Case Presentation

TOPIC:

SIZING

PRESENTED BY: DR SCUTERI
DATE: 01/12/2017

EXECUTIVE SUMMARY

PRE-CASE PLANNING

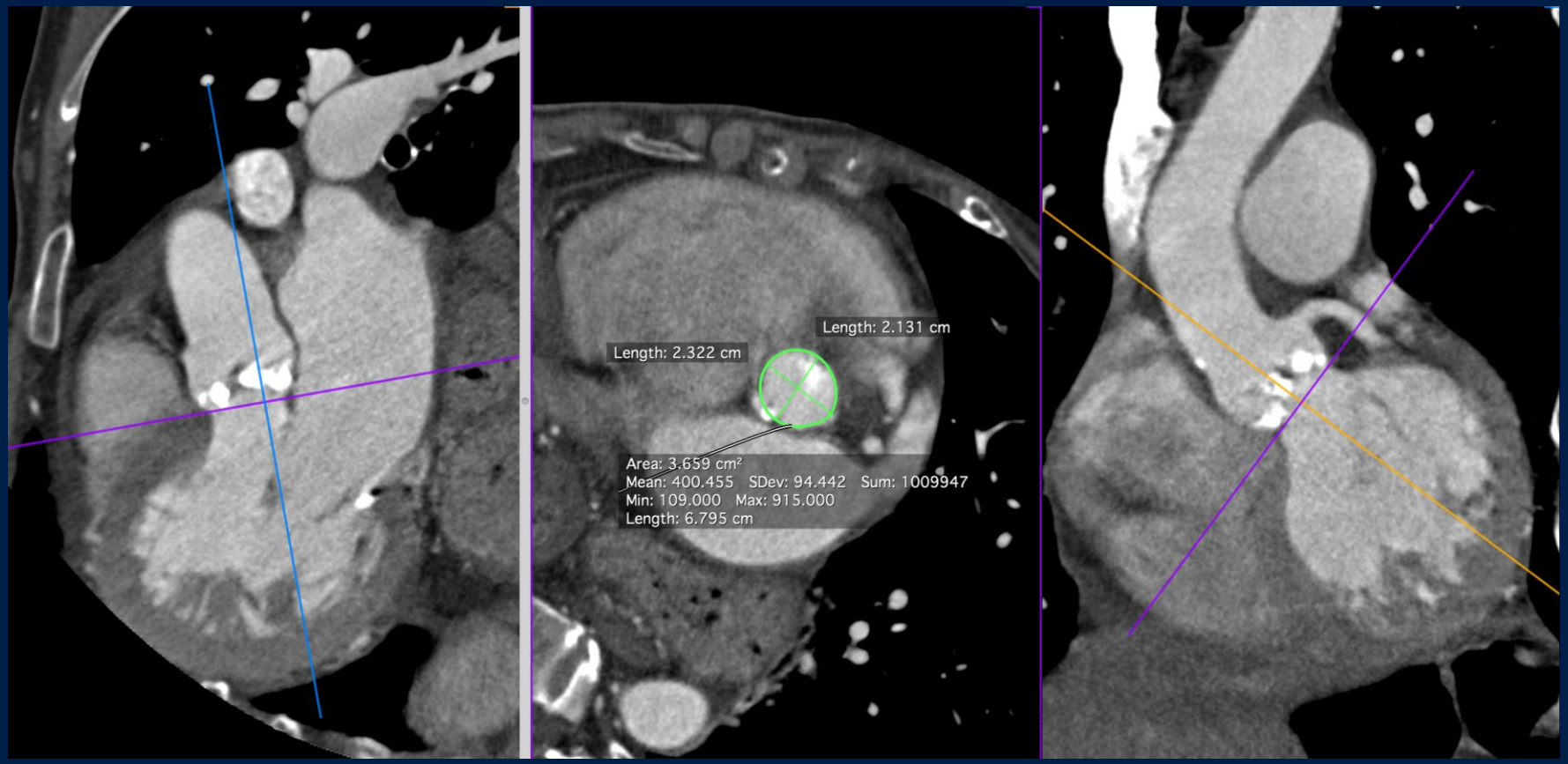
Past Medical History

- 80-year-old Female with Critical Aortic Stenosis
- Considered “High Risk” due to advanced age and frailty
- Aortic Valve Area = 0.4 (cm^2)
- Mean Gradient = 64 (mm/Hg) / LVEF = 42 (%)
- Mild AR, mild MR
- COPD

MSCT Analysis:

- Annulus = 21,3 x 23.2 → mean = 22,2(mm)
- Severe calcification of the native annulus.
- Perimeter = 68 (mm^2)
- SOV mean of 29 (mm)
- Left subclavian access (7,5 mm)

HOROS'S MEASUREMENTS:



FLUOROCT'S MEASUREMENTS:

Medtronic	CoreValve 26mm	26 mm (20-23 mm)	47.9 %	20.6 %

Aortic valve annulus

Area 359,0 mm^2 Perimeter 67,7 mm

Spline: Spline

Perimeter-derived diameter 21,6 mm

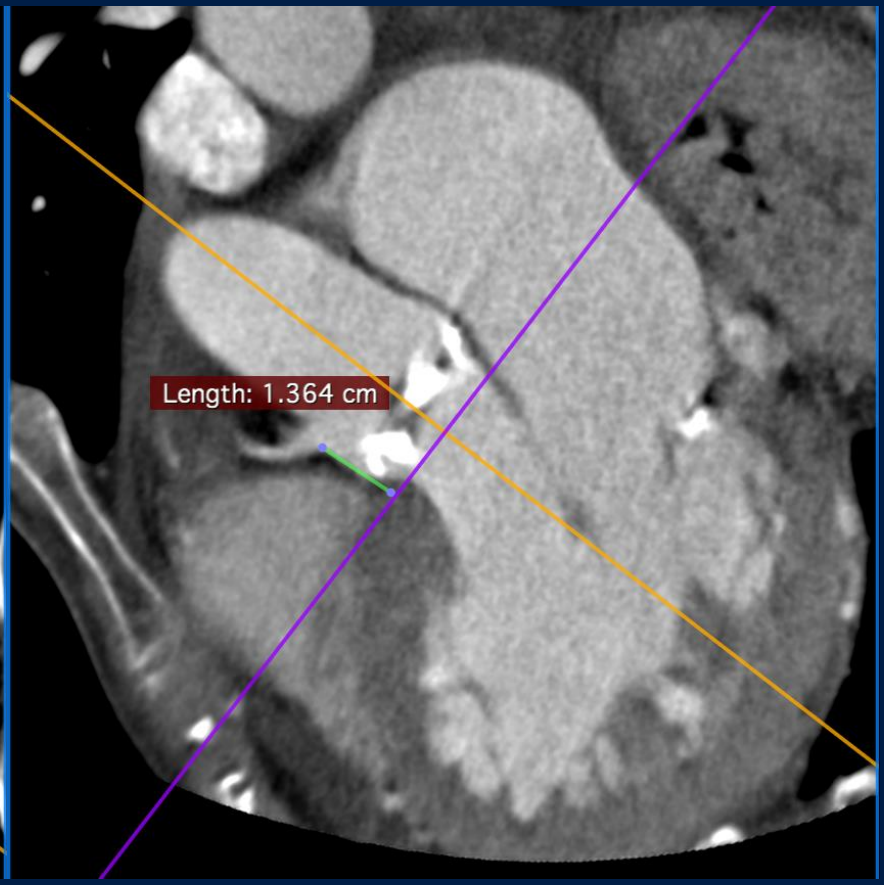
PHYSICIAN'S MEASSUARMETS:

AREA	3,96 mm_2
DIAMETRO	24 mm
PERIMETRO	72 mm

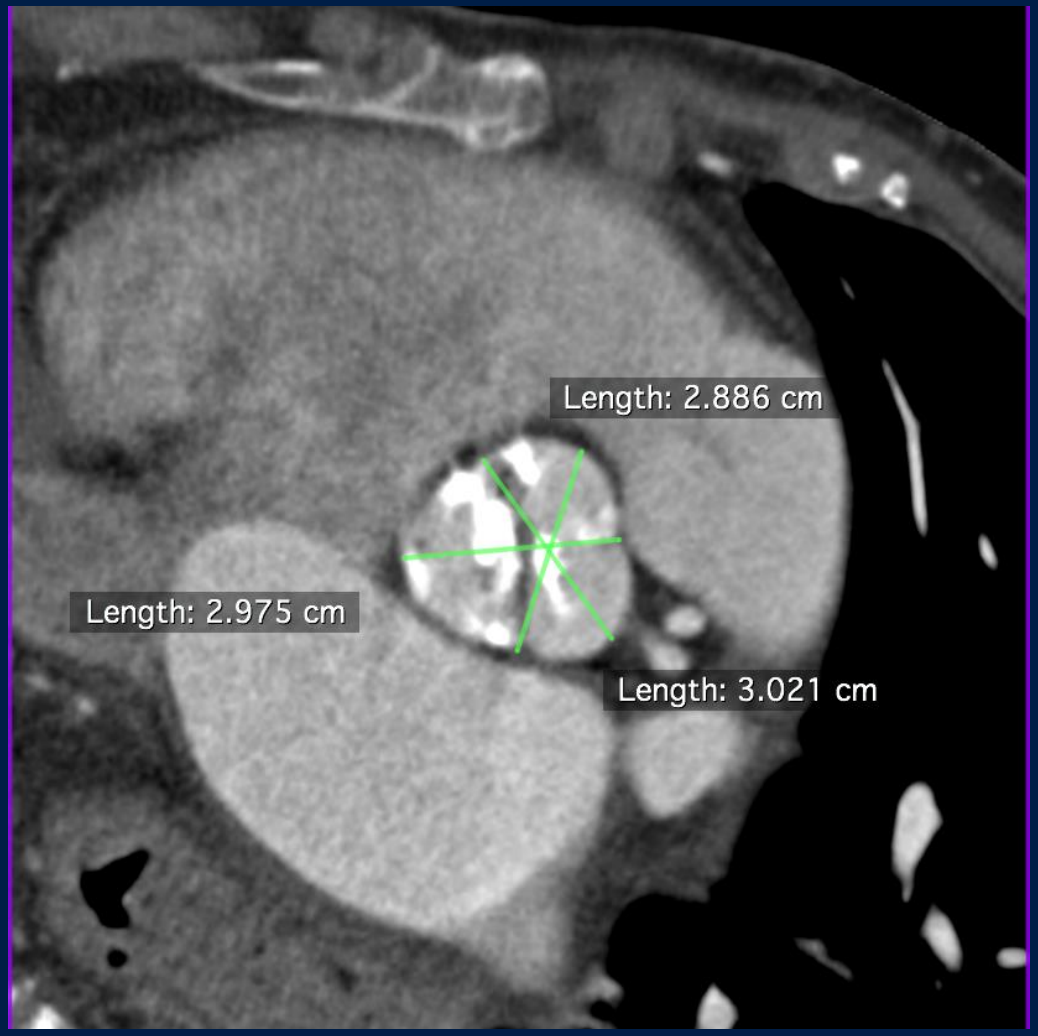
CORONARIES HEIGHT:

