

Evolution de rétrécissement aortique: *Pour la degenerescence*

Dr Stephanie CAZALBOU
CHU de Toulouse

Journée organisée par :

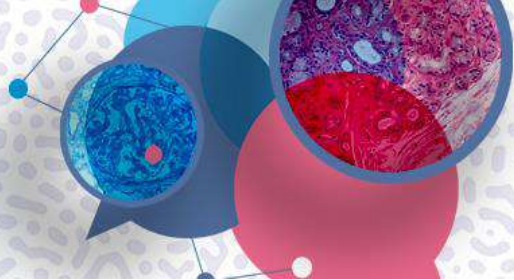


R'EPOF



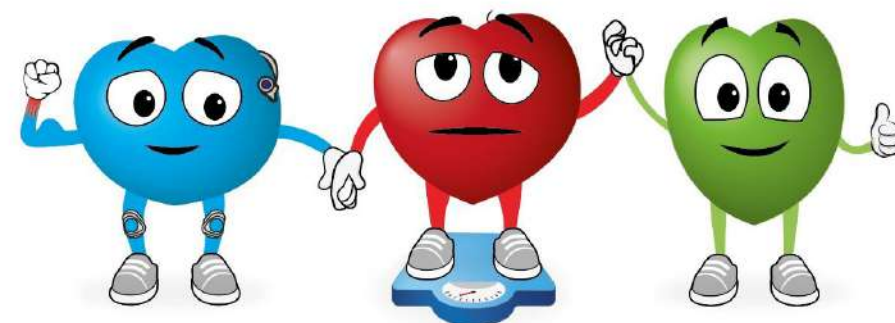
www.masterclass-amylose.com





Liens d'intérêts

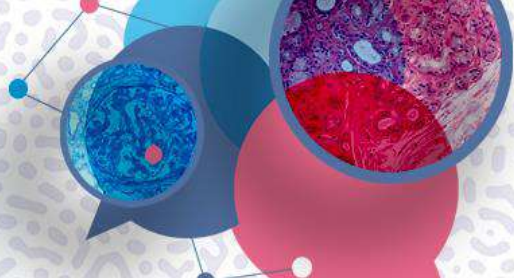
- Aucun



R¹ EPOF

EPOF

EPON



Prevalence de amylose et RAC



Prévalence RAO > 75 ans

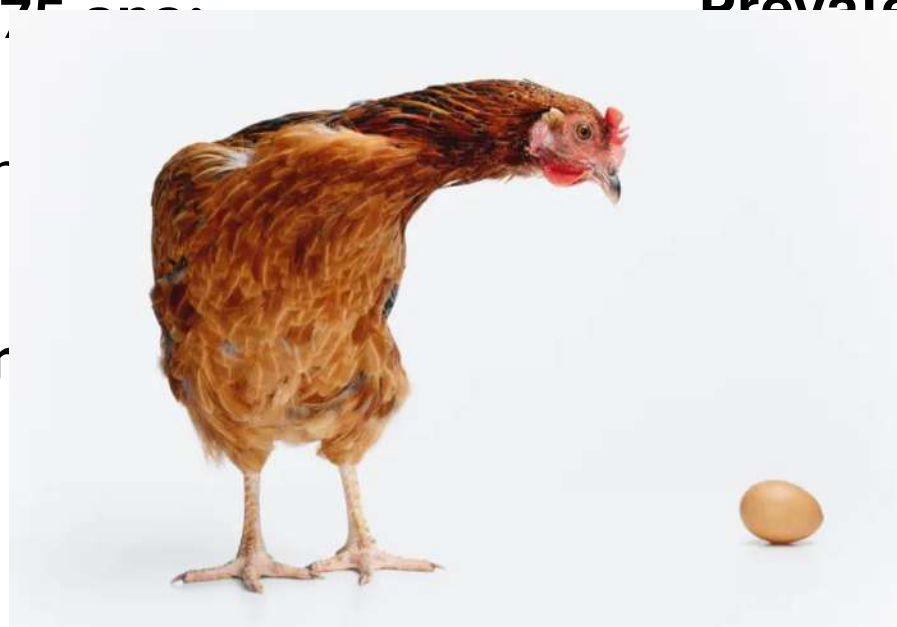
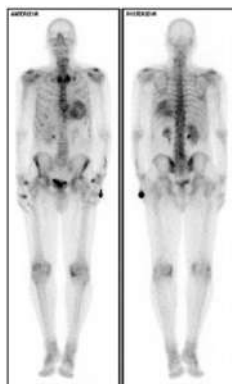
3% Rao serré

12% Rao tout venant

Prévalence de l'amylose

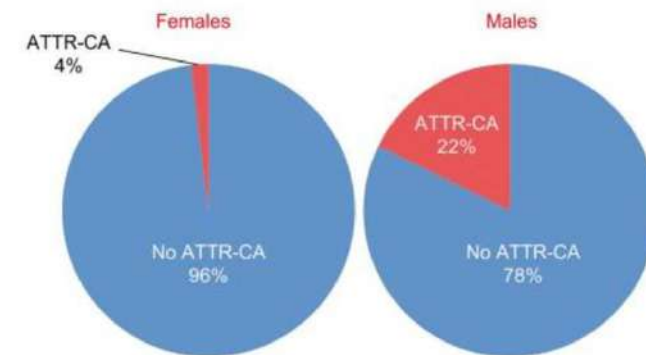
>70 ans: 3,3%

>80 ans: 20%



Prévalence ATTR+Rao serré

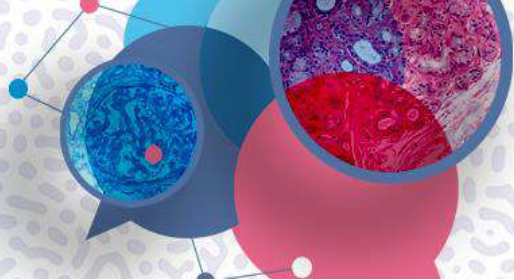
6-16%



Castaño A, Narotsky DL. Eur Heart J. 2017 Oct 7;38(38):2879-2887

Thaden J.J., Prog Cardiovasc Dis. 2014;56:565–571
J Lebek, European Heart Journal, November 2025

