2019 euro PCR

Case discussions of the joint Argentinian(CACI) and Dutch (WIC) interventional working groups

Left main occlusion during TAVR

Key learnings

Left main complications

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☑ I do not have any potential conflict of interest to declare

Left main complications

- Very illustrative case from dr Leenders from the UMCU, a high volume TAVI center with a lot of experience
- TAVI volumes are growing, lower risk patients are treated and in this subset lower complication rate is acceptable
- A growing indication is VIV in patients with deteriorated bioprosthetic valves

Left main complications

Key learning:

- LM occlusion during TAVR has very high mortality
- Thorough planning with CT measurements can indicate a high risk case
- With valve-in valve a CT tool has been developed to determine the risk. VTC: virtual THV-coronary distance. (< 3 mm high risk, > 6 mm low risk)
- In native valves, most important parameter is the width of sinus of Valsalva

Left main complications

Key learning (2):

- In balloon-expandable valves and low coronaries : know the height of your THV.
- Be prepared. In doubt, invest in wiring LCA with balloon/stent in coronary artery before THV deployment.
- Sapien XT in stead of Sapien 3?
  - (inner)skirt height 6,7 mm vs 9,3mm
  - Frame height 14 mm vs 18 mm

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