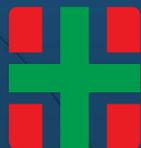




# PRESENTACIÓN DE CASO CLÍNICO MITRAL Y TRICUSPÍDEO

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# CASO CLÍNICO MITRAL

“Cuando todo sale mal...”



84 años  
HTA, IRC

2010: RVAo + RVM (Hancock #21 and #27) +  
CRM (PV-OM Cx) + MCP (BAV)

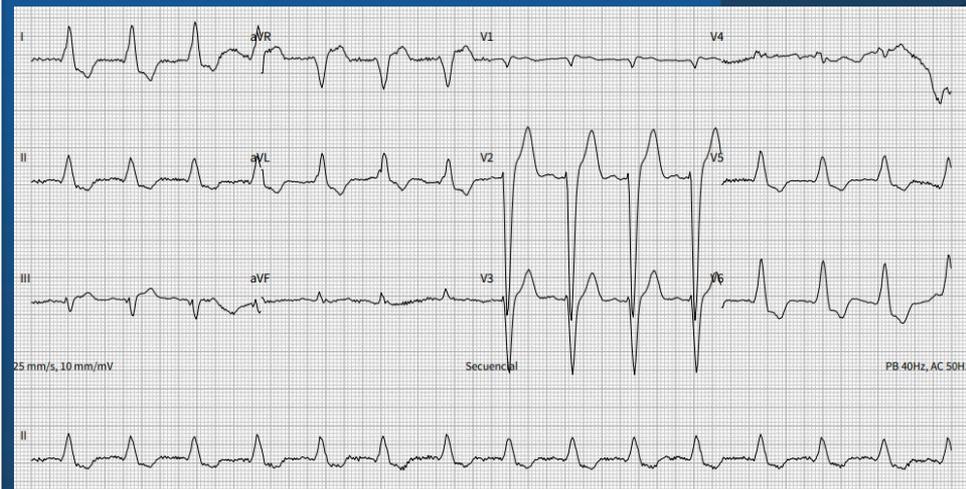
FA ACO

## Disfunción protésica mitral con múltiples internaciones por ICC

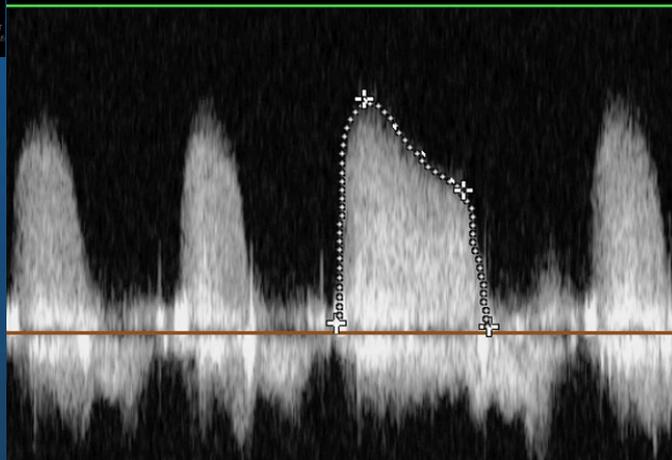
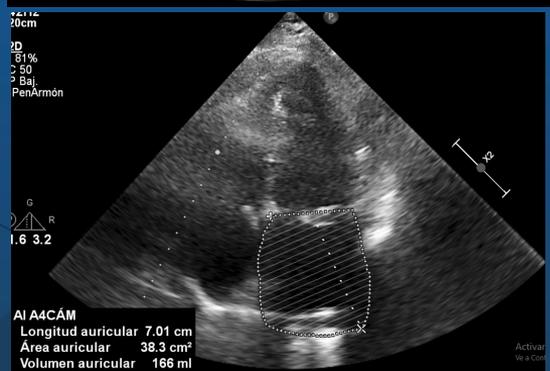
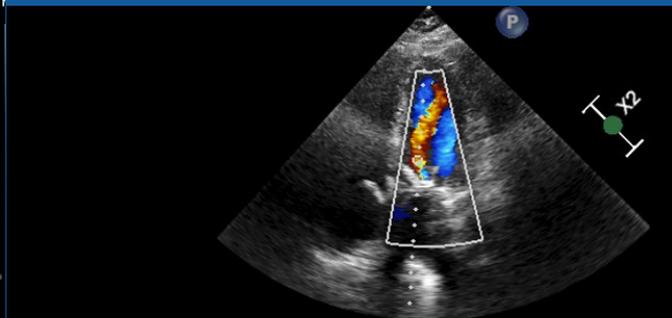
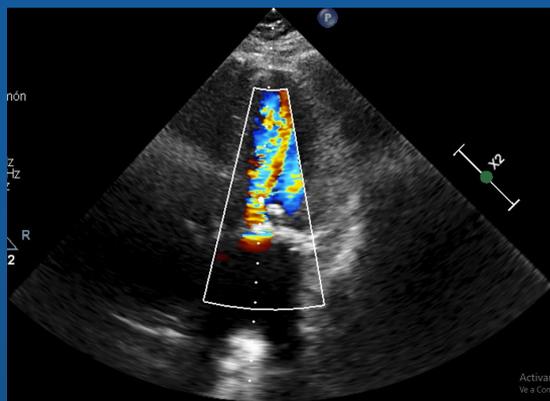
Carvedilol 12.5mg, Amiodarone 200 mg,  
Rivaroxaban 15 mg, Furosemide 80 mg