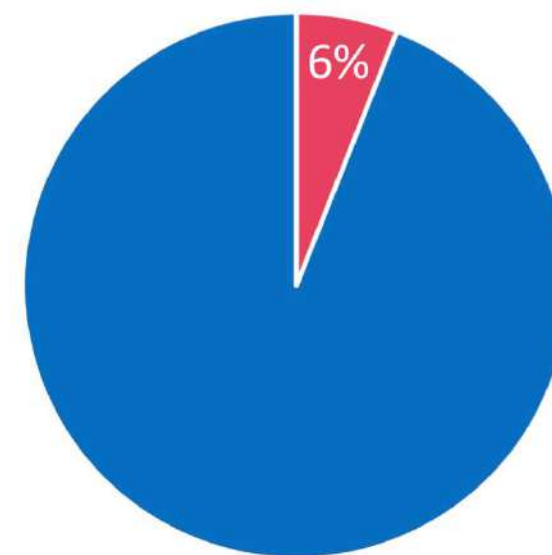
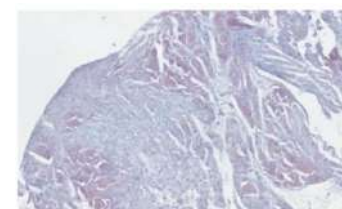
www.reseau-amylose.org



Occult Transthyretin Cardiac Amyloid in Severe Calcific Aortic Stenosis

Prevalence and Prognosis in Patients Undergoing Surgical Aortic Valve Replacement

Prévalence de l'amylose cardiaque à TTR de **6%** parmi les patients > 65 ans référés pour remplacement valvulaire aortique chirurgical avec un ratio homme/femme 2:1

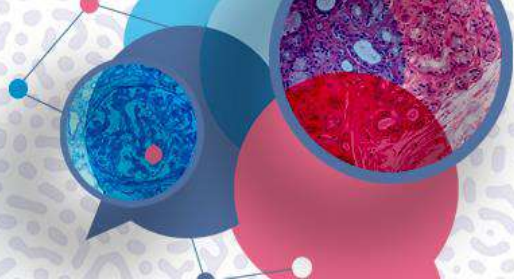


■ Amyloidosis ■ No amyloidosis



R'EPOF

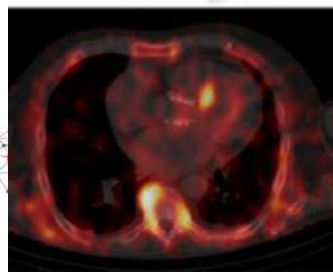
Treibel TA, *Circ Cardiovasc Imaging*. 2016;9:e005066



Prevalence and outcome of dual aortic stenosis and cardiac amyloid pathology in patients referred for transcatheter aortic valve implantation

Paul R. Scully^{1,2}, Kush P. Patel ^{1,2}, Thomas A. Treibel ^{1,2}, George D. Thornton ¹, Rebecca K. Hughes ^{1,2}, Sucharitha Chadalavada ¹, Michail Katsoulis ³, Neil Hartman⁴, Marianna Fontana ⁵, Francesca Pugliese ^{1,6}, Nikant Sabharwal ⁷, James D. Newton ⁷, Andrew Kelion⁷, Muhiddin Ozkor¹, Simon Kennon¹, Michael Mullen¹, Guy Lloyd^{1,2,6}, Leon J. Menezes^{1,8,9}, Philip N. Hawkins⁵, and James C. Moon^{1,2*}

- **Prévalence AS-AC 16%**
 - Grade 1: 30%
 - Grade 2: 70%
 - Grade 3: 0



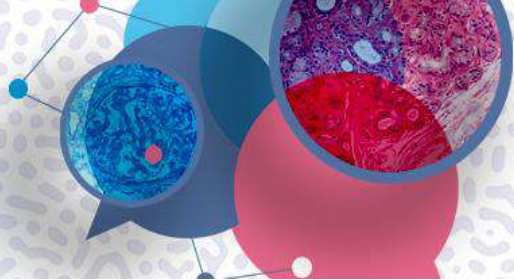
Prevalence and Outcomes of Concomitant Aortic Stenosis and Cardiac Amyloidosis

Christian Nitsche, MD,^a Paul R. Scully, PhD,^{b,c} Kush P. Patel, MBBS,^{b,d} Andreas A. Kammerlander, MD, Matthias Koschutnik, MD,^a Carolina Dona, MD,^a Tim Wollenweber, MD,^e Nida Ahmed, MBBS,^{b,d} George D. Thornton, MBBS,^{b,d} Andrew D. Kelion, MD,^f Nikant Sabharwal, MD,^f James D. Newton, MD,^f Muhiddin Ozkor, MD,^d Simon Kennon, MD,^d Michael Mullen, MD,^d Guy Lloyd, MD,^{b,d,g} Marianna Fontana, MD,^h Philip N. Hawkins, FMedSci,^h Francesca Pugliese, MD,^{b,g} Leon J. Menezes, MD,^{d,i} James C. Moon, MD,^b Julia Mascherbauer, MD,^a Thomas A. Treibel, PhD^{b,d}

