CARDIO RUN 2025
17ème CONGRÈS DE PATHOLOGIE CARDIO-VASCULAIRE
17-18-19 SEPTEMBRE 2025
Hôtel Saint Alexis ILE DE LA RÉUNION France
CARDIORUN.ORG

TAVI
Une Procédure Valve in valve

Géraud SOUTEYRAND
CHU Clermont-Ferrand

CLERMONT-FERRAND
CENTRE HOSPITALIER UNIVERSITAIRE

Conflits d'intérêts

Consultant Terumo, Medtronic, Abbott, B Braun, Schockwave

TAVI & VIV

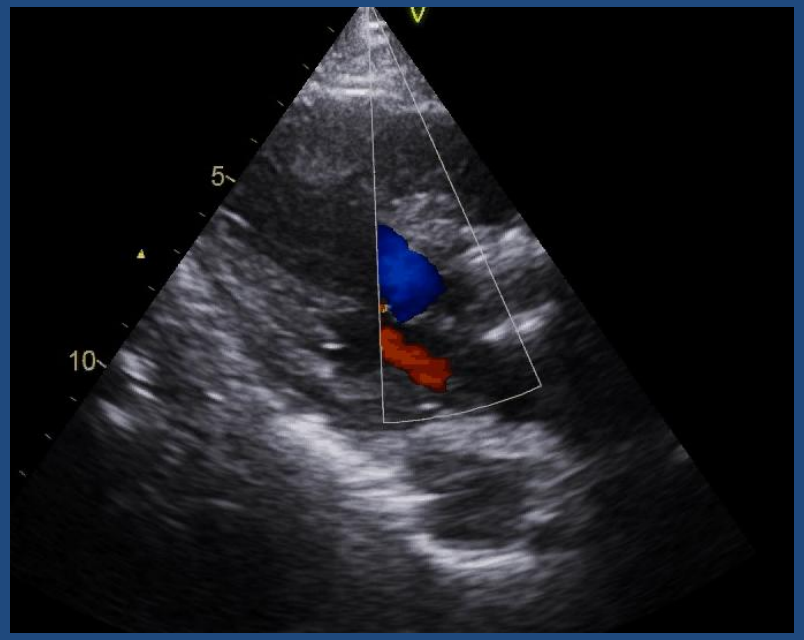
Mme LM., 77 ans

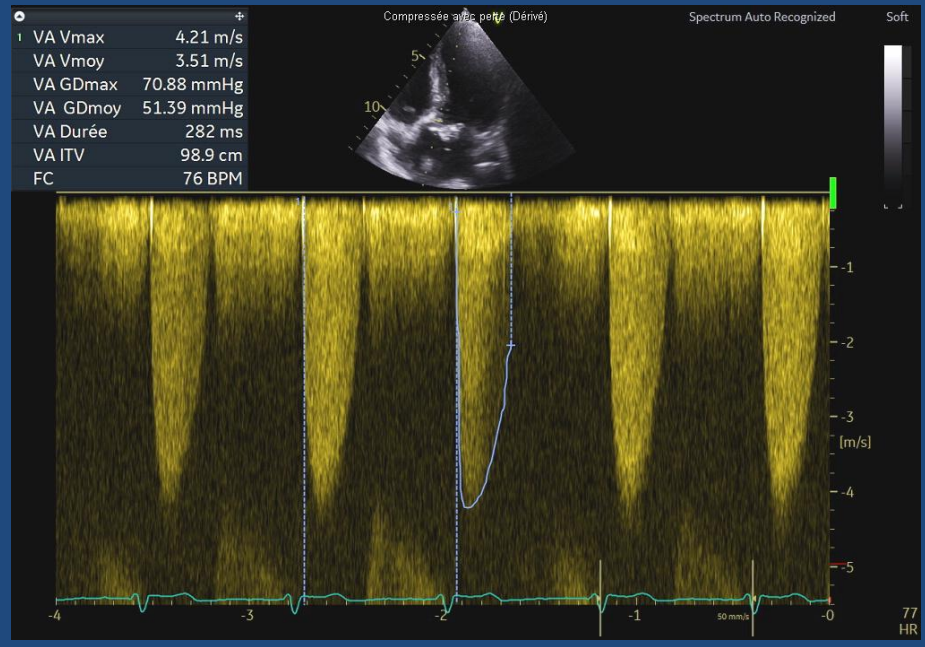
Juin 2015: RVAo : prothèse Carpentier Edwards Magna Ease 19 mm
Gradient moyen: 17 mmHg en post-opératoire

Février 2025 : dyspnée d'effort.

TAVI & VIV

Février 2025. Dyspnée au moindre effort
Dégénérescence de Bioprothèse. Gradient moyen à 51mmHg,
Fuite Intraprothétique grade II. FEVG 65%

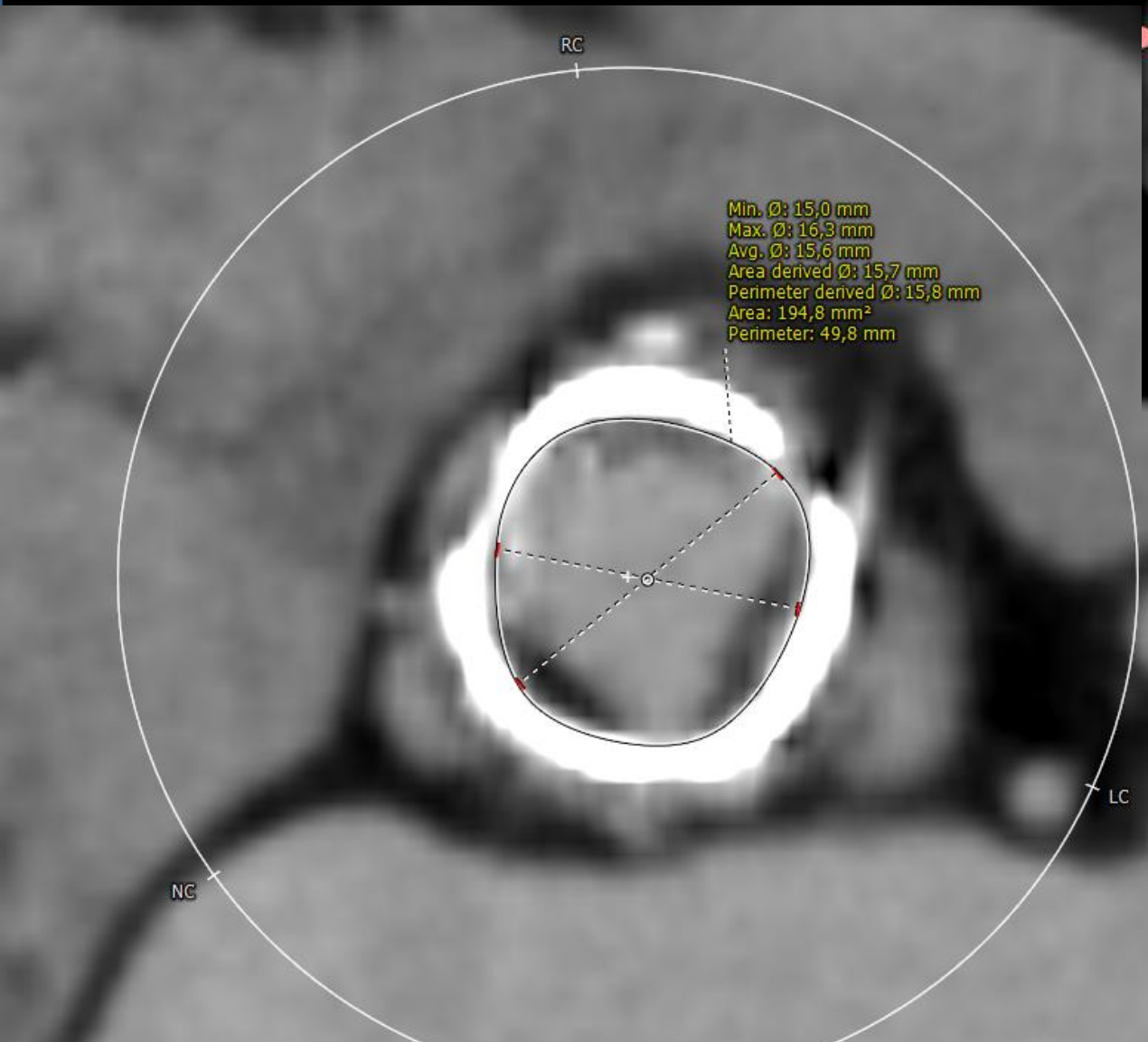


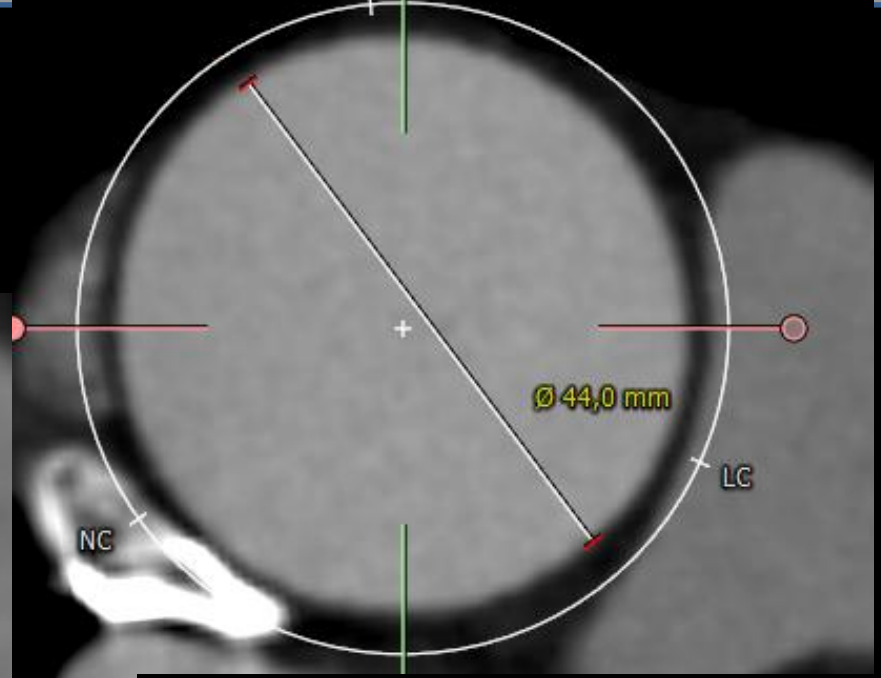


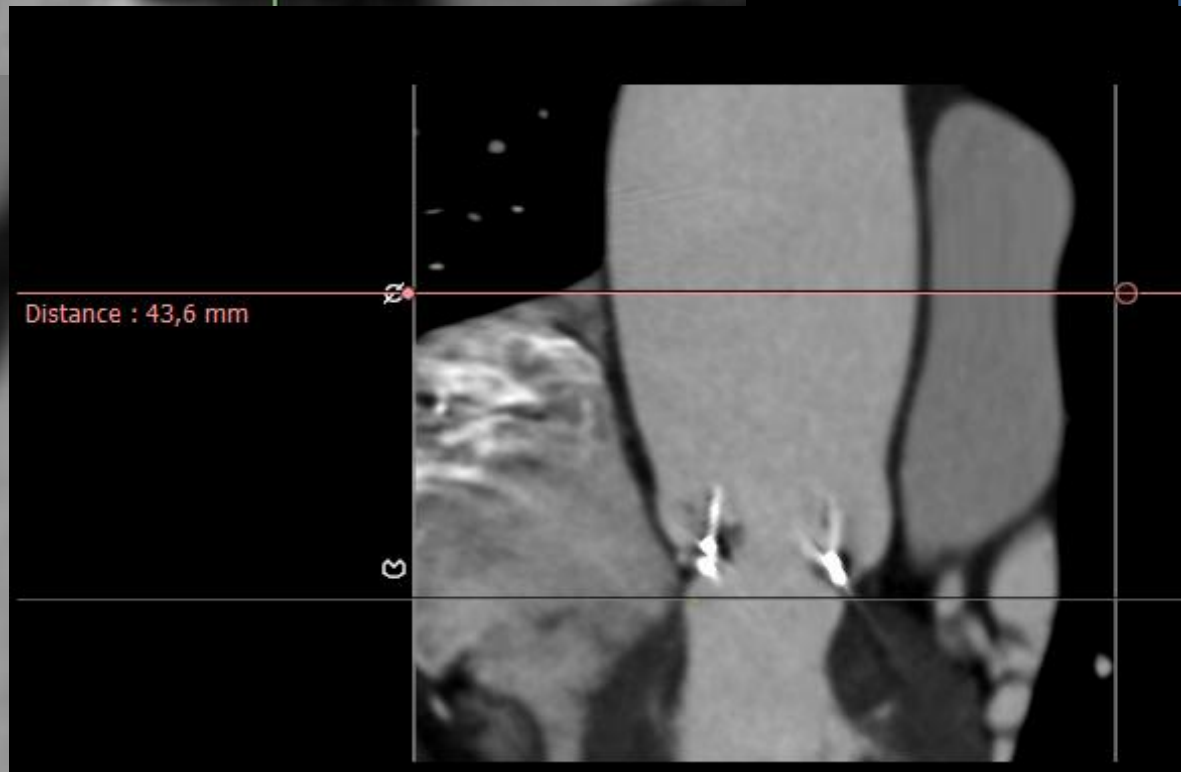
Coronarographie : Athérome diffus sans lésion significative

