

**CARDIO
RUN
2023**

**15^{eme} CONGRÈS
DE PATHOLOGIE
CARDIO-VASCULAIRE**

27-28-29 SEPTEMBRE 2023

Hôtel Saint Alexis

ILE DE LA RÉUNION

France

CARDIORUN.ORG

Cas clinique TAVI 27/09/2023

S. Armero, JC. Spychaj, P. Barnay Hôpital Européen Marseille

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TAVI Complex access Mr V



Patient presentation

Mr V.R

Gender : male

Age : 85 years old

Height : 168 cm

Weight : 78 kg

BMI : 27,6

BSA : 1,88

Active life, normal cognitive function

Prior clinical history

Prior history :

CABG 2004

AF

Risk factors :

HTN ; dyslipidemia ; former smoker

Clinical presentation

Acute Heart failure (AF) + VT

Aortic stenosis murmur 5/6

ECG :

Sinus rhythm, normal conduction / repolarisation

TTE investigation

LVEF 45%

Aortic stenosis

- AVA 0.7 cm² / IAVA 0.3 cm²/m²
- Mean Gr 50 mmHg
- Vmax 3.8 m/s

Aortic regurgitation 0/4

Mitral regurgitation 1/4

Preoperative evaluation

Laboratory

creatinin 99mL/min

NTproBNP 830 pg/mL

Coronary angiography

RCA medical

ATC DES LIMA/IVA2

Sp-Mg ok

Key issues

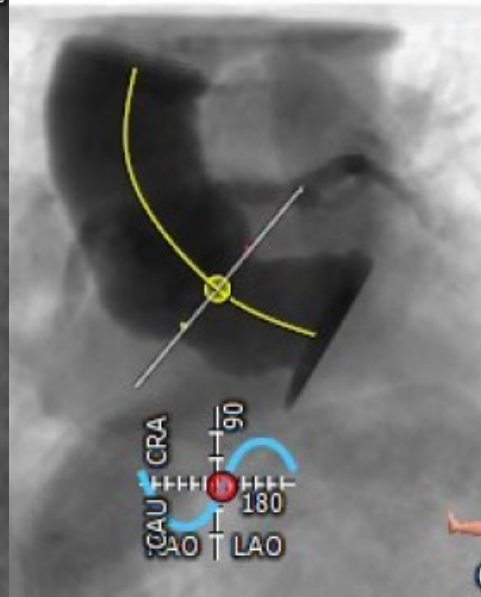
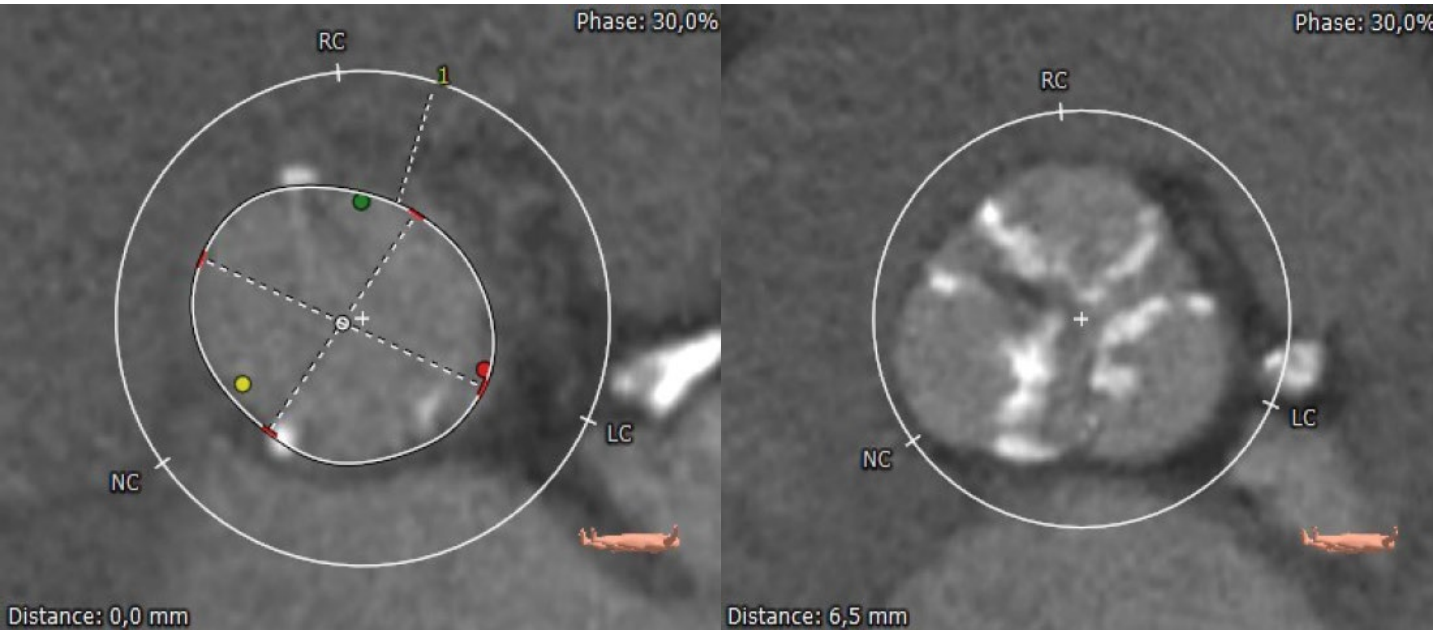
Symptomatic aortic stenosis
85 years old patient

