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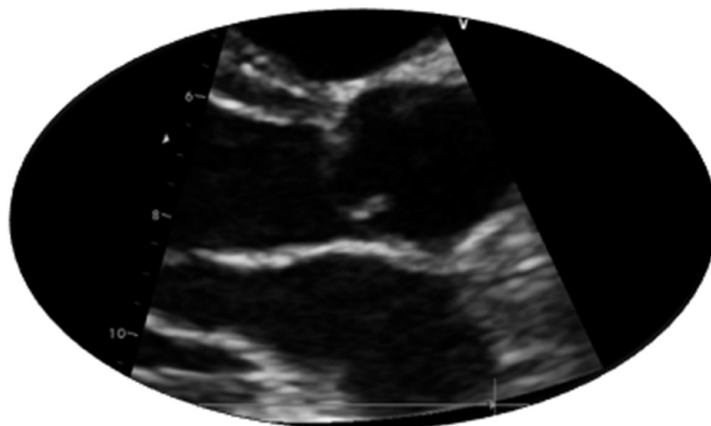
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MATERIAL SUPLEMENTARIO

Características basales de los pacientes que no completaron el seguimiento

	n = 17
Edad, años	32 ± 14
Sexo masculino, n (%)	16 (94,2%)
VAB tipo I, n (%)	16 (94,2%)
Aorta > 40 mm, n (%)	5 (29%)
Lesión asociada, n (%)	2 (11,7%)
Antecedentes fliares., n (%)	1 (5,8%)
FEV VI, %	62,9 ± 7,4
Creatininemia, mg/dL	0,9 ± 0,21
Colesterol total, mg/dL	190,2 ± 32,4
Insuficiencia aórtica leve, n (%)	5 (29,5%)
Insuficiencia aórtica moderada, n (%)	3 (17,6%)
Insuficiencia aórtica severa, n (%)	1 (5,8%)
Sin insuficiencia aórtica, n (%)	8 (47,1%)
Estenosis aórtica leve, n (%)	1 (5,8%)
Estenosis aórtica moderada, n (%)	0 (0%)
Estenosis aórtica severa, n (%)	0 (0%)
Sin estenosis aórtica, n (%)	16 (94,2%)

Prolapso valvular aórtico. Se definió prolapso valvular aórtico como la protrusión valvar ≥ 1 mm a través del plano del anillo aórtico en vista paraesternal izquierda (como en este caso) o en vista de 5 cámaras.



Incidencia de eventos en pacientes con VAB. A 20 pacientes (8,2%) se les realizó RVAo durante el seguimiento, principalmente por disfunción valvular sintomática. Hubo 2 muertes (1 en el posoperatorio y 1 por síndrome coronario agudo), 2 endocarditis infecciosas, sin disecciones aórticas. Todos los pacientes con RVAO por IAO grave presentaban prolapso de válvula aórtica en el ETT basal.

Indicación quirúrgica