- **Prévalence AS-AC 12%**
 - Grade 1: 33%
 - Grade: 2/3: 67 %



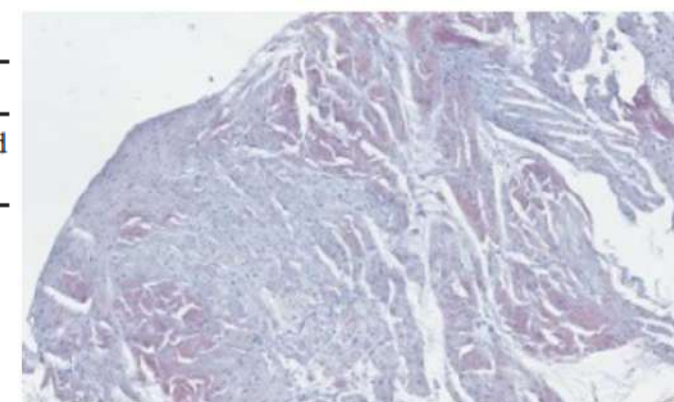
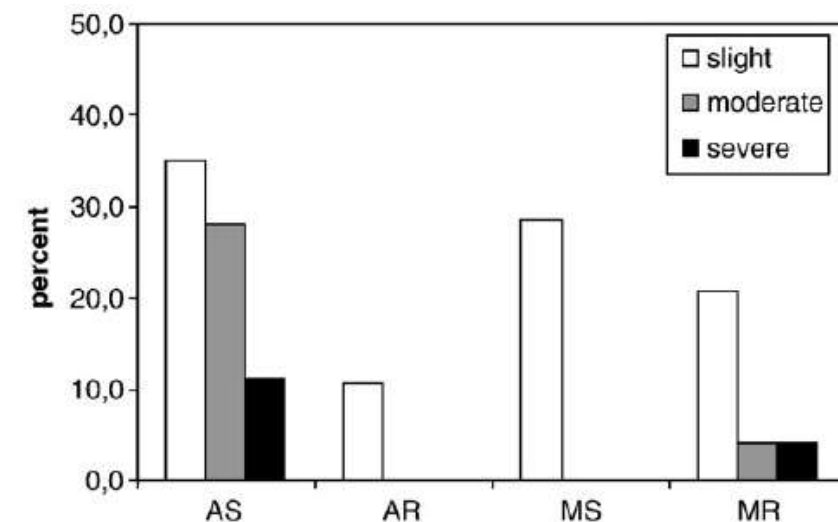
R'EPOF



Depots amyloids et valvulopathies

High prevalence of amyloid in 150 surgically removed heart valves—a comparison of histological and clinical data reveals a correlation to atheroinflammatory conditions

Dépôts amyloïdes retrouvés dans **53% des valvulopathies**
74% dans la sténose aortique



AS		Aortic regurgitation		Mitral stenosis		Mitral regurgitation	
Without amyloid (n=26)	With amyloid (n=74)	Without amyloid (n=17)	With amyloid (n=2)	Without amyloid (n=5)	With amyloid (n=2)	Without amyloid (n=19)	With amyloid (n=5)

