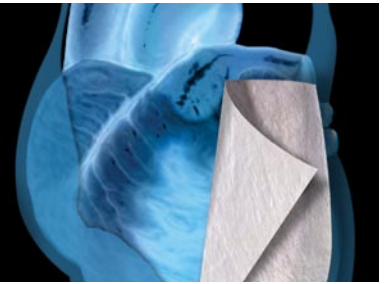


Aortic Annular / Root Enlargement

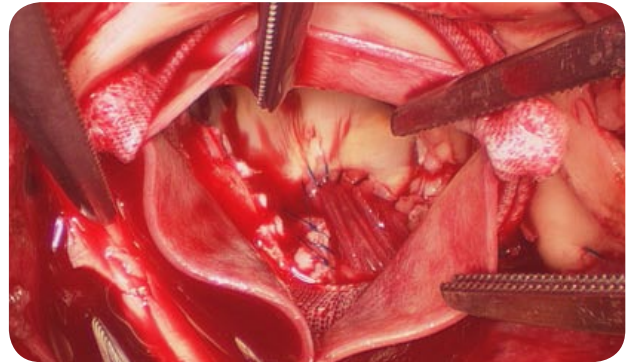
CASE REPORT



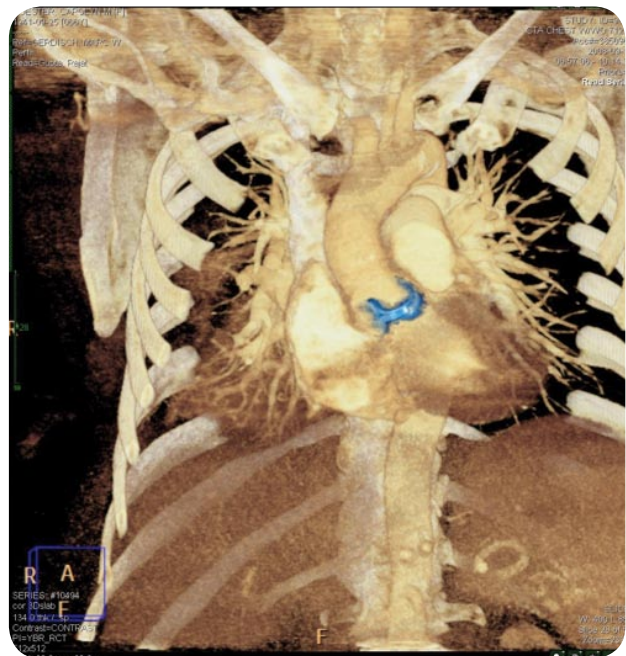
INSTITUTION: St. Francis Heart Center, Indianapolis, Indiana

SURGEON: Dr. Marc Gerdisch

This 66 year-old woman had a reported history of endocarditis for which aortic valve debridement was performed in 2001. Since then, there has been steady progression of aortic stenosis with the pre-operative TEE demonstrating a valve area of 0.8 cm² and a mean gradient of 38 mmHg with an ejection fraction of 45%. The patient became symptomatic and just prior to surgery, presented in congestive heart failure (CHF) and pulmonary edema, with class IV symptoms. She had a history of hypertension, morbid obesity, insulin dependent diabetes and sleep apnea. At surgery, the root was too small to accommodate a valve of adequate size to avoid patient prosthesis mismatch (PPM) so an annular/root enlargement was performed using the CorMatrix™ ECM for Cardiac Tissue Repair as an acellular xenograft. The patient's postoperative course was unremarkable. She was discharged four days following surgery. Follow up echocardiography shows an EF of 55% with a mean gradient of 6 mmHg across the 25mm Magna pericardial bio-prosthesis. A CT angiogram of the aorta performed 30 weeks post-op, demonstrates no evidence of the patch. The aortic contour appears completely normal.



The CorMatrix™ ECM is extended across the aortic annulus toward the anterior mitral leaflet to allow upsizing of the tissue valve.



CT angio at 30 weeks is read as normal aorta with no evidence of dilatation or presence of the ECM which has been remodeled.