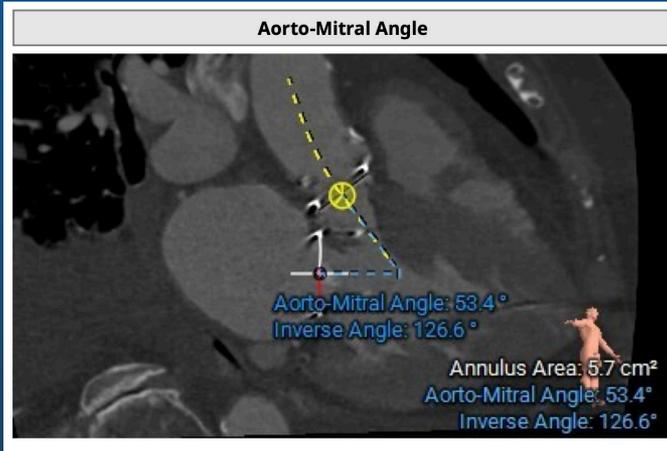
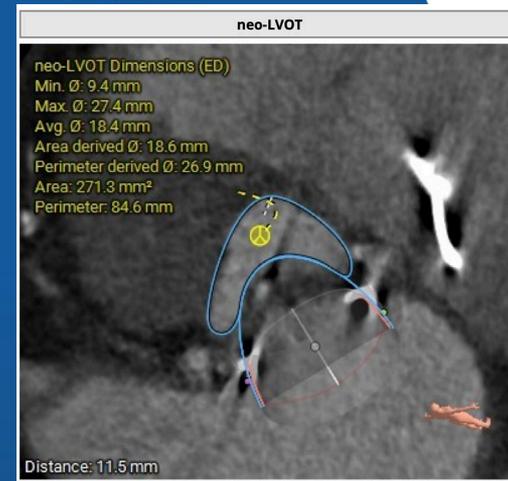
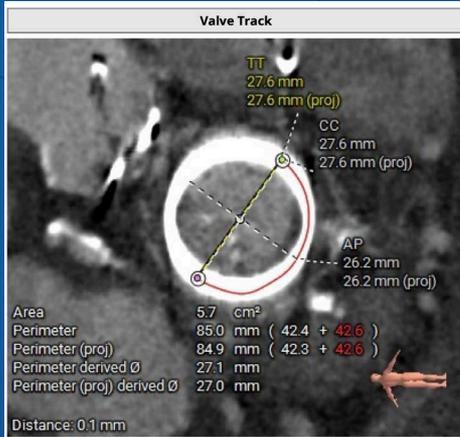
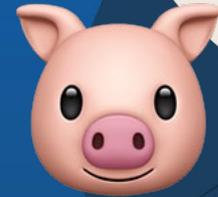
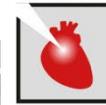
Hto 37% - Pla<sub>q</sub> 651.000/mm<sup>3</sup>  
Crea 1,61 mg/dL (Cl Cr 40 ml/min)