Kristen AV, *Cardiovasc Pathol.* 2010;19:228-35



ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

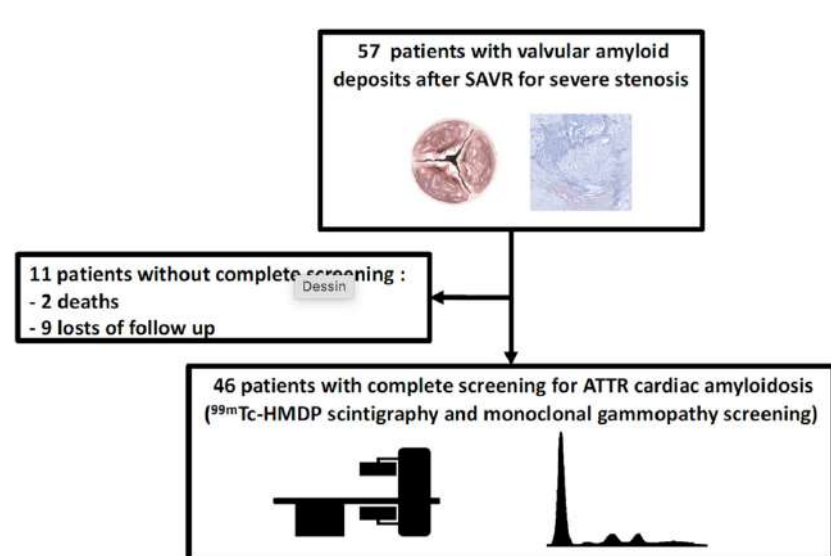
Cardiovascular Pathology

journal homepage: www.elsevier.com/locate/carpath

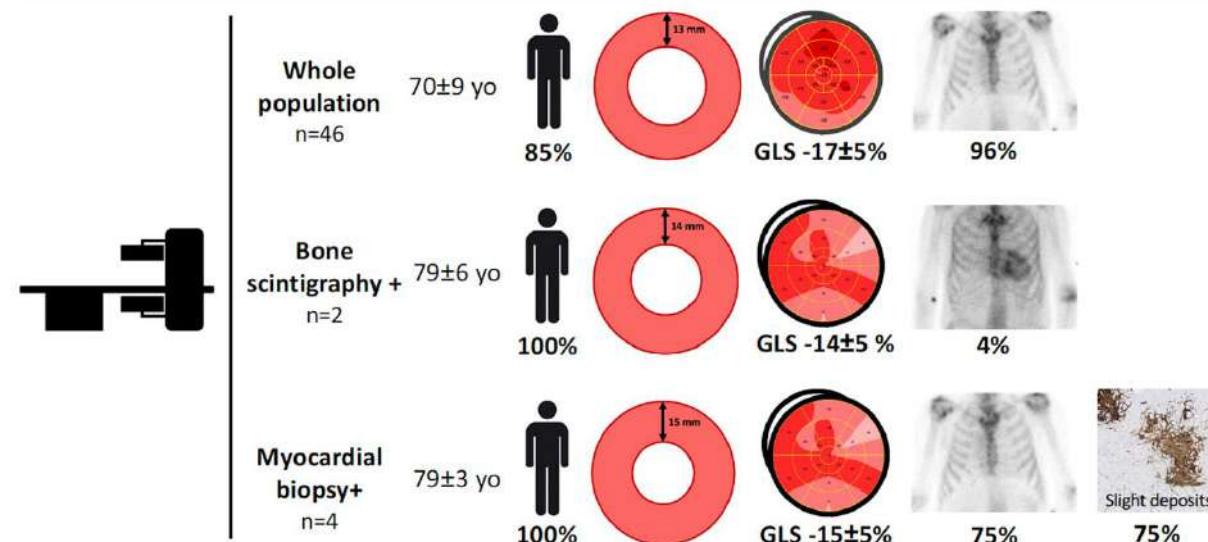
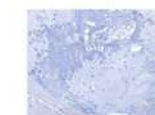
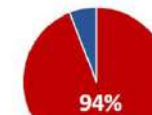
Original Article

Descriptive study of the clinical and myocardial status of a population with anatomopathological aortic valve amyloidosis ☆

Jean-Baptiste Brette^{a,b}, Magali Colombat^{d,e}, Pauline Fournier^{a,b}, Maxime Moninhas^{a,b}, Bertrand Marcheix^{d,f}, Olivier Lairez^{a,b,c,d,*}, Eve Cariou^{a,b}, On behalf of the Toulouse Amyloidosis Research Network collaborators¹