Risk scores

- Logistic Euroscore 26.4
- Euroscore II 6.11
- STS Score 2.3

=> TAVI

CT-Scan



Annulus diameter = 29 mm

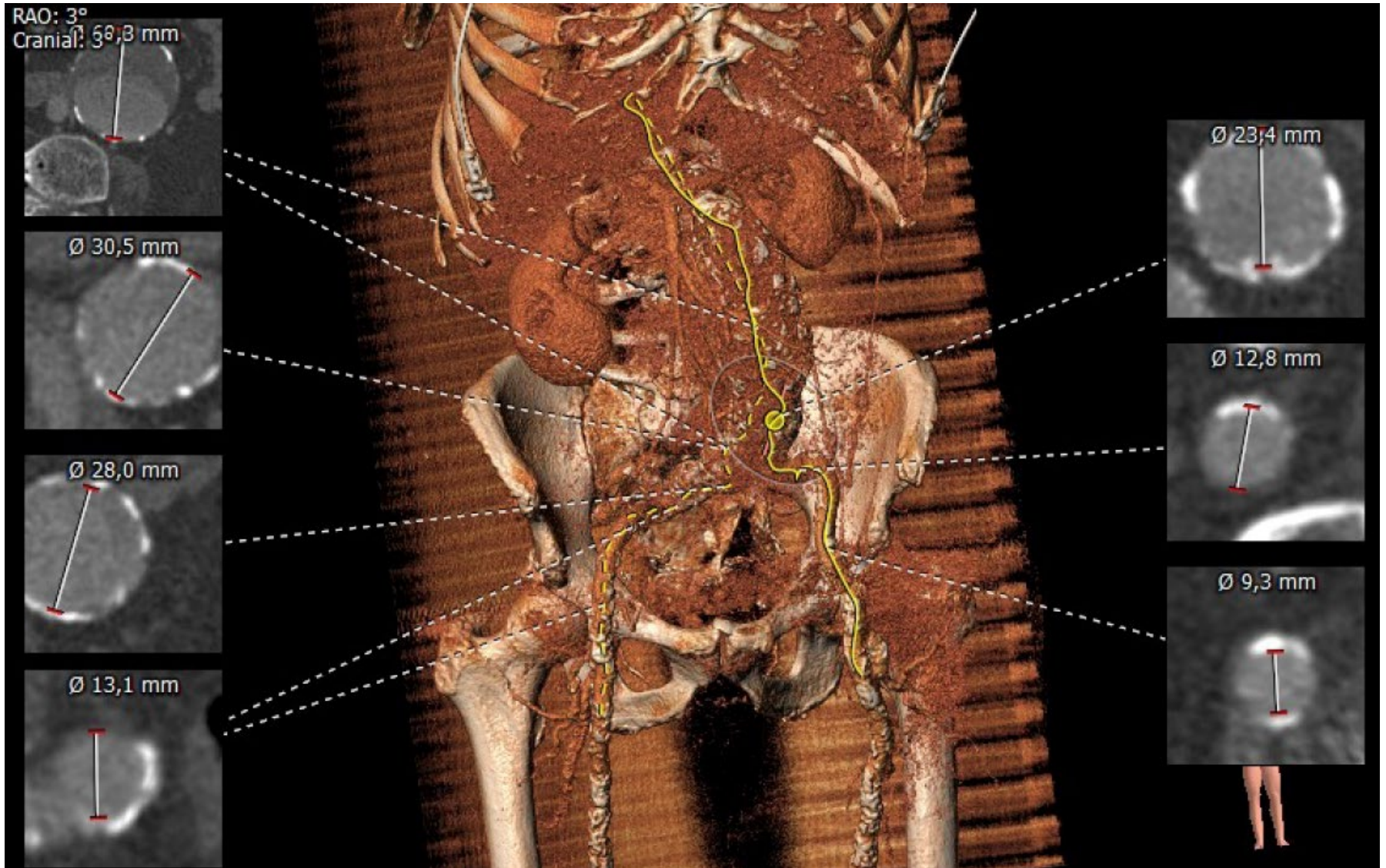
LVOT = 28.8 mm