LCA

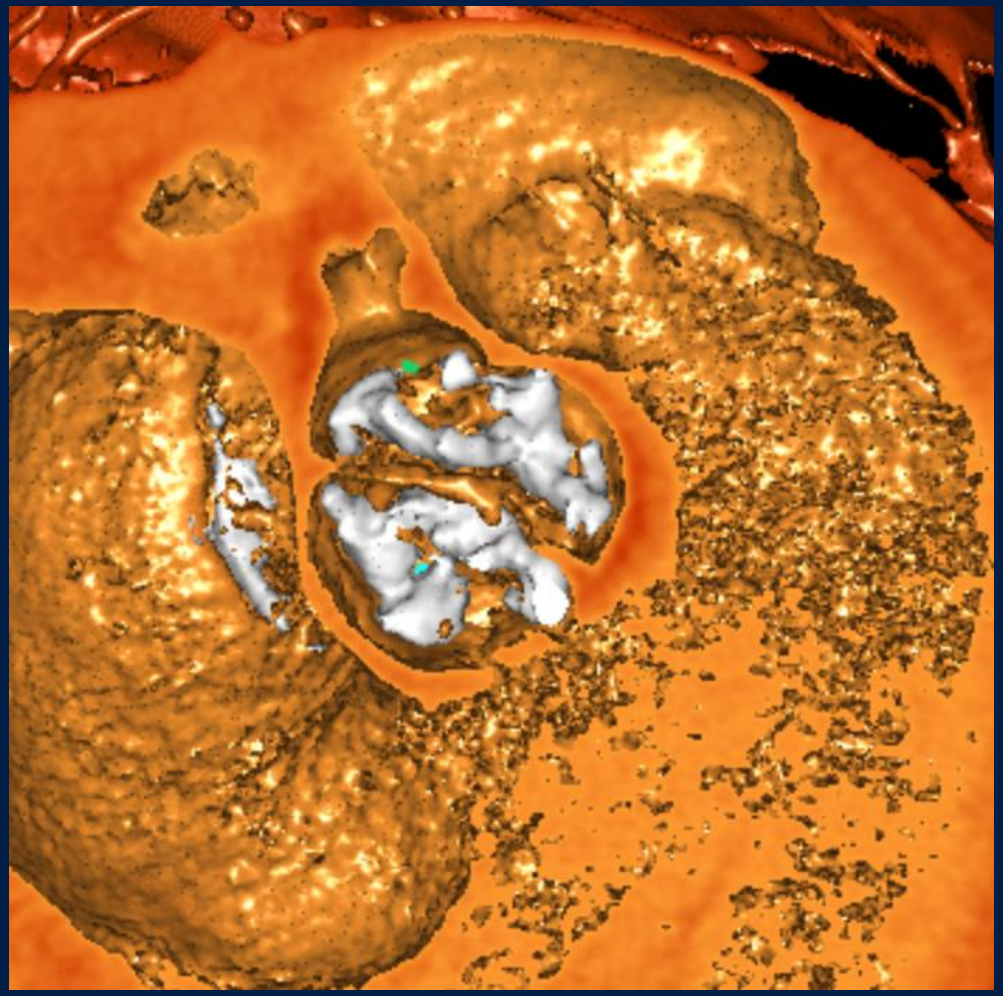
RCA



CORONARY SINUS:

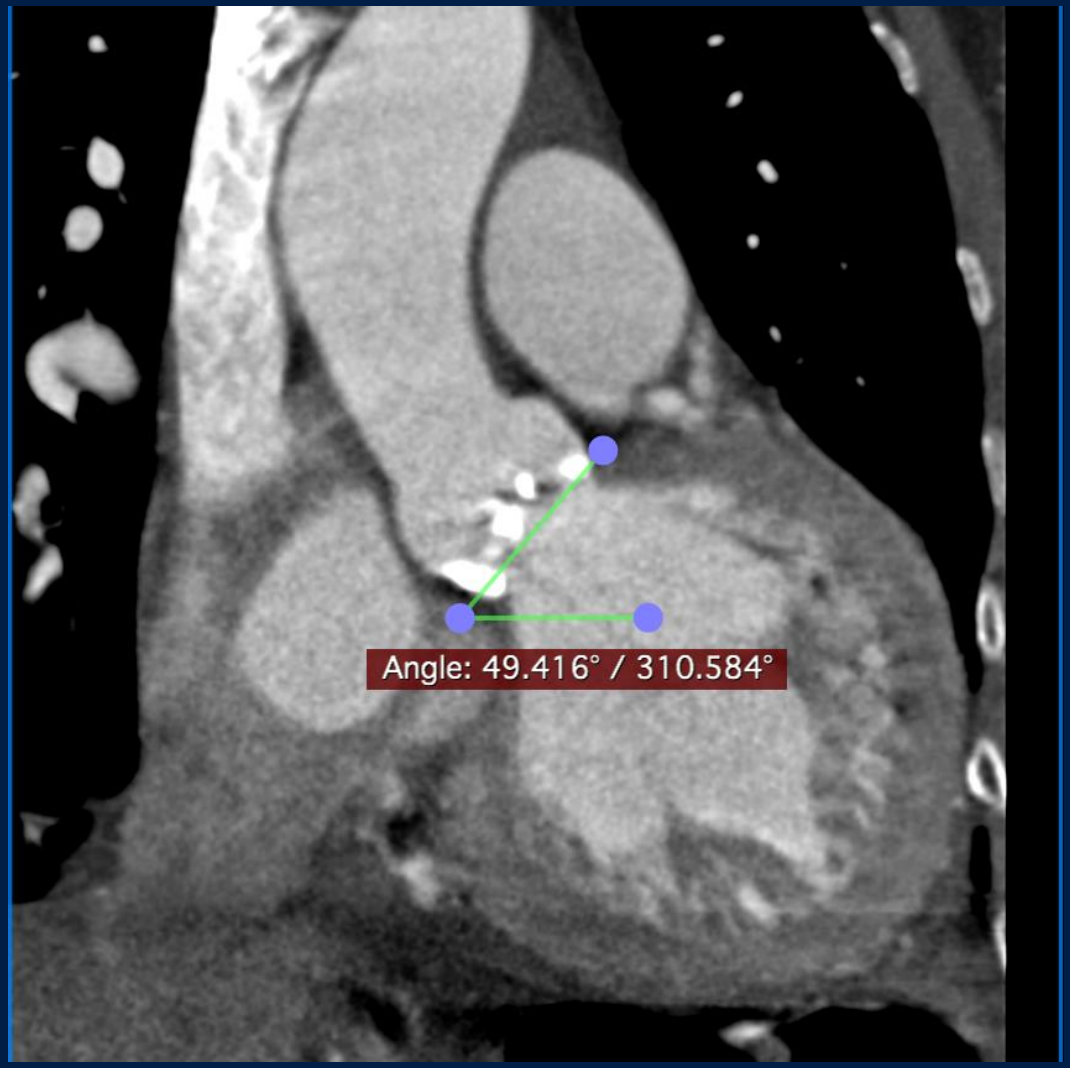


CALCIFICACTION OF THE ANNULUS:

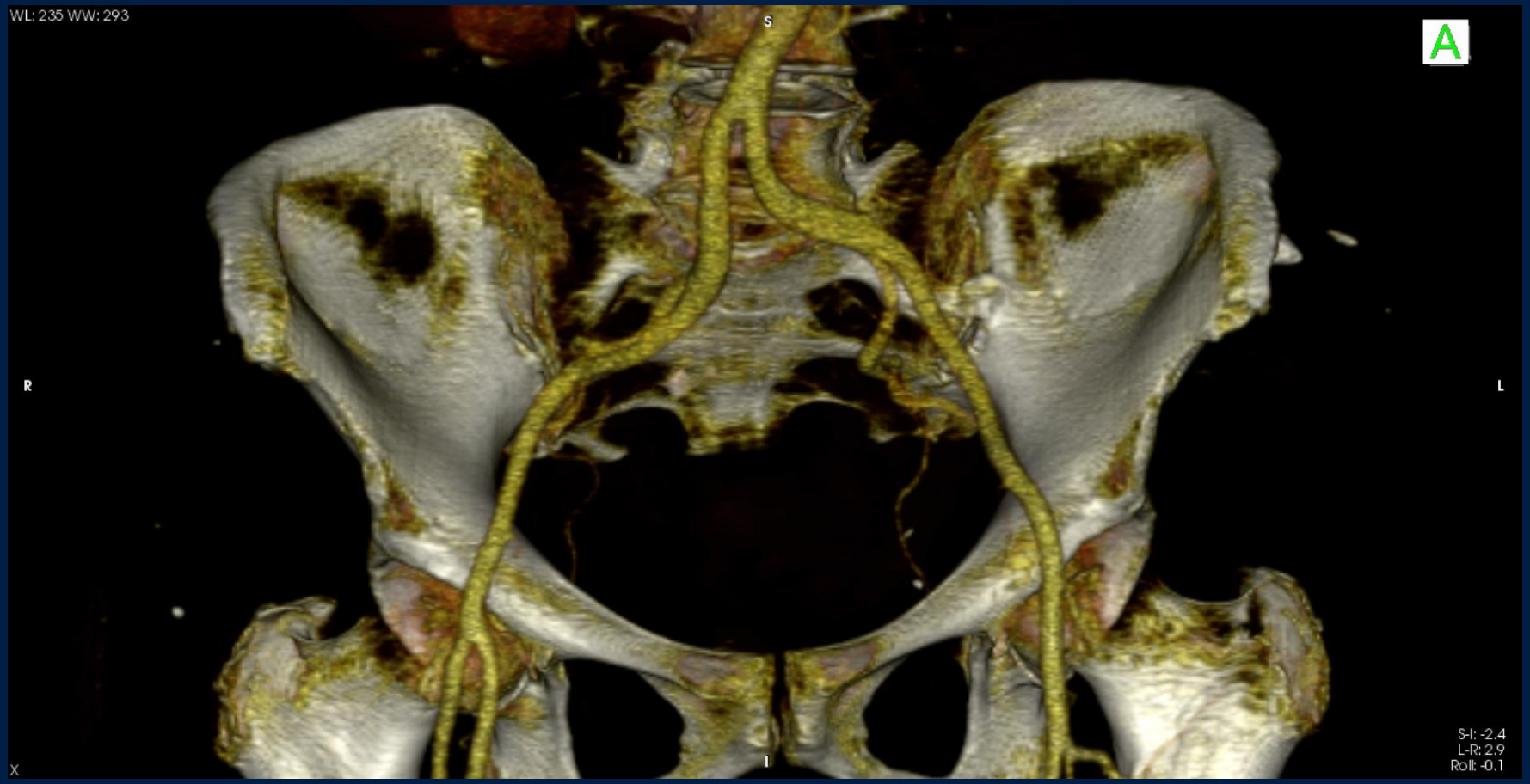


OPTIMAL IMPLANT PROJECTION:

AORTIC ROOT ANGLE:

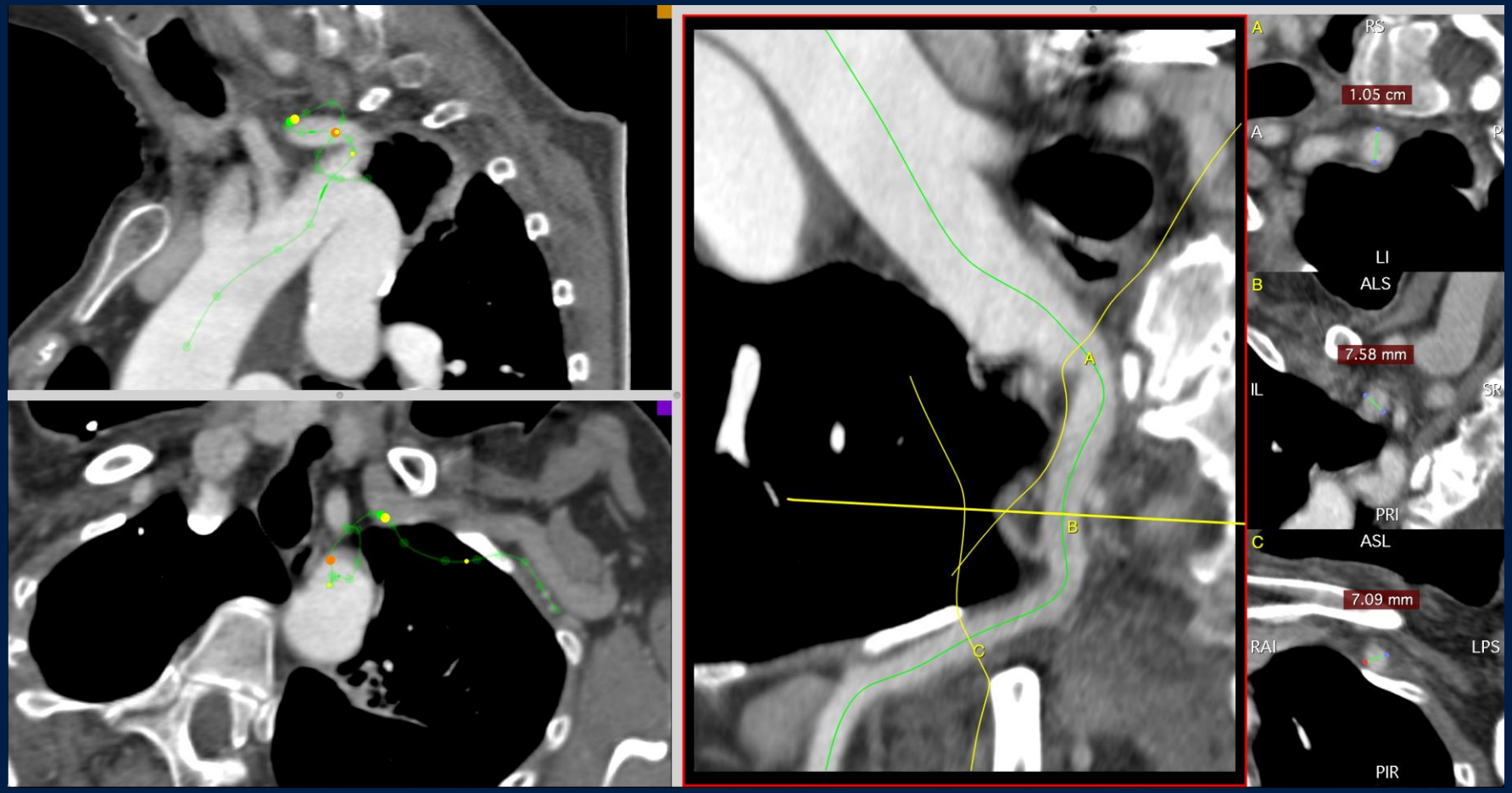


FEMORAL ACCESSS:



AORTIC TORTUOSITY:

LEFT SUBCLAVIAN ACCESS:



Pre-Case Planning

Procedure Plan:

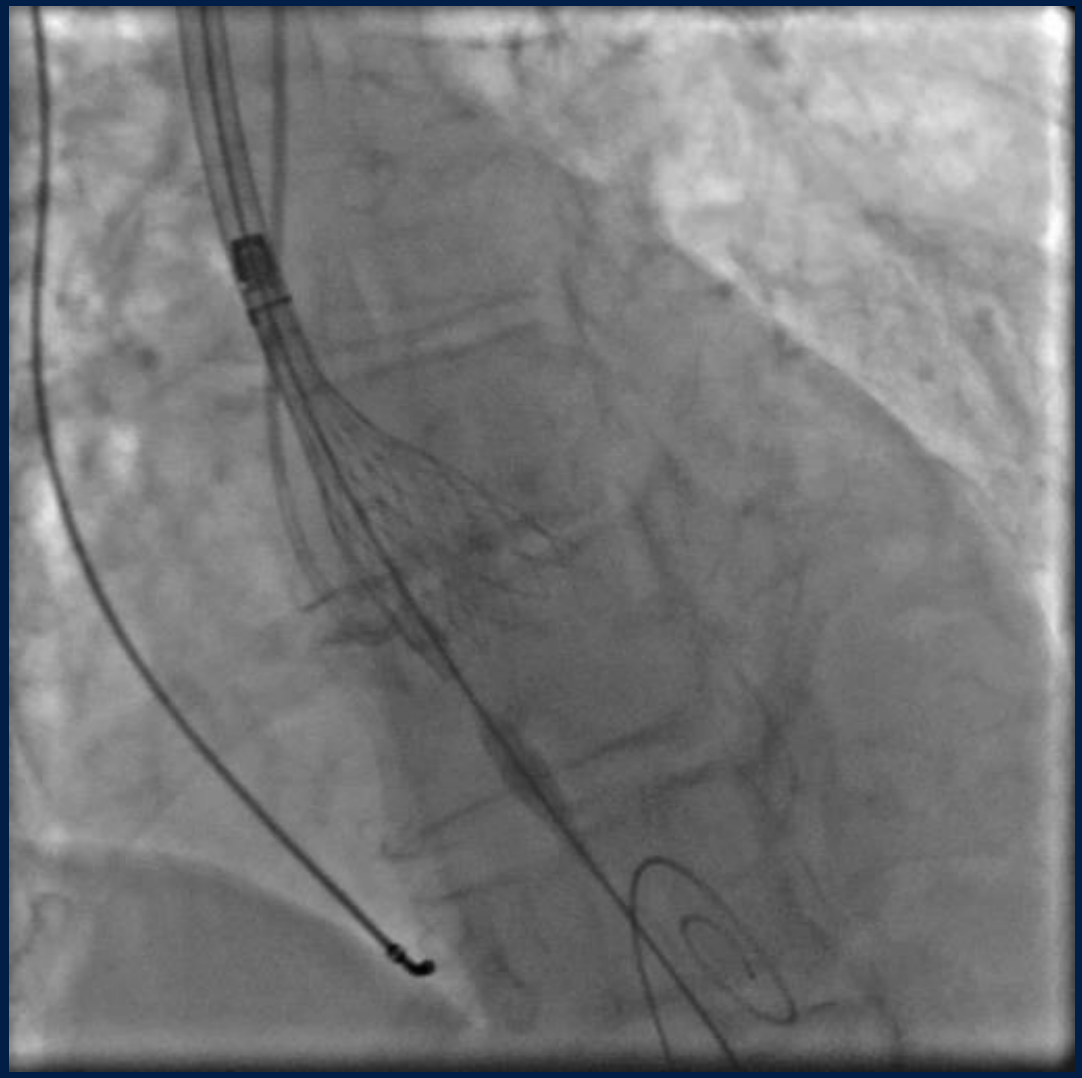
- General Anesthesia
- Temporary pace marker
- Left Subclavian access.
- Guidewire → Confida
- Bioprosthesis → 26mm Evolut R
- Direct implant.