TAVI & VIV

Bilan pré-TAVI



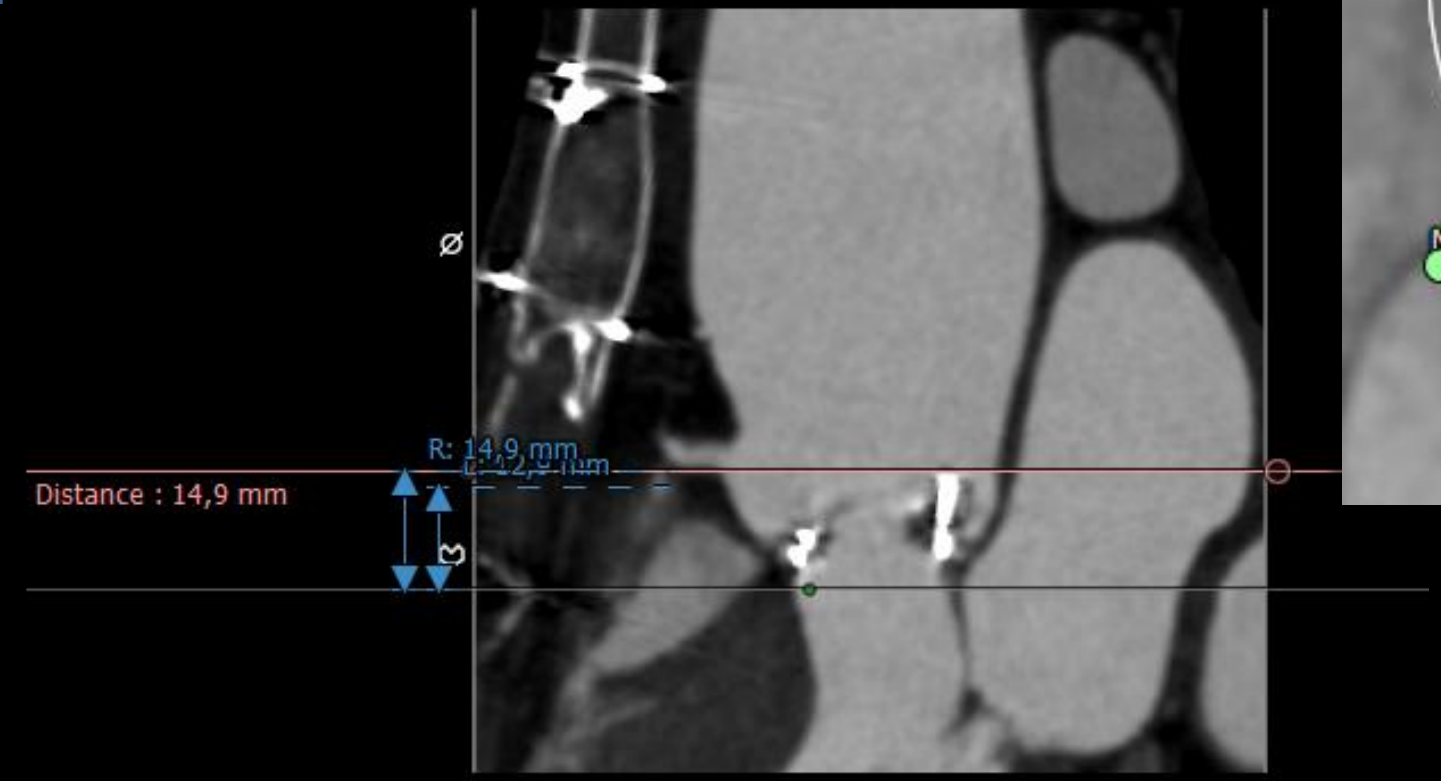


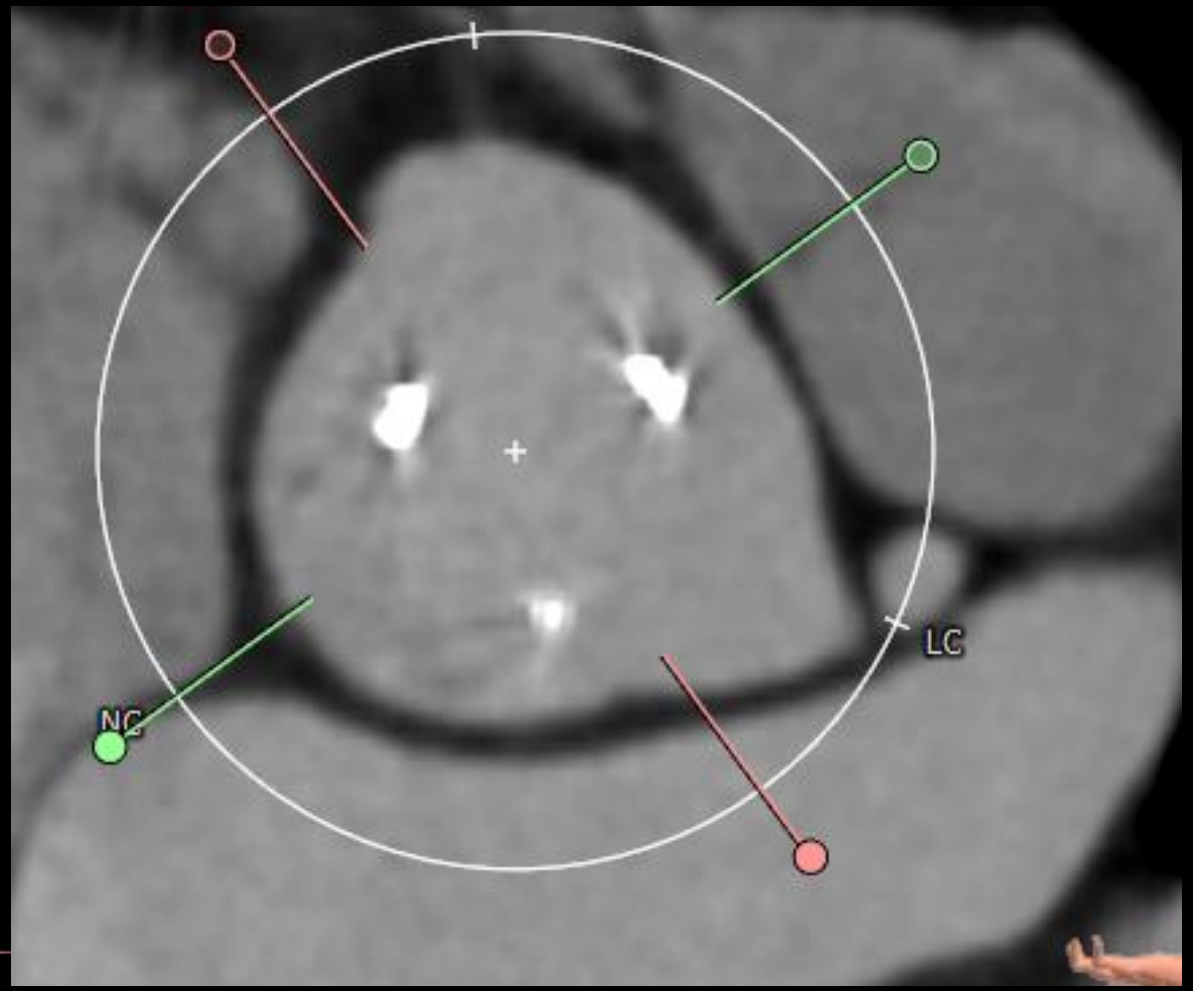


TAVI & VIV

Bilan pré-TAVI

Hauteur coronaires





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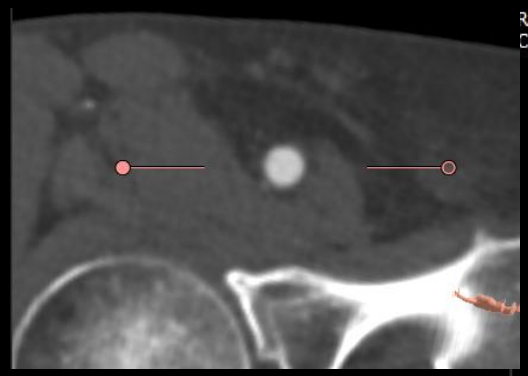
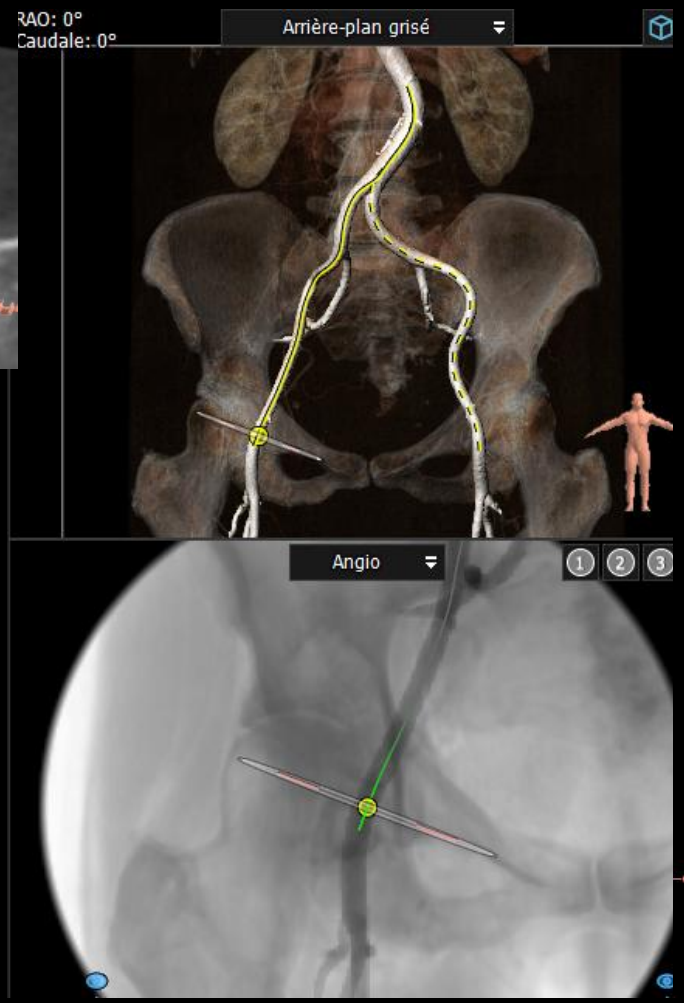
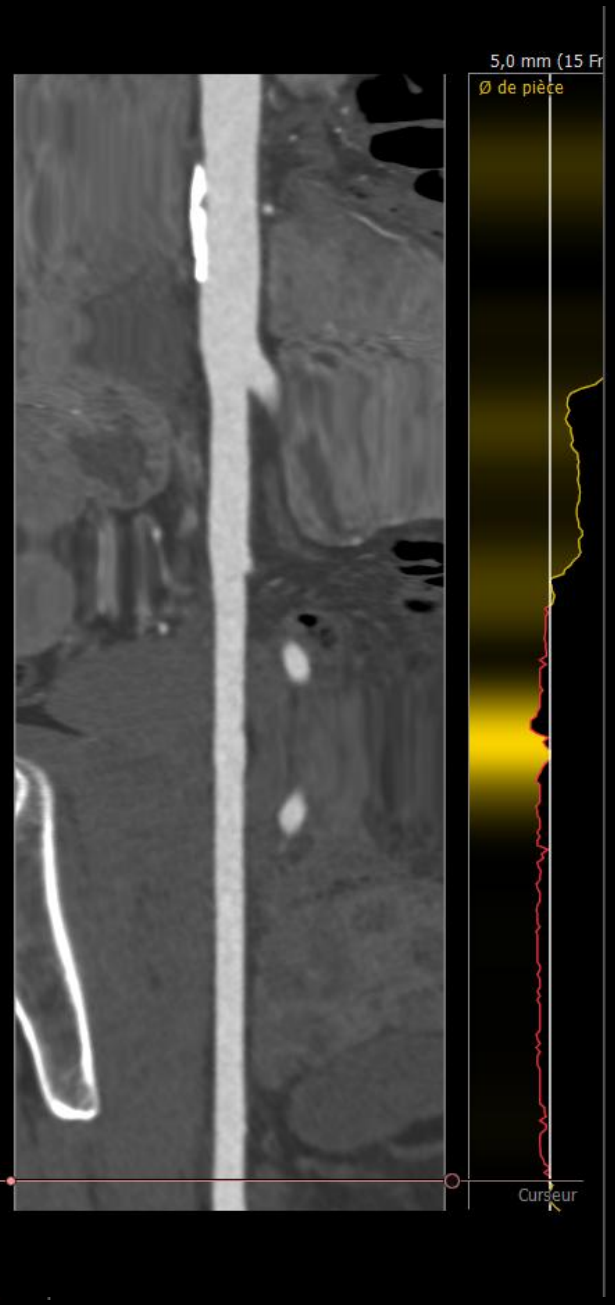
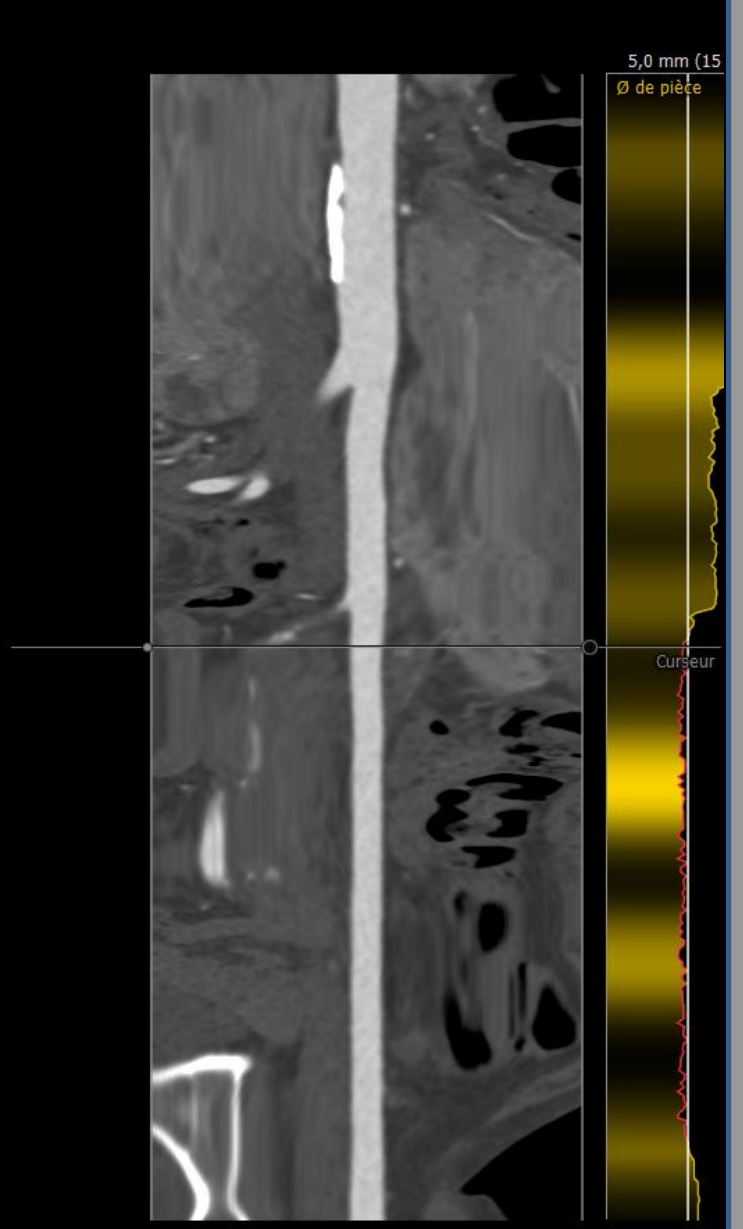
Bilan pré-TAVI

Voie d'abord



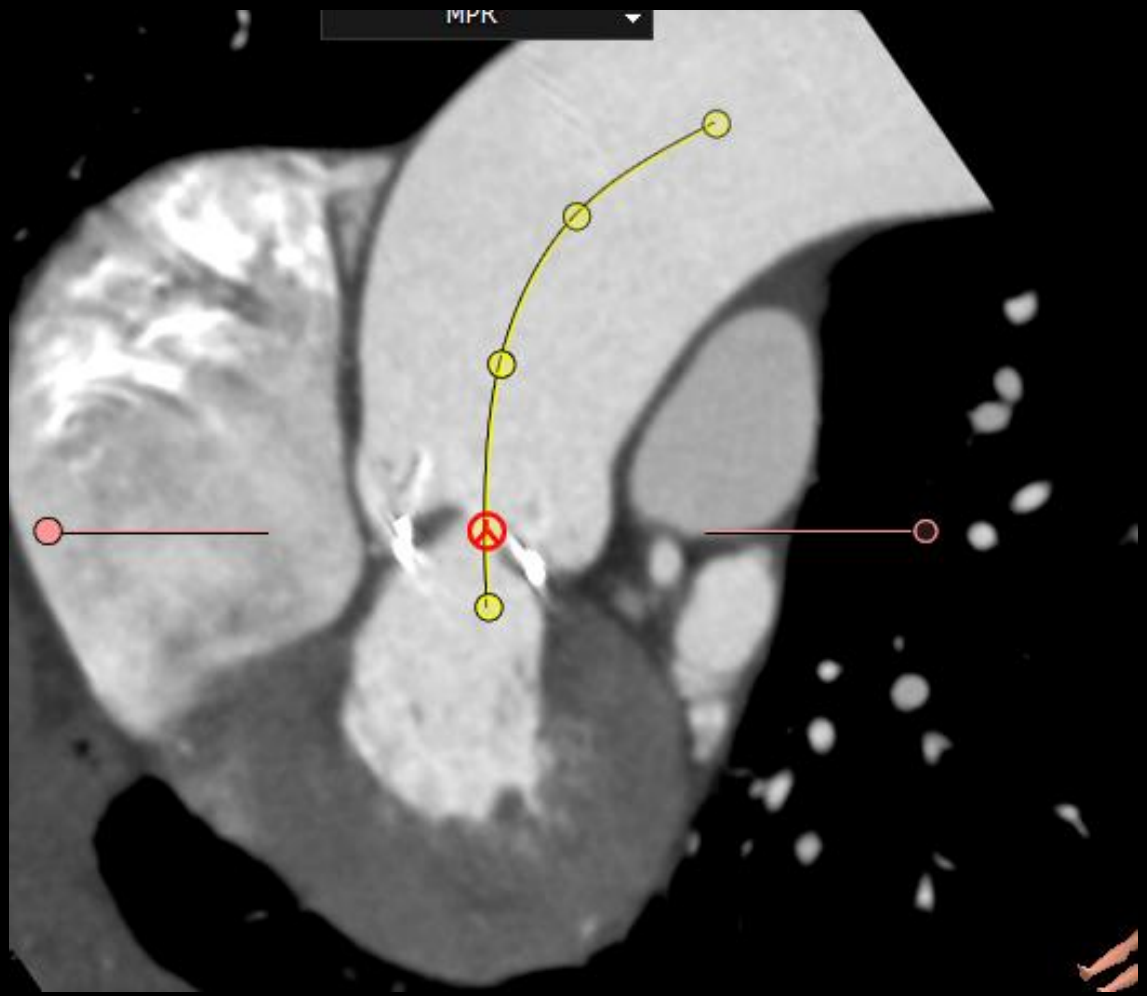


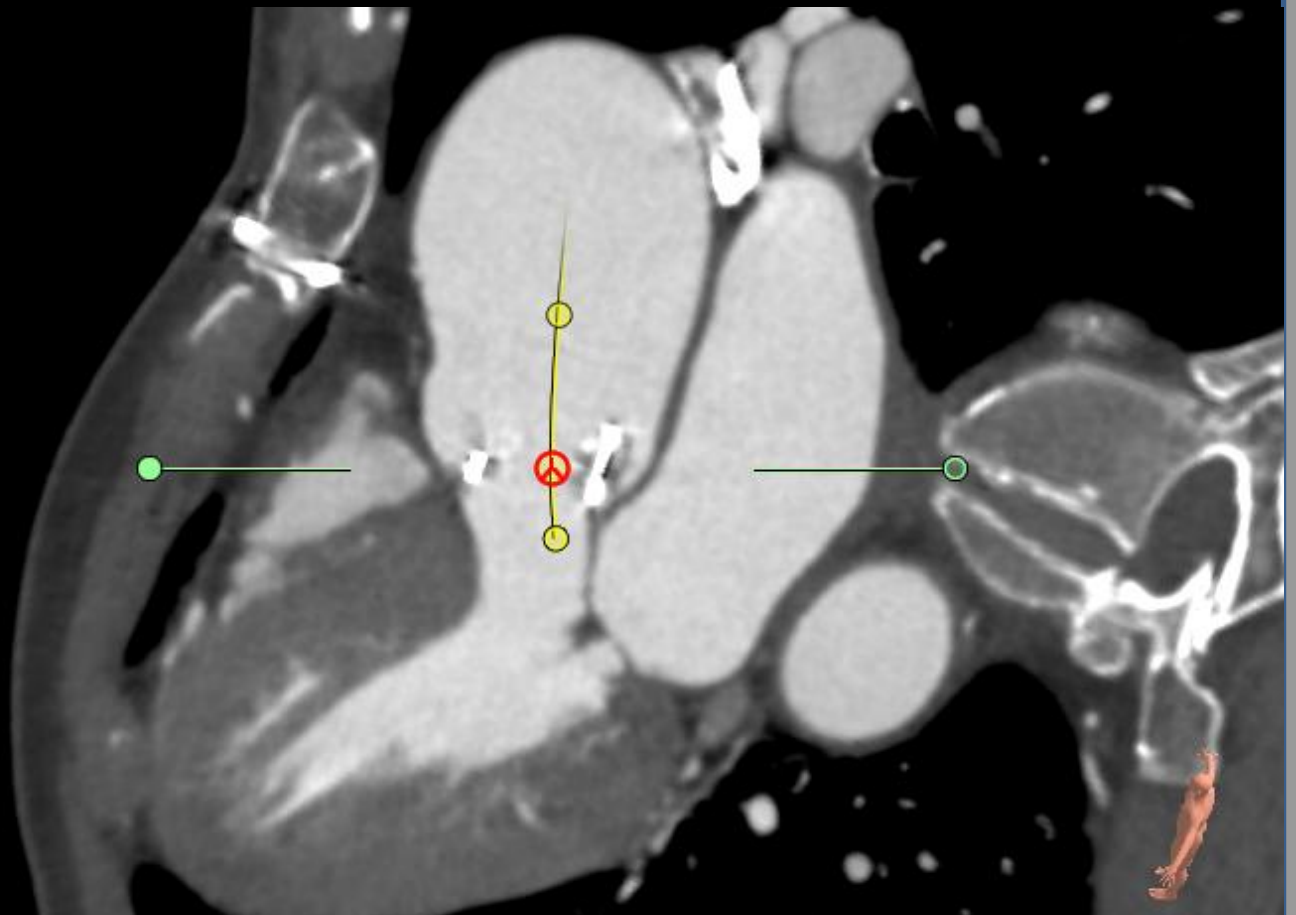




TAVI & VIV

Bilan pré-TAVI





Patiente 77 ans

Dégénérescence de prothèse CE® 19mm à 10 ans

Hauteurs coronaires correctes

Voie abord fémorale accessible

Quelle est votre stratégie?

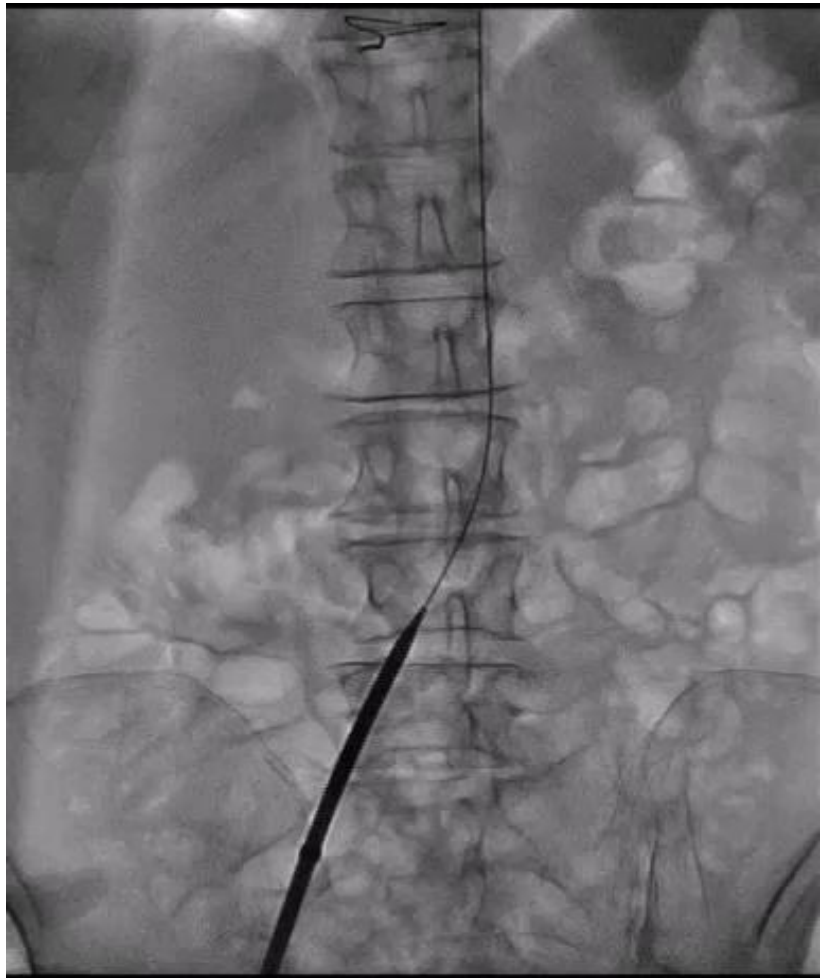
Quelle valve ?

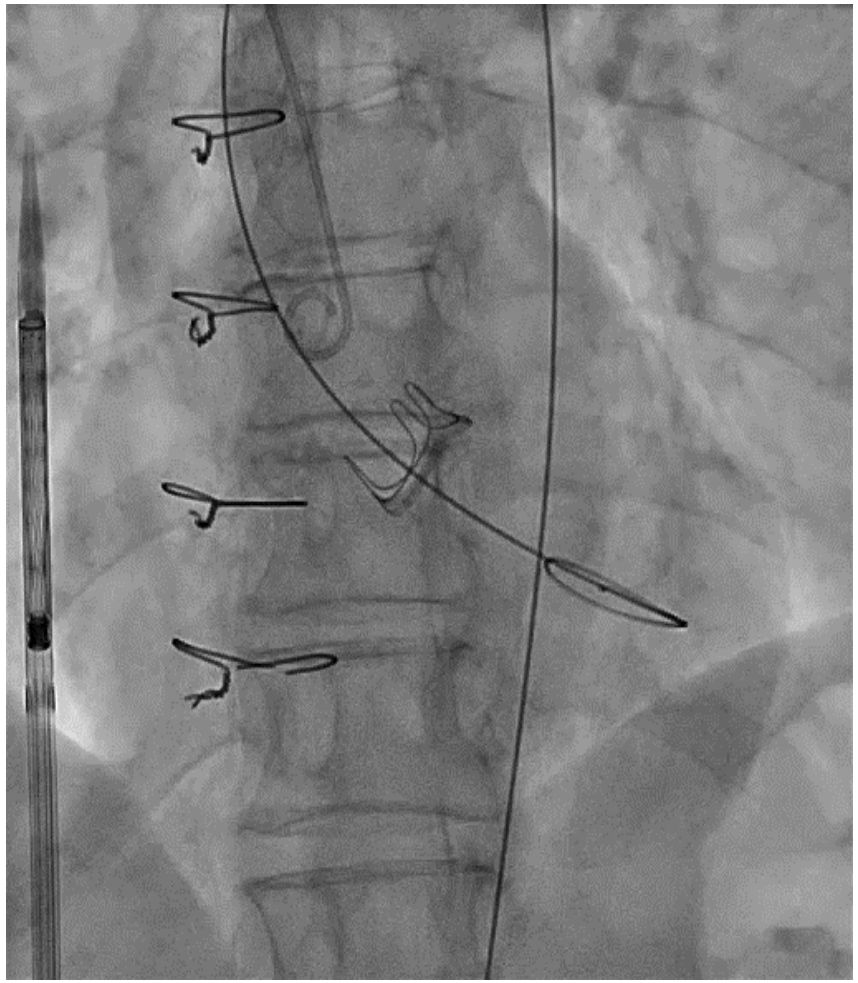
Cracking ?

