

E.2 Aortic stenosis – myocardial fibrosis on cardiac MRI

Figure 5: Midwall fibrosis LGE pattern compared to no LGE on cardiac MRI in moderate or severe AS (symptomatic status unclear)

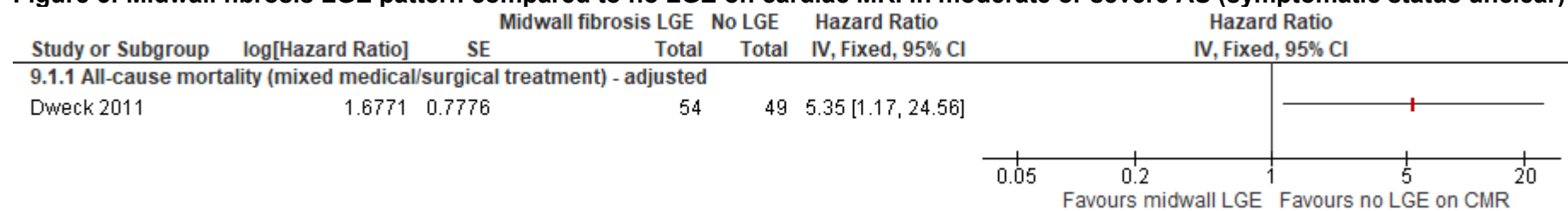


Figure 6: Infarct fibrosis LGE pattern compared to no LGE on cardiac MRI in moderate or severe AS (symptomatic status unclear)

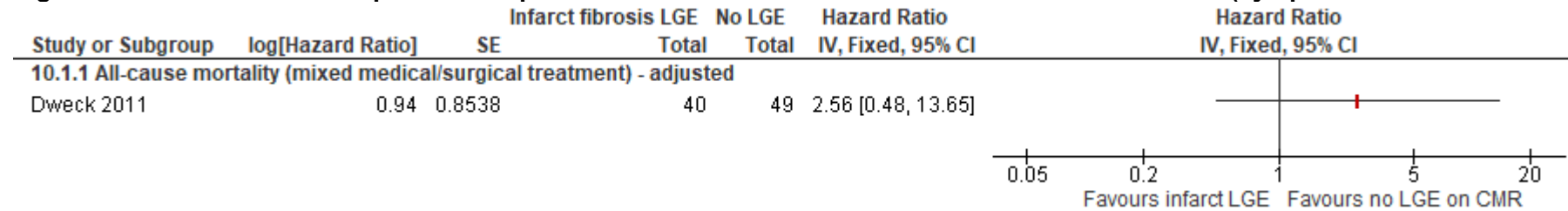
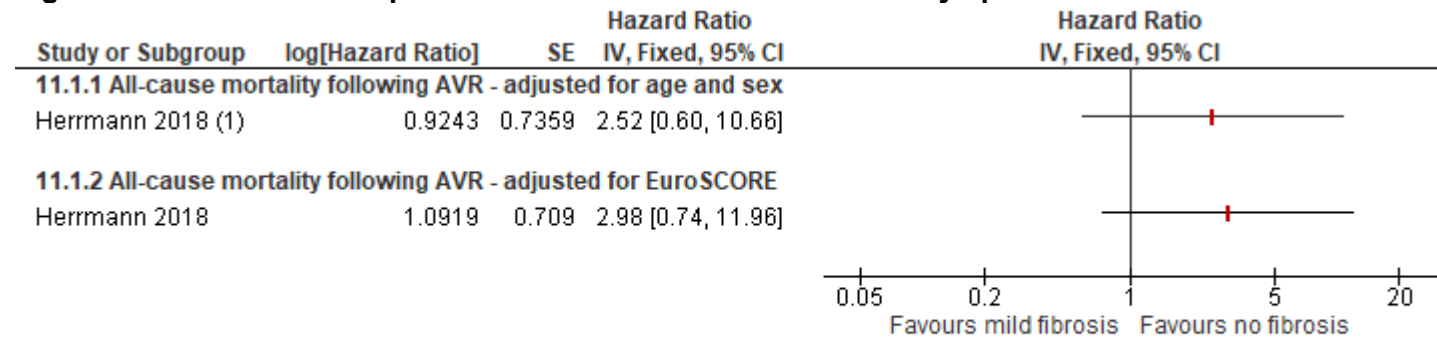