Calcium scoring 1432 mm³/ threshold 450 HU

RCA 14 mm

LCA 15.7 mm

Femoral Access



Femoral Access

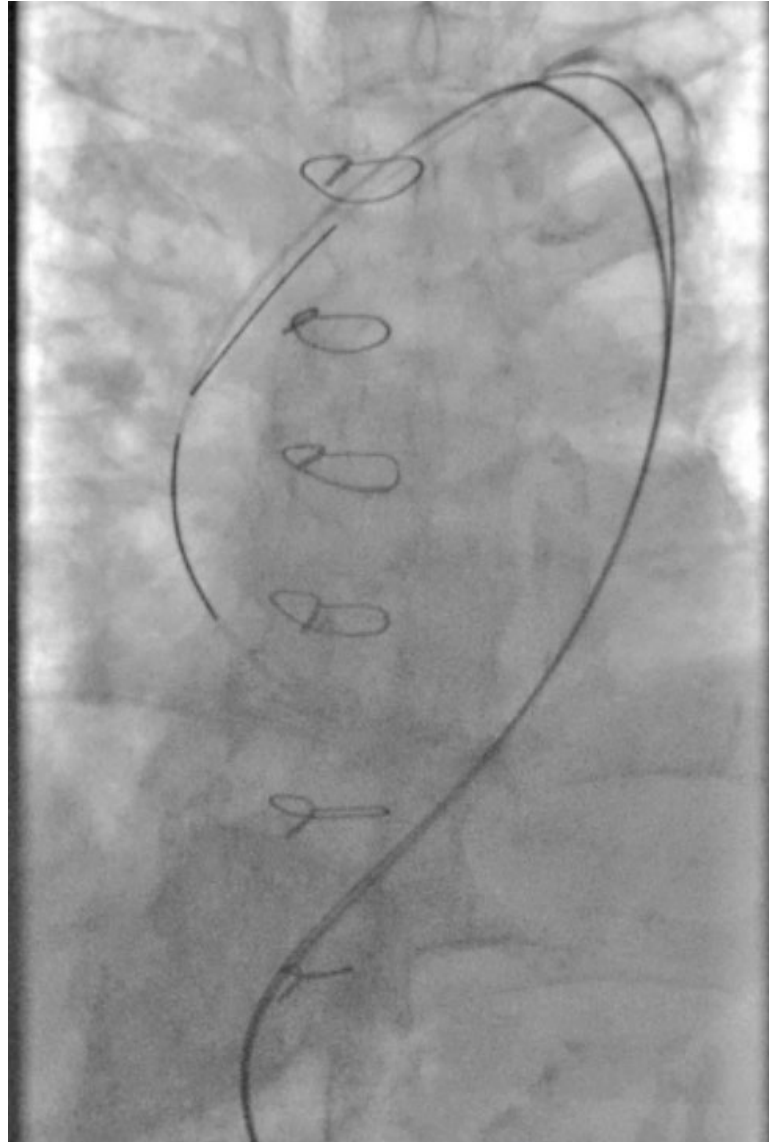


Procedural strategy

