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**RESULTS OF SURGICAL TREATMENT OF ASCENDING AORTIC ANEURYSMS WITH AORTIC VALVE DEFECTS**

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**Objective:** to compare the results of valve-preserving operations on the aortic root with valve-replacing procedures.

**Material and methods:** In the department of combined pathology of the heart of the State Institution "RSNMPTSKH" named after From 2017 to the present, 26 surgical interventions with aortic root pathology and aortic insufficiency have been performed in Vakhidov. The patients were divided into 2 groups: 14 patients underwent replacement of the aortic root with a valve-containing conduit operation Bentall De Bono (group I), and 12 patients underwent valve-preserving operations (group II). Spectrum of valve-preserving interventions: 5 (41.7%) patients underwent Florida Sleeve surgery and 6 (50%) - David 1 procedure and 1 (8.3%) patient - Wolf surgery. In one case, the Florida Sleeve was combined with the Ozaki operation. The majority of patients were 69% men. The average age of the patients was  $42.2 \pm 17$  years. The total number of patients with Marfan syndrome was 11 (42%) patients of them in group 1 - 5 (36%) and 6 (50%) in group 2. In group 2, 3 (25%) patients had a Stanford aortic dissection. 7 (28%) patients were simultaneously corrected for concomitant pathology (mitral valve repair, coronary artery bypass grafting, aortic arch prosthetics.) According to EchoCG data, all patients had aortic insufficiency of III or more degrees; The end-diastolic volume of the left ventricle in group I was  $265.1 \pm 92$  ml and  $281 \pm 84$  ml in group II, the size of the fibrous ring of the aortic valve in group I was  $32.4 \pm 1.7$  mm and  $29.5 \pm 5$  mm in group II.

**Results:** in the first group of patients, 1 (7.1%) patient died in the postoperative period, the cause of death was acute myocardial heart failure. One patient in group I required the installation of a permanent pacemaker. According to the EchoCG data, the pressure gradient on the aortic prosthesis was  $15 \pm 1.7$  mmHg, and there was also a decrease in the end-diastolic volume by 20%. There was no lethality

in the II group of patients. According to EchoCG data, aortic insufficiency of the 1st degree was noted in one case, in other patients it was absent, as well as a decrease in end-diastolic volume by 18% was noted. The long-term follow-up period was  $12.2 \pm 5.4$  (6-27) months. The survival rate in the long-term period was 82.4% in group 1 and 92% in group 2. Freedom from re-operations in the second group was 100%. In the first group of patients, 2 patients died during the follow-up period, the cause of death in one case was myocardial infarction and in the second case - prosthetic thrombosis. In the second group of patients, in one case, an acute violation of cerebral circulation developed 12 months after the operation. According to EchoCG data in the second group, regurgitation on the aortic valve did not exceed 1 degree.

**Conclusions:** valve-preserving operations on the aortic valve are accompanied by low postoperative mortality and absence of valve-associated complications in the long-term period (prosthetic thrombosis, thromboembolism).