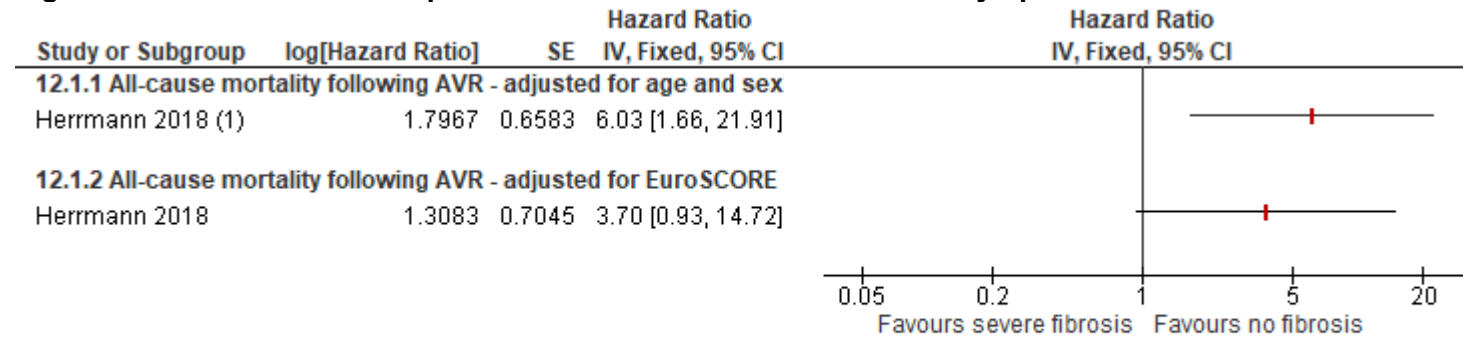
Figure 7: Mild fibrosis compared to no fibrosis on cardiac MRI in symptomatic severe AS referred for AVR



Footnotes

(1) Number in each group not reported

Figure 8: Severe fibrosis compared to no fibrosis on cardiac MRI in symptomatic severe AS referred for AVR



Footnotes

(1) Number in each group not reported

Figure 9: LGE compared to no LGE on cardiac MRI in moderate or severe AS (proportion with severe AS was 62.2% and with any typical AS symptoms was 54.5%)

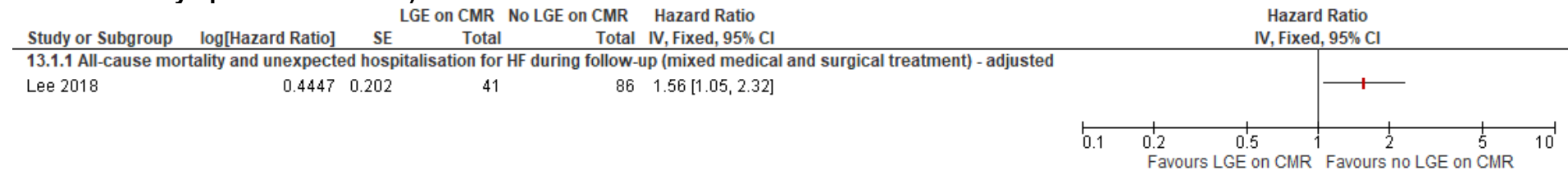


Figure 10: Fibrosis compared to no fibrosis on cardiac MRI in asymptomatic severe AS

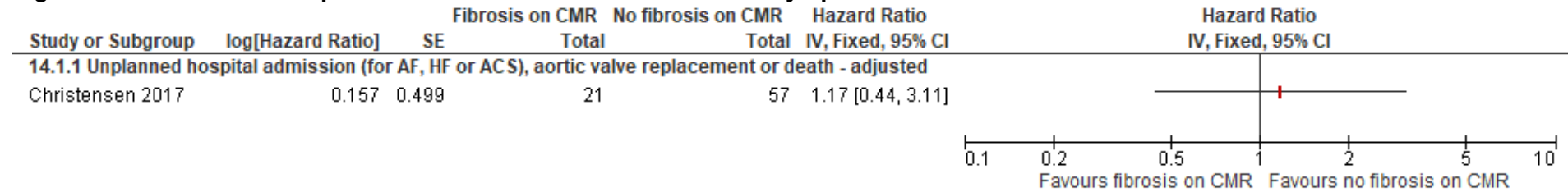


Figure 11: LGE compared to no LGE on cardiac MRI in severe AS with/without symptoms (16.5% were in NYHA class III/IV)

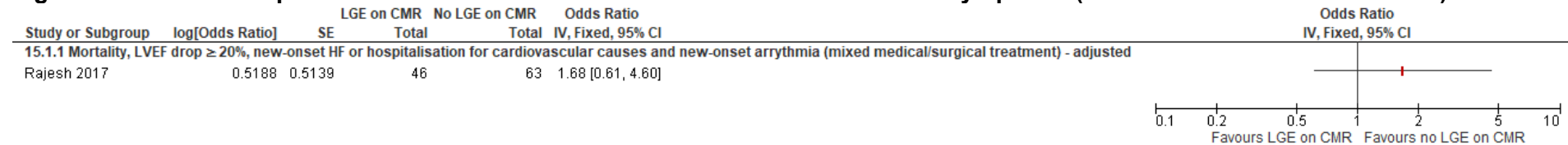


Figure 12: LGE (myocardial fibrosis) compared to no LGE on cardiac MRI in severe AS undergoing AVR (28.8% with NYHA class \geq III)