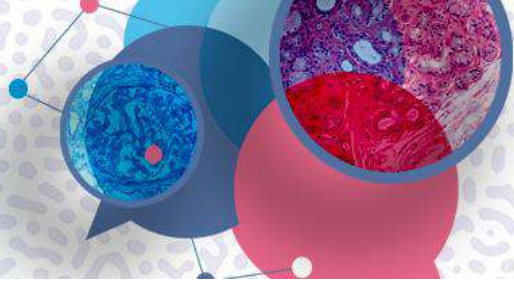


N=46

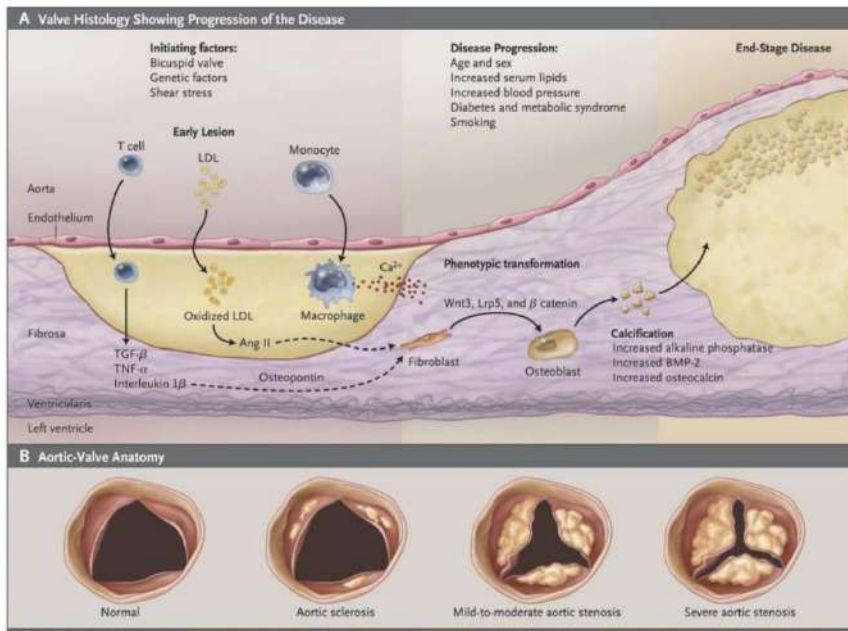


R'EPOF





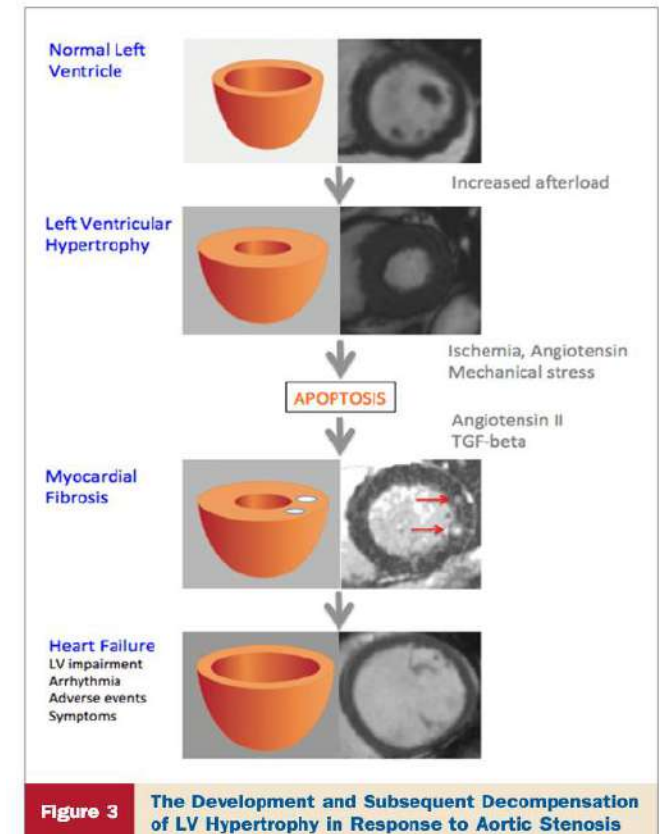
Histoire naturelle du RAC



Progression/an

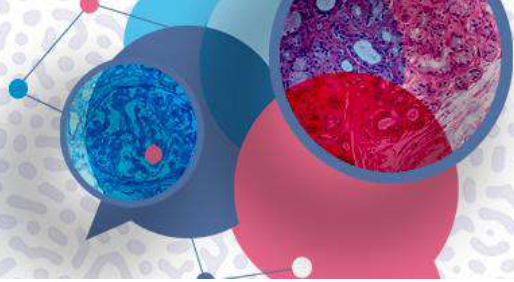
0,1 cm² et 7 mmHG

Progression en cas d'amylose associée ?



Iung B, Vahanian A Degenerative calcific aortic stenosis: a natural history
Heart 2012;**98**:iv7-iv13.



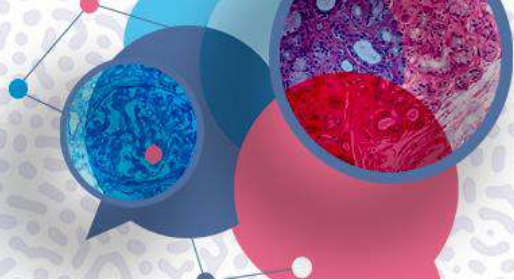


Dégénérescence ?

- RAO > maladie évolutive avec une participation inflammatoire
- Forte prévalence de dépôts amyloïdes valvulaires > atteinte cardiaque
 - *Stade précoce de la maladie ?*
 - *Amylose opportuniste ?*
 - *Marqueur de vieillissement ?*
- Manque de données sur le suivi de sténose aortique chez les patients suivis initialement pour une amylose cardiaque

