 [$P = 0.005$], and 1.55 [$P = 0.003$], respectively). There was a trend toward higher risk of CVE with use of balloon post-dilation (risk ratio, 1.43; $P = 0.07$). CVE was not predicted by valve type or approach.

"This study provides effect estimates to identify high-risk TAVR patients for early CVE, providing possible guidance for tailored preventive strategies," the authors write.

Several authors disclosed financial ties to the medical device industry.

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