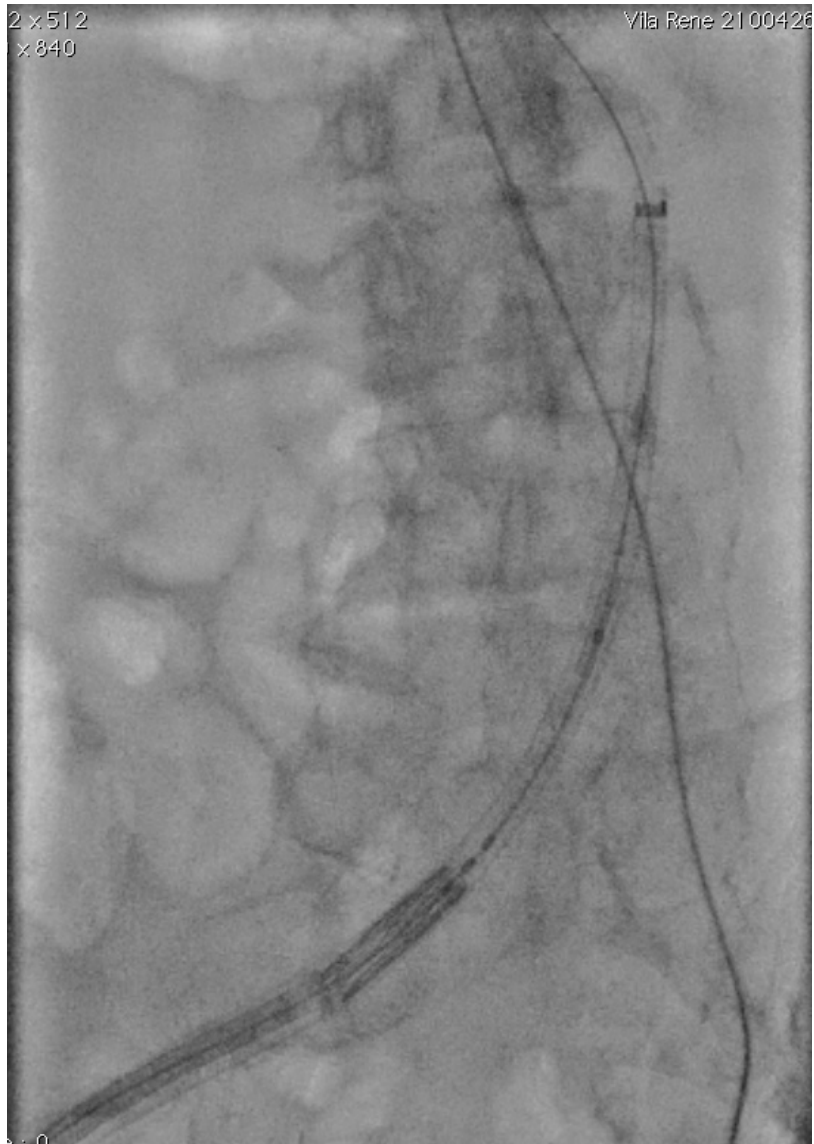
- Conscious sedation
- Left femoral access 5F
- Right femoral access 14F
- No EPD (no right radial access)
- Heparin 100UI/Kg - ACT 331