# ECO → Estenosis protésica crítica



Measurement	Value
Fey	40-45%
VM Grad Max (mmHg)	32
VM Grad Med (mmHg)	21
VM Area (cm <sup>2</sup> )	0.8
PSAP (mmHg)	79
	Sin IM





1. Anestesia general - ETE
2. Accesos: VFD (7F, valvula), VFI (6Fr) y ARD (6F)
3. PS: Inferior y posterior45. Cruce válvula con Pigtail o Agilis
4. Cuerda Safari
5. Predilatación Septum (Mustang 10x40 mm)
6. Valve-in-valve con Myval 27.5mm

Size: 27

Stent ID	Height	True ID <a href="#">i</a>
24	19	22

**Non-Fracturable**  
True Balloon Size:

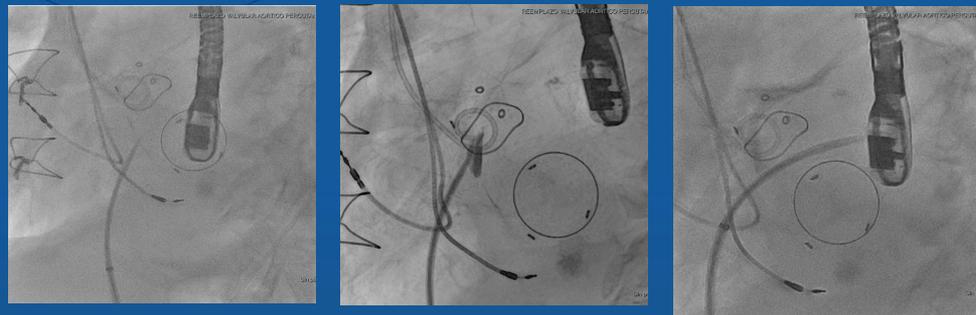
**THV CURRENT**      **THV ARCHIVED**

# 1) TRANSEPTAL

Septum engrosado + Cable auricular  
Cuerda BMW al revés

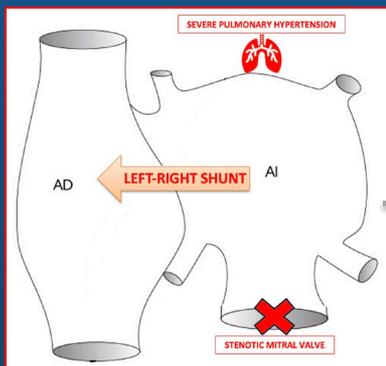


# 2) CRUCE DE LA VÁLVULA

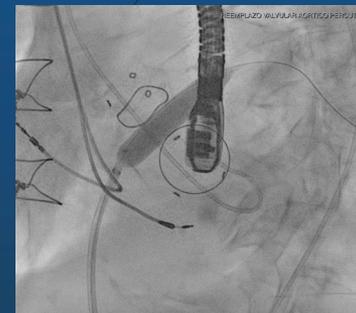


- X Pig Tail
- X Agilis no cruzó septum

# 3) Septostomía (Mustang 10x40 mm)



  
**CARDIOGENIC SHOCK**



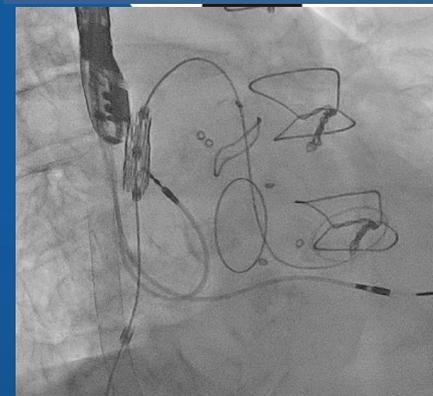
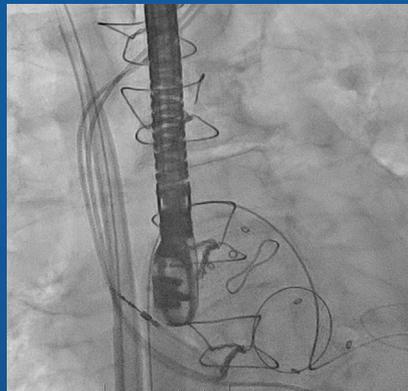
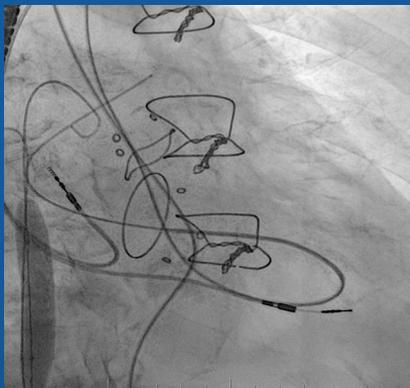