Complication Mitigation

1. Due to a kinkin in the descending aorta and tortuosity, we choose left subclavian access.

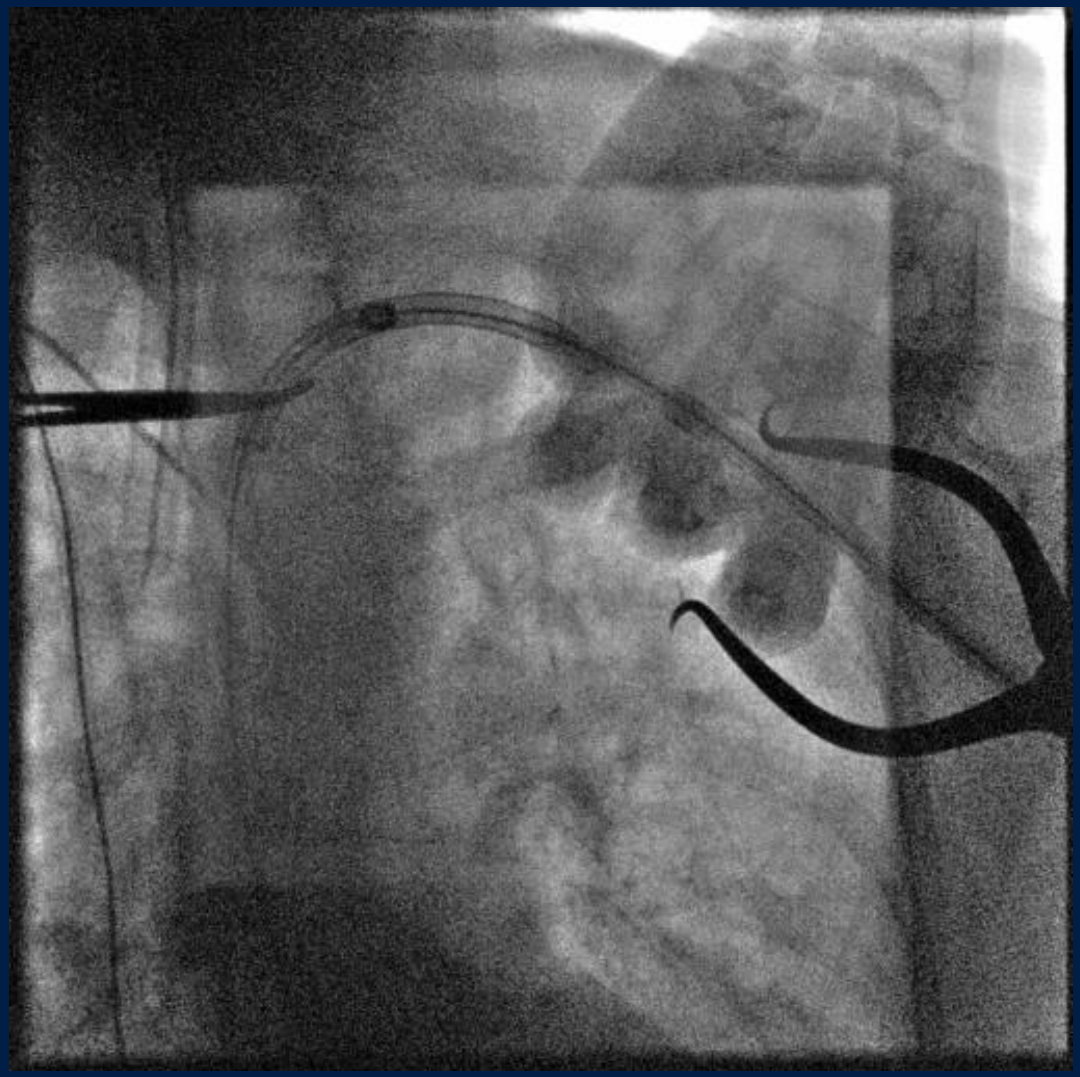
PROCEDURE

Fluoro
Check