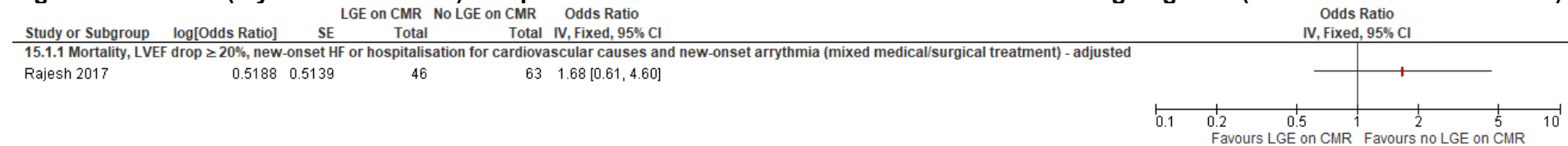
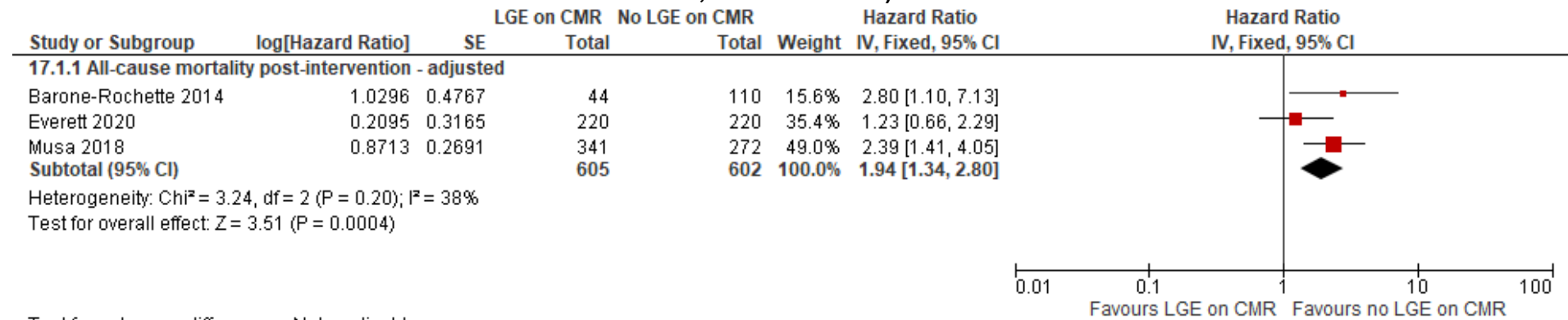


Figure 13: LGE (myocardial fibrosis) compared to no LGE on cardiac MRI in severe AS undergoing AVR (proportion with NYHA class \geq III differed between studies but was similar – 36%, 40.1% and 27%)



Test for subgroup differences: Not applicable

Barone-Rochette 2014 was adjusted for NYHA class III/IV and left bundle branch block, Everett 2020 was adjusted for extracellular volume percentage, age, gender, LVEF <50% and peak aortic jet velocity and Musa 2018 was adjusted for RV ejection fraction on cardiac MRI, LVEF on cardiac MRI, indexed atrial volume on cardiac MRI, atrial fibrillation, LV maximal wall thickness, STS score, LV stroke volume score on cardiac MRI, coronary artery disease, aortic valve area on echocardiography and age. Though Barone-Rochette 2014 had not accounted for the key confounder of age, age was very similar between the two prognostic groups in this study and was therefore included in the pooled analysis.

Figure 14: LGE (myocardial fibrosis) compared to no LGE on cardiac MRI in severe AS undergoing AVR (proportion with NYHA class \geq III was 40.1%)

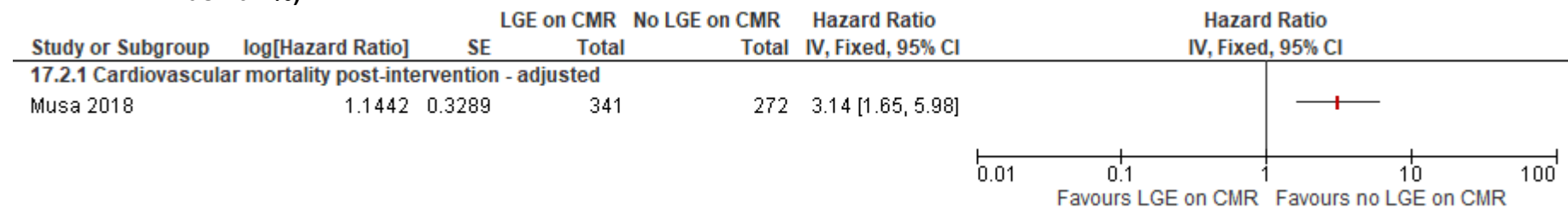


Figure 15: Diffuse myocardial fibrosis compared to normal myocardium on cardiac MRI in severe AS scheduled for AVR (mean NYHA class 2.1)

