

Argentina and France share their most Educational case.

TAVR: the worst complication!

Potential conflicts of interest

Speaker's name: Alejandro Cherro

I do not have any potential conflict of interest

Argentinian Clinical Case. TAVR

92-year-old female.

History of heart failure, functional dyspnea class III, hypertension, atrial fibrillation.

Diagnostic: severe aortic stenosis.

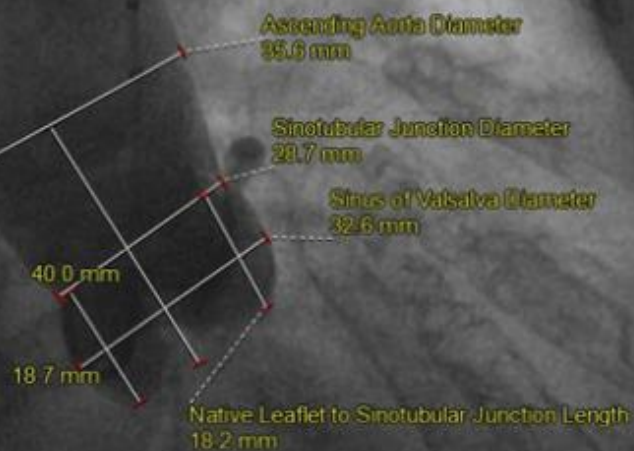
Was transferred to our institution for completing studies and carrying out a TAVR.

Studies

- Multislice computed tomography, Angiography and Doppler echocardiogram were conducted, and severe aortic stenosis with movable aortic valve structures (strands) was revealed.
- TAVR with filters for cerebral protection was programmed.

RAO projection

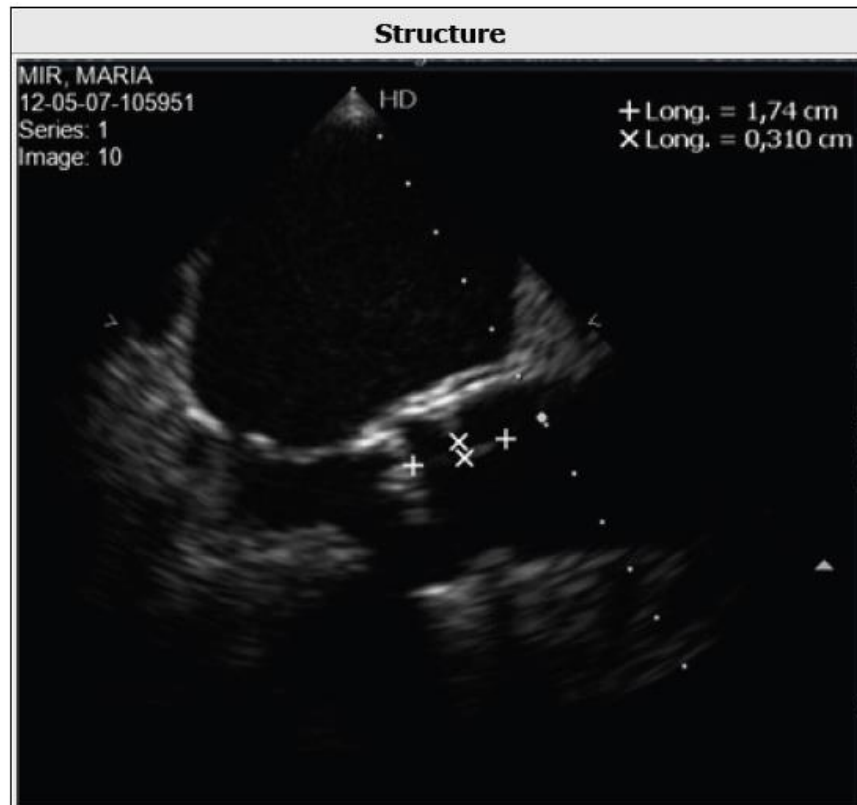
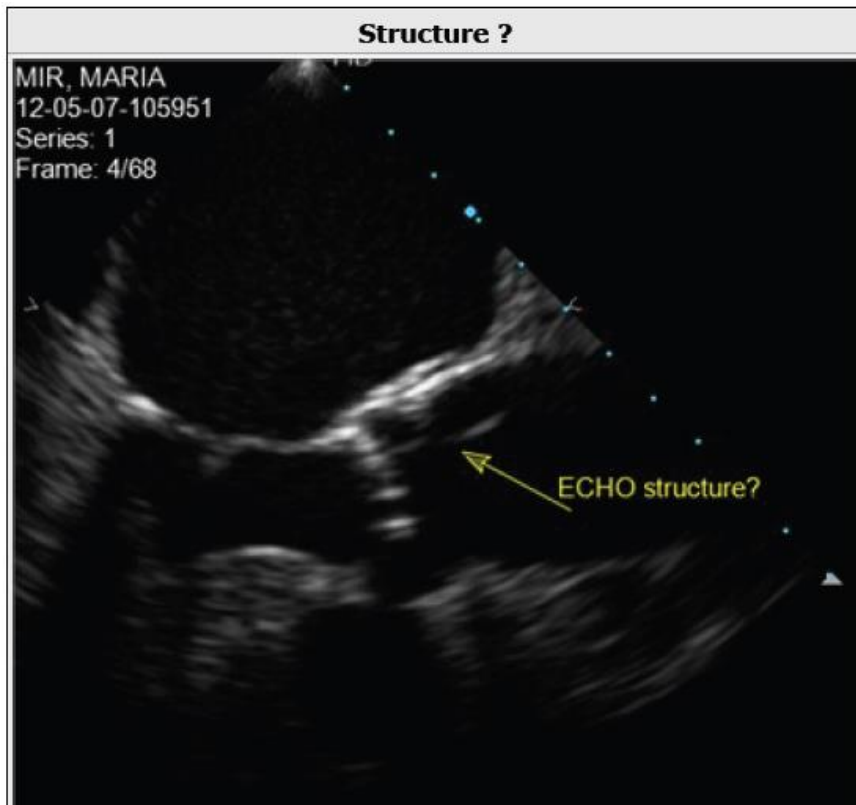
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LAO projection