TAVI & VIV

Procédure TAVI

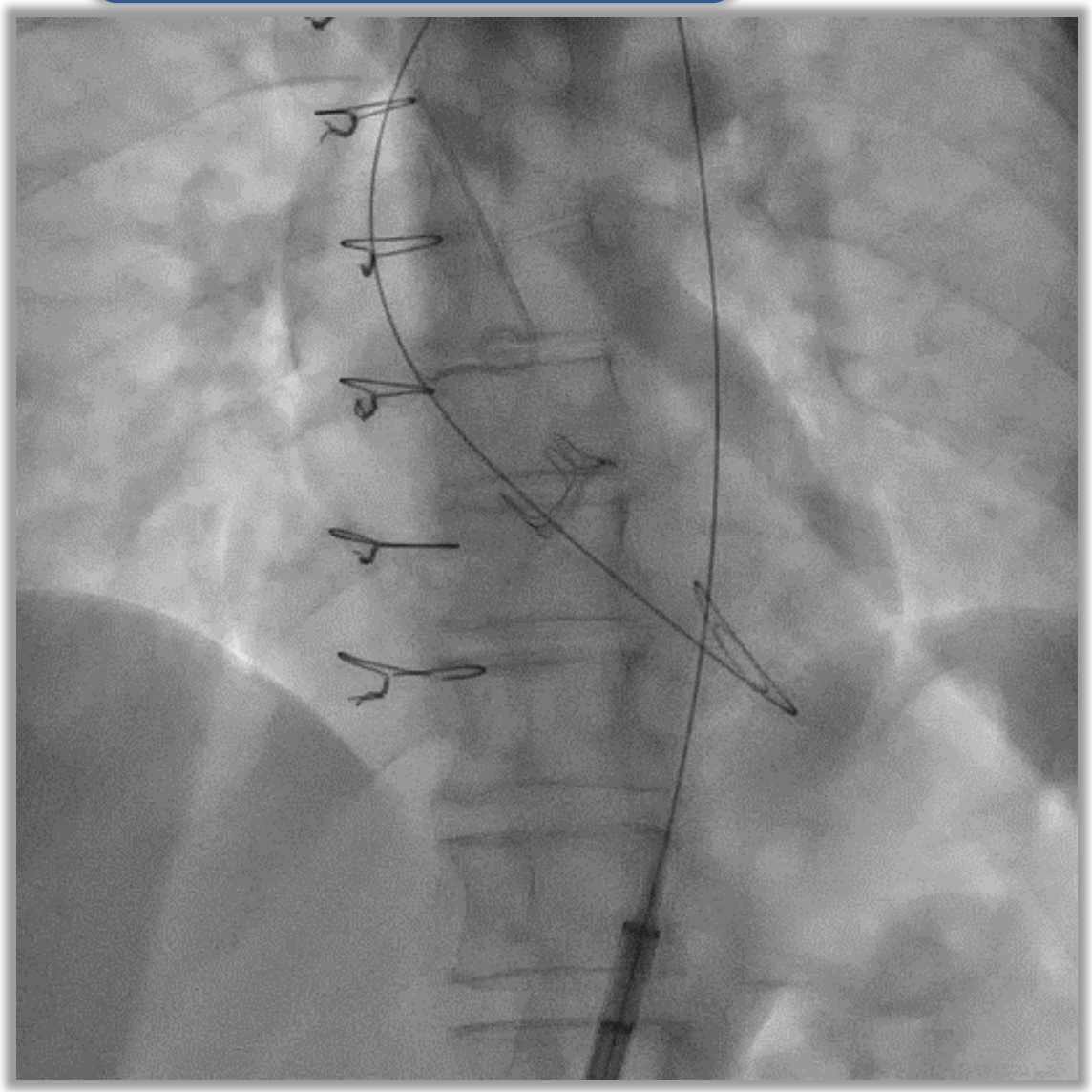
Voie fémorale droite avec un abord radial droit
Anesthésie locale