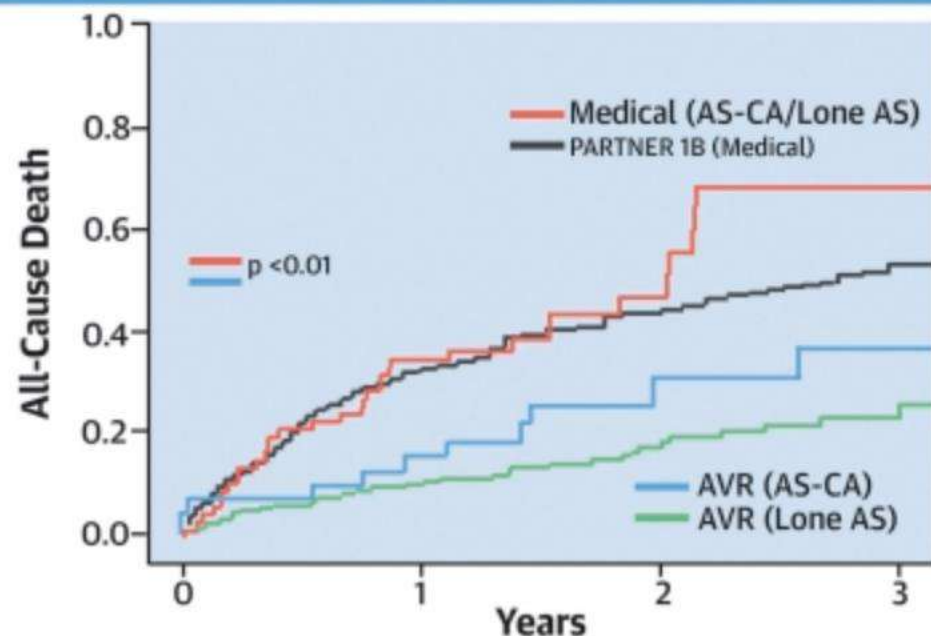


R'EPOF



Pronostic/Traitement

TAVR Improves Survival in AS-CA and Lone AS



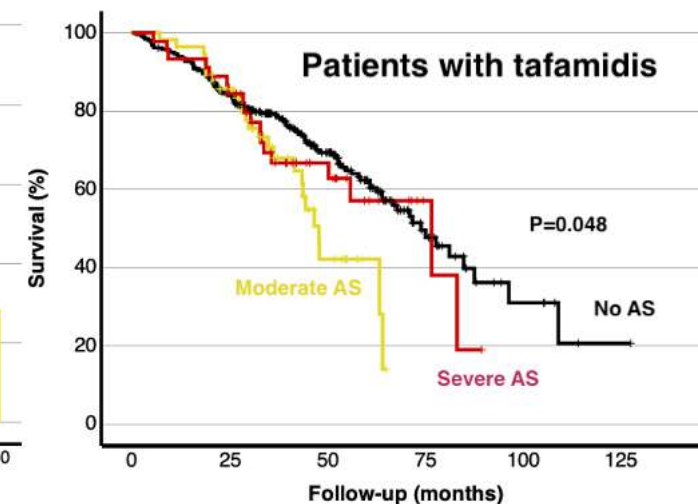
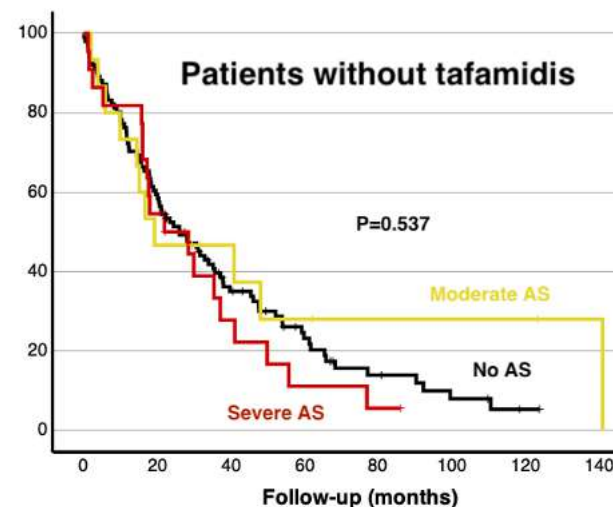
Nitsche C, et al. J Am Coll Cardiol. 2020:S0735-1097(20)37735-4.



PREVALENCE AND PROGNOSTIC IMPACT OF AORTIC STENOSIS IN WILD-TYPE TRANSTHYRETIN CARDIAC AMYLOIDOSIS



Hugo Malerbi, MD; Hugo Cavalerie; Yasmine Boumzebra; Pauline Fournier; Yoan Lavie-Badie; Stéphanie Cazalbou; Eve Cariou and Olivier Lairez



Remerciements

Platinum sponsors



Silver sponsor



Journée organisée par :



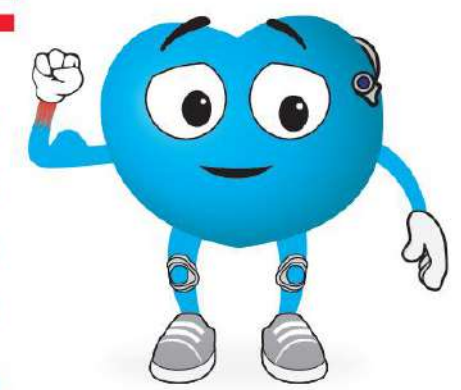
www.masterclass-amylose.com



Les atteintes rhumatologiques (synoviales) de l'amylose surviennent plusieurs années avant l'insuffisance cardiaque (EPOF)

R'EPOF

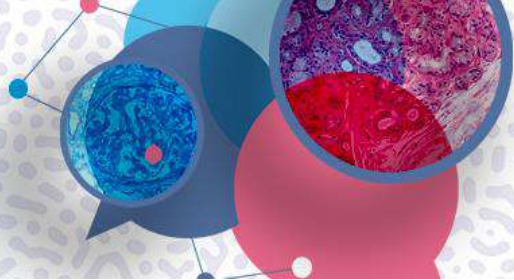
- Surdit 
- Canal carpien
- Doigt   ressaut
- Rupture du tendon du long biceps
- Canal lombaire  troit
- Proth se de hanche/genou
- Essoufflement
- Prise de poids
-  d mes
- Fatigue



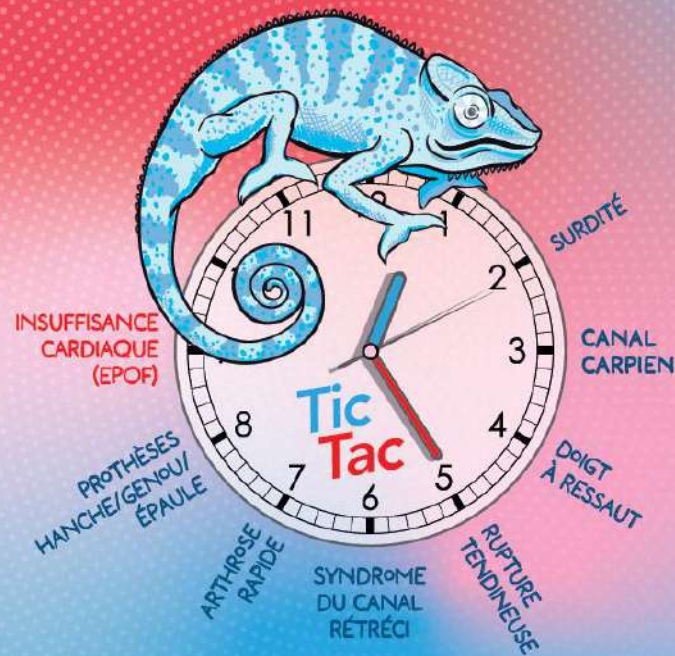
Et si c tait une
Amylose Cardiaque   transthyr tine ?