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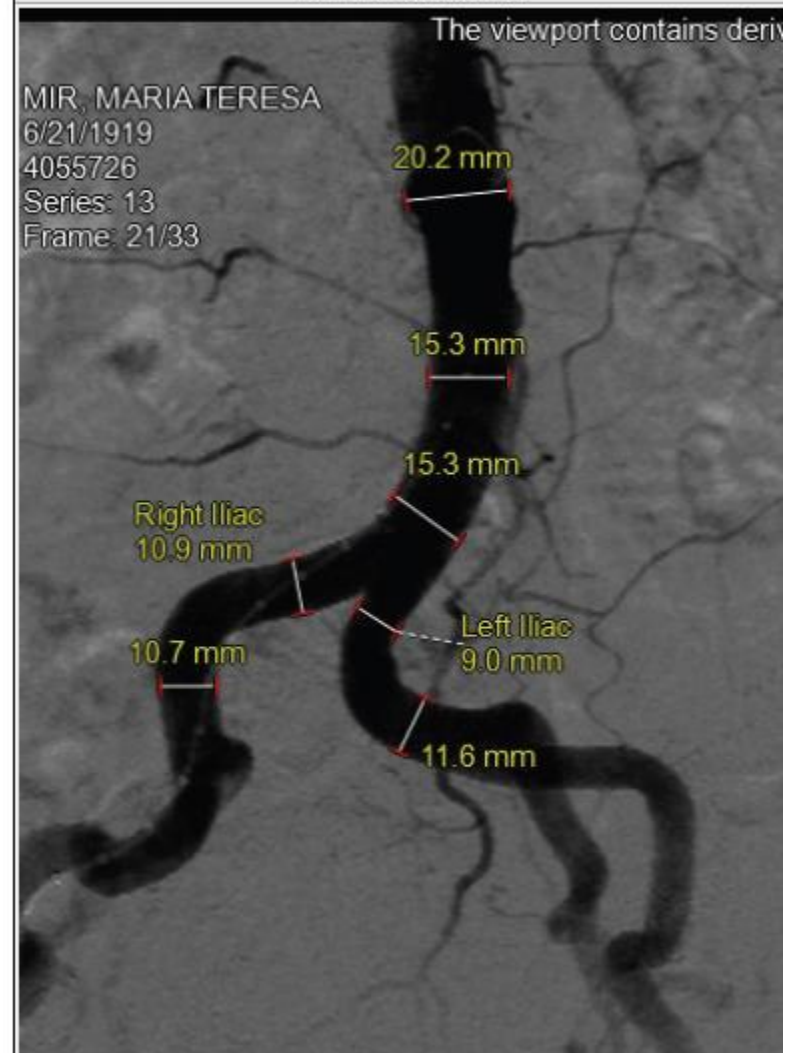


