**VALVE PROSTHESIS-PATIENT MISMATCH (VP-PM): A LONG-TERM PERSPECTIVE**

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VP- PM was first described in 1978 by Rahimtoola. From that time to 2011, aortic VP-PM has received a great deal of attention but studies have come to varying conclusions especially with regard to its effect on mortality. This is because prosthetic heart valve (PHV) area [effective orifice area index (EOAi)] has been predicted rather than measured. To better assess the outcomes of VP-PM, EOAi should be measured at hospital discharge which provides information of actual PHV after insertion into the patient. It should also be measured at 6-12 months of follow-up at which time the 4 phases of physiological healing and morphological changes are complete; EOAi at this time determines the long-term impact of VP-PM on patients’ outcomes. Mild, severe and critical VP-PM should be defined as EOAi of ≥ 0.9 cm2/m2, EOAi of ≤ 0.6 cm2/m2 and EOAi of ≤ 0.4 cm2/m2. One needs to focus especially on severe/critical degrees of VP-PM and determine if death was actually due to VP-PM and/or was VP-PM an important determinant of cardiac related cause of death by multivariate analysis?