R'EPOF



ET SI VOUS AVIEZ
LA MALADIE CAMÉLÉON ?



GAGNEZ DU TEMPS CONTRE L'AMYLOSE CARDIAQUE,
FAITES-VOUS DÉPISTER !

Rejoignez la Campagne d'Information
et de Dépistage 2026 de la Maladie Caméléon

TIC-TAC,
Il est temps de changer de **TAC-TIC,**
Passons du **TACØTAC !!!**



R'EPOF

Hugo Malerbi, MD; Hugo Cavalerie; Yasmine Boumzebra; Pauline Fournier; Yoan Lavie-Badie; Stéphanie Cazalbour; Eve Cariou and Olivier Lairez

Background

Wild-type transthyretin cardiomyopathy (wtATTR-CM) is an age-related disease frequently associated with aortic stenosis (AS). The aim of this study was to investigate the prevalence and prognostic impact of AS in the natural history of wtATTR-CM.

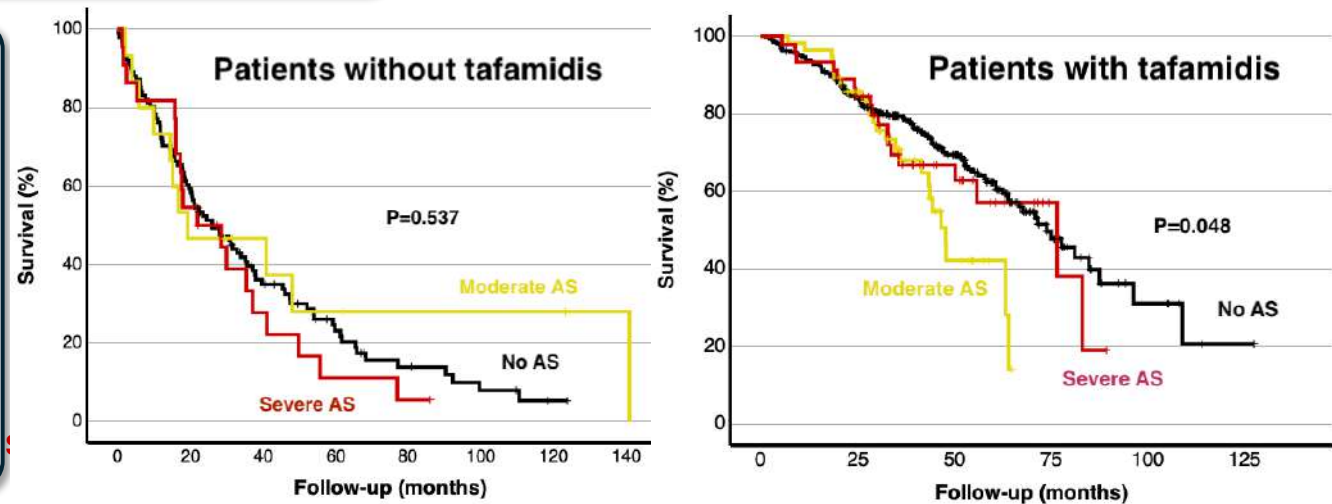
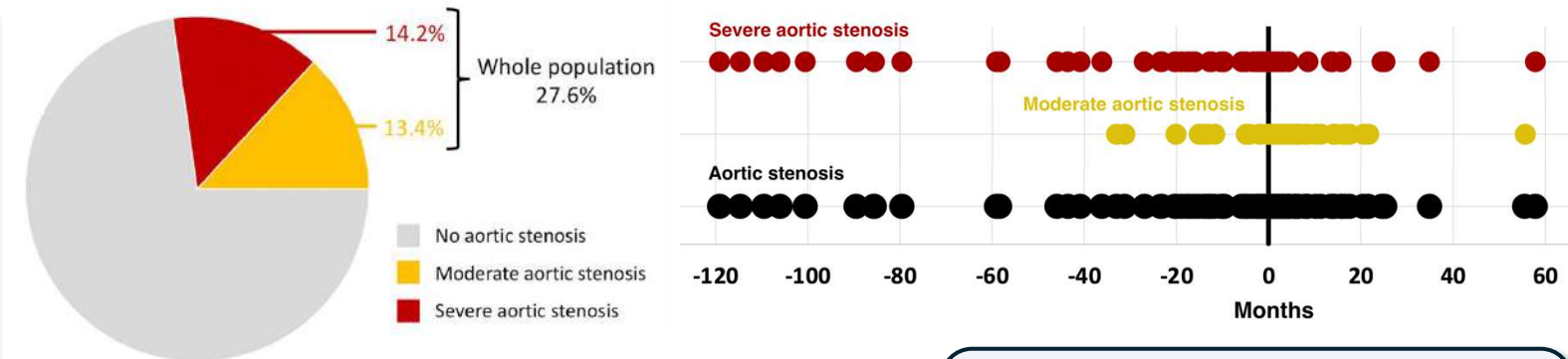
Methods

Five hundred patients with wtATTR-CM and full medical records were retrospectively enrolled in the study. Patient's medical records were reviewed to determine the prevalence of AS in ATTRwt-CM, the timing of diagnoses between the two diseases, and their reciprocal prognostic impact. Cox proportional hazards model was used for statistical analysis.