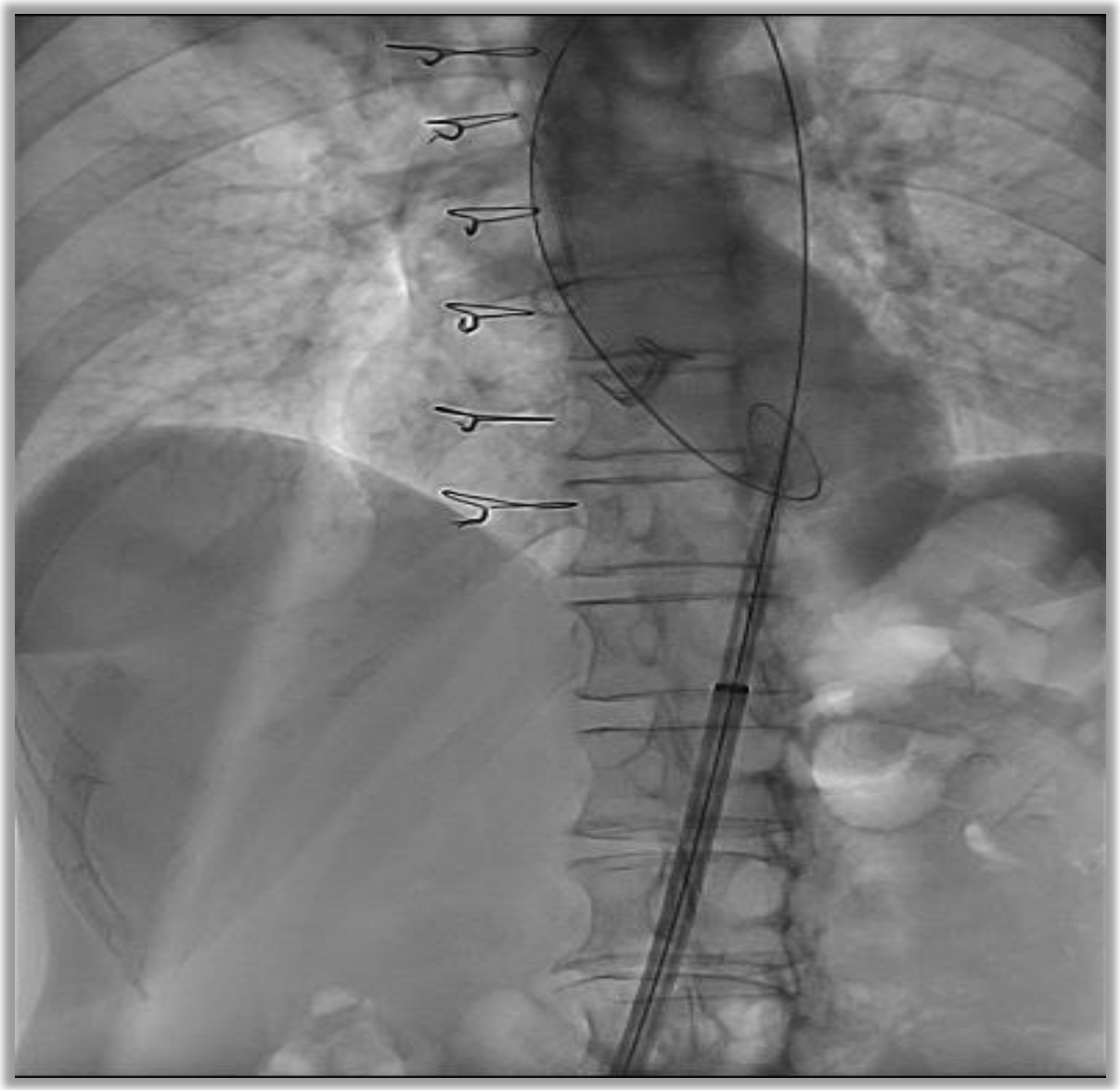


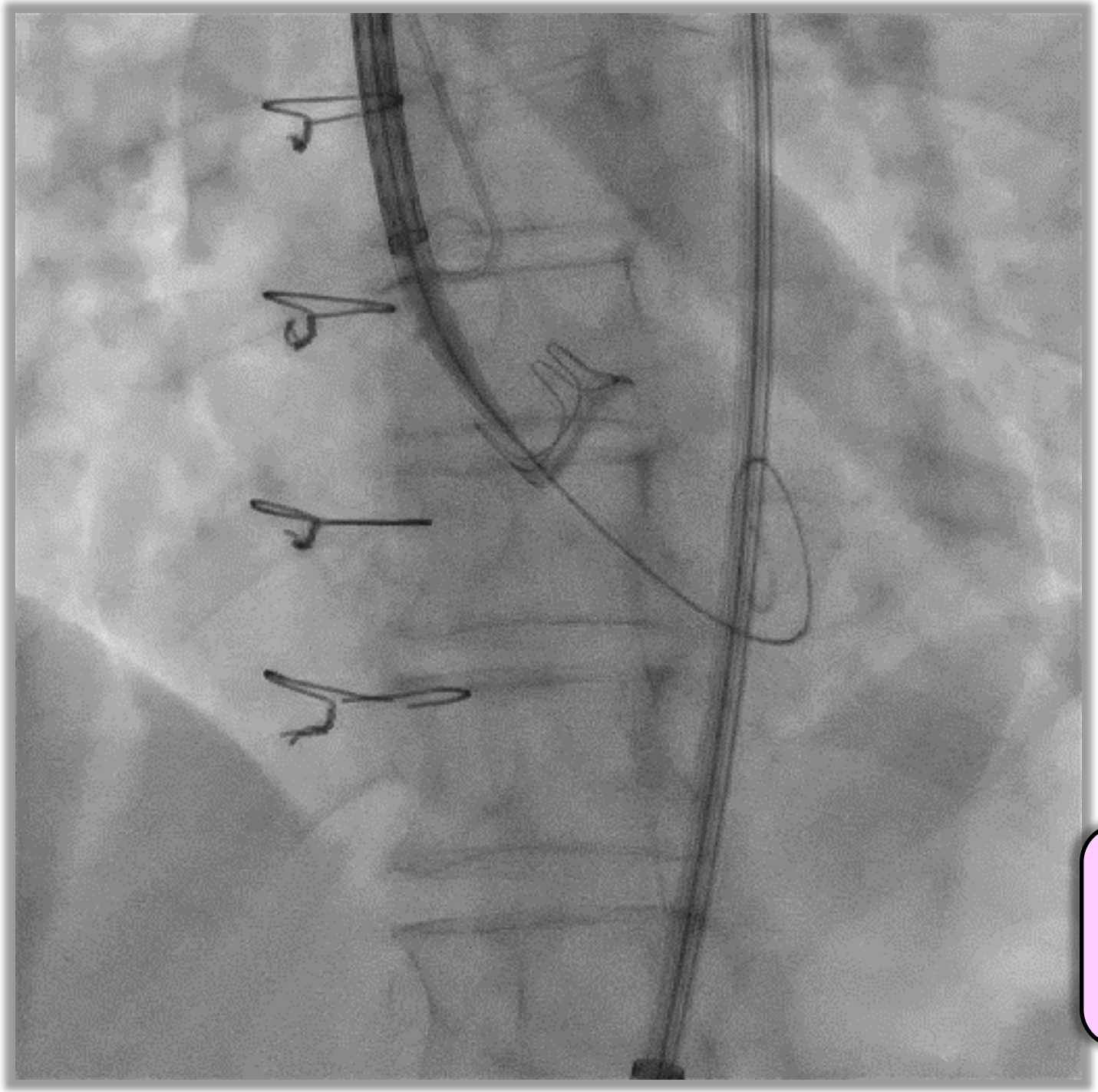


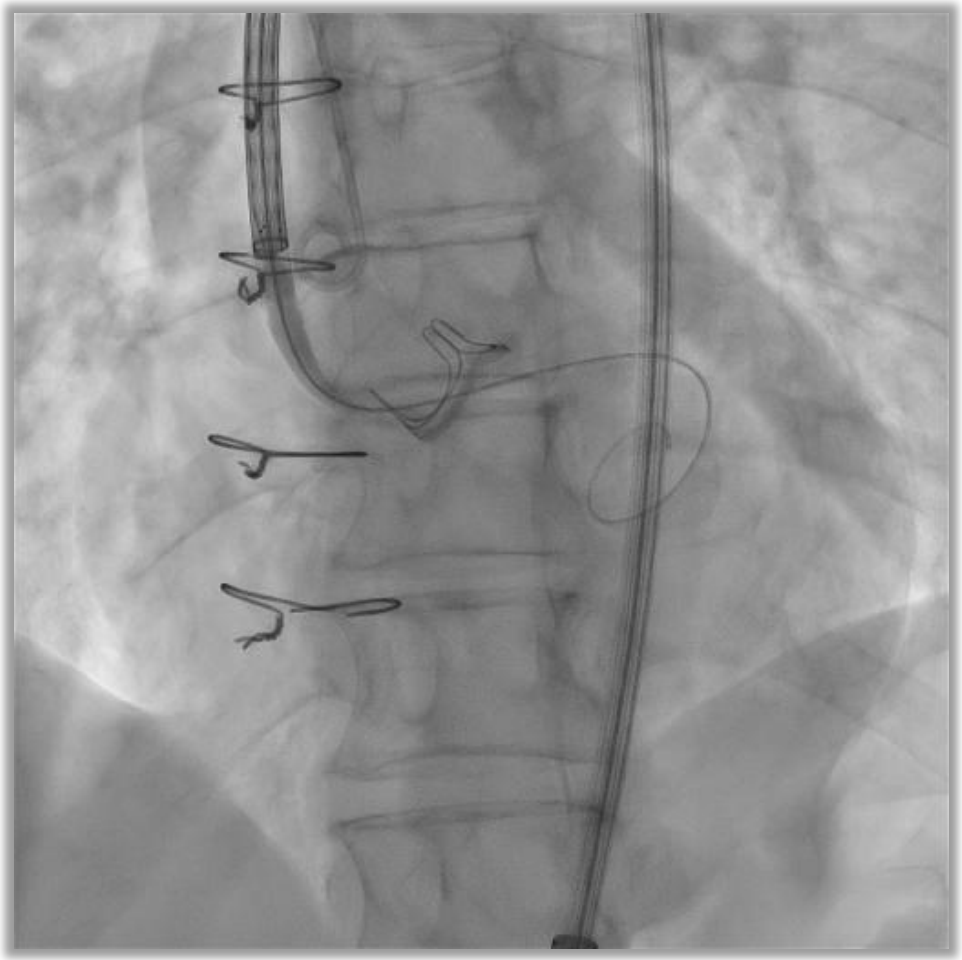
TAVI & VIV

Procédure TAVI



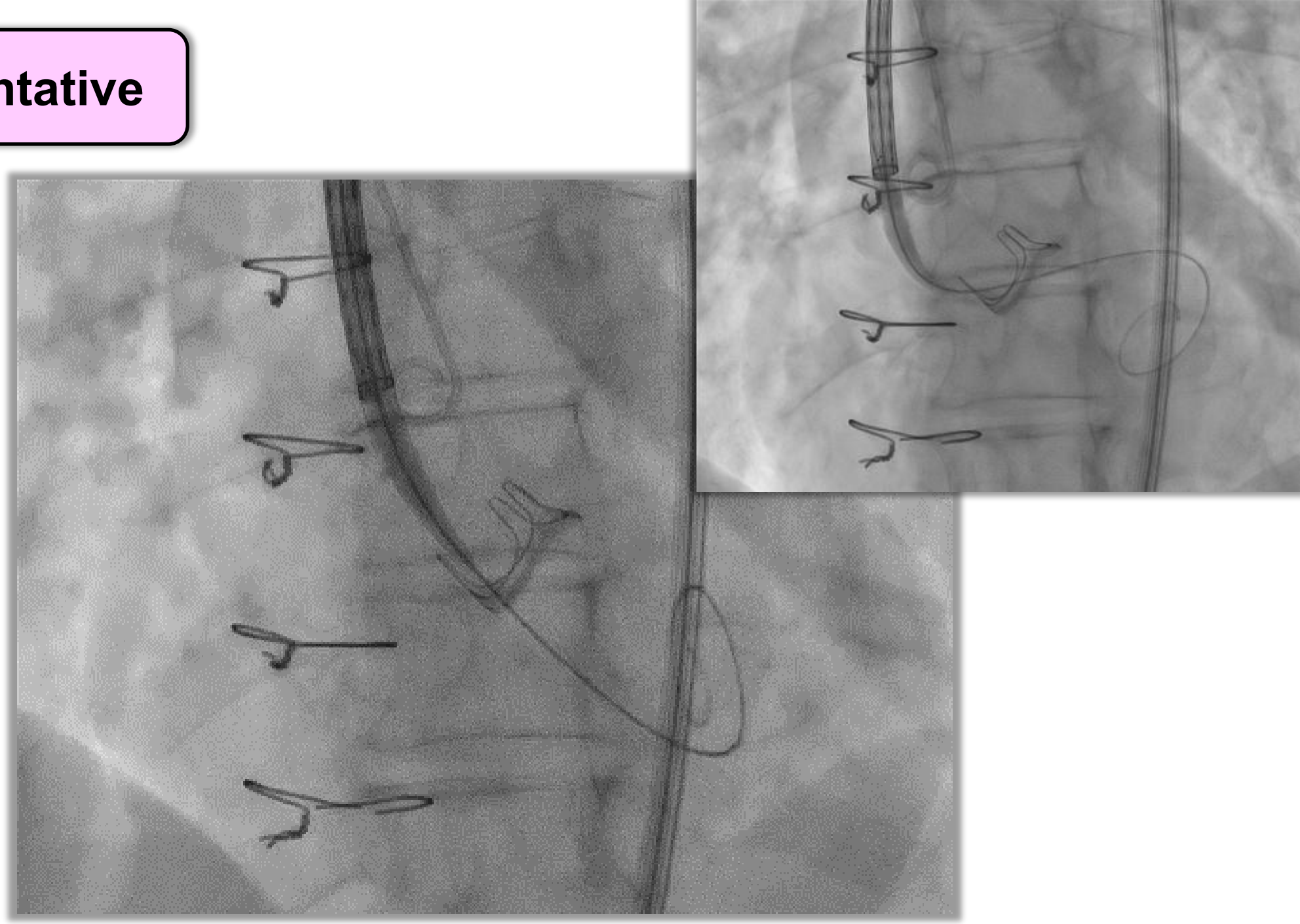




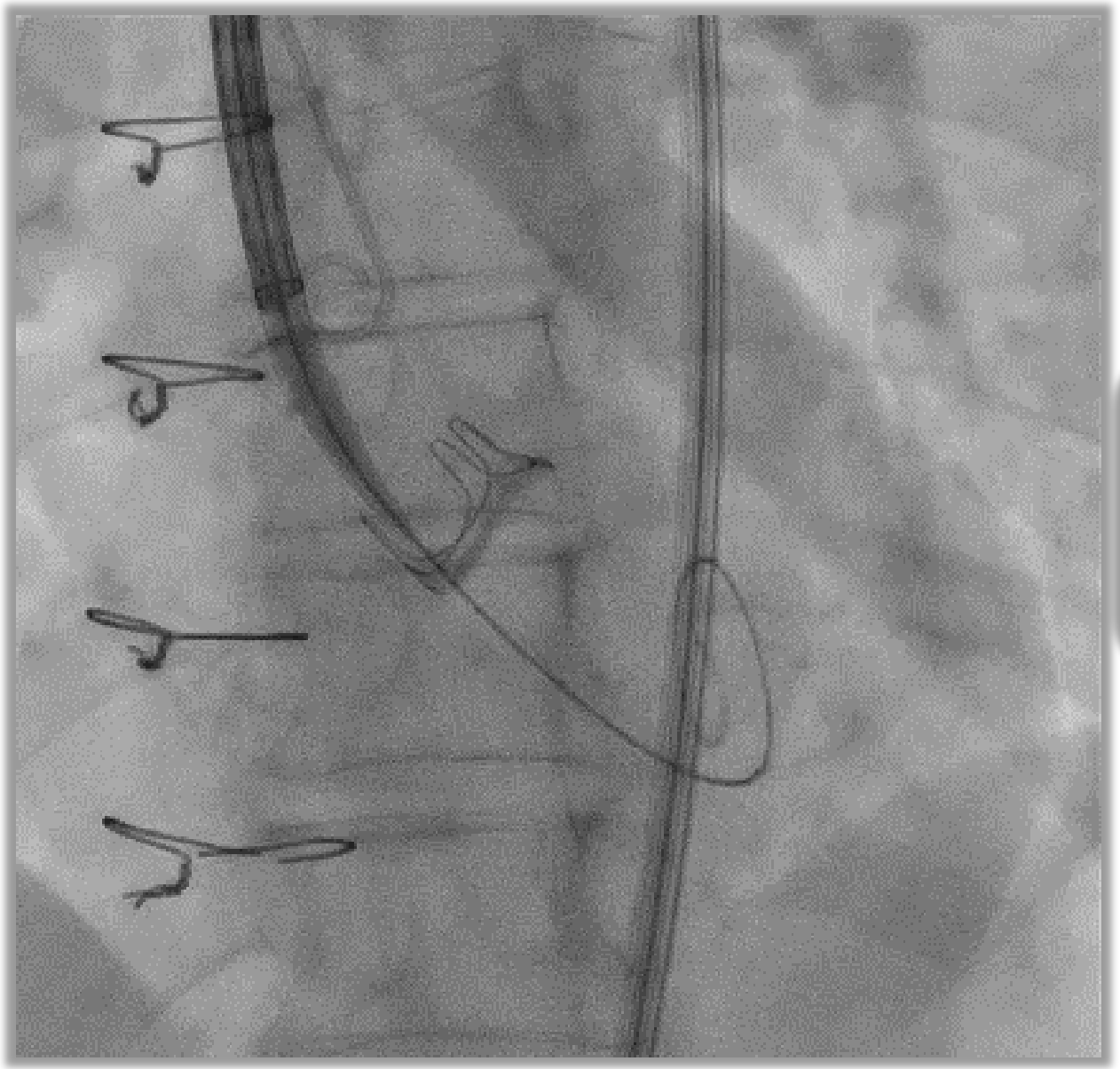


Difficultés de franchissement de la valve

Nouvelle tentative



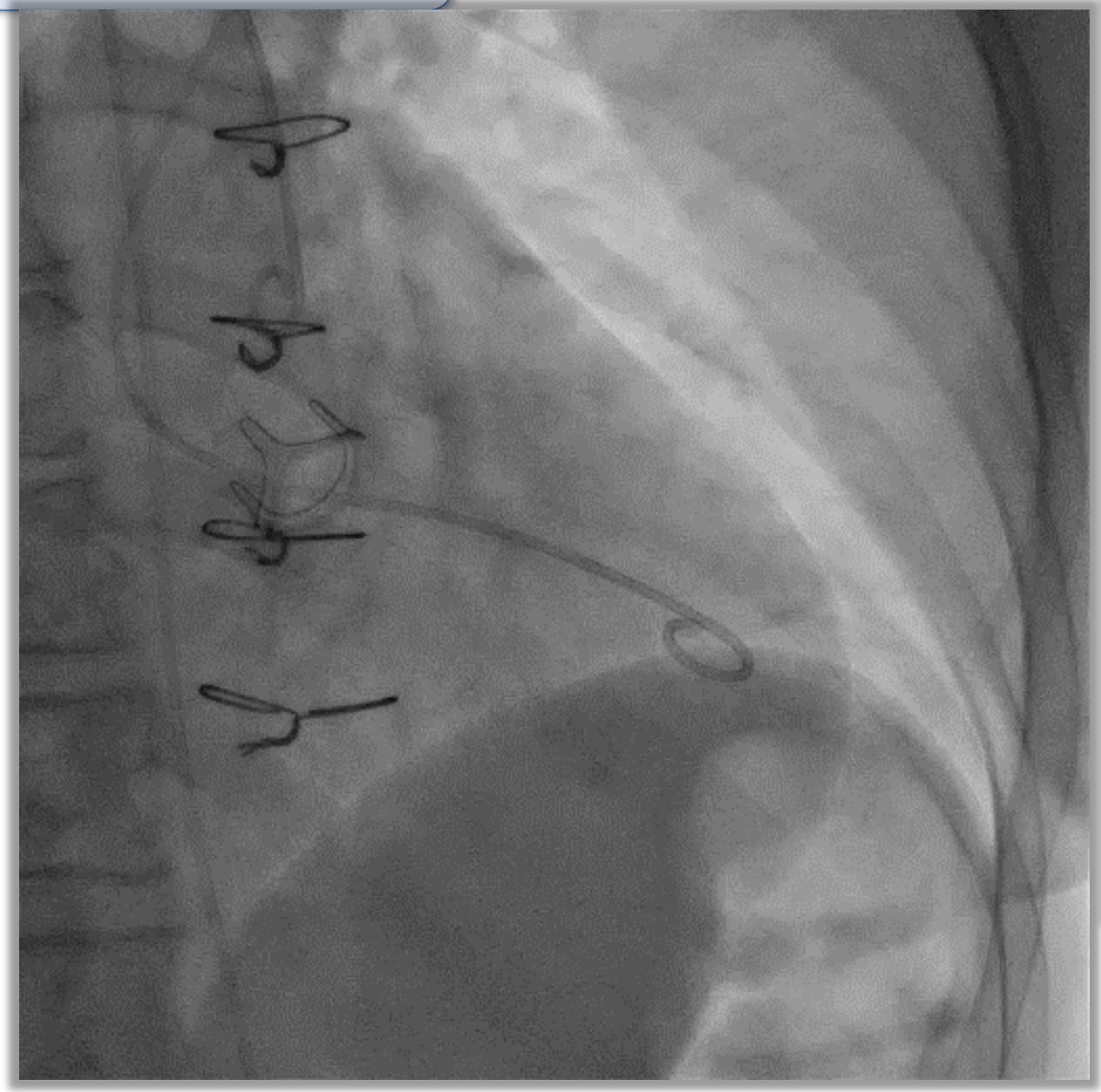
TAVI & VIV

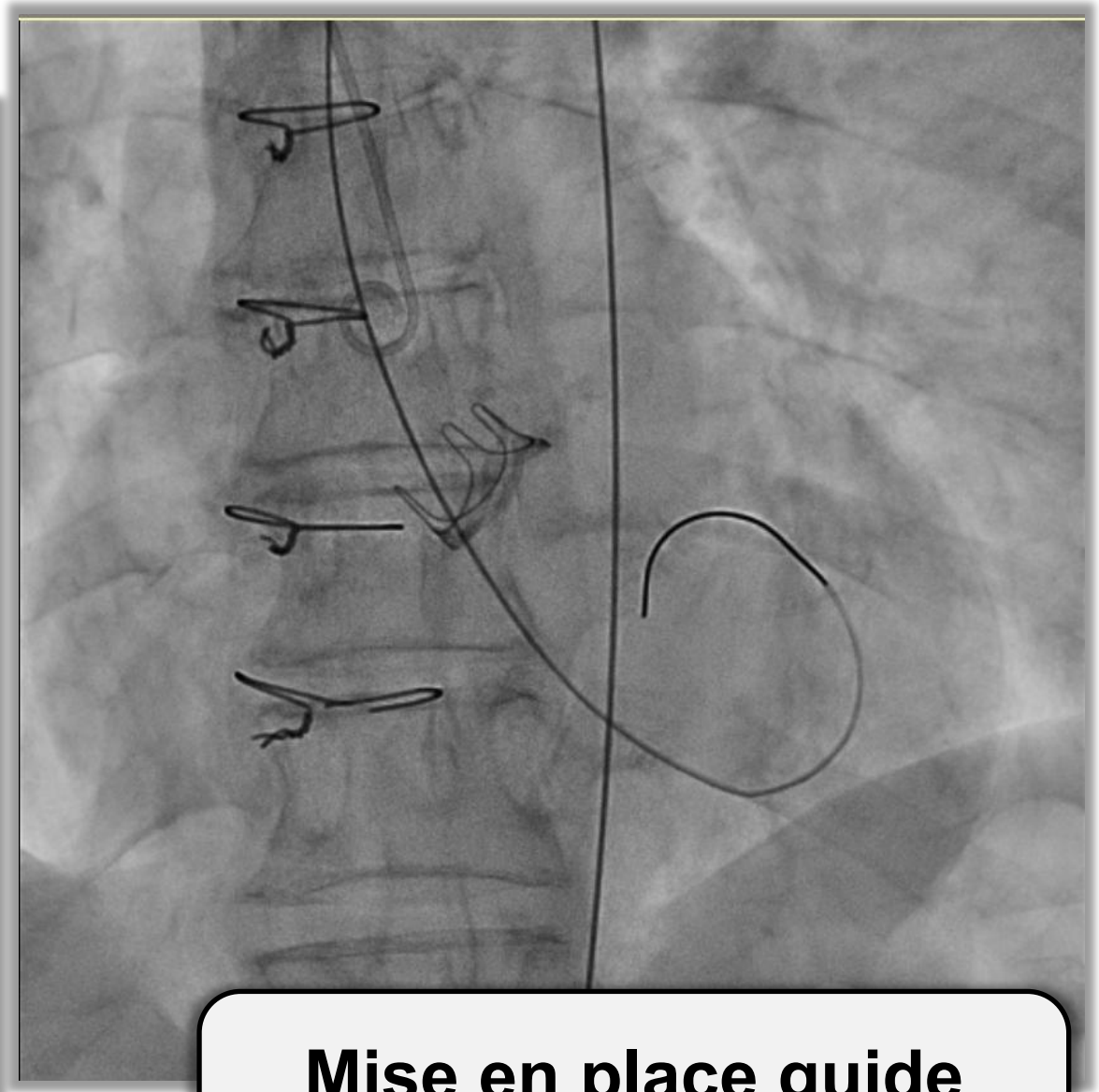


Multiples tentatives mais échec franchissement

Que FAIRE ?