>>> Edwards Sapien 3 29mm

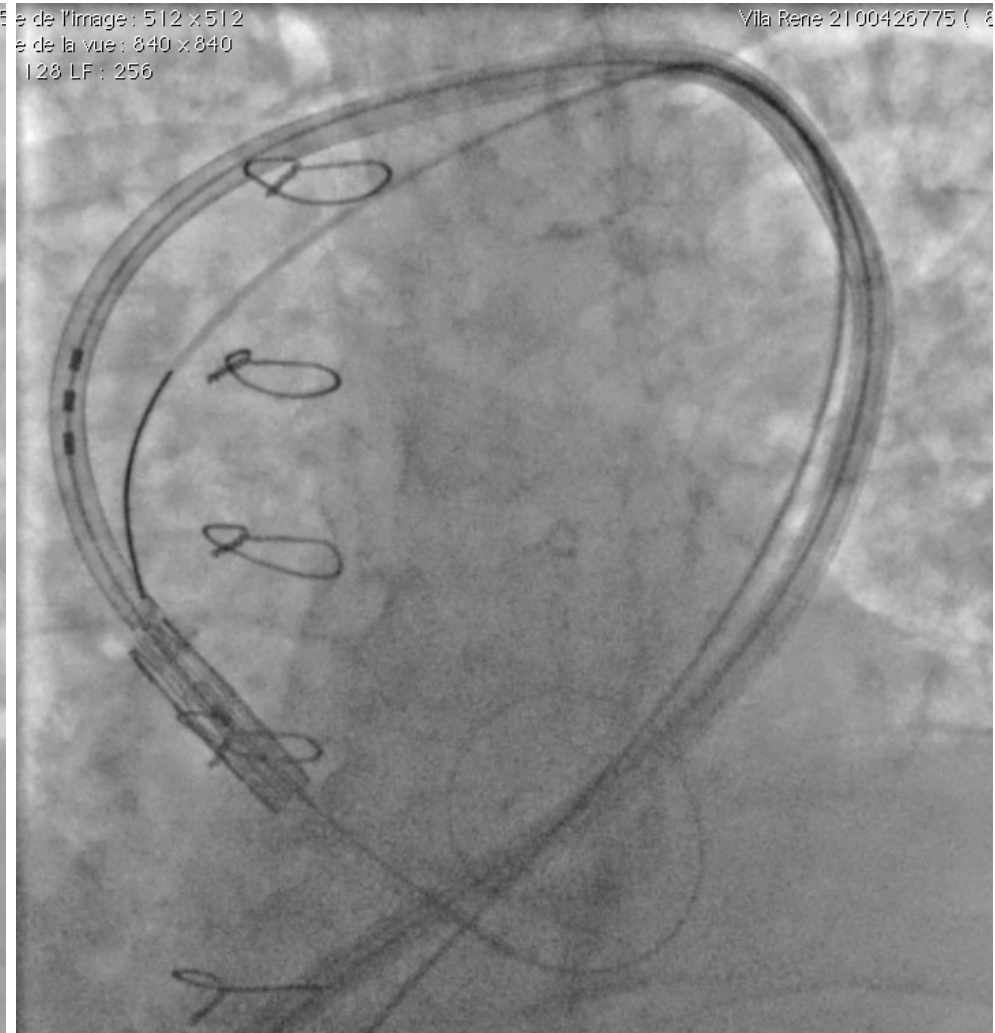
