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Imaging techniques in aortic valve and root surgery

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Stellingen behorend bij het proefschrift:

*Imaging techniques
in aortic valve and root surgery*

1. The aortic valve adapts to aortic root dilation, however when the adaptive mechanism fails, aortic regurgitation can occur (*this thesis*).
2. The aortic root dilation process is faster in bicuspid versus tricuspid aortic valves; aortic valve replacement rather than statins prevents this dilation (*this thesis*).
3. The calcification burden of the aortic valve commissures and annulus can be assessed with multidetector row computed tomography; larger calcium burden is associated with decreased success rate of aortic valve repair (*this thesis*).
4. Pre-operative echocardiography assists the surgeon in deciding on reparability and planning of the aortic valve-sparing reimplantation technique (*this thesis*).
5. Left ventricular functional recovery and reverse remodeling occurs after aortic valve repair/replacement in both acute and chronic aortic regurgitation (*this thesis*).
6. In acute type A aortic dissection, the surgical technique impacts on future left ventricular function (*this thesis*).
7. The mechanism underlying aortic regurgitation predicts aortic valve reparability and outcome (*Le Polain de Waroux JB, et al. Circulation. 2007;116:1-264-1-269*).
8. Transesophageal echocardiography may support the surgeon in decision-making whether to repair the aortic valve in patients with aortic regurgitation. (*Movsowitz HD, et al. J Am Coll Cardiol. 2000;36:884-90*).
9. The best operation is one that is customized to each individual patient (*Lai DT, et al. J Thorac Cardiovasc Surg. 2003;126:1978-86*).
10. Classification of disease mechanisms can aid in the treatment of disease. (*Boodhwani M, et al. J Thorac Cardiovasc Surg. 2009;137:286-94*).
11. When you can't change the direction of the wind — adjust your sails. (*Jackson Brown jr, H*).