

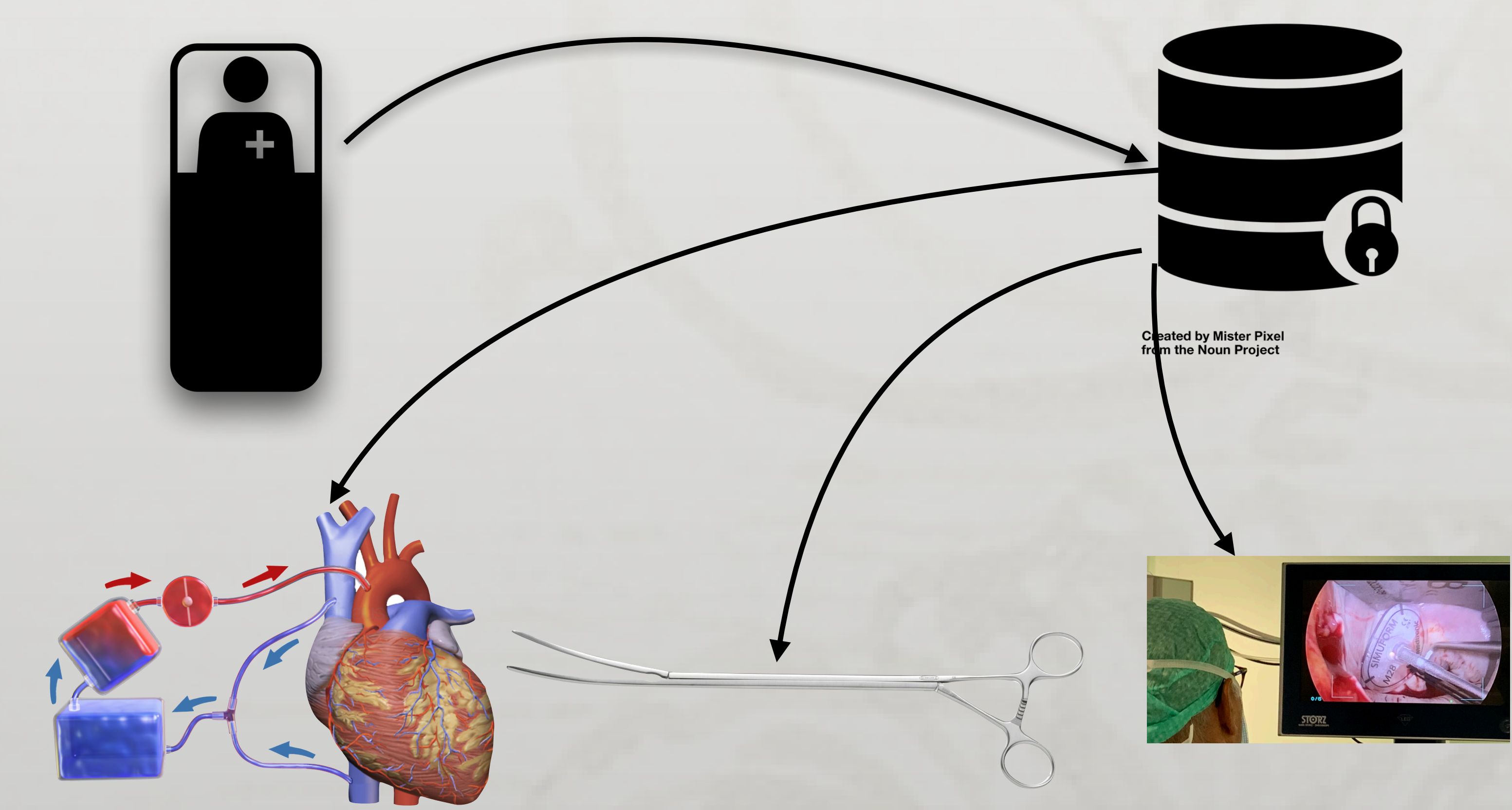
LANCELOT IS PERFORMING BETTER: A SINGLE CENTER REPORT OF UPGRADED SUTURELESS AORTIC VALVE PROSTHESIS HEMODYNAMICS

R Margaryan, G. Concistre', G Bianchi, M Solinas
Ospedale Del Cuore Fondazione 'G. Monasterio', Massa, Italy.