Volume Rendering

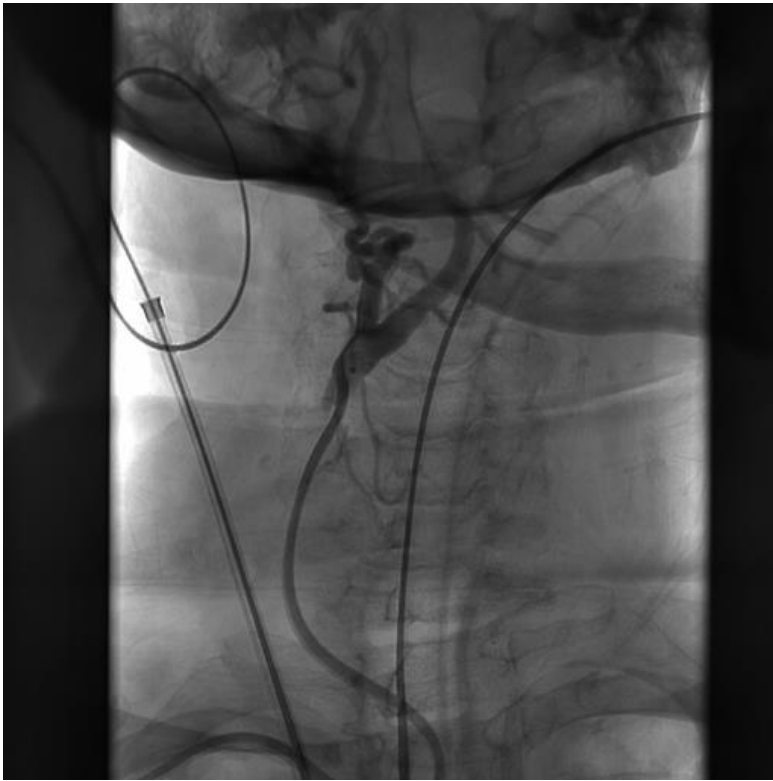


Tortuous vessels; limited calcification

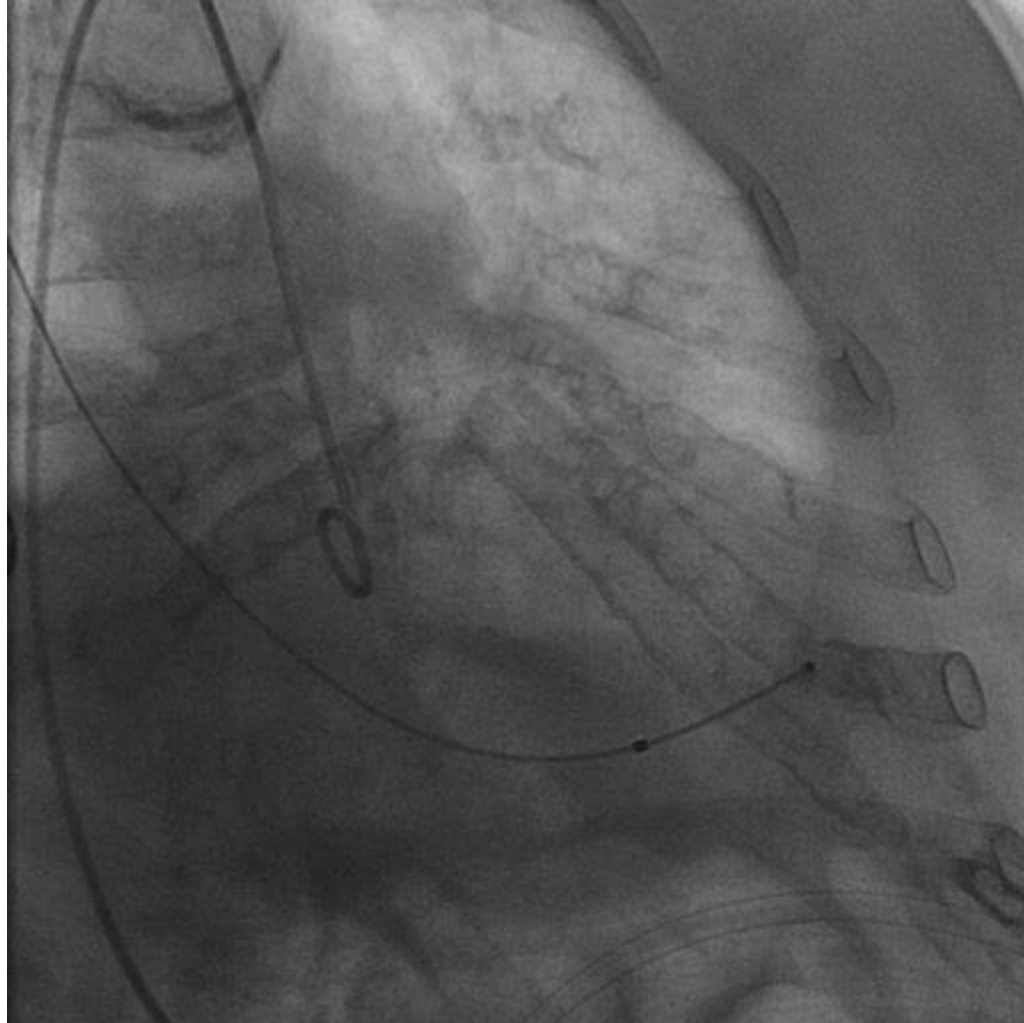
