

# Left main occlusion during TAVR, anticipation is everything

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**Speaker's name : Geert Leenders**

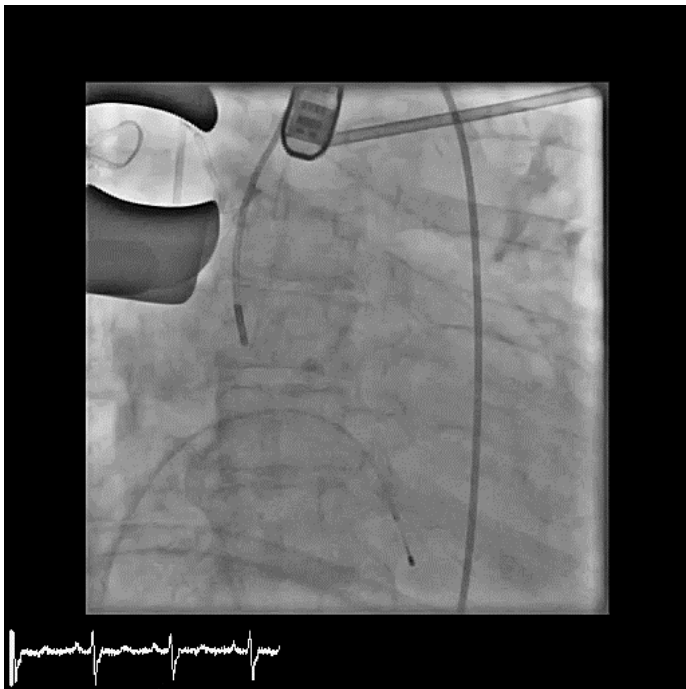
I do not have any potential conflict of interest to declare

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

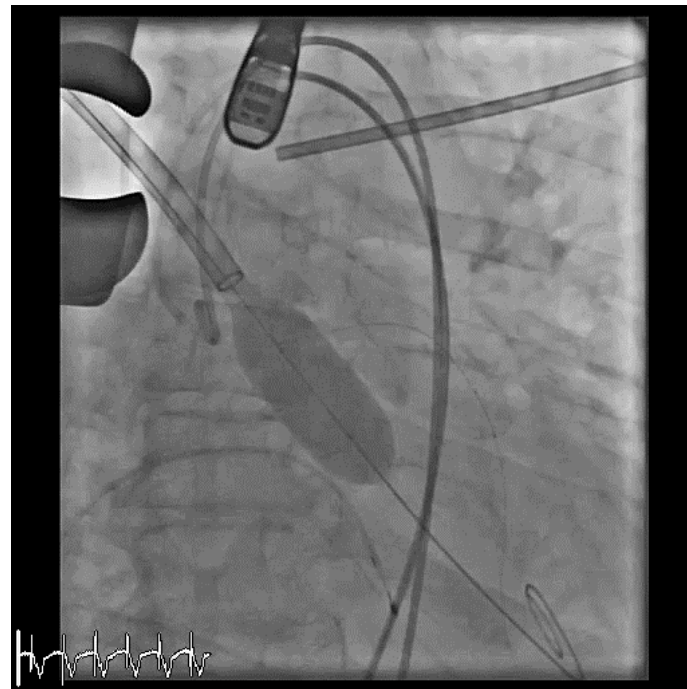
- CAG: no obstructive CAD
- CT-angio:
  - small ileofemoral caliber
  - LCA-hinge point plane: 11mm
  - Sinus diameter: 26-29mm
  - Annulus area: 423mm<sup>2</sup>
- Plan?
  - DA Sapien 23mm