Results

The average age was 81±6 years, with 82% of male. One hundred and thirty-eight (28%) patients had a concomitant diagnosis of AS, including 67 (14%) with severe AS, at the time of diagnosis or during follow-up. Among them, 79% (53/67) underwent an aortic valve replacement. AS was diagnosed before, simultaneously and after wtATTR-CM in 51 (10%), 42 (8%), and 45 (9%) patients, respectively. The presence of AS has no impact on all-cause mortality (hazard ratio 1.22; 95% confidence interval -CI- 0.93 – 1.61, P=0.152). Timing of diagnosis between AS and wtATTR-CM had no impact on all-cause mortality.

Three hundred and sixty-two (72%) patients received tafamidis. Among patients not treated with tafamidis, neither moderate or severe AS had impact on all-cause mortality (hazard ratio 0.75, 95%CI 0.43 – 1.32, P=0.316 and 1.24, 95%CI 0.75 – 2.03, P=0.399, respectively). However, among patients treated with tafamidis, after adjustment on age, moderate AS had a trend to increase all-cause mortality (hazard ratio 1.51; 95%CI 0.97 – 2.35, P=0.07).



Conclusion

AS is found in a quarter of patients with wtATTR-CM. Patients with severe AS mainly undergo aortic valve replacement, and AS had no impact on mortality before the advent of ATTR-targeted therapy. In patients receiving tafamidis, there is a trend towards increased mortality in the presence of moderate AS. These results show that the introduction of ATTR-targeted therapy shifts the prognosis from myocardial to valvular disease.

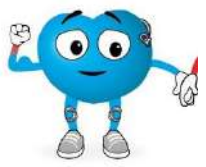
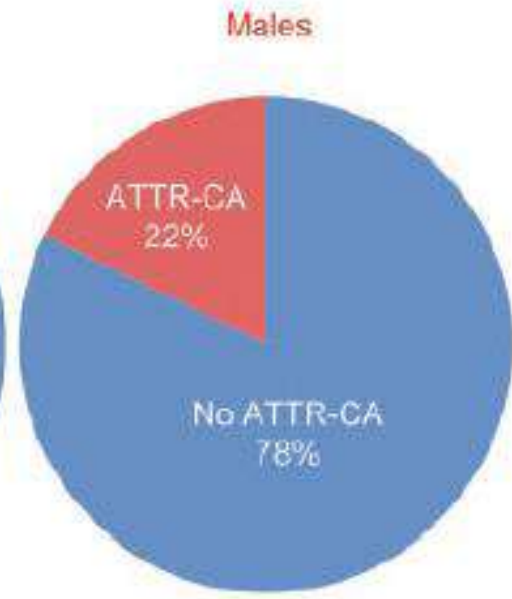
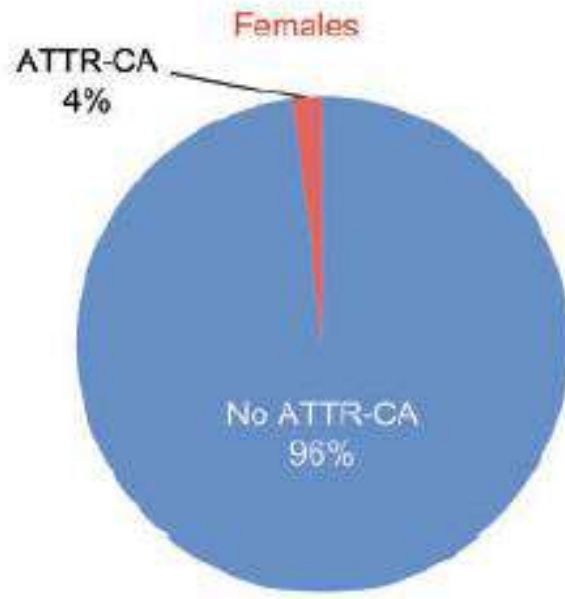
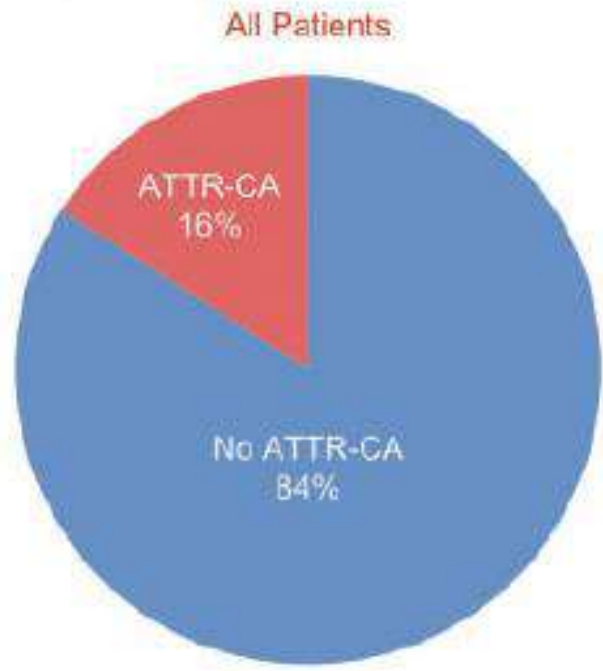


CLASS
SES
QUES

Unveiling transthyretin cardiac amyloidosis and its predictors among elderly patients with severe aortic stenosis undergoing transcatheter aortic valve replacement

16 septembre 2025
-Lapôte ■ PARIS
-amylose.com

Prevalence of ATTR-CA



R'EPOF