

Left main occlusion during TAVR, anticipation is everything

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Speaker's name : Geert Leenders

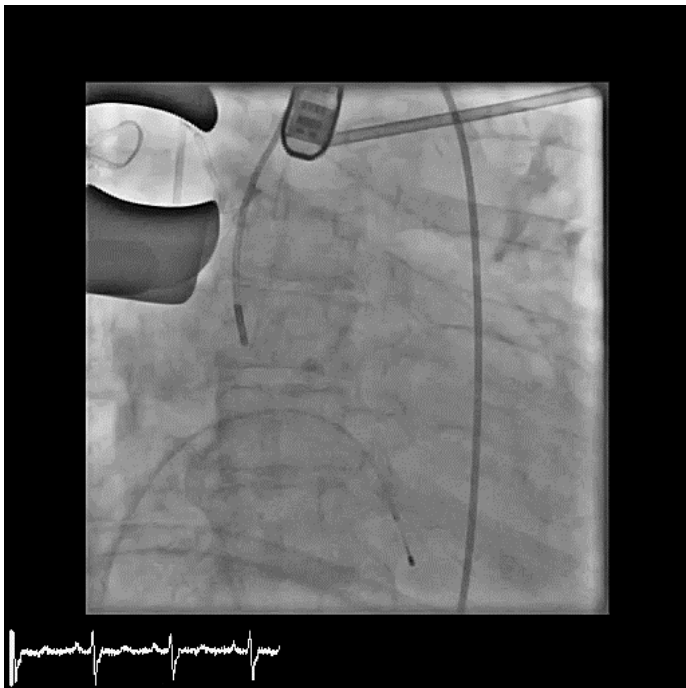
I do not have any potential conflict of interest to declare

- 72-year-old female
- Medical history:
 - Diabetes
 - Chronic renal insufficiency
 - Frailty
- Severe aortic stenosis → work-up TAVR

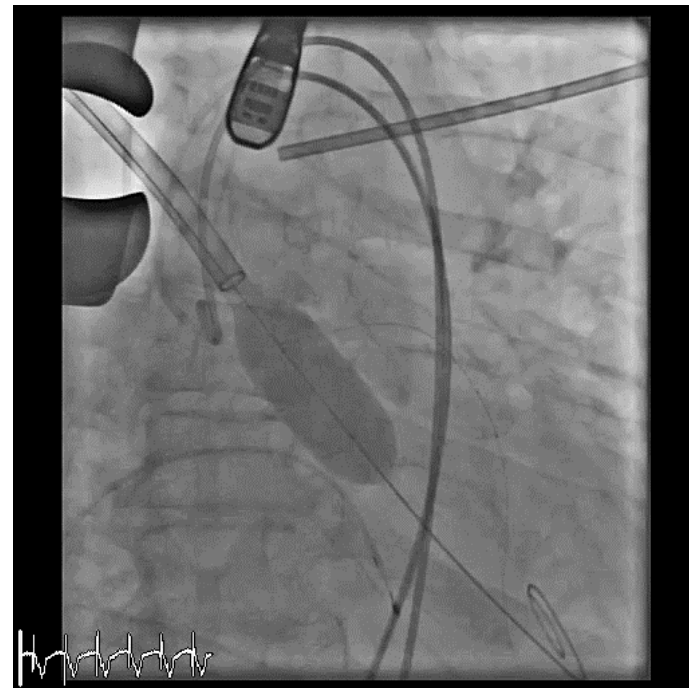
- CAG: no obstructive CAD
- CT-angio:
 - small ileofemoral caliber
 - LCA-hinge point plane: 11mm
 - Sinus diameter: 26-29mm
 - Annulus area: 423mm²
- Plan?
 - DA Sapien 23mm