Viewport capture



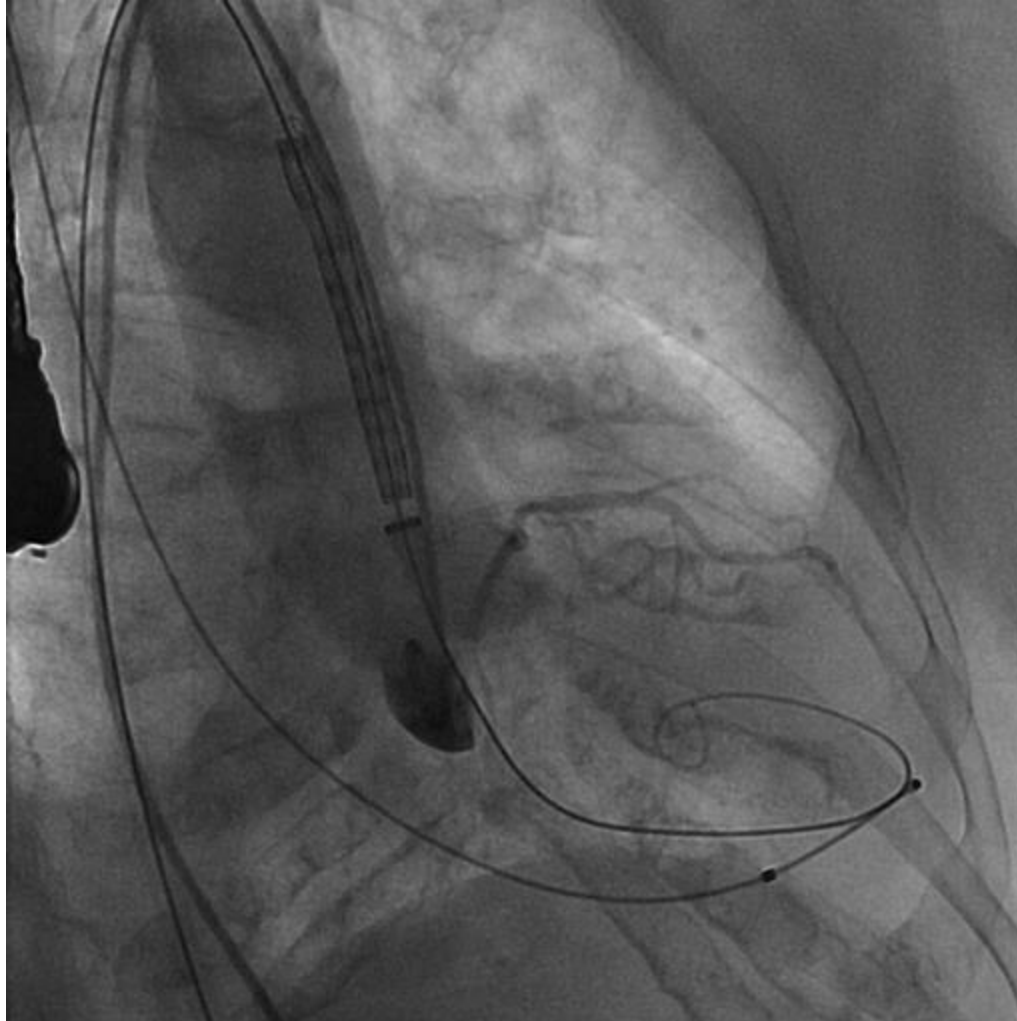
The day of the implant, cerebral protection filters were placed in right and left carotid arteries.