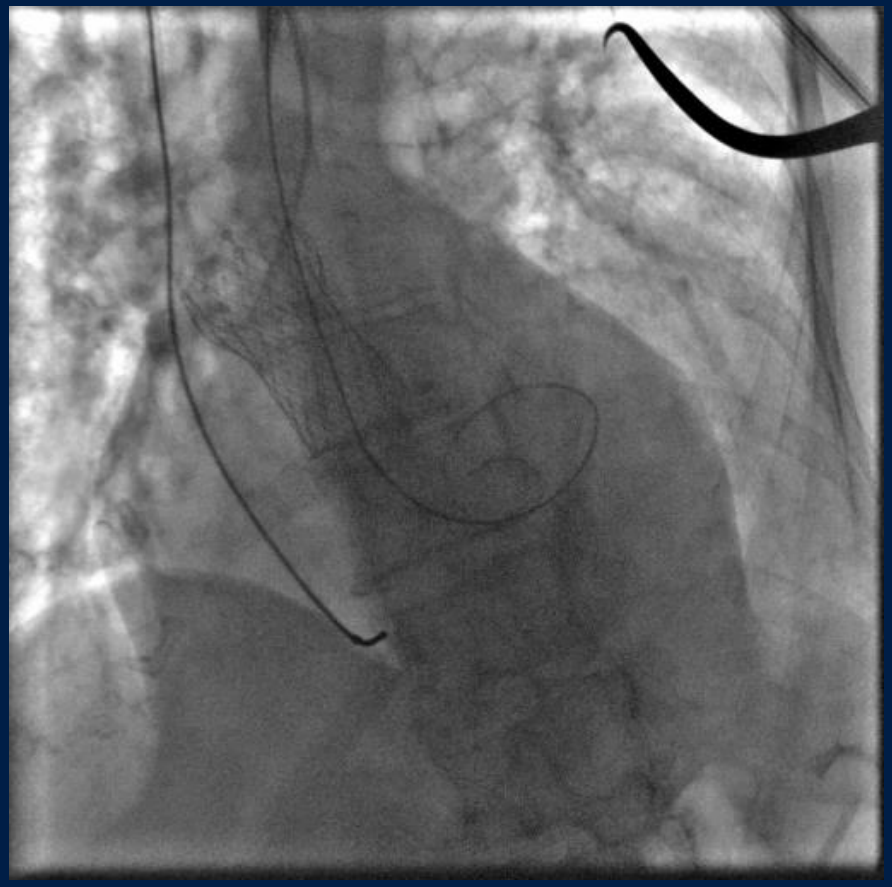


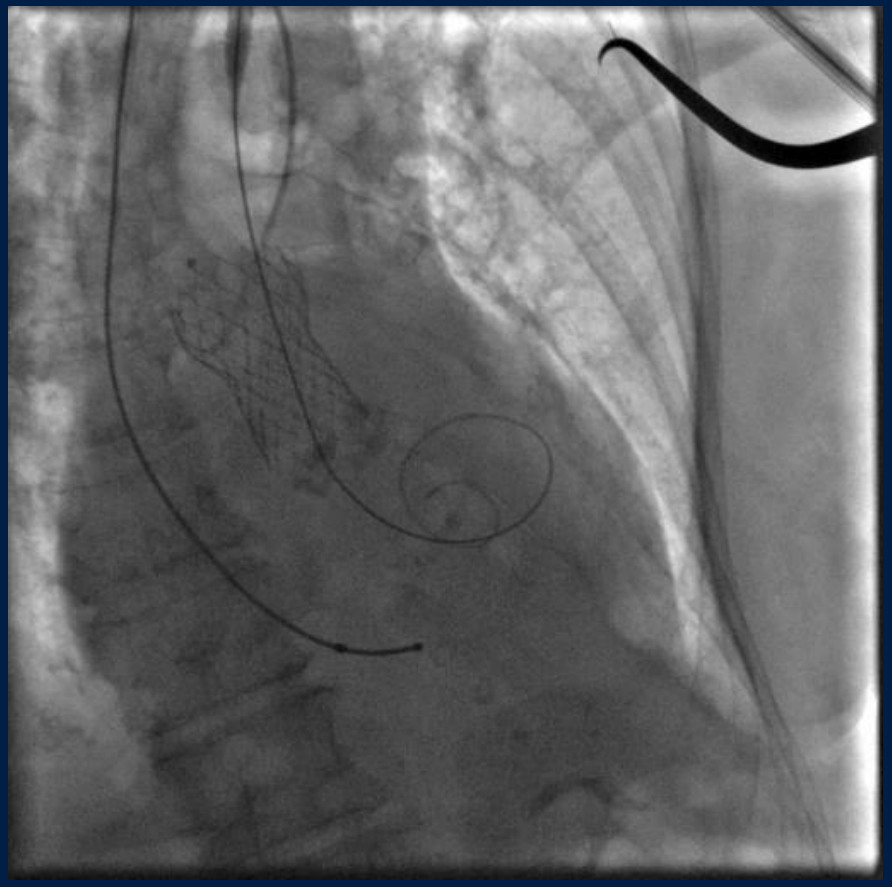
Deployment

Recovery of the delivery system



Post implantation control





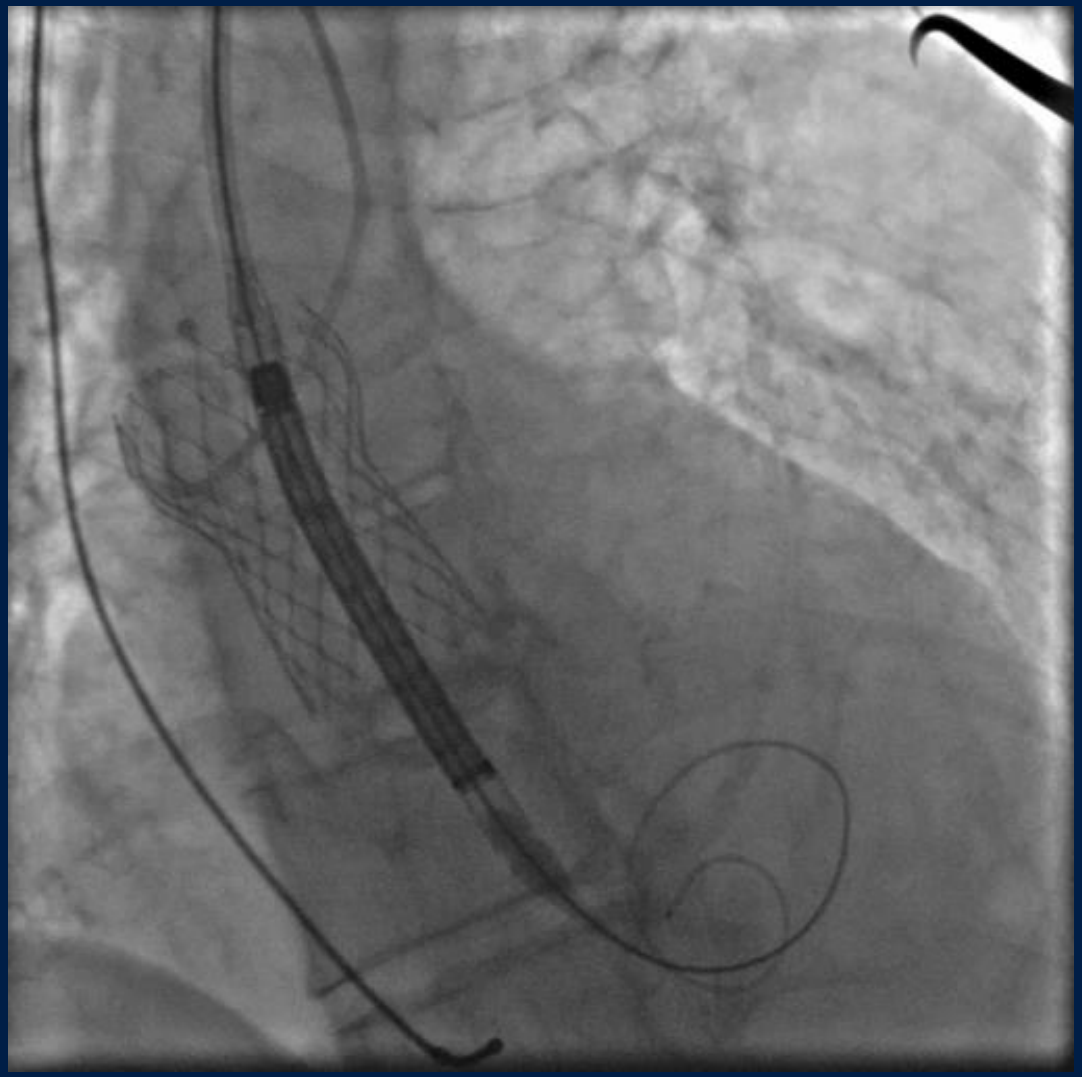
WHY THE VALVE POP UP??