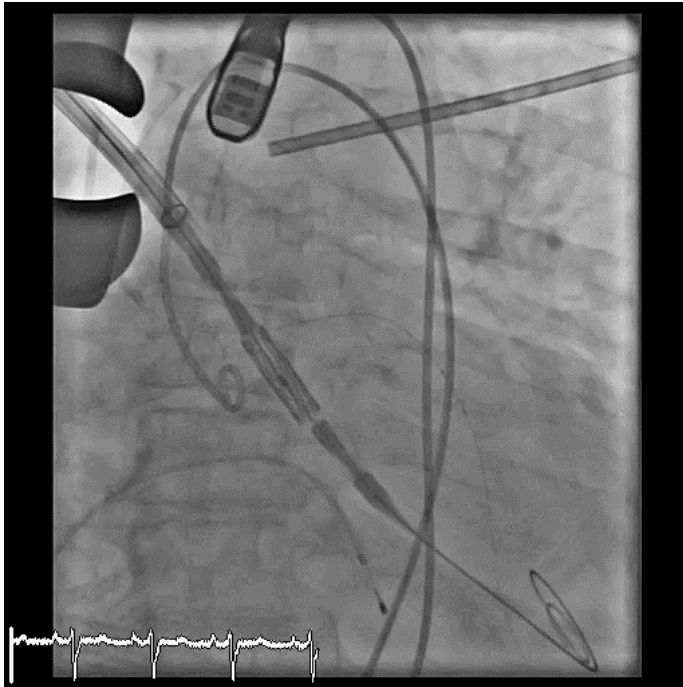
Angio



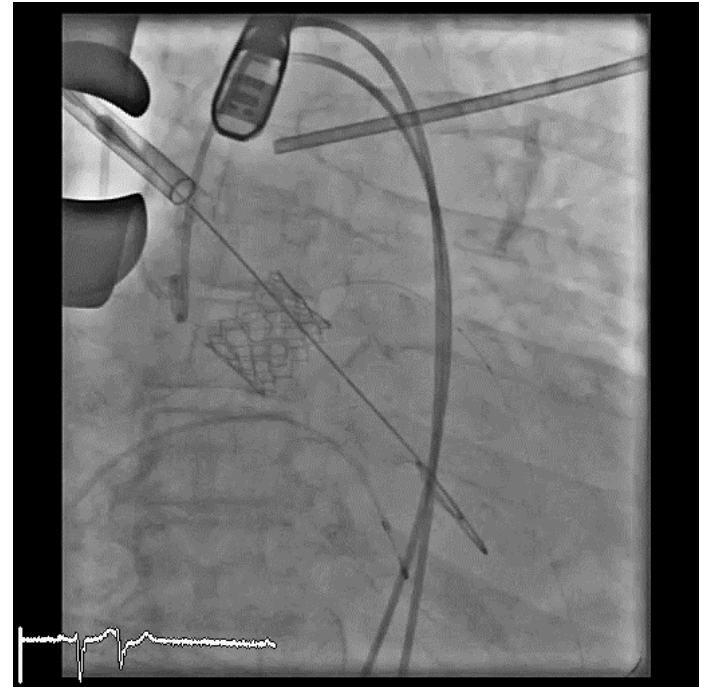
Predilation



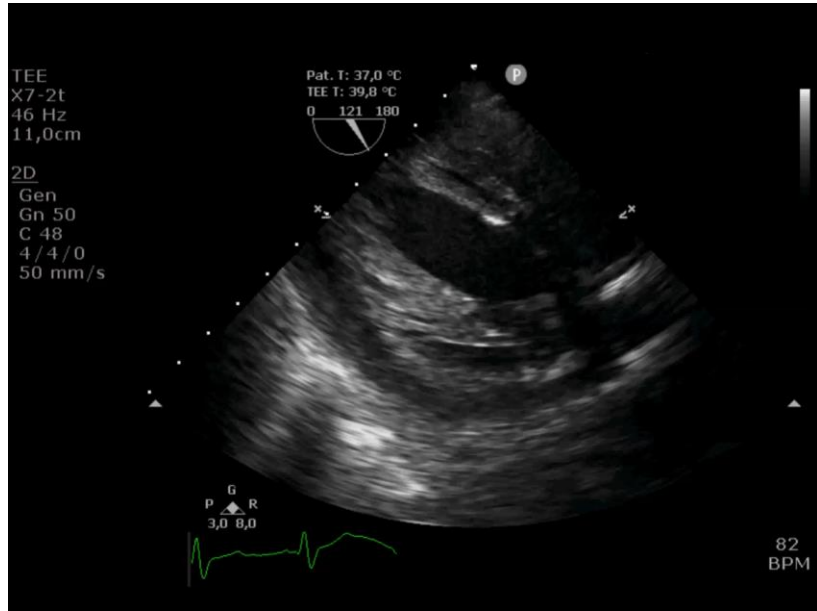
TAVR positioning



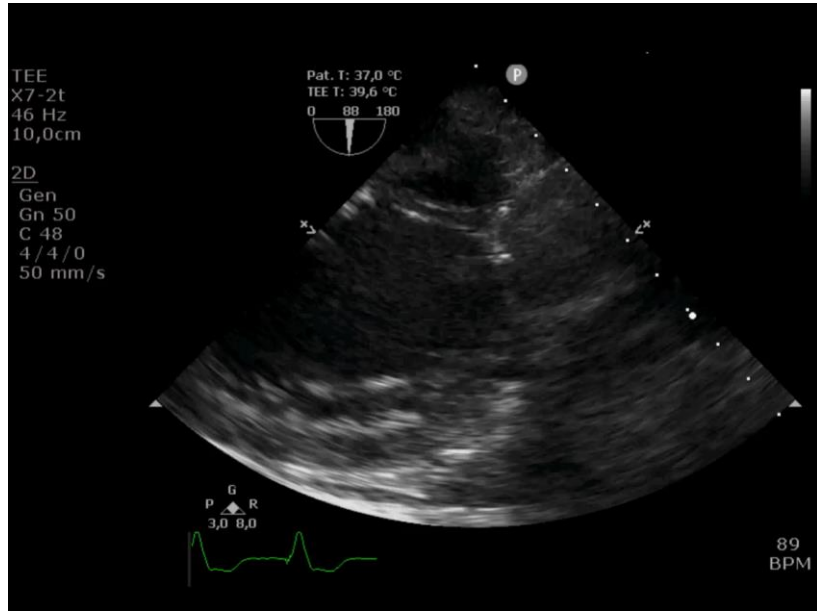
TAVR placement



TEE pre-TAVR



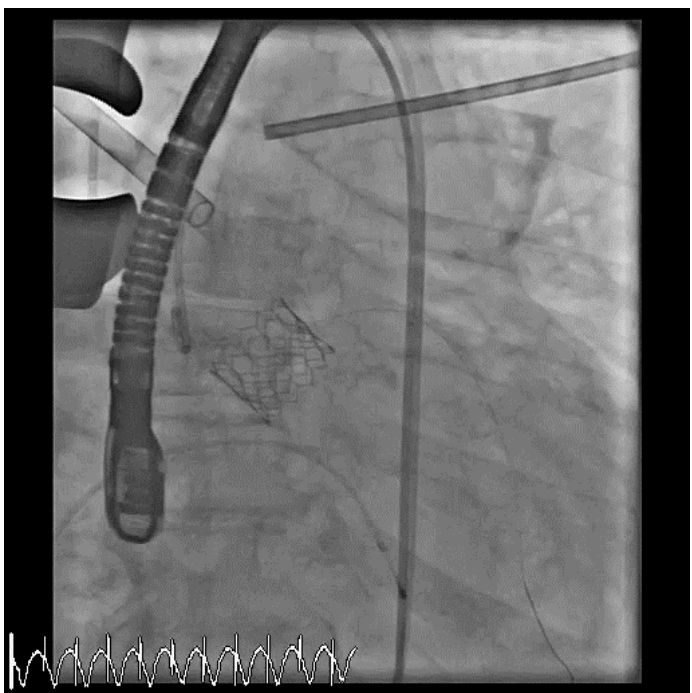
TEE after



- How to prevent?
 - Case selection
 - Procedure planning