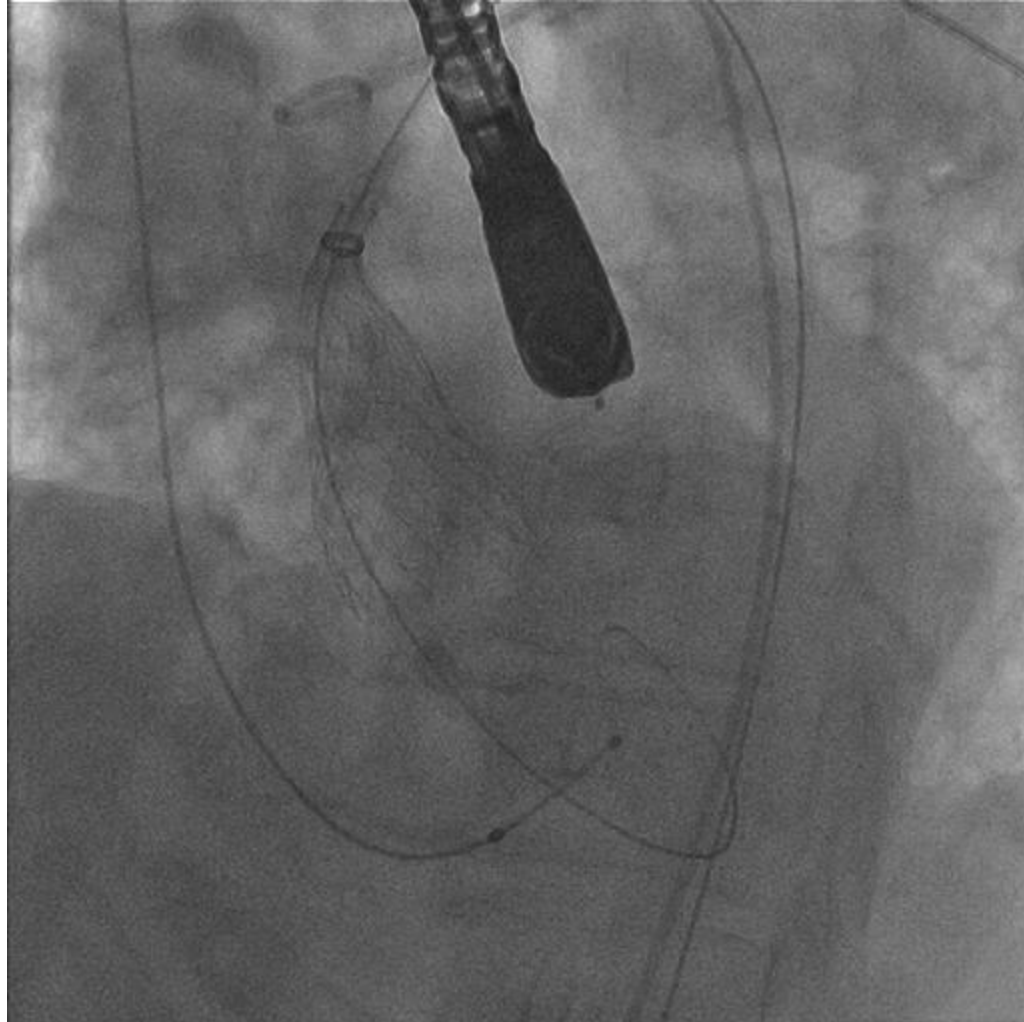




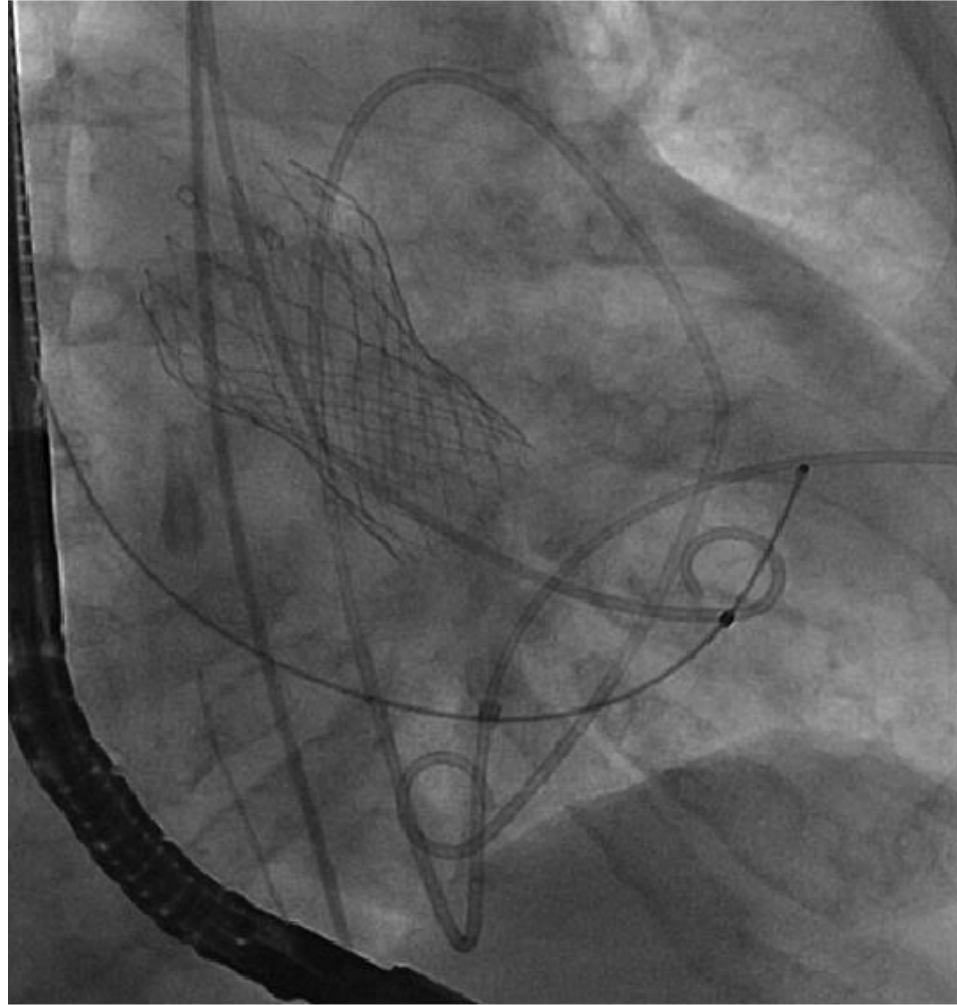


CORE VALVE implant was done without technical complications.
Cerebral protection filters were removed.