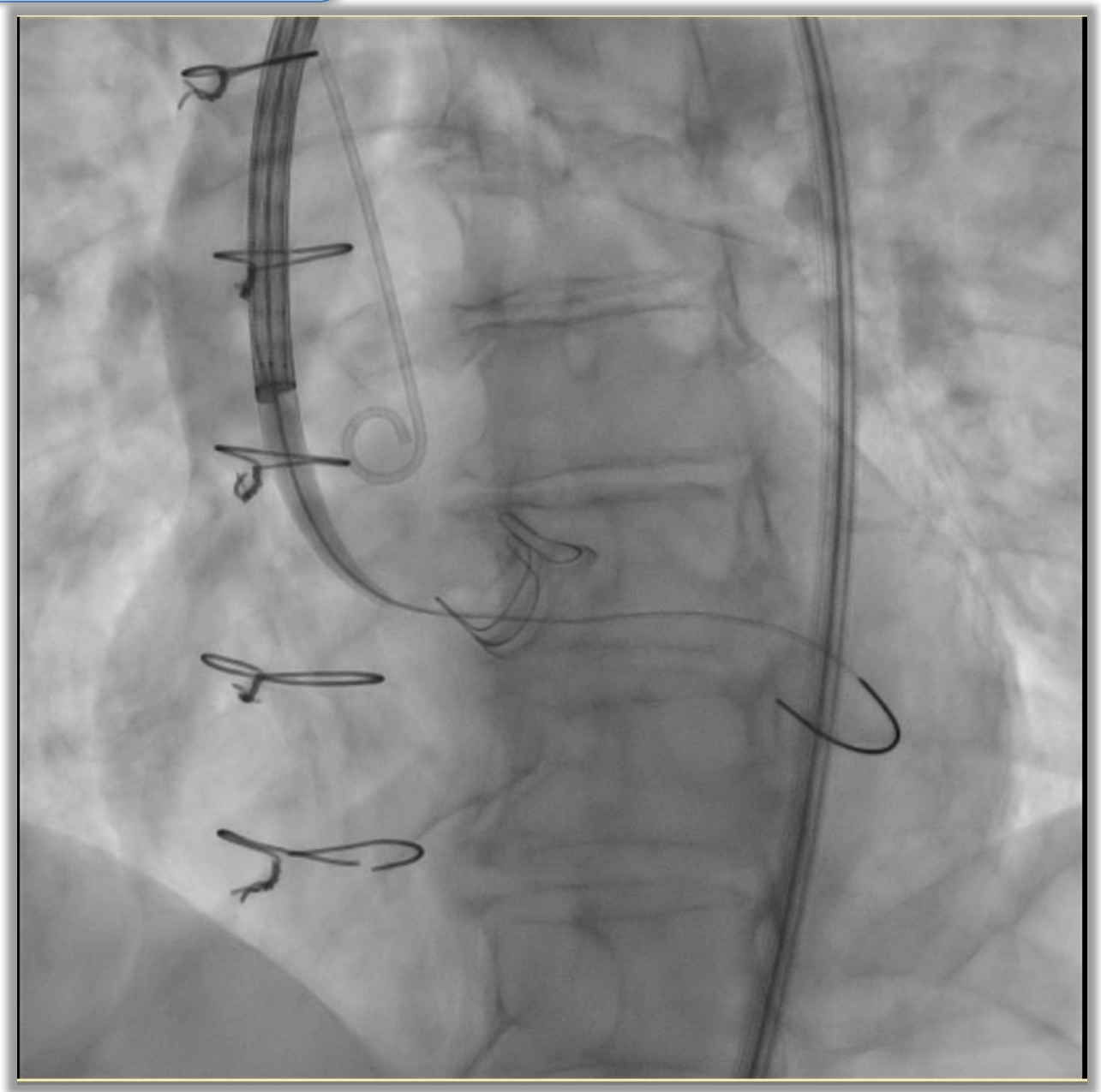
TAVI & VIV





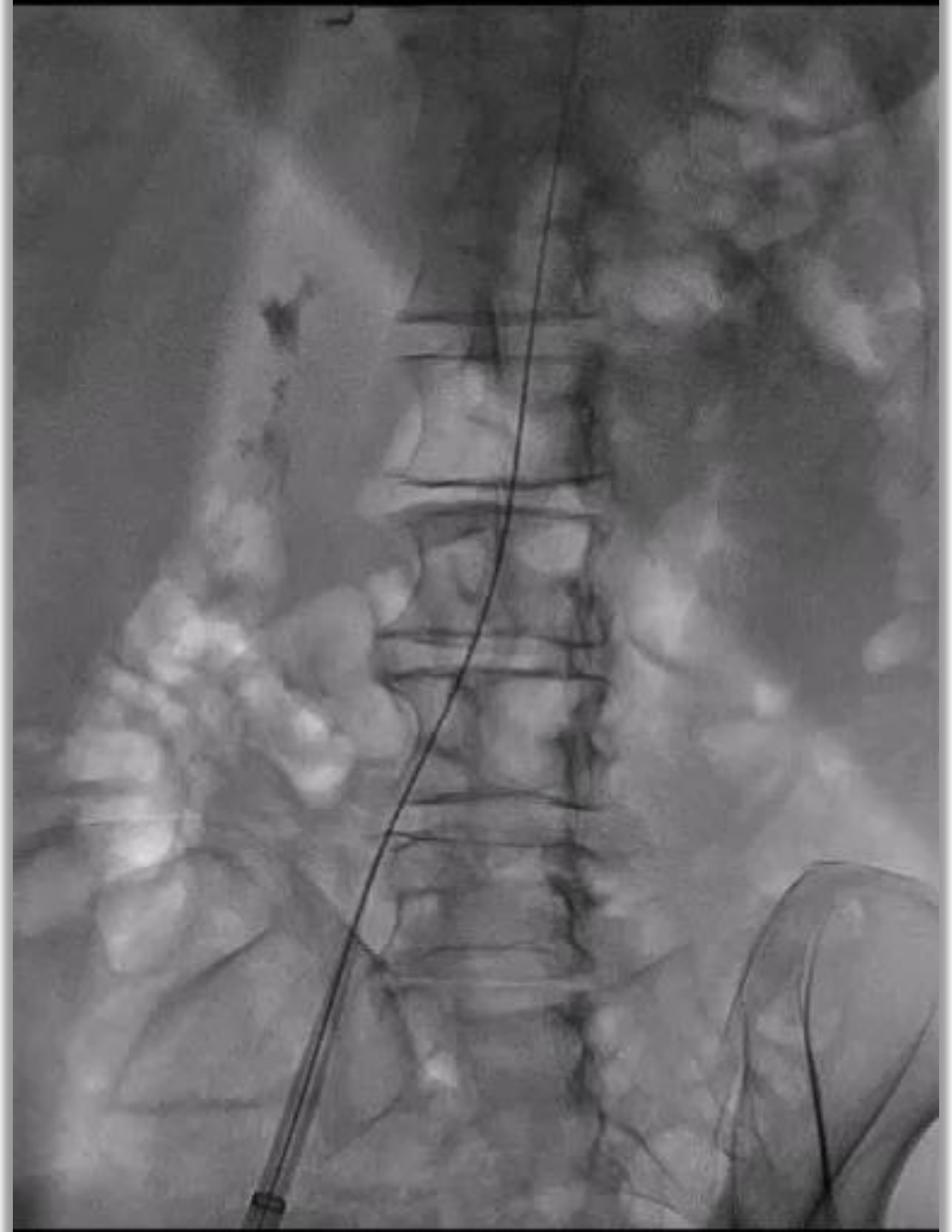
Mise en place guide Lunderquist®

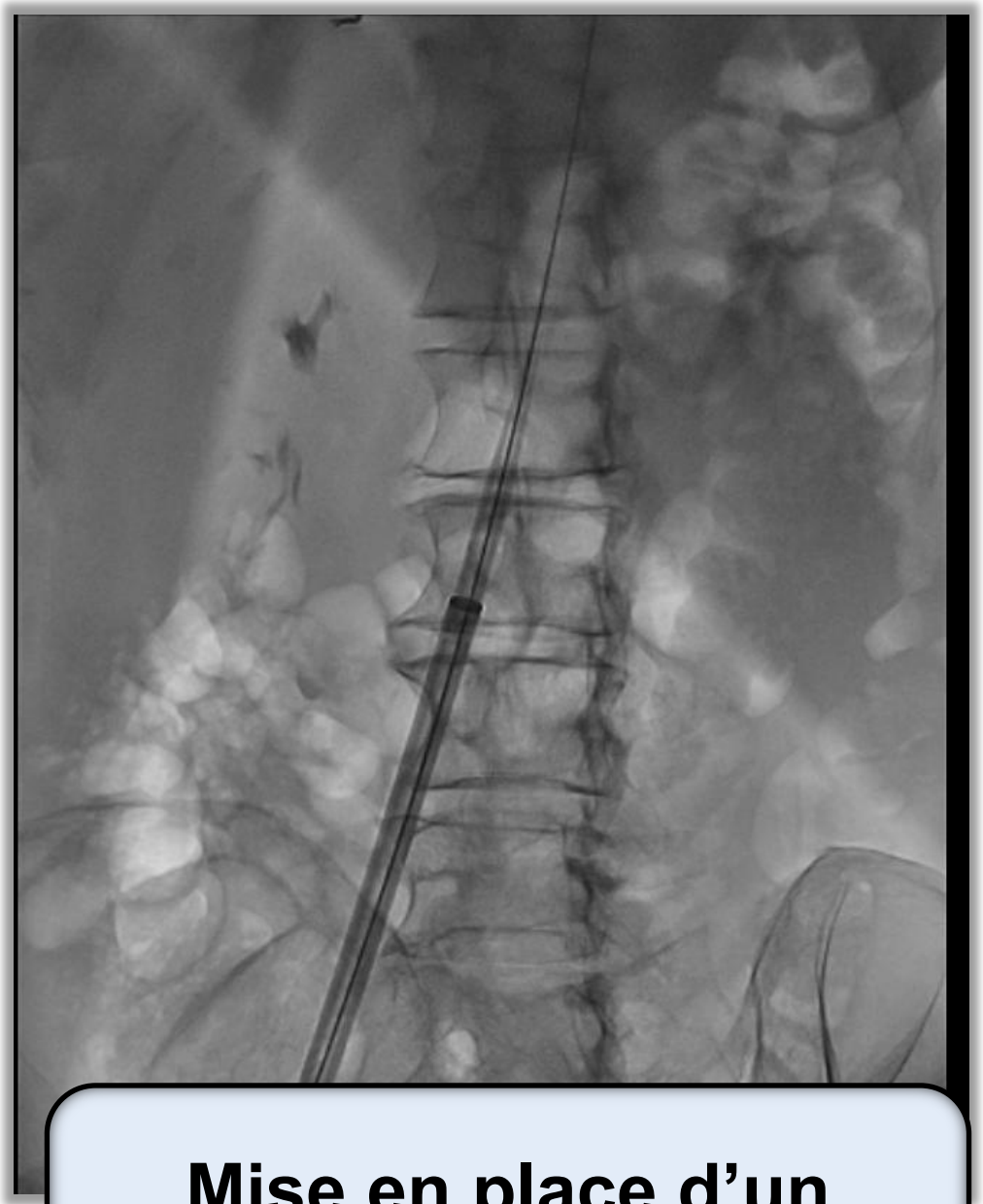
TAVI & VIV



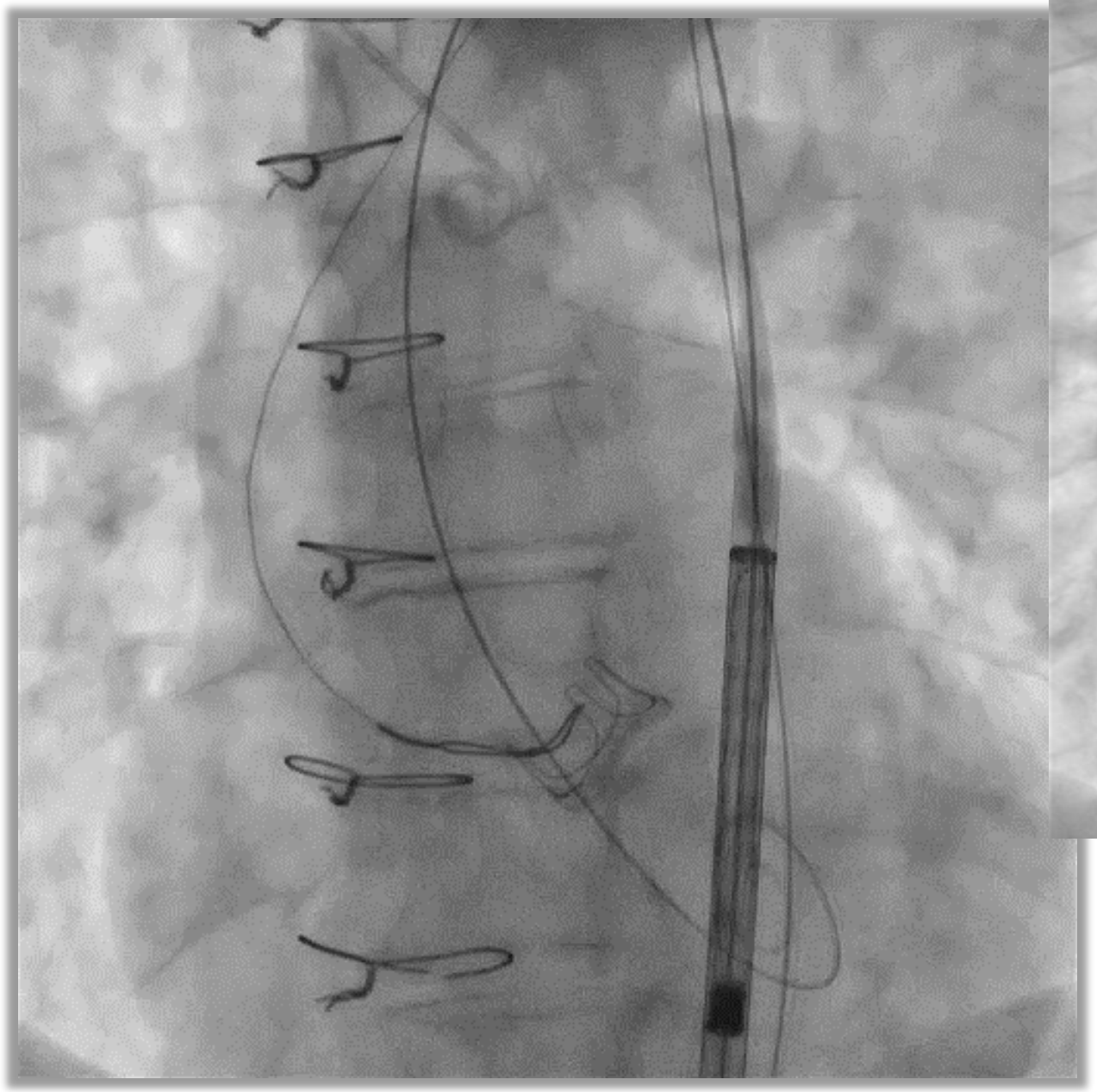
Pas mieux …

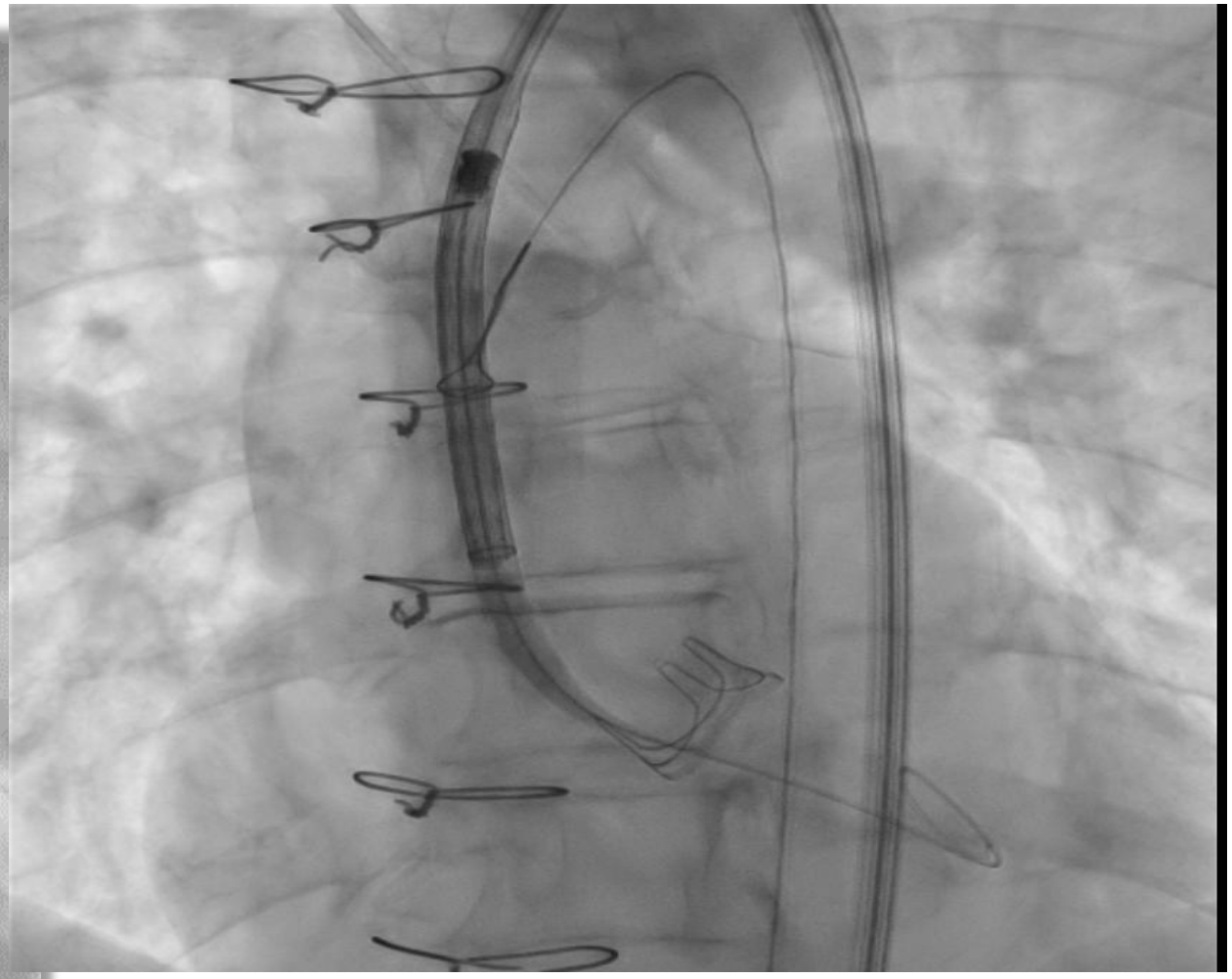
Que FAIRE ?