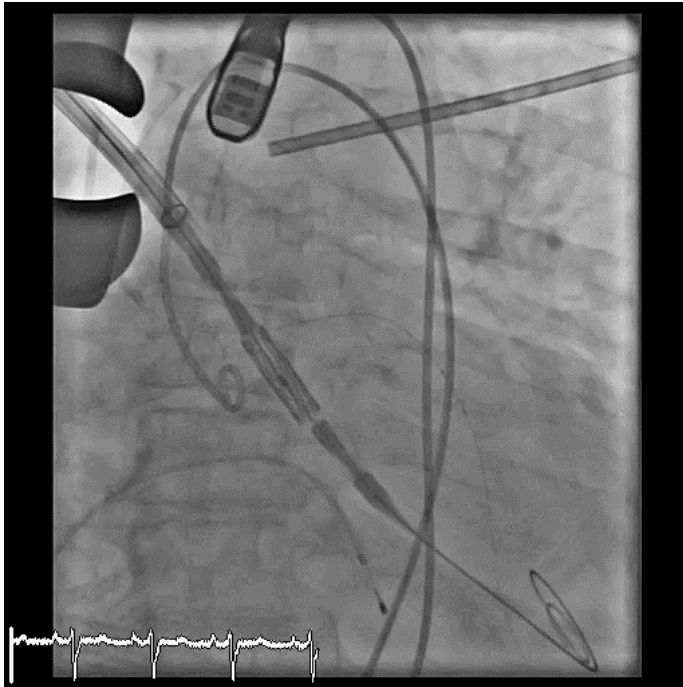
## Angio



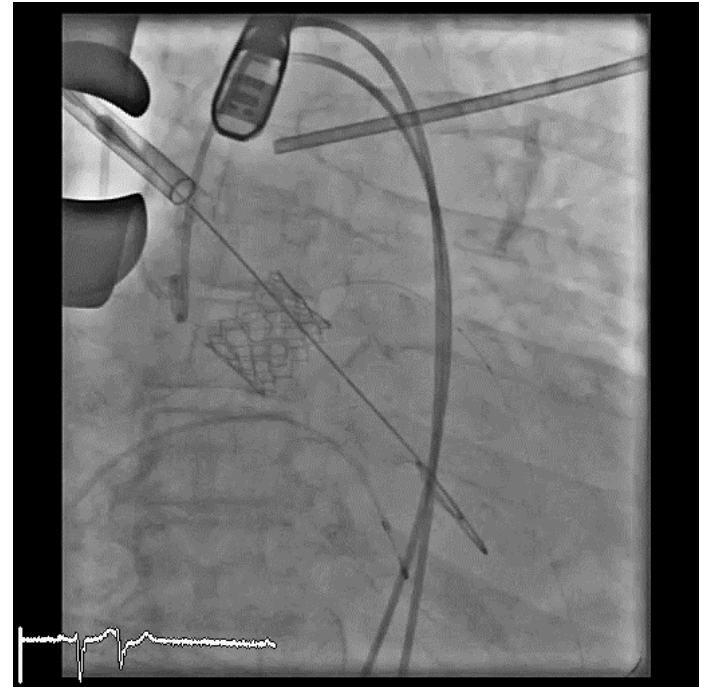
## Predilation



TAVR positioning

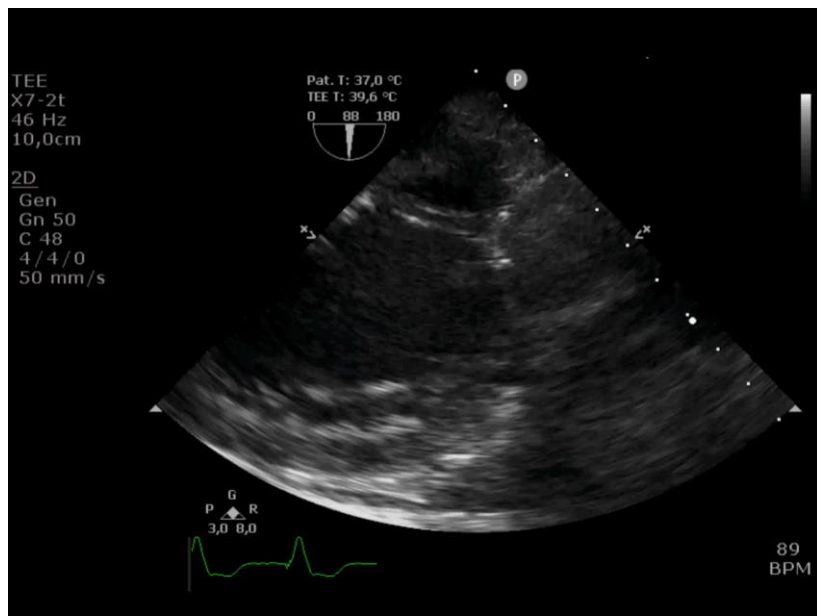
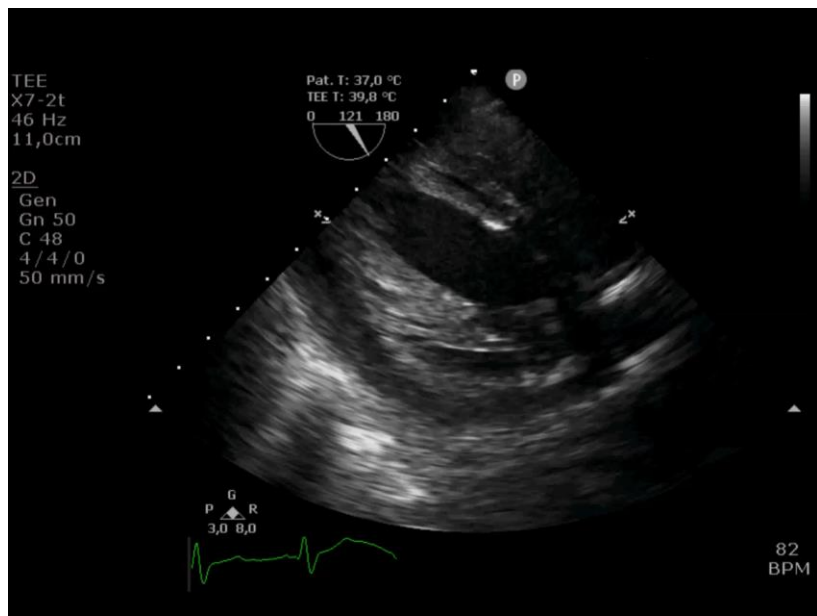