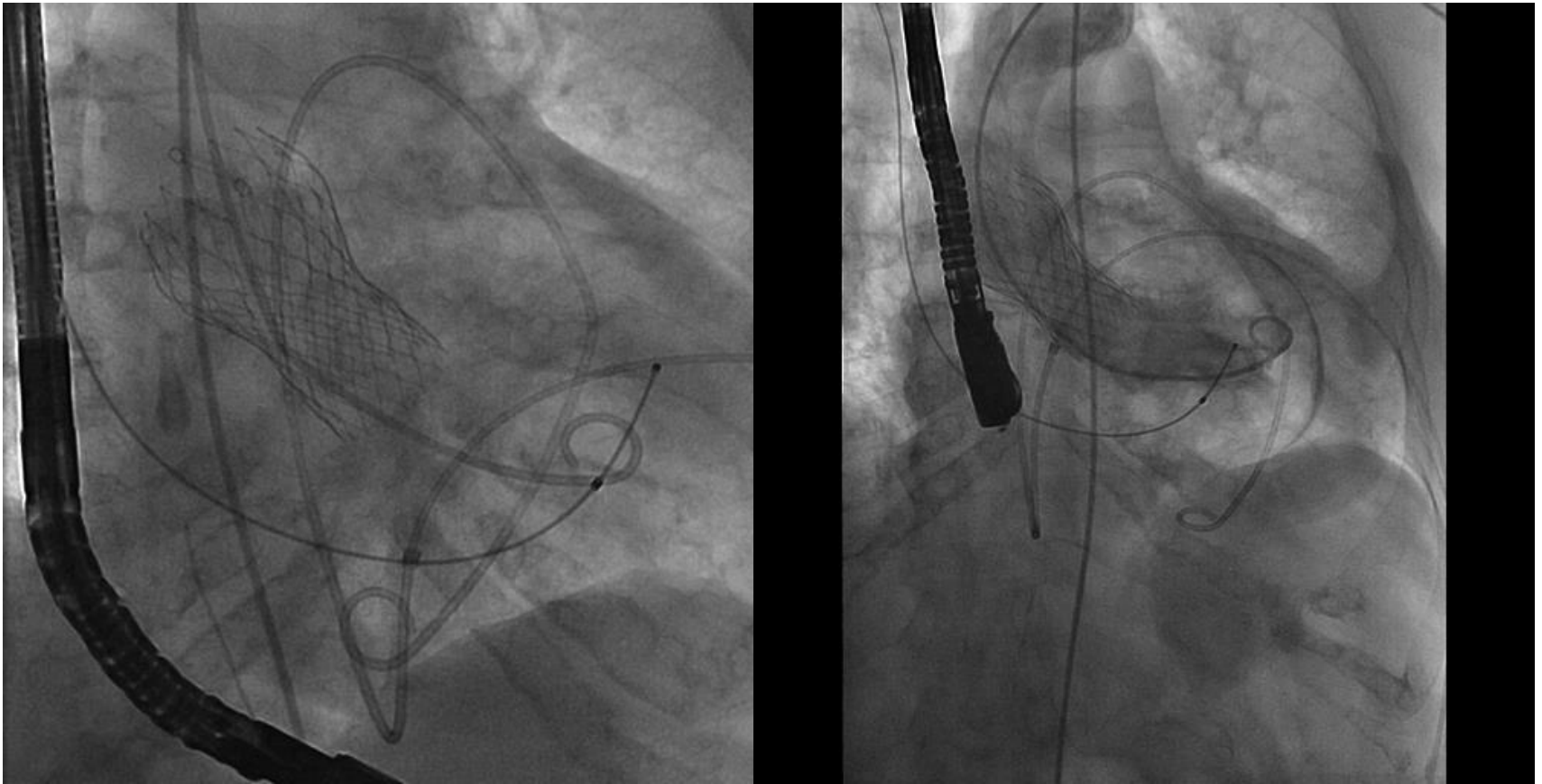


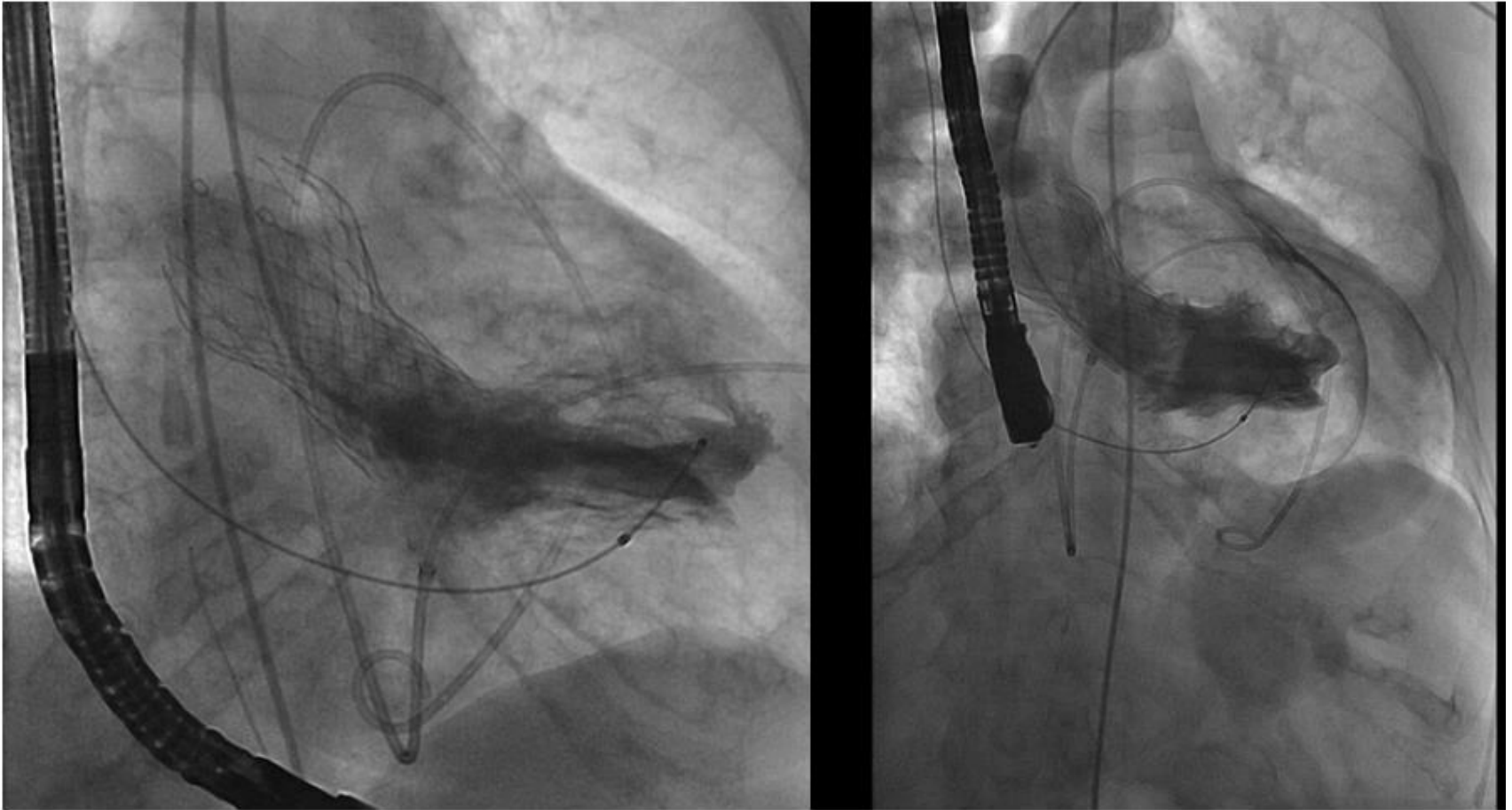
- Minutes after ending the procedure the patient presented severe hypotension and pericardial effusion.
- Therefore a percutaneous pericardial drainage was performed.



- Given the persistent hemodynamic instability of the patient, it was decided to perform left ventriculography.

The heart was broken, and nothing could be done to save her.
The patient presented cardiac arrest and died.





The case is presented to discuss:

What could we have done wrong?

Technical possible complications, diagnoses and possible resolutions.

Thank you very much

Possible causes of this complication:

- 1.- The diagnostic Amplatz catheter, when crossing the valve, hit the ventricular wall.
- 2.- The perforation may have been caused by the Amplatz wire used.
- 3.-The device with the aortic valve may have produced the perforation, but it never crossed the line of the valvular aortic plane.