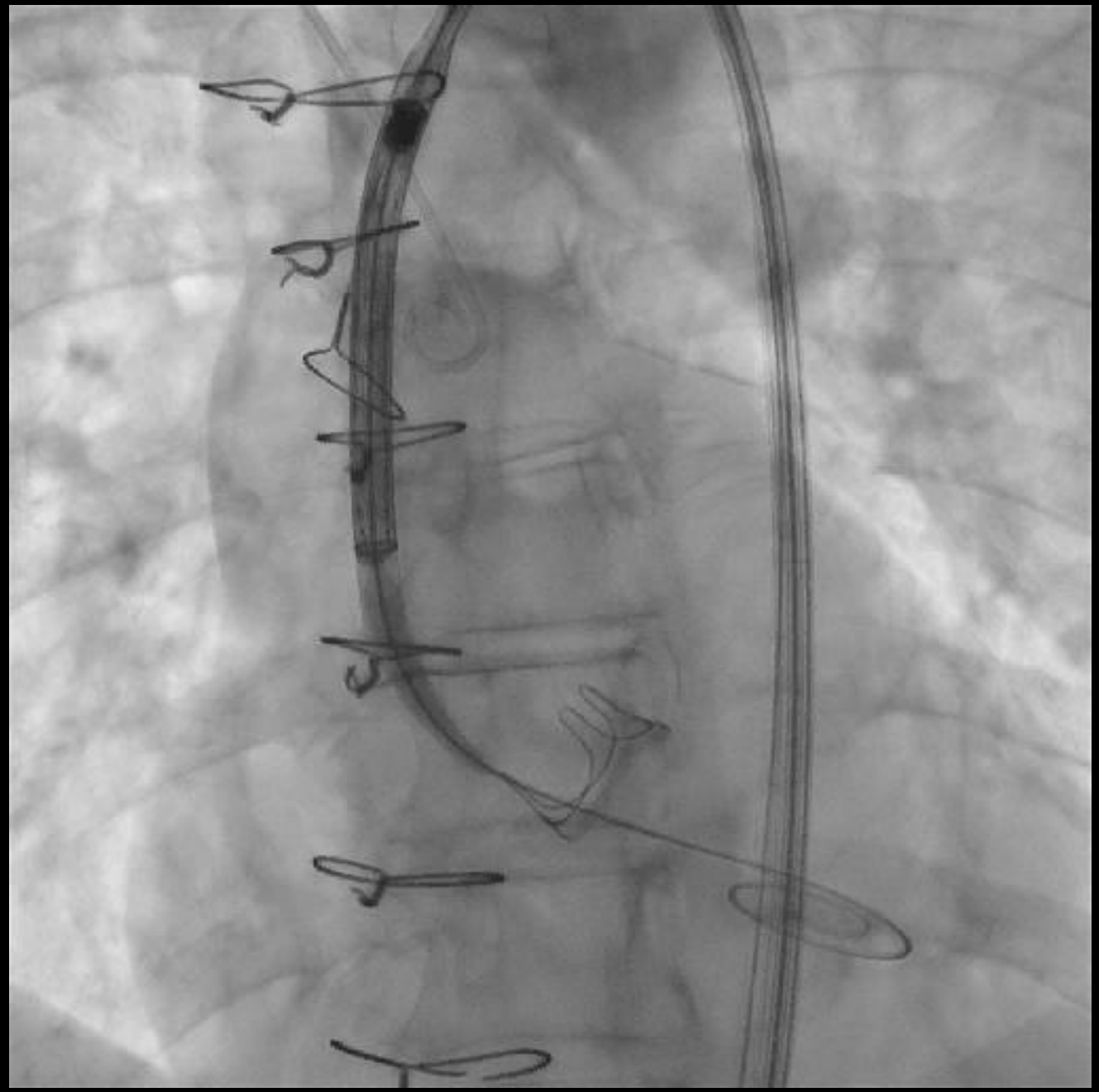
Mise en place d’un introducteur 20 F

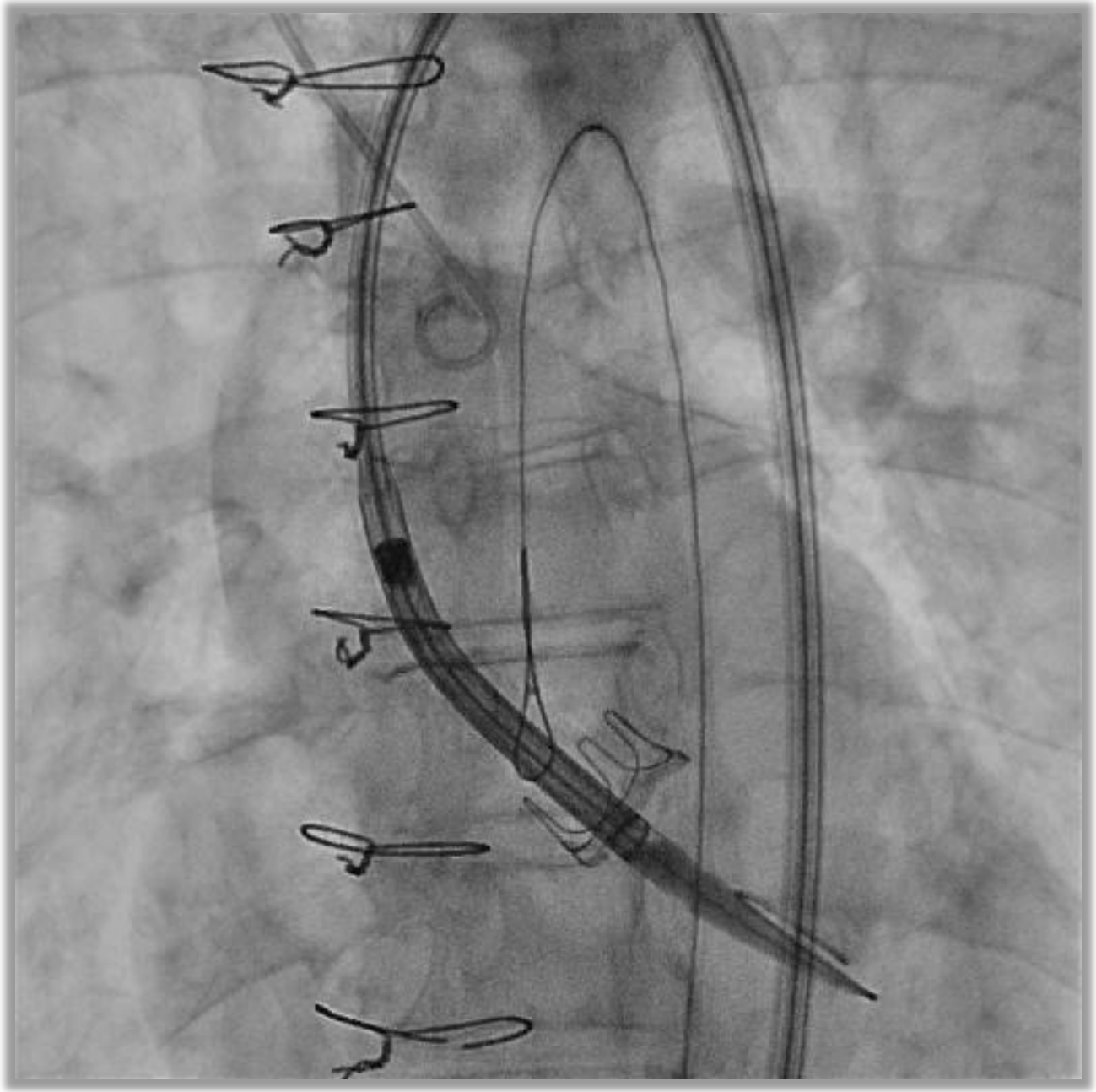


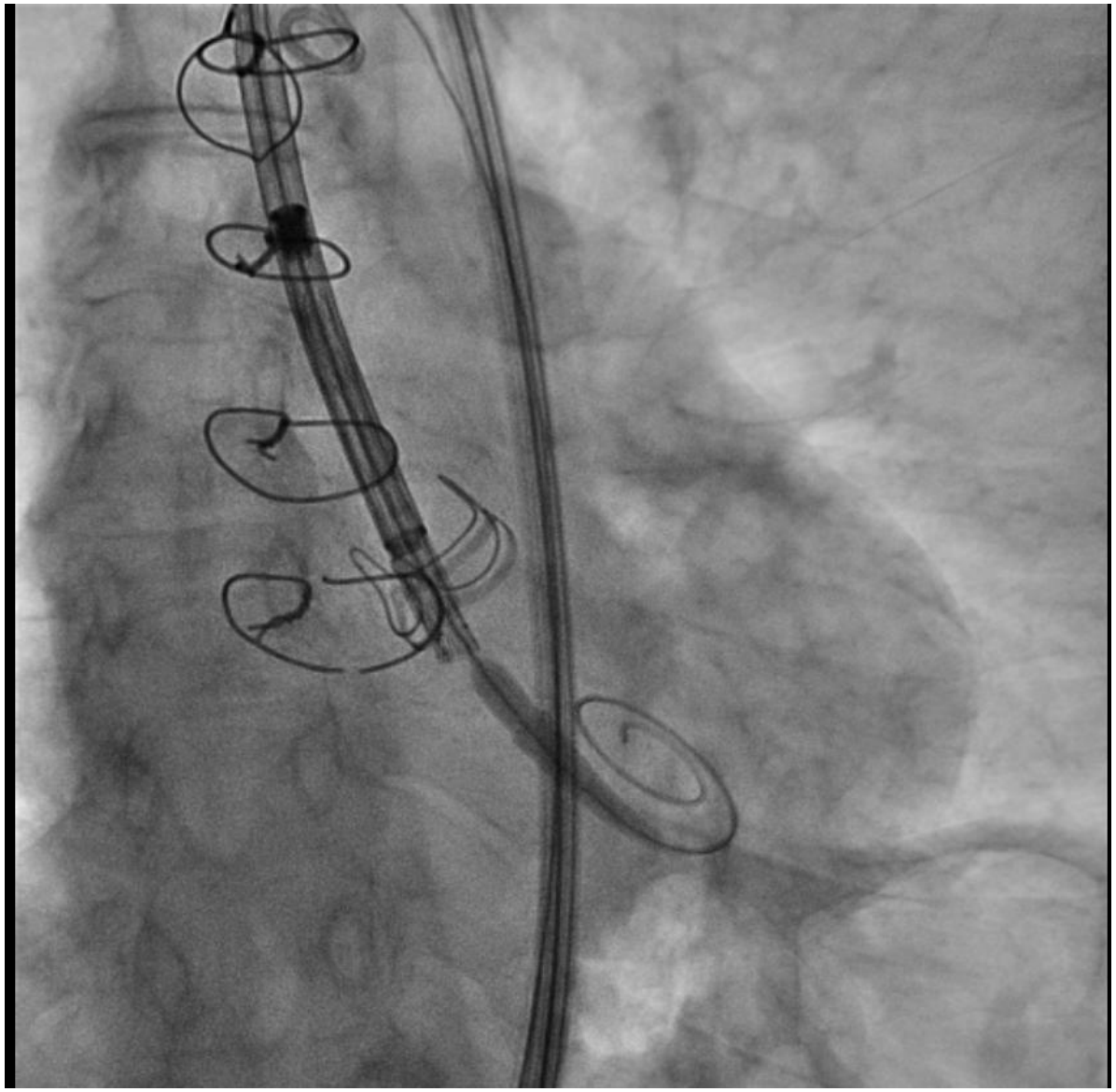


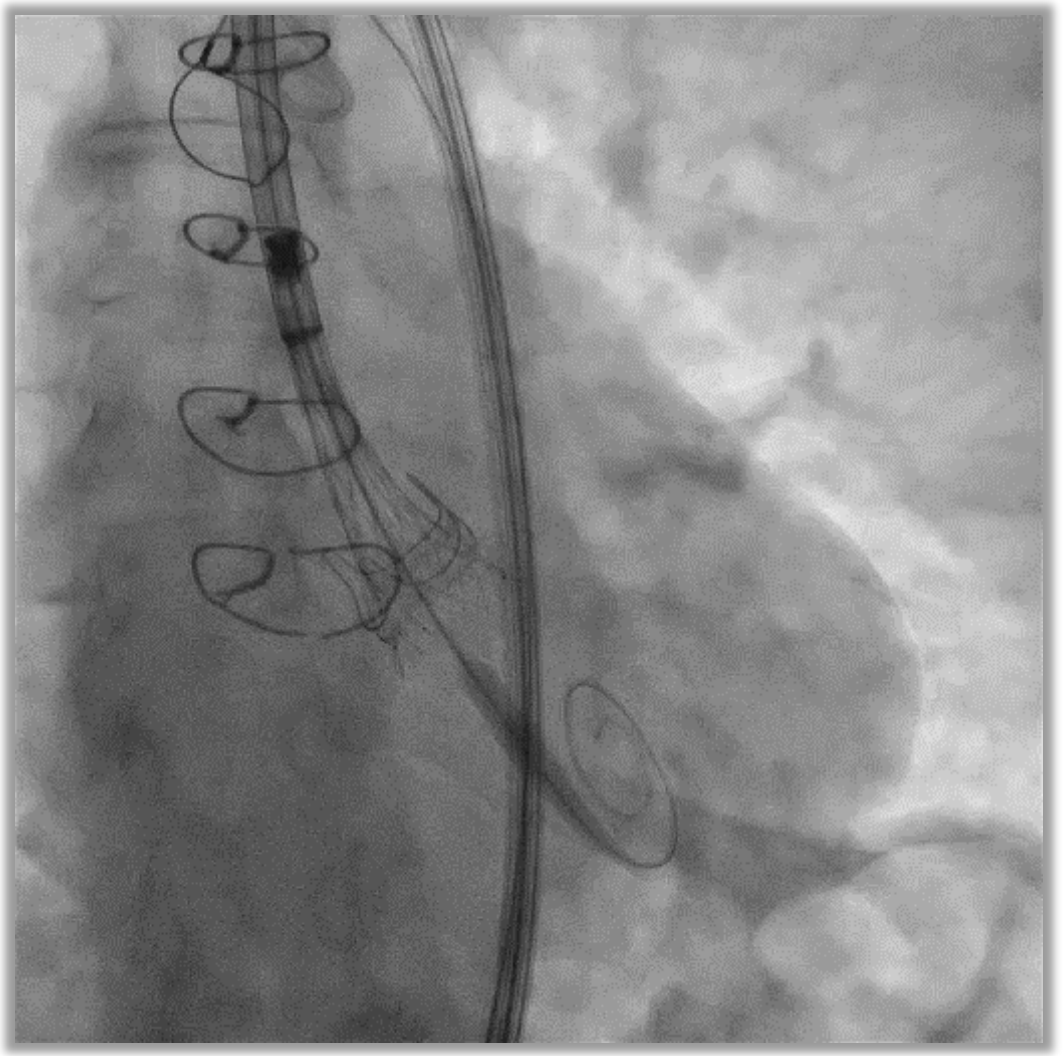
Passage Lasso sur le guide

Difficultés ++ lors de l'avancée de la prothèse

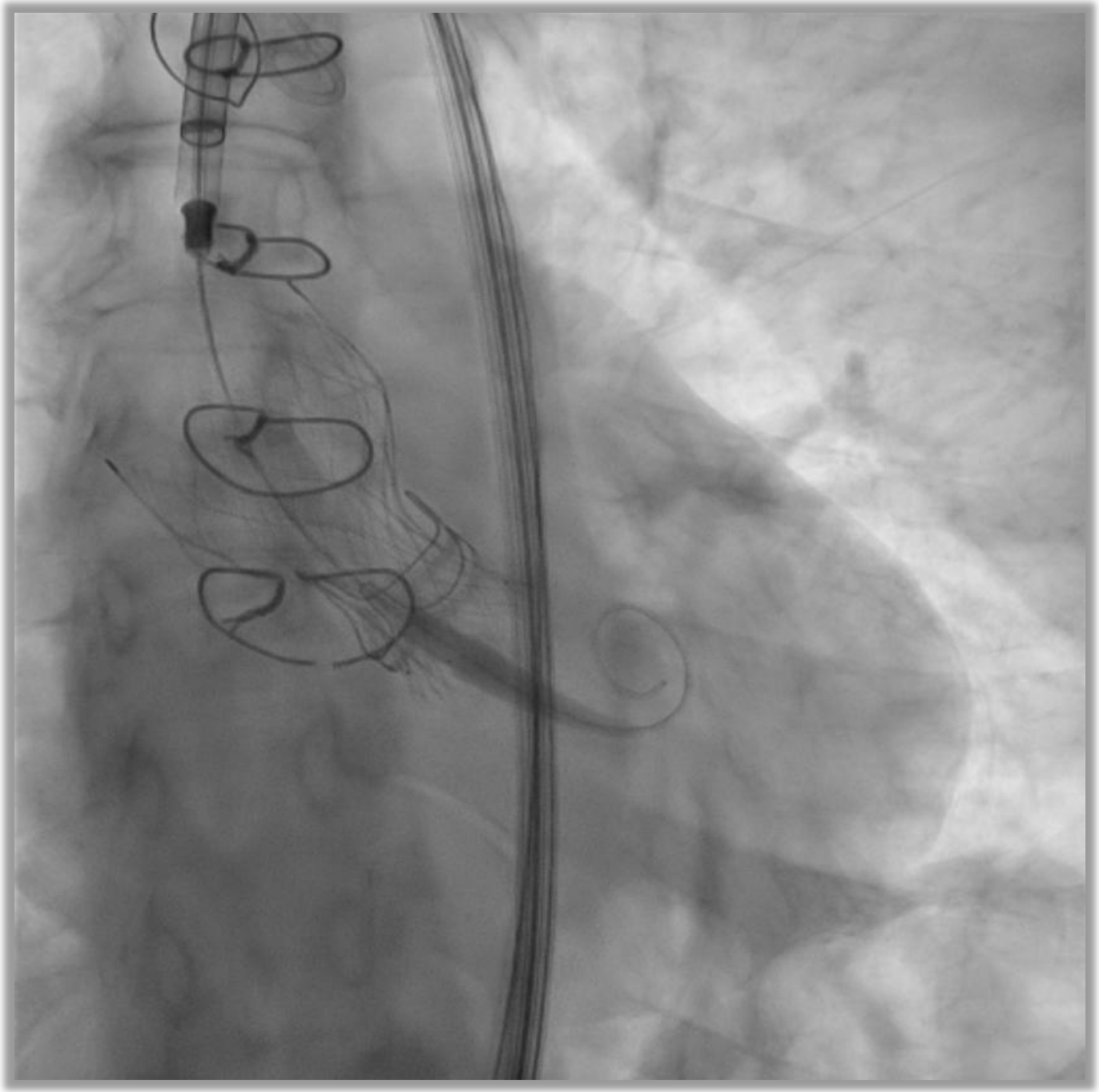






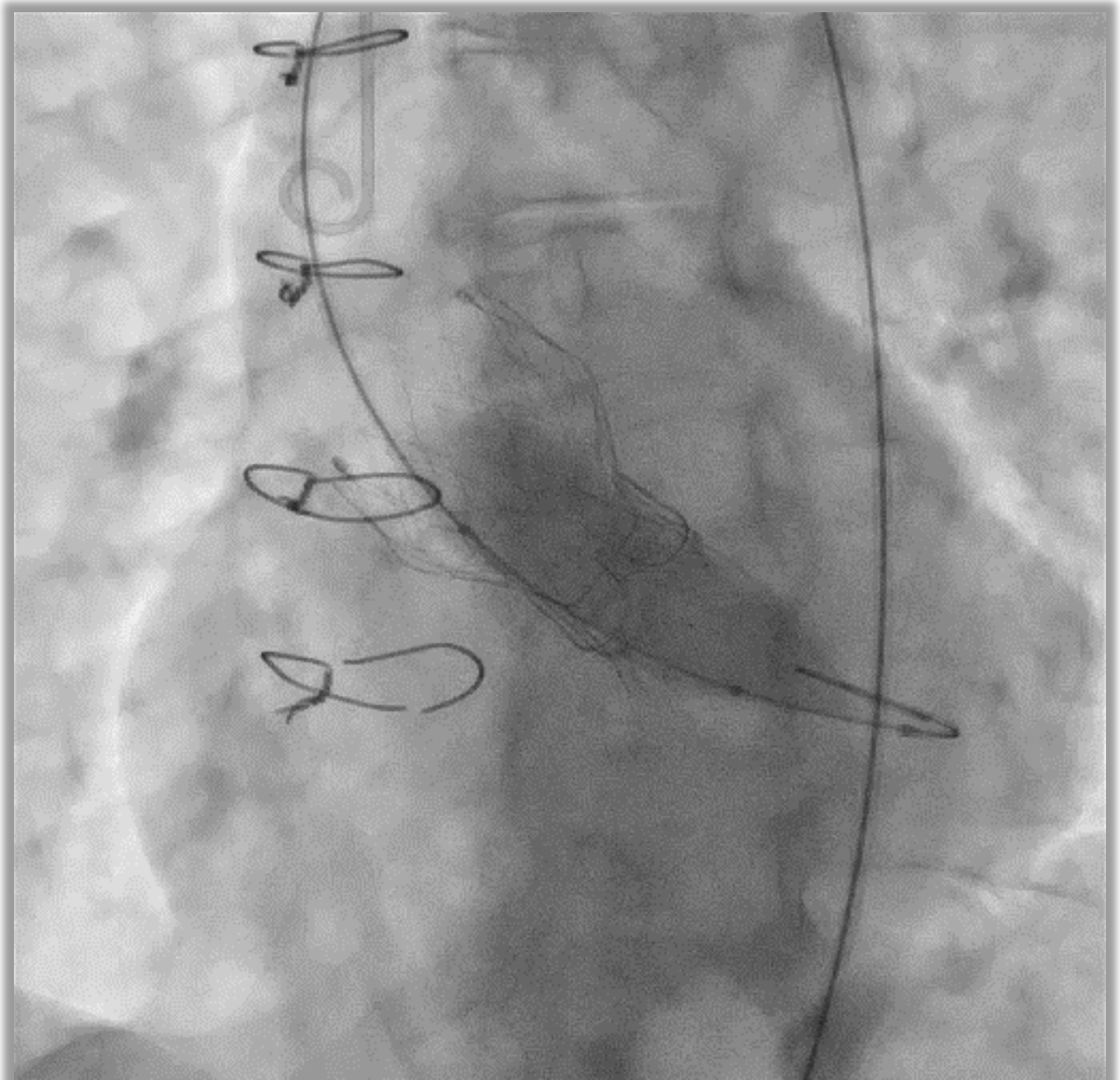


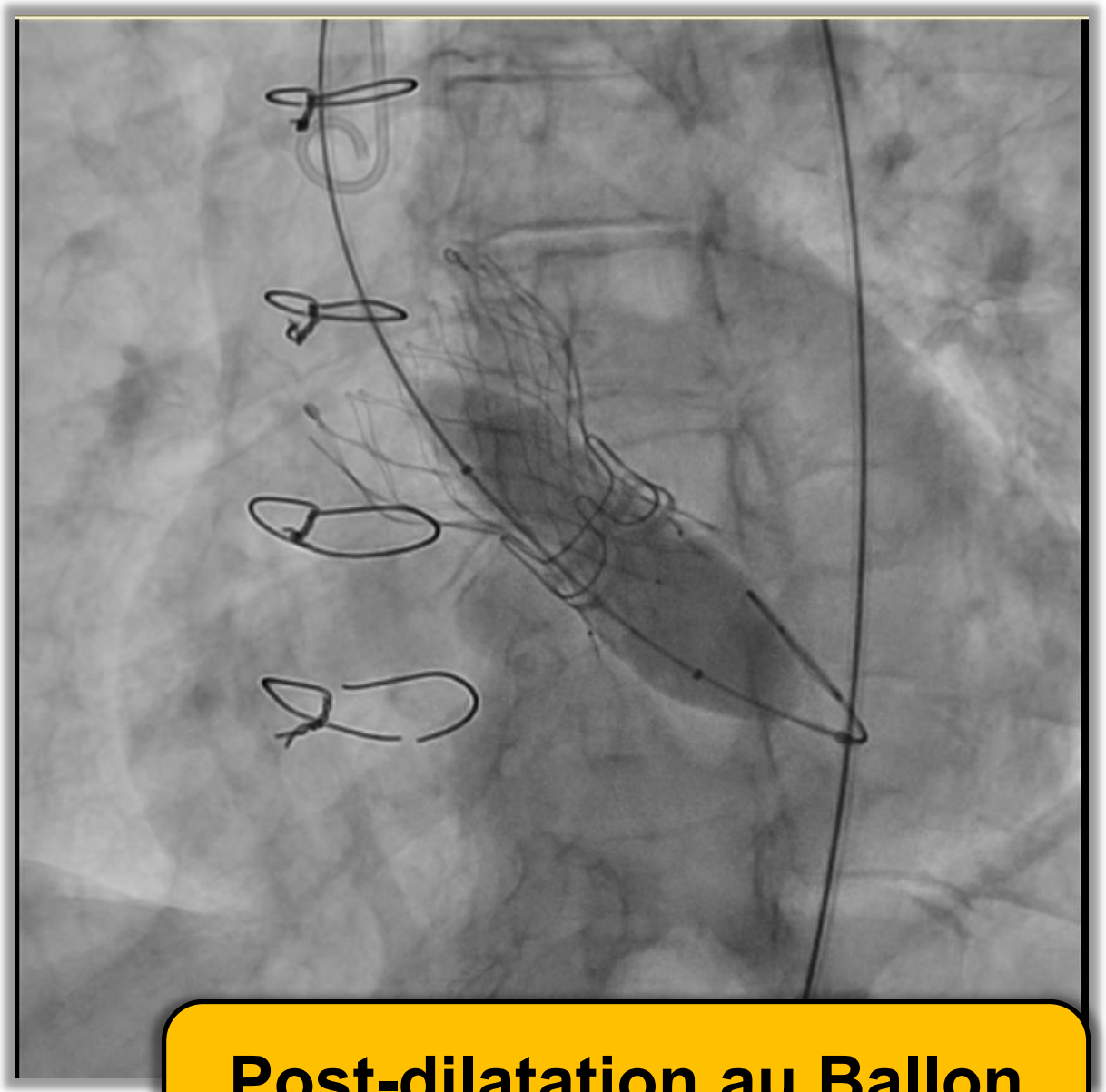
Mise en place de la prothèse



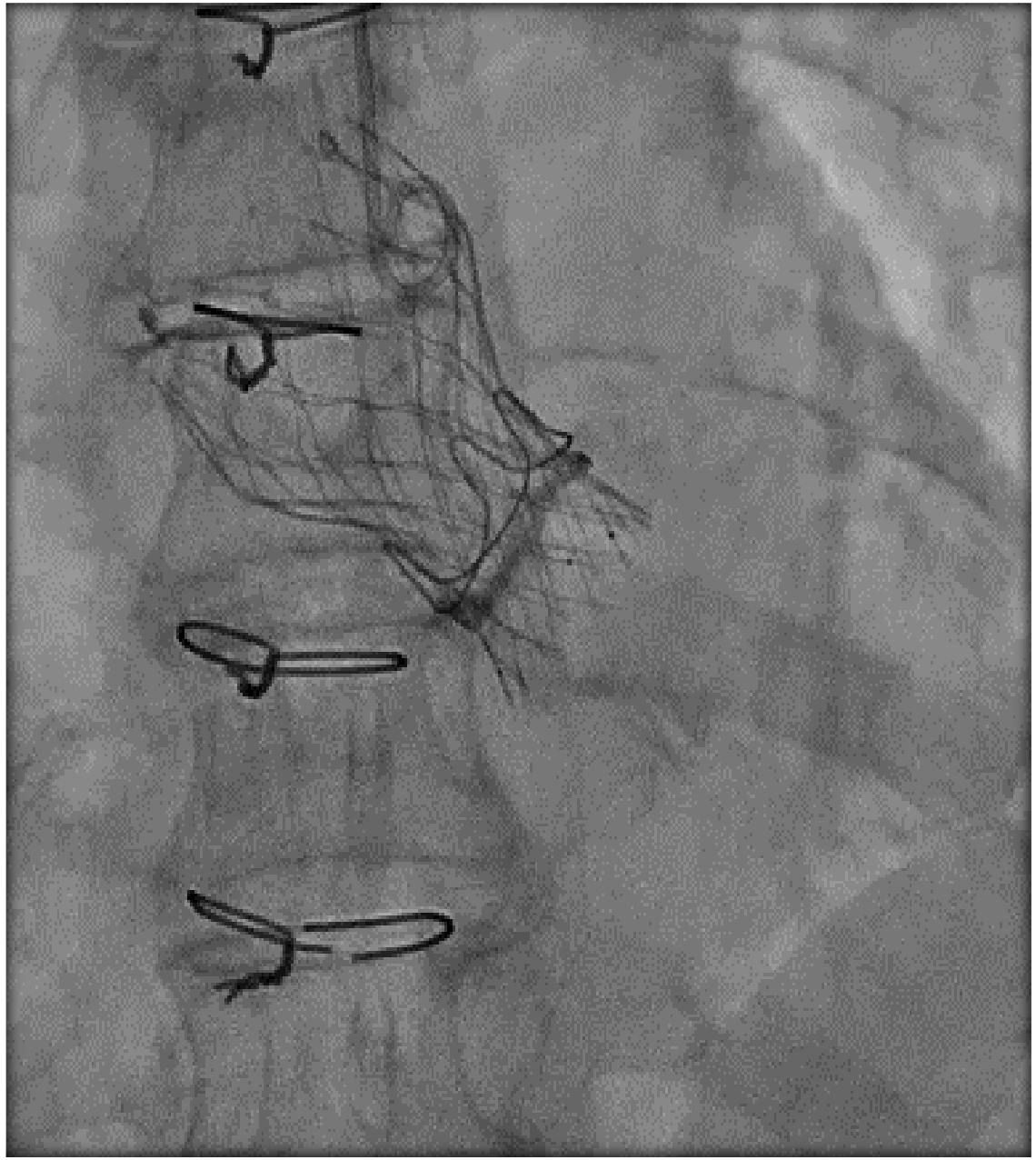
Post dilatation ?
Cracking?

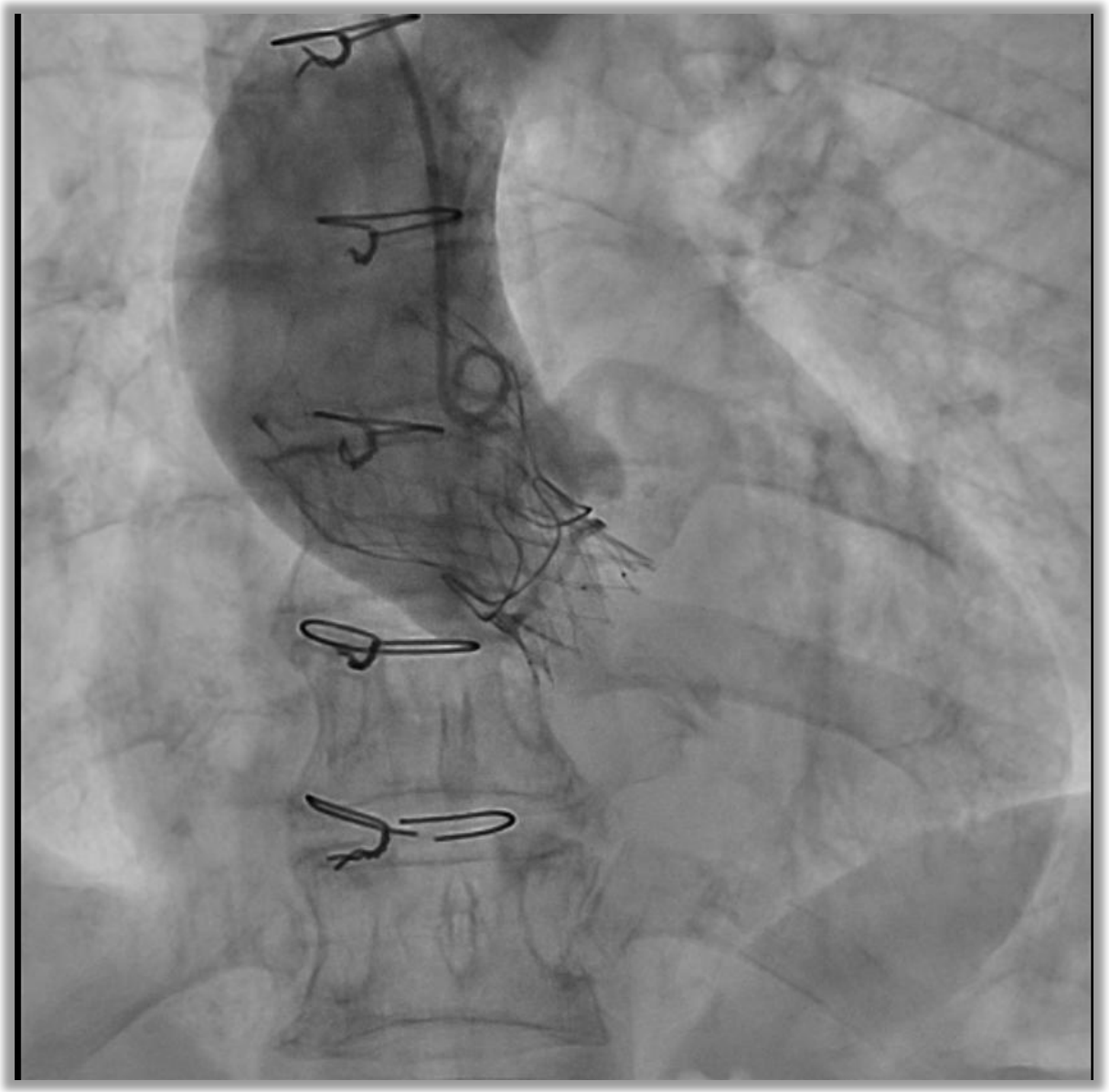
CRACKING

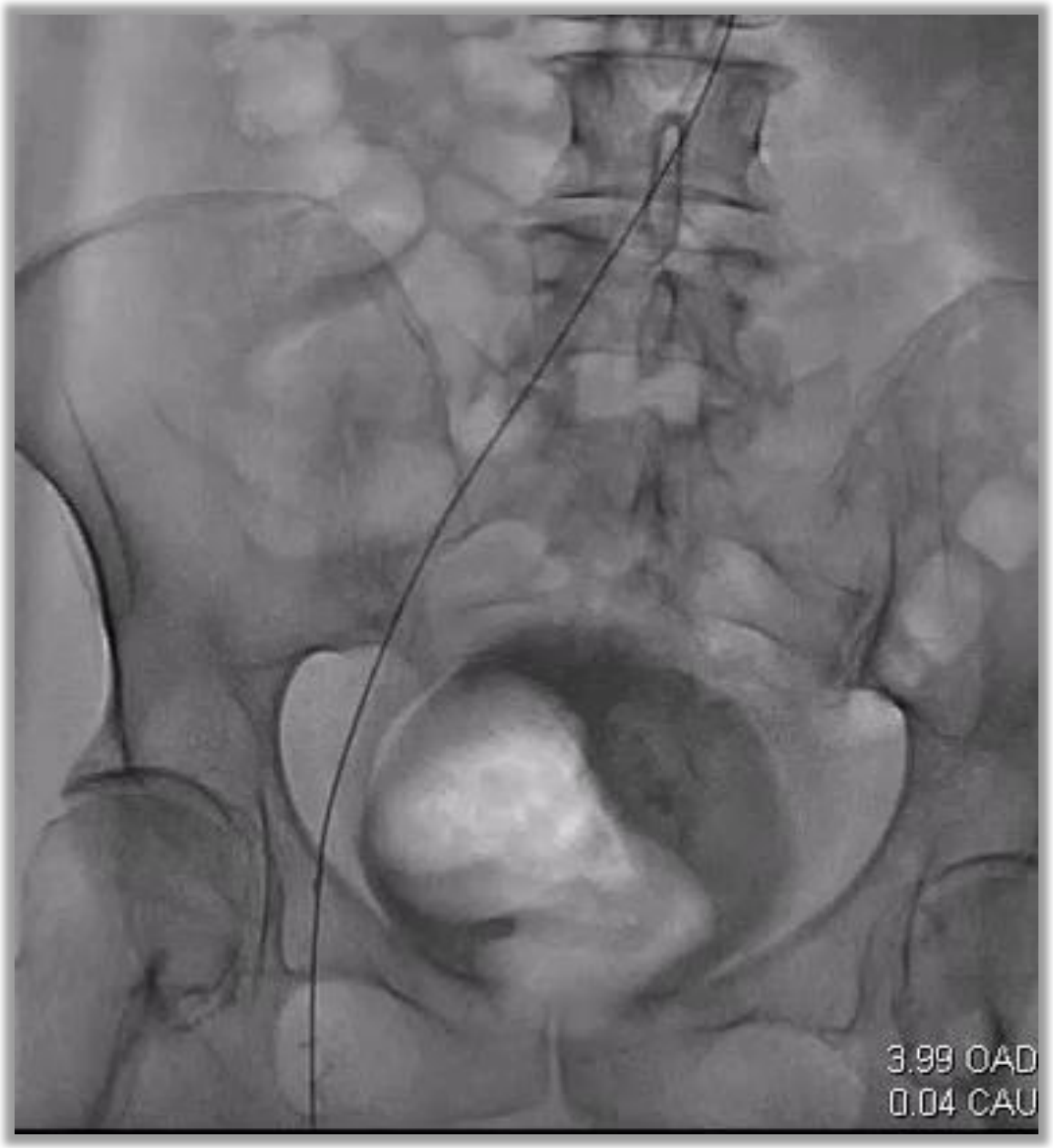


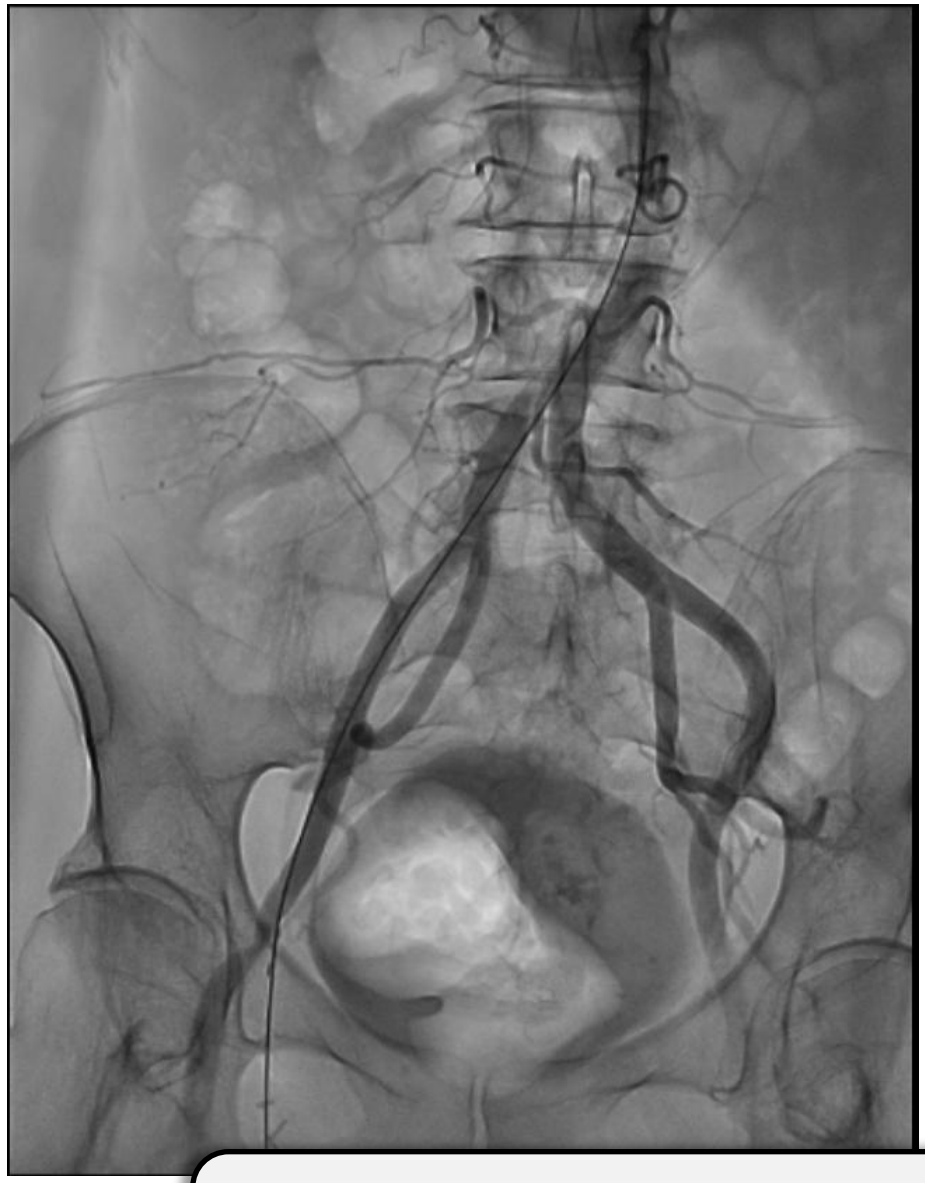


Post-dilatation au Ballon Atlas Gold® de 20 mm.