TAVR placement



## TEE pre-TAVR

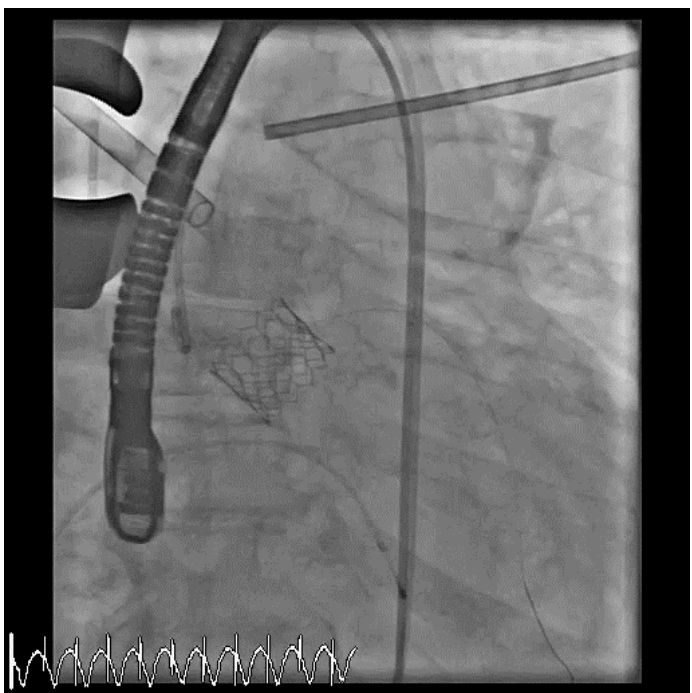
## TEE after



- How to prevent?
  - Case selection
  - Procedure planning
  - Procedure execution
- How to solve?
  - Procedure planning
  - Stent?
  - Stenting technique



## Balloon result



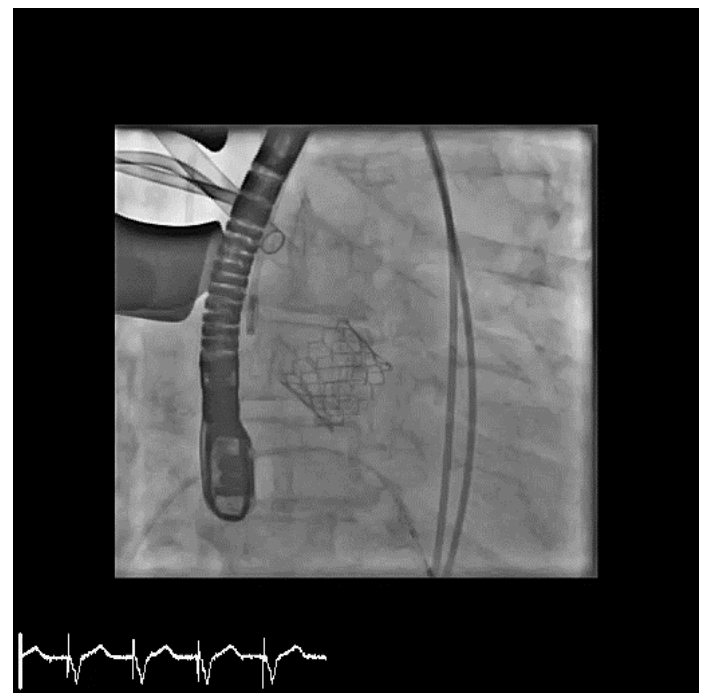
## First stent

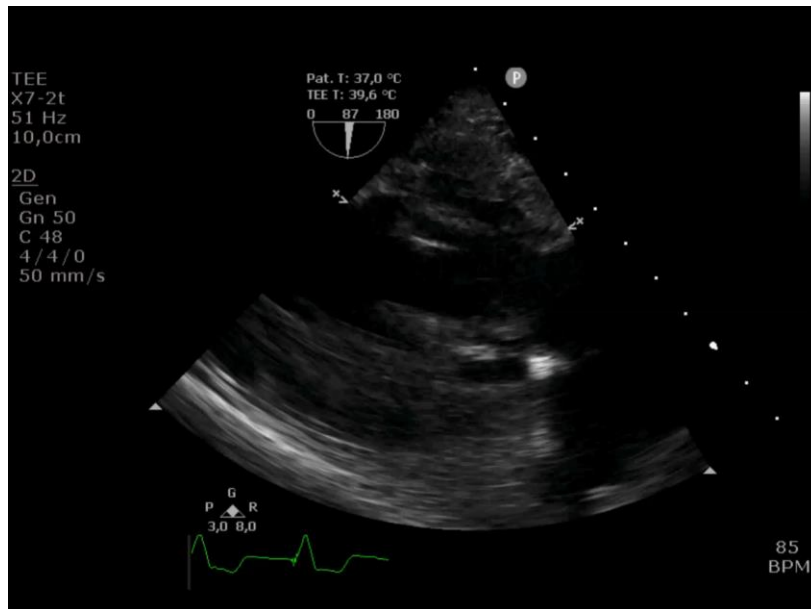


## Second stent



## 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

2019 | euro  
**PCR**