Introduction

Background:The Perceval sutureless bioprosthesis has revolutionized surgical aortic valve replacement by significantly reducing procedural times. However, older generations, such as the Perceval S, were historically associated with structural valve deterioration due to tissue calcification and post-operative hypoplateletemia.The Plus modification and sizing correction had solved major problems.The latest Lancelot modification of the Perceval Plus platform was introduced to address these specific clinical limitations through advanced bio-engineering.

Methods

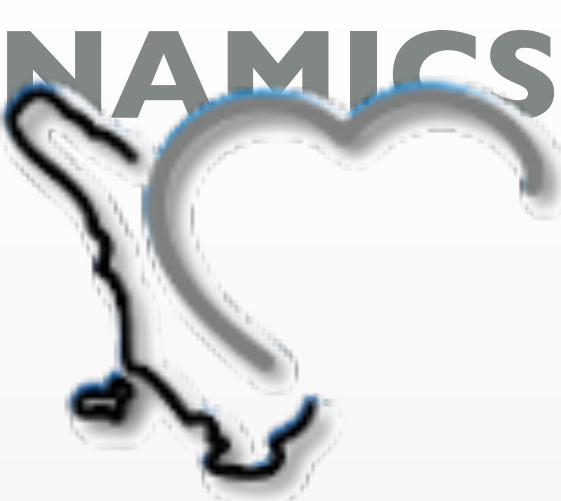


Study design and Participants

A comprehensive evaluation comparing the Plus and the Lancelot-modified Perceval Plus was conducted, analyzing data from our institutional database and, comparative retrospective analyses.The assessment focused on clinical outcomes to determine their impact on it.

Statistical methods and analysis

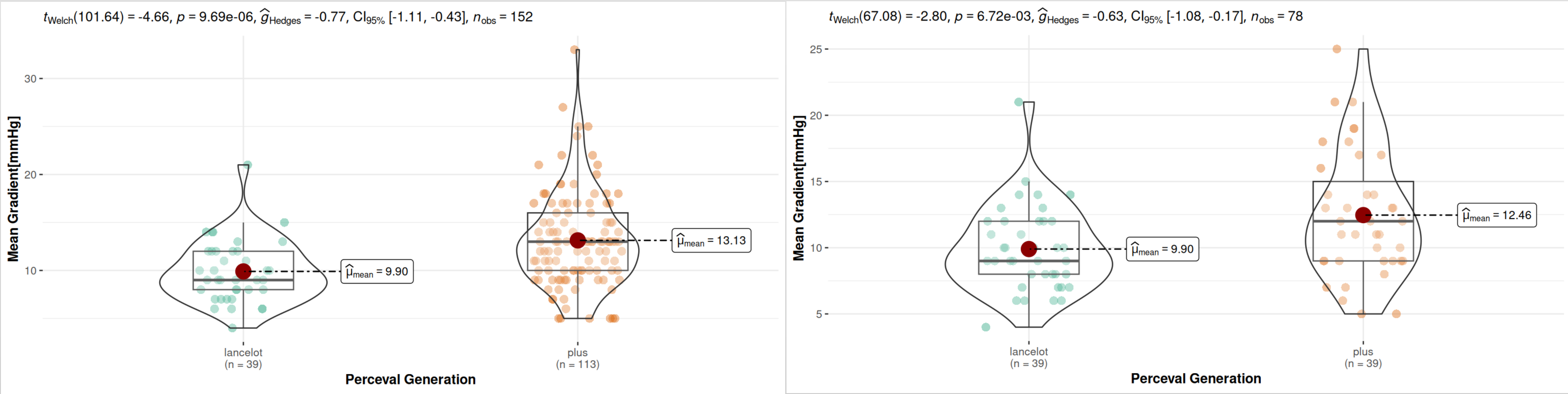
Two sided statistics were performed with a significance level of 0.05. For all analysis R Statistical Computing Environment[3] were used with sci-kit Learn package for Python to build the model and eventually to deploy it when necessary.



Results

ISMICS 2026, Miami, USA

A total of 155 patients who underwent AVR with the Perceval valve, of which 39 received the Lancelot modification prosthesis. There were no hospital neither early follow-up mortality in these series. There were statistically significant gradient decrease in all group and in mached pair analysis. There were 3.3 mmHg reduction of the mean gradient in overall cohort, and 2.6 mmHg reduction on mashed groups (see Figure I a and b, $p < 0.05$ in both cases).



Conclusions

It is safe and reproducible procedure. The new Lancelot modified Corcym Perceval has a significant gradient reduction in short and early follow-up. It showed a gradient decrease in all four sizes.

References

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