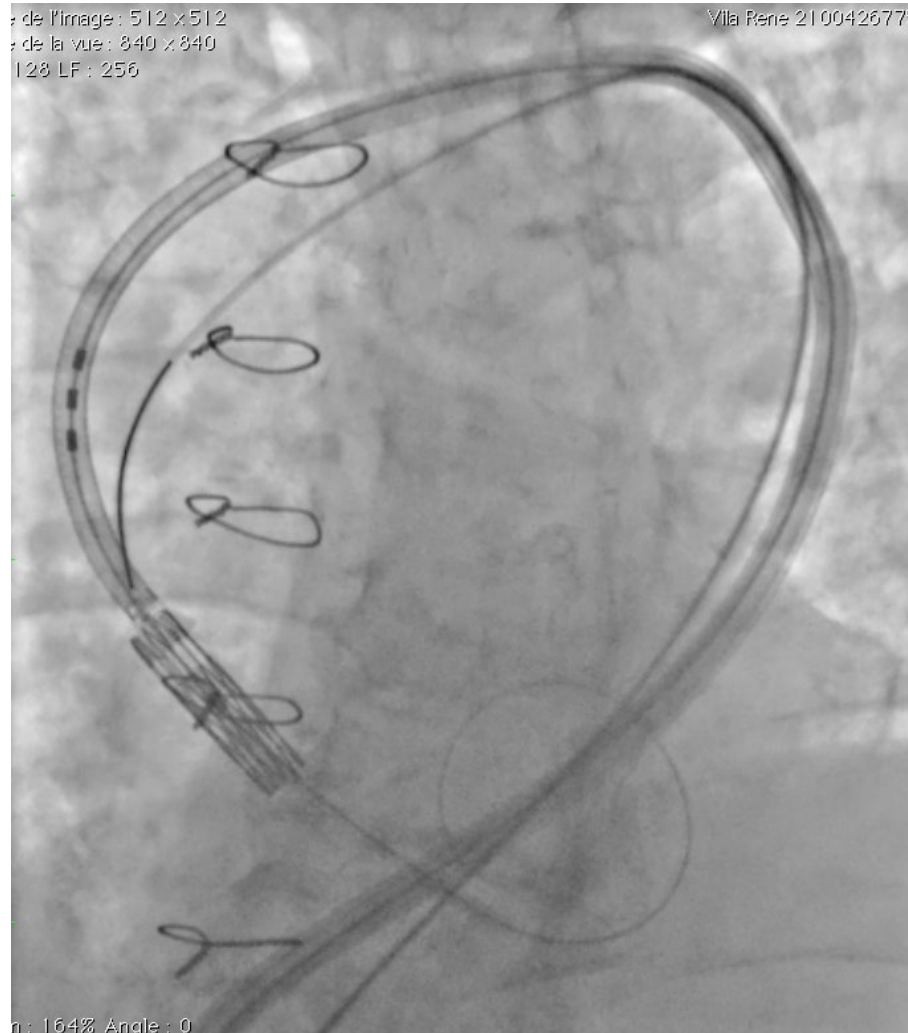
Extra stiff parallel wire (x2)