 - Procedure execution

- How to solve?
 - Procedure planning
 - Stent?
 - Stenting technique

Balloon result



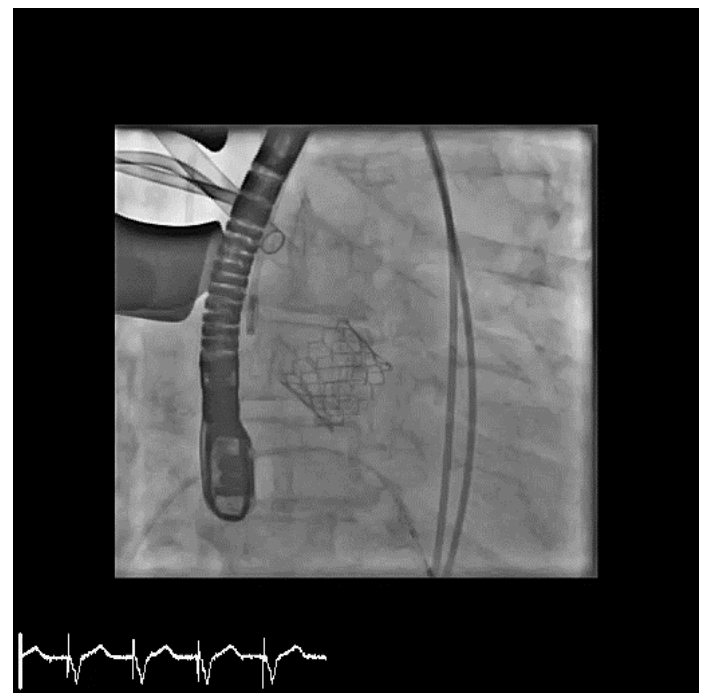
First stent

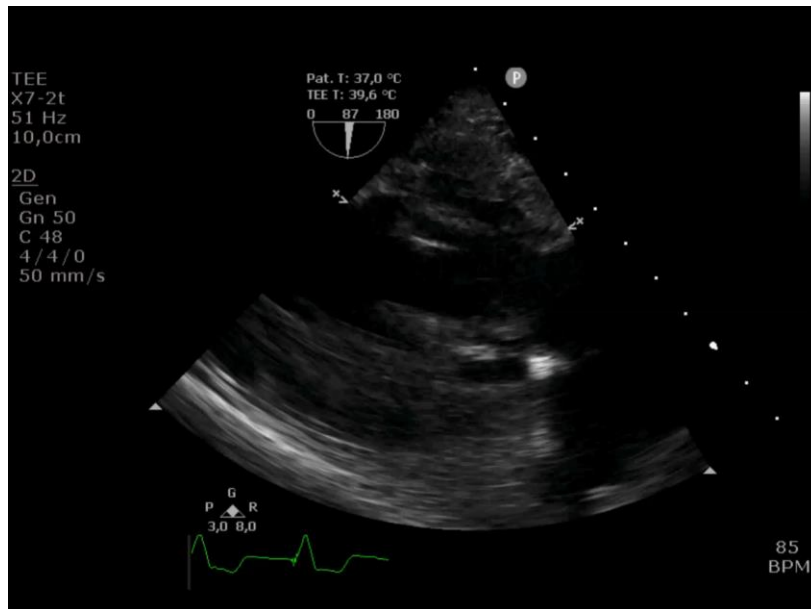


Second stent



Final result





- Good LV function
- Post-procedure CK-MB: 35
- Uneventful recovery
- Patient discharged 1 week after procedure

- Rare (0.6%) but high mortality (41% 30-day)
- Predisposing factors:
 - female gender, previous bioprosthesis, balloon-expandable valve
 - Shallow sinus (<30mm), low coronary ostia (<10mm)
- PCI preferred treatment strategy (82% successful)
- Anticipation will determine outcome

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