Team decision

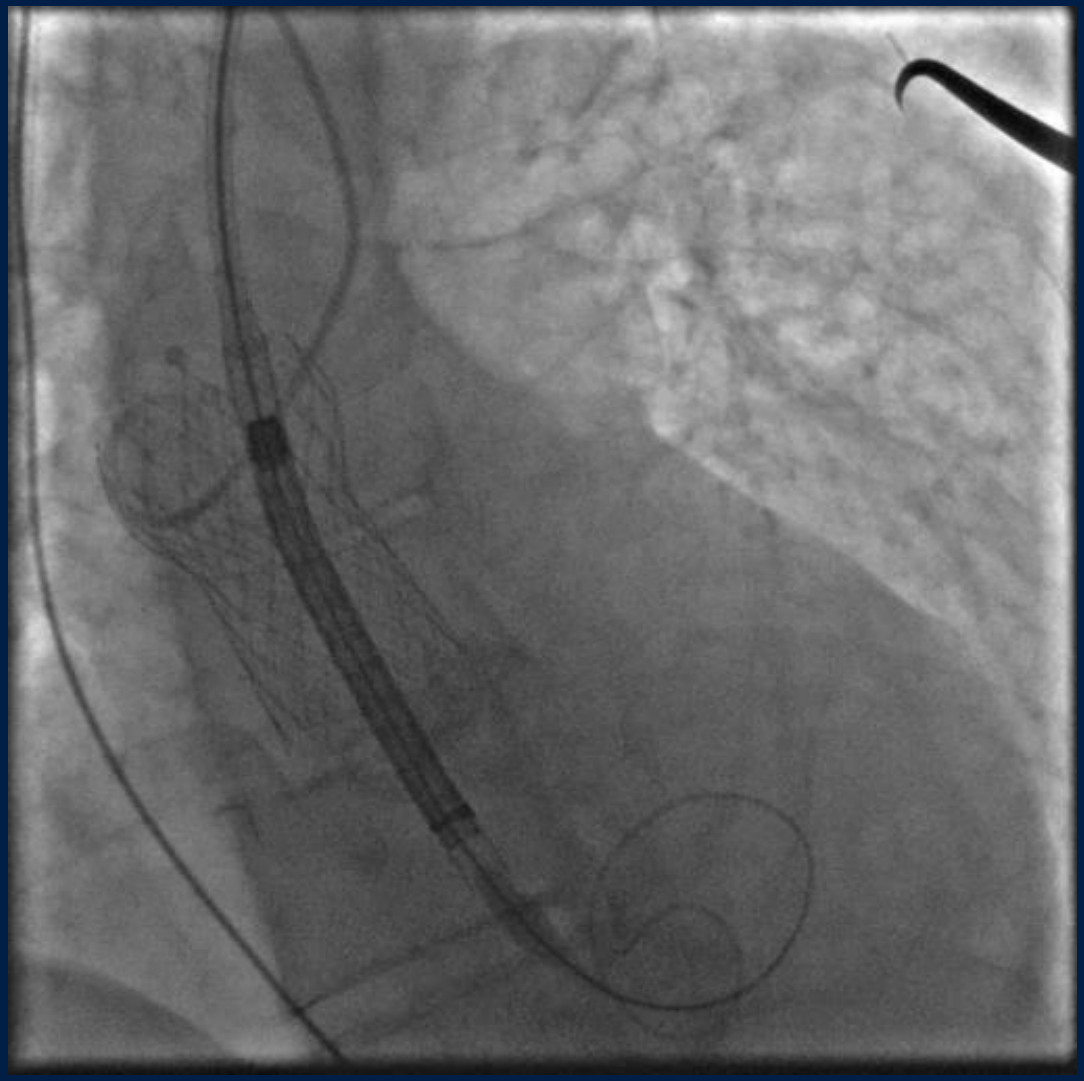
We suspect a mistake on the selected valve (26), so it was measured again at this moment.
The perimeter was 73 mm, so we choose to use a 29 valve.

Steps to manage the complication

Placement of the second valve (29) and check the right position.

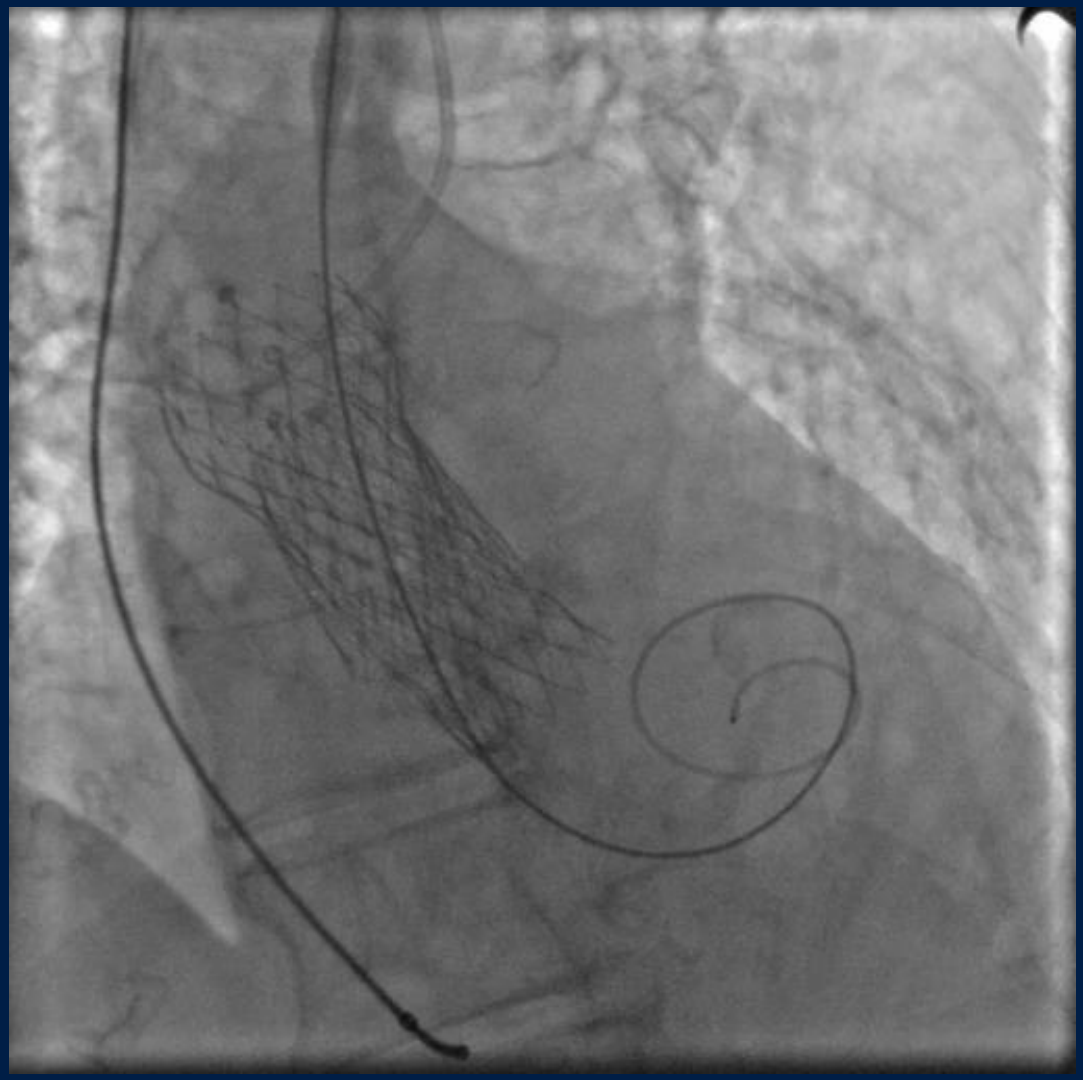


Deployment.



Recovery of the second delivery system.

Final Aortography



Final Results of Intervention

The patient was full stable with no PVL by angio and echo.

Hemodinamics showed no gradient, a good diastolic preasure and AR index.

LESSONS LEARNED
BEST PRACTICES