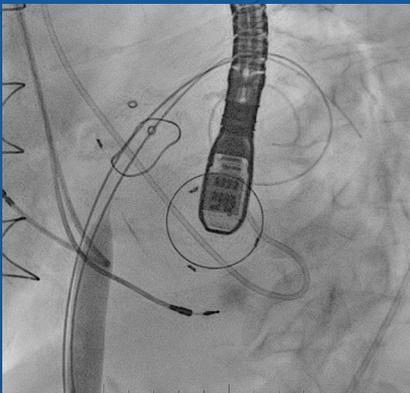
# 4) Balón inflado = Estabilidad HD



5) 2<sup>da</sup> cuerda paralela para avanzar Agilis  
Mal sellado -> Shock

6) Valvuloplastia mitral retrógrada 7) ECMO VA

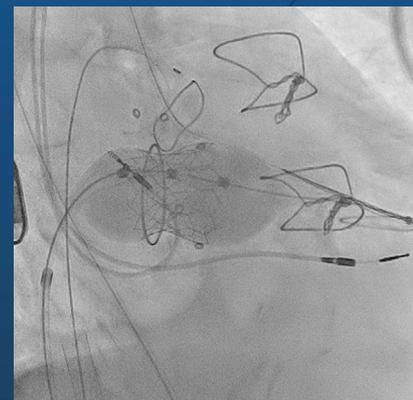
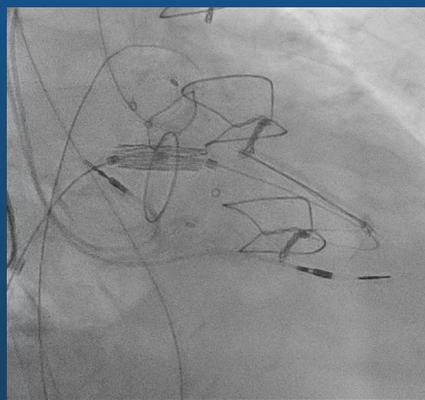
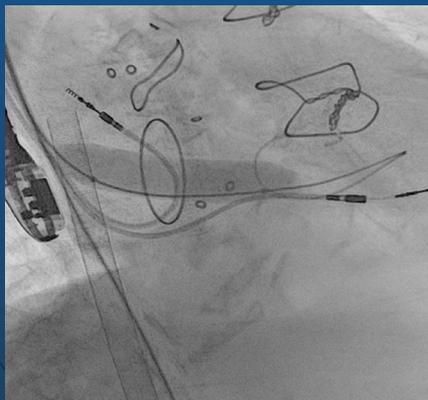
8) BEV no pasa septum



9) Balón 12 mm TS

10) Predilatación Mitral 12 mm 11) Enlazar cuerda VI

12) MITRAL VALVE IN VALVE



# RESUMEN CASO MITRAL



La punción transeptal es la clave (inferior y posterior)



No es lo mismo IM que EM.



OJO con predilatación septum en EM muy severas



El ECMO permitió el implante



Enlazar cuerda en VI ayuda a la navegabilidad



# CASO CLÍNICO TRICUSPIDEO

“Una solución inusual”



58 años

Anomalía de Ebstein + Estenosis VP



- 19 años: RVT + Comisurotomía Pulmonar
- 41 años: RVT (Medtronic - Hancock #27)
- 51 años: RVT (Medtronic - Hancock #27)
- 54 años: 2 internaciones por sospecha EIT  
(S. aureus, sin vegetación) – Rechazo QX – ATB



FA  
IRC



