

## **Nationwide comparison of septal reduction therapies in hypertrophic cardiomyopathy.**

### **Abstract**

**Introduction.** Septal myectomy (SM) and alcohol septal ablation (ASA), two septal reduction therapies (SRT), are recommended in symptomatic obstructive hypertrophic cardiomyopathy (HCM) despite maximum tolerated medical therapy. Contradictory results between the outcomes of these two types of therapies persist to this day.

**Objective.** The objective of this study was to compare in-hospital and long-term outcomes of SM vs. ASA, at a nationwide level in France.

**Methods.** We collected information on patients who underwent SRT for HCM using the French nationwide Programme de Médicalisation des Systèmes d'Information (PMSI) database between 2010 and 2019.

**Results.** A total of 1,574 patients were identified in the database, including 340 patients in the SM arm and 1,234 patients in the ASA arm. No difference during the median follow-up of 1.3 years between the two groups was noted in terms of mortality. However, there was a significantly lower risk of all-cause stroke (adjusted HR, 0.158 [95% CI, 0.048-0.520];  $p = 0.002$ ) and a tendency of a higher risk of rehospitalization for heart failure (adjusted HR, 1.220 [95% CI, 0.828-1.798]  $p = 0.31$ ) in the ASA group.

**Conclusion.** In our real-life data based on the French population, mortality after SRT in HCM patients was similar after ASA or SM. Moreover, ASA was more widely used than SM despite ESC guidelines recommendations. Larger population study would be required to evaluate if ASA could be considered as a first-line treatment before SM in the management of obstructive HCM.