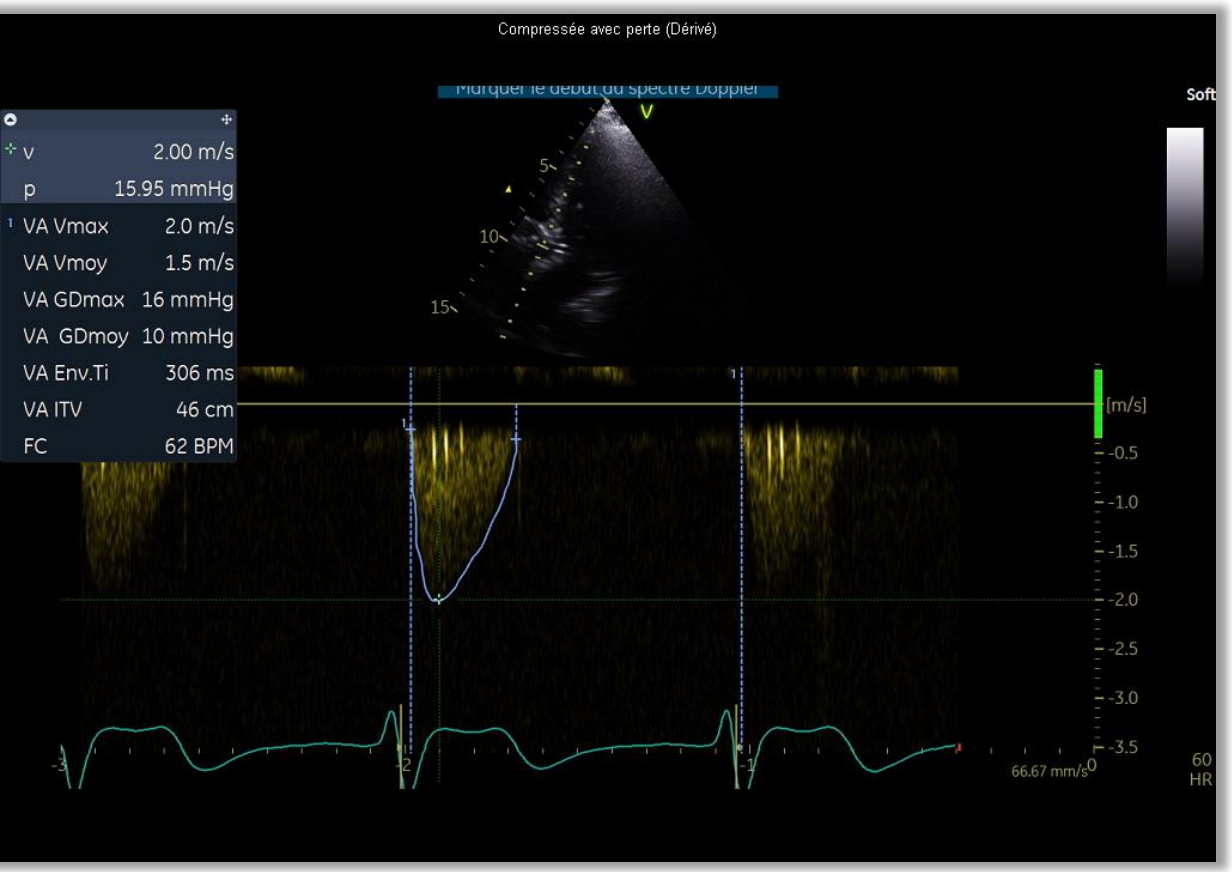


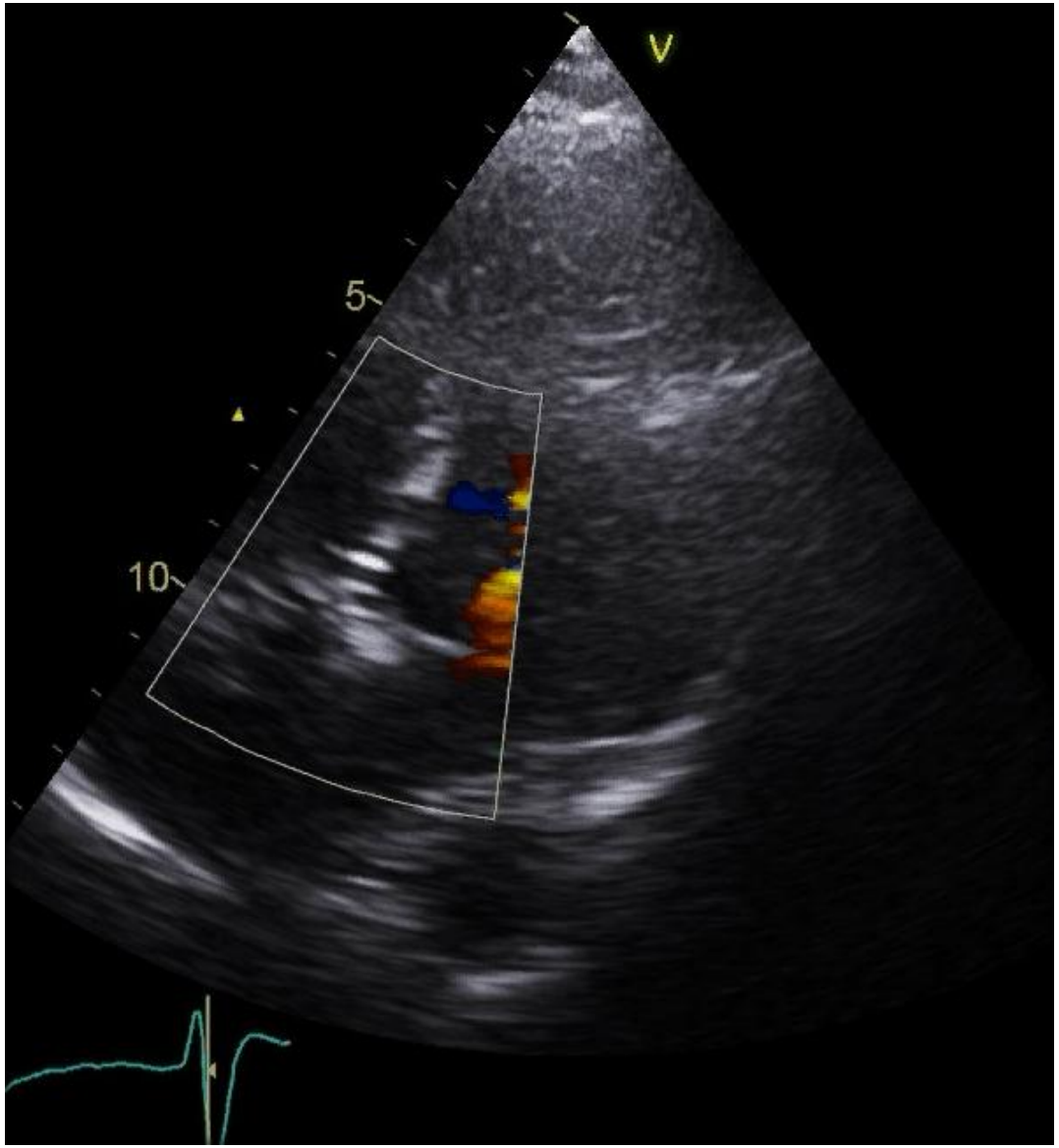






Contrôle voie d’abord





Evolution simple
BBG en post procédure
EEP négative
Sortie à J4

Discussion

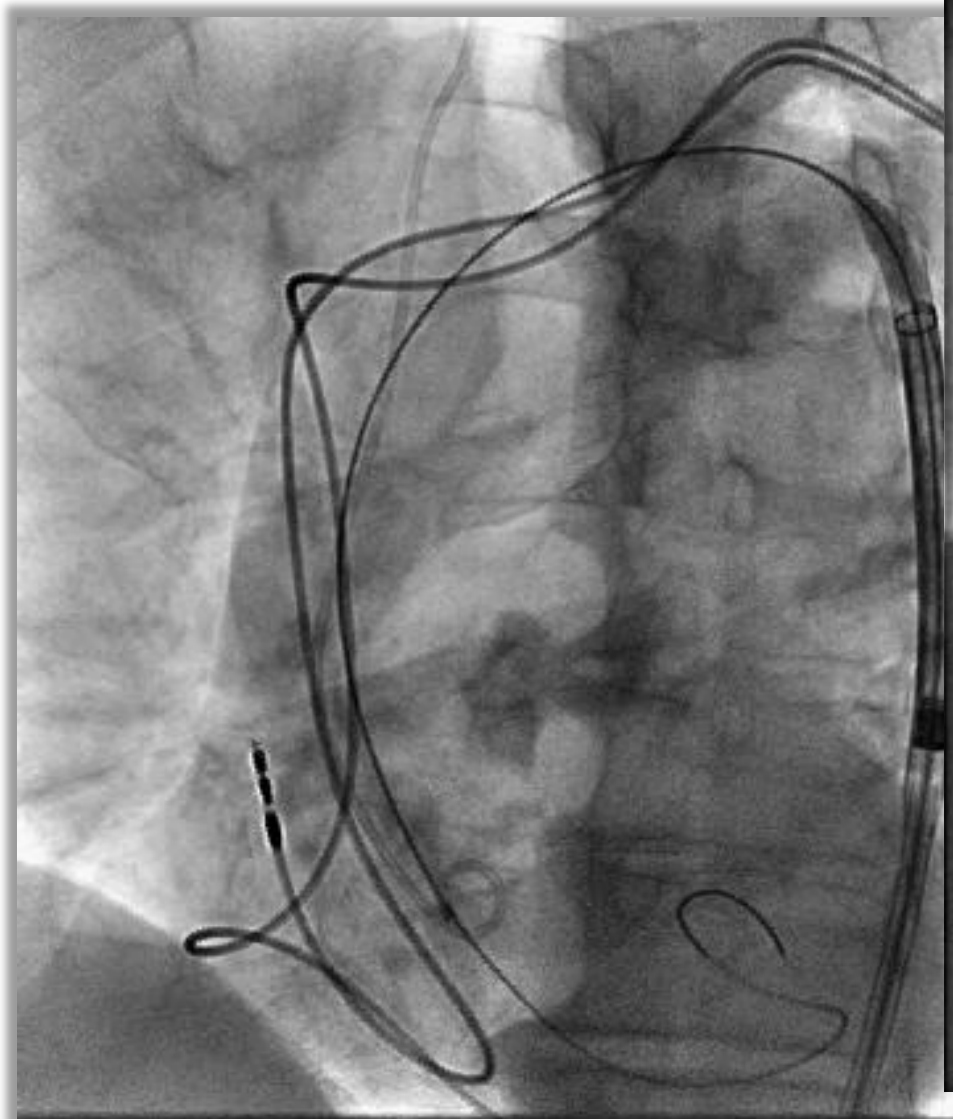
Intérêt du lasso dans procédures avec difficultés de franchissement

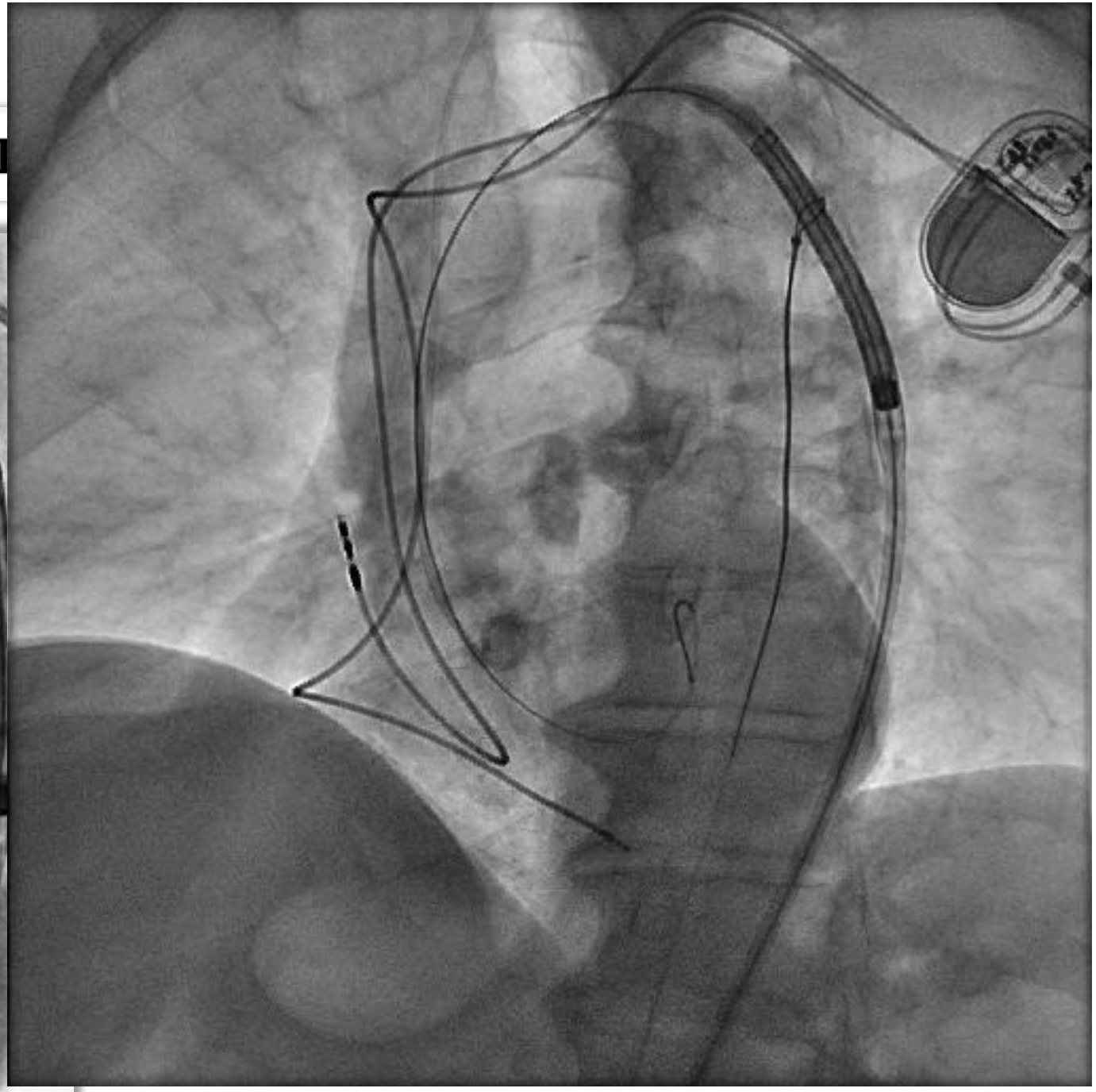
Expérience avec 8 cas dans indications variées

Questions : - Quelle taille introducteur
- Voie controlatérale?
- Taille idéale du lasso