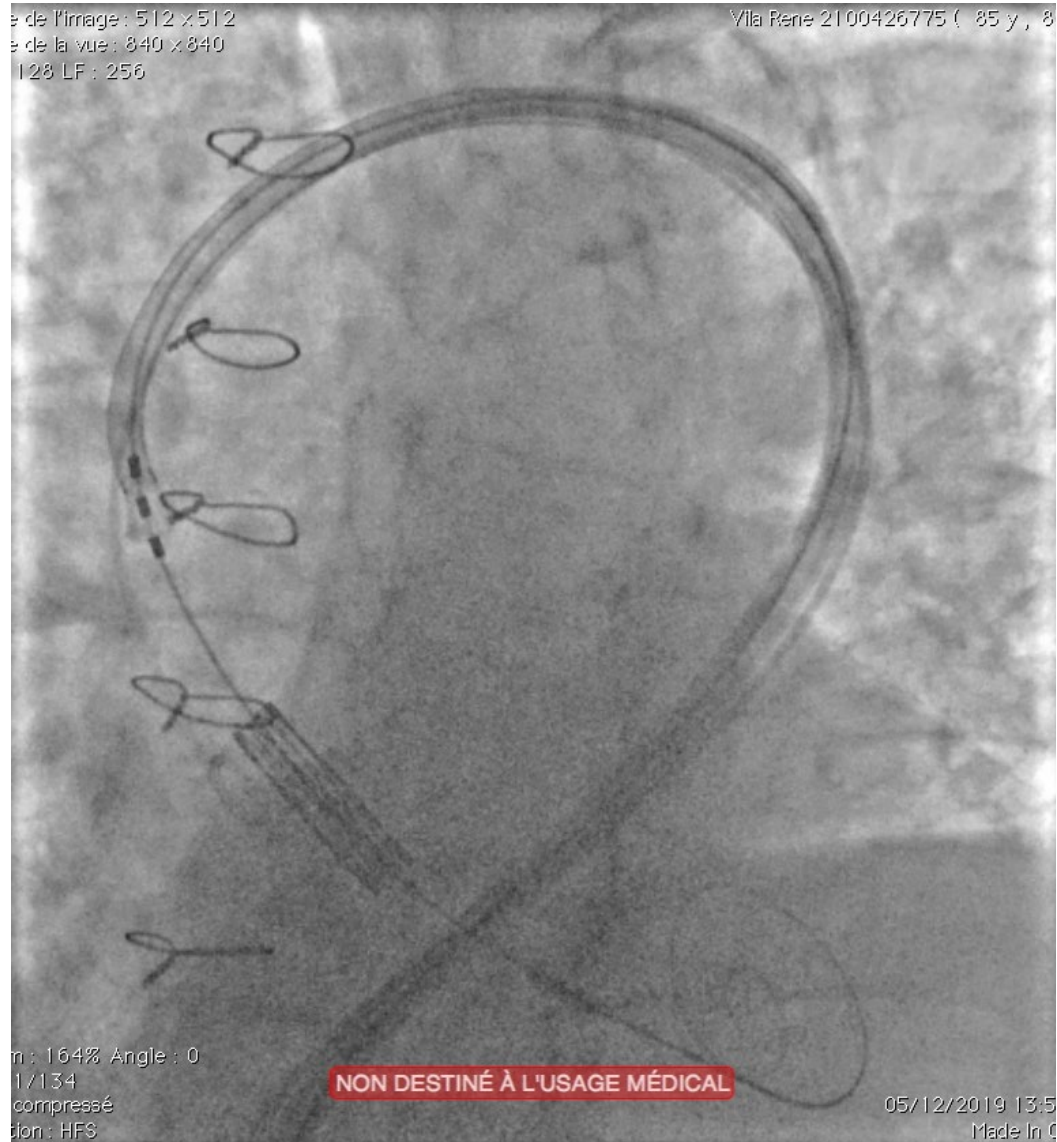
Crossing aortic angulation



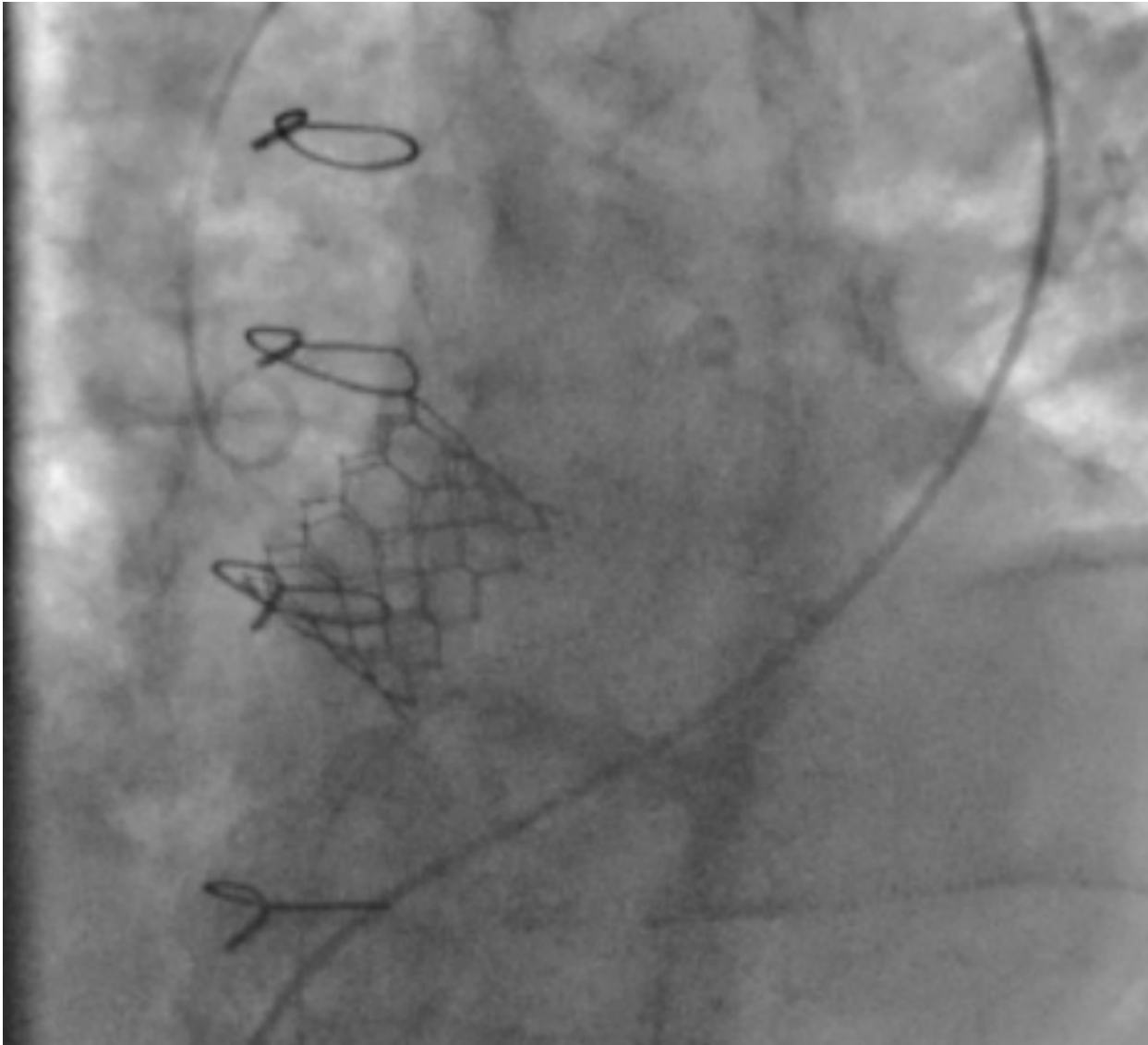
Crossing aortic valve



Endoprosthesis deployment



Final angiography



Aorta-Access control



In hospital evolution

LBBB + HV 95ms > PM implantation

No femoral access complication

Post TTE evaluation

- Mean Gr 7 mmHg – Area 3 cm²
- No leak
- No pericard effusion

Back home D+4 post procedure

Learning Points

- Ultra stiff parallel wire
- Valve crossing

RA sévère asymptomatique

- Une intervention est recommandée chez les personnes asymptomatiques qui ont un RA sévère et une dysfonction systolique VG (FEVG < 50 %) sans autre cause (I, B).
- Une intervention est recommandée chez les personnes asymptomatiques qui ont un RA sévère et des symptômes lors de l'épreuve d'effort (I, C).

- Voie fémorale++
- Peu de patients contre indiqués
- Procédure devenue simple
- Recommandation ESC 2021 étendue du TAVI discussion pour les patients à risque intermédiaire (selon les caractéristiques individuelles cliniques, anatomiques et liées au geste (I, B).)
- Derniers problèmes reinterventions, accès coronaire et durabilité



- Merci!