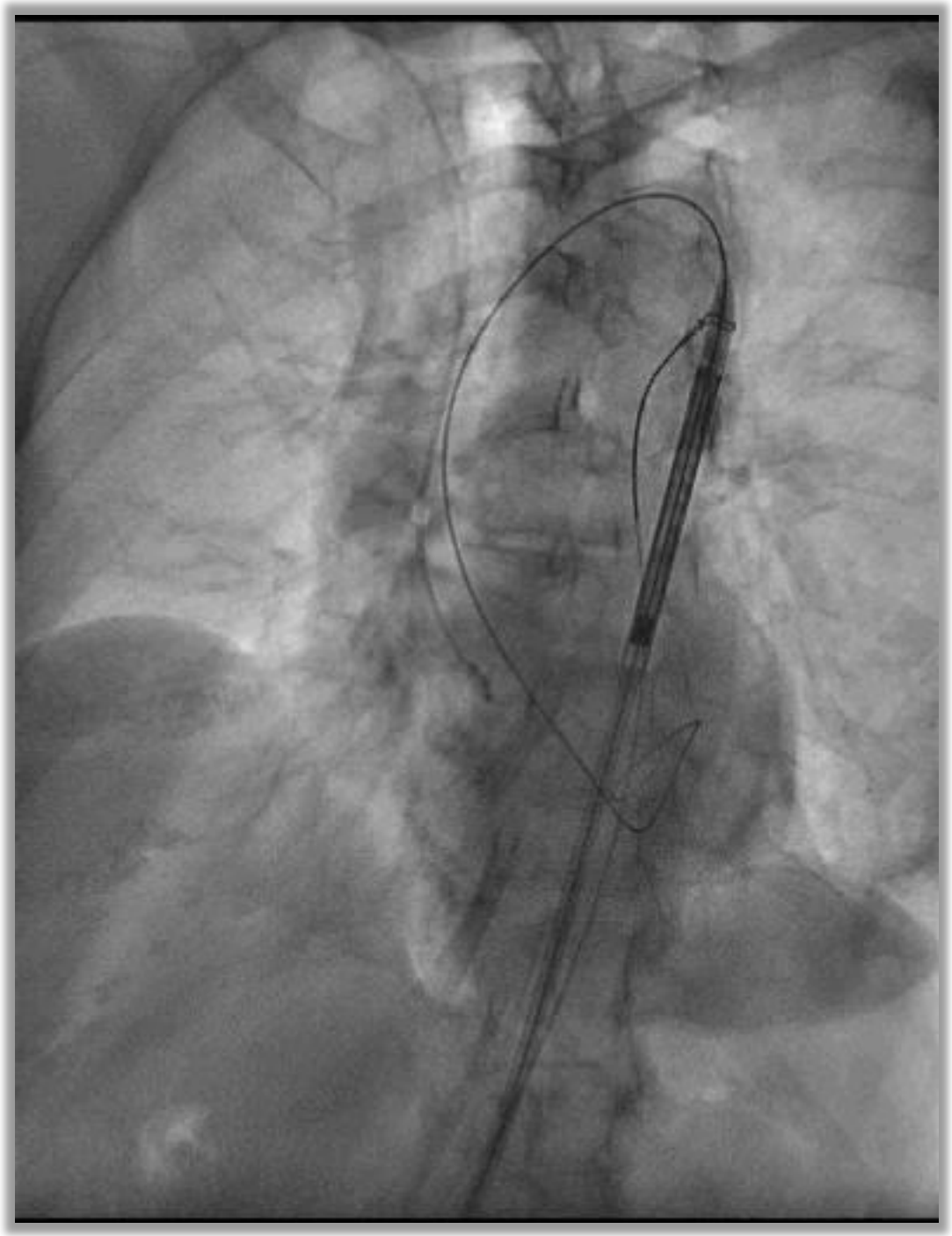
Discussion

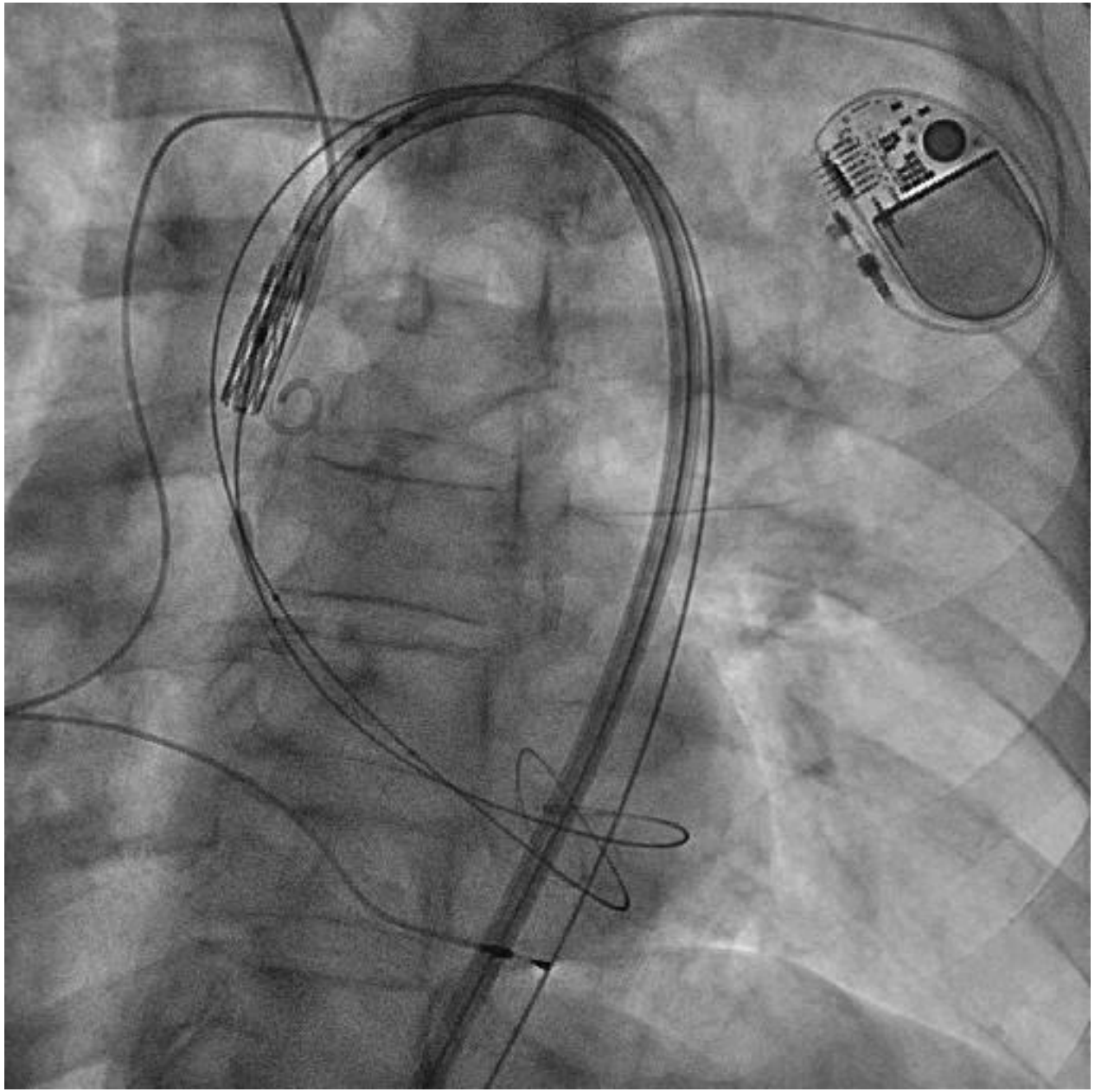
Snare catheter technique in comp

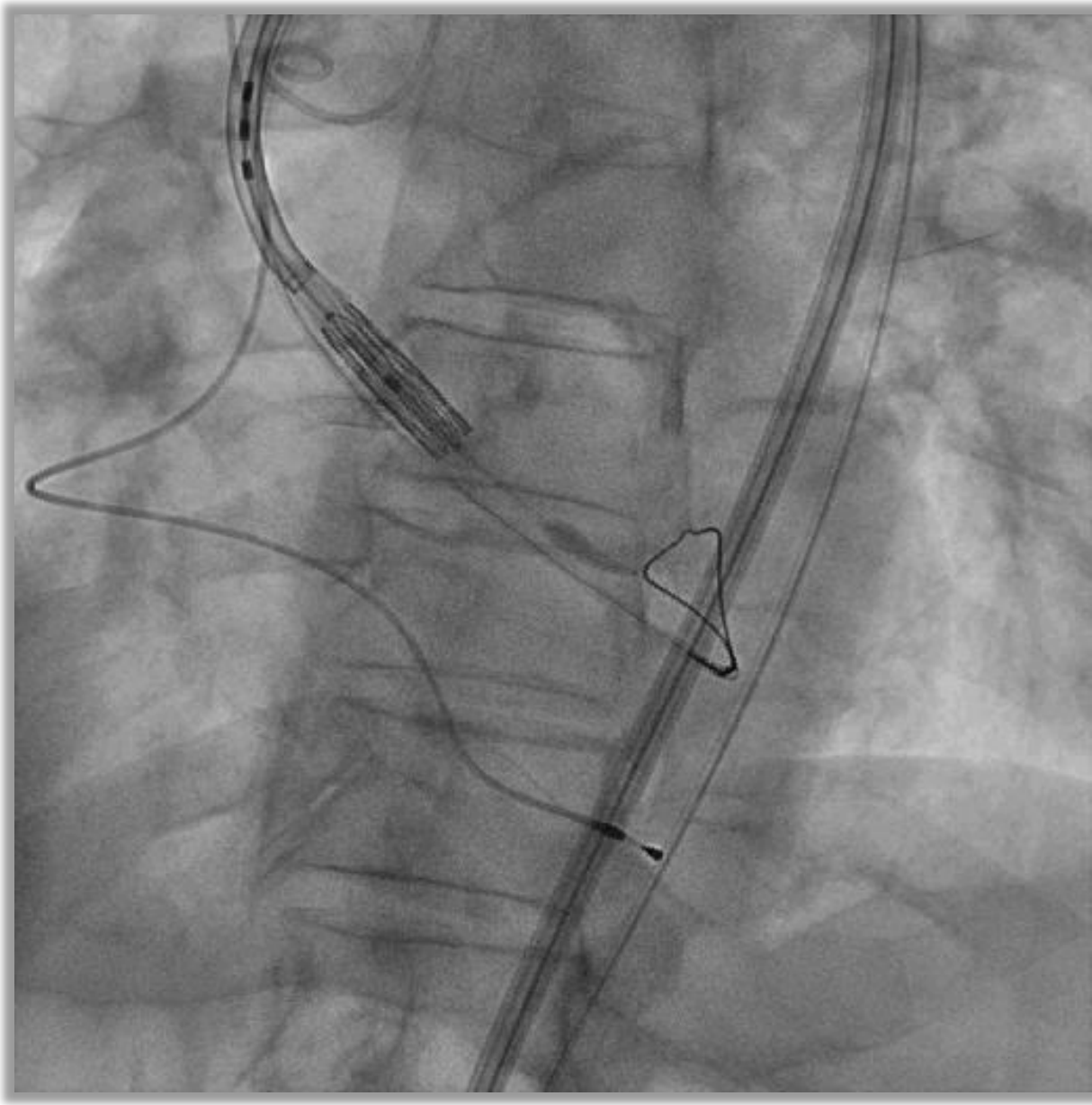


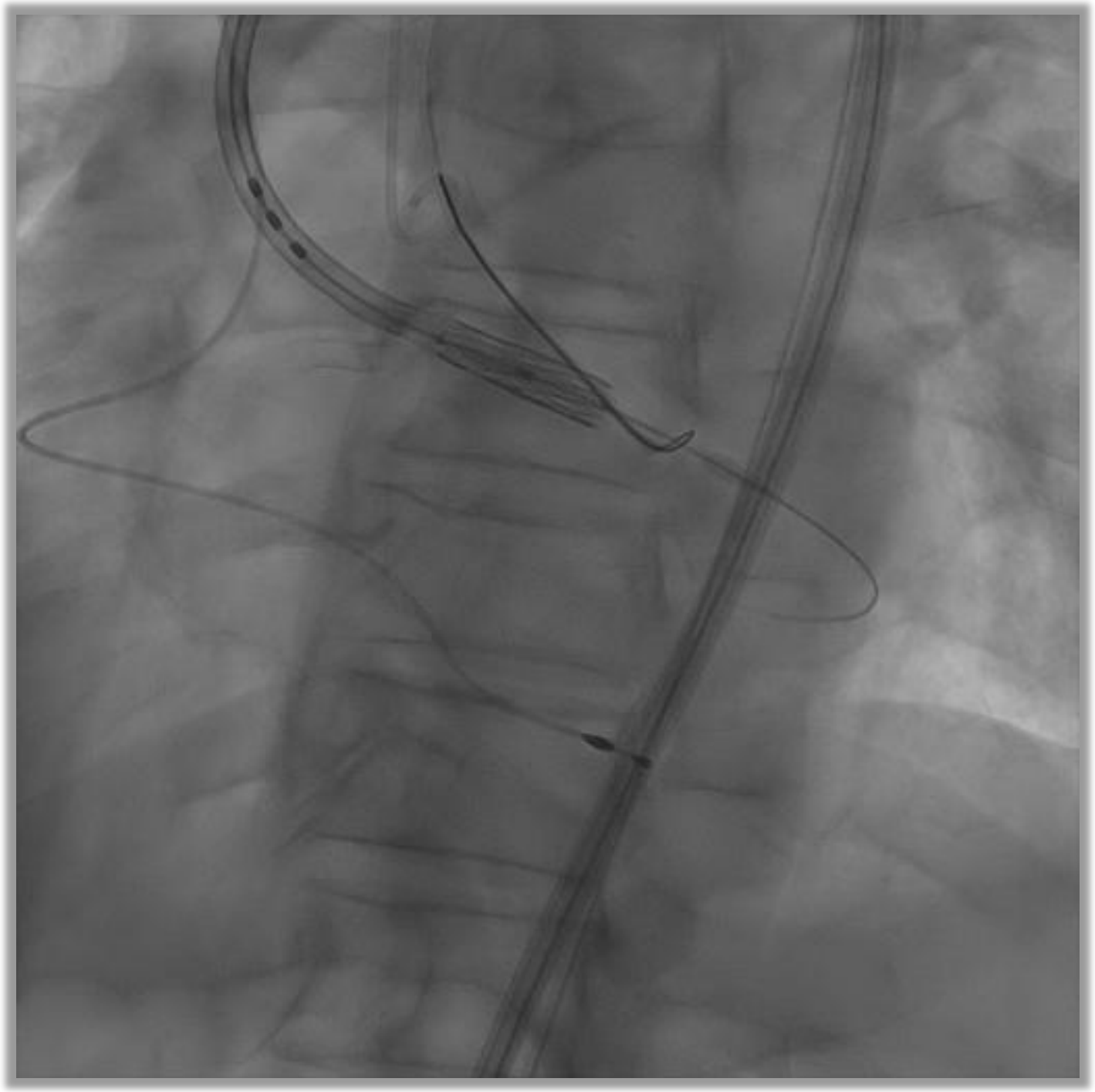


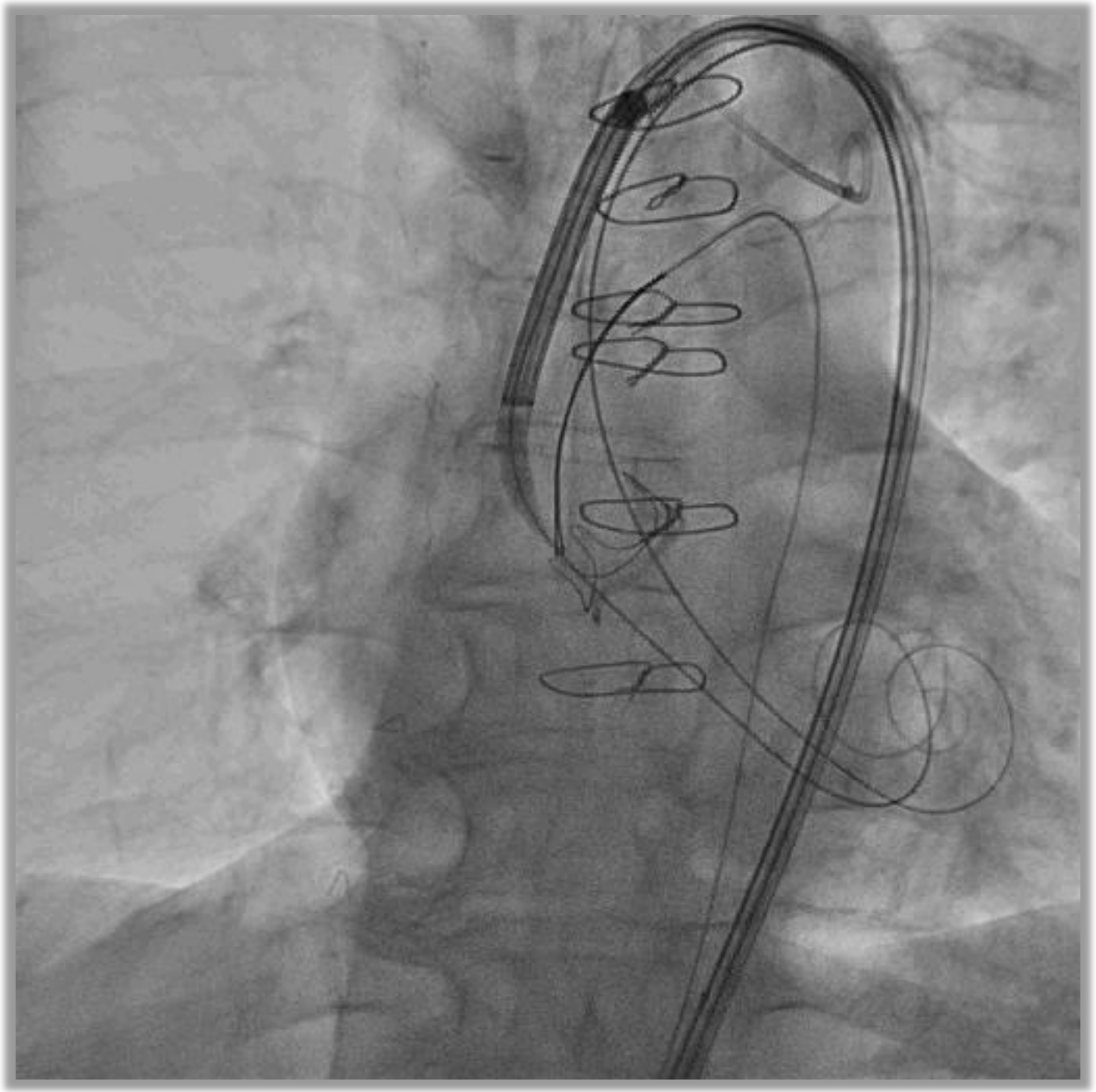
Discussion

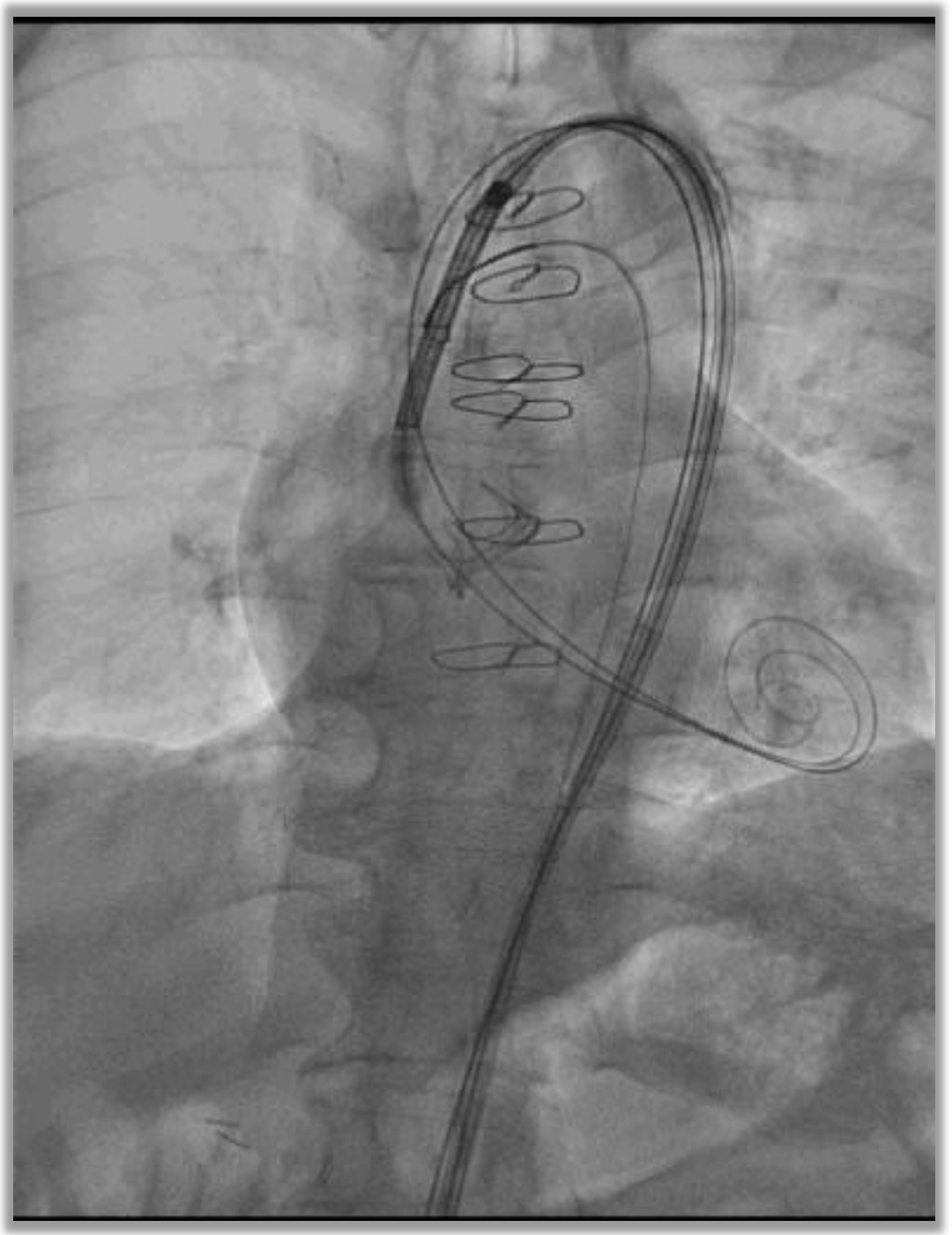










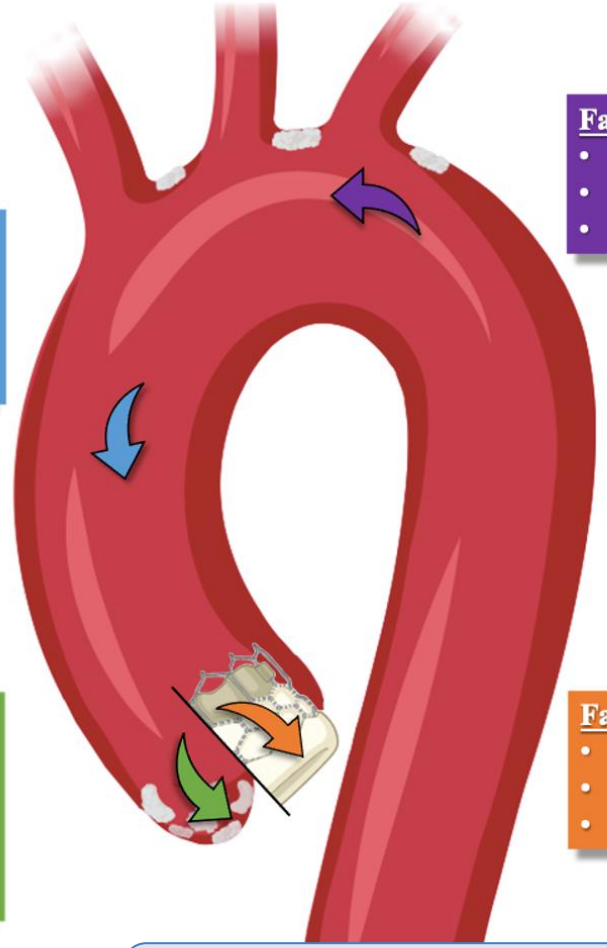


Discussion

Snare catheter technique in complex TAVI procedures

Failure to cross a horizontale aorta :
- Use torque if using case of BE-THV
- Exchange the guidewire for a stiffer one
- Buddy wire/balloon technique
- Snare catheter technique

Failure to cross the aortic arch :
- Exchange the guidewire for a stiffer one
- Buddy wire/balloon technique
- Snare catheter technique



Failure to cross a native calcified aortic valve :
- Perform aortic valve predilatation
- Exchange the guidewire for a stiffer one
- Buddy wire/balloon technique
- Snare catheter technique
- To switch the type of THV

Failure to cross a bioprosthetis aortic valve :
- Exchange the guidewire for a stiffer one
- Buddy wire/balloon technique
- Snare catheter technique

A.Mezier. Archives of Cardiovascular Disease 2025

OCT et lésions calcifiées

Conclusions

Apport de l'imagerie à toutes les étapes

Point ++ expansion du stent

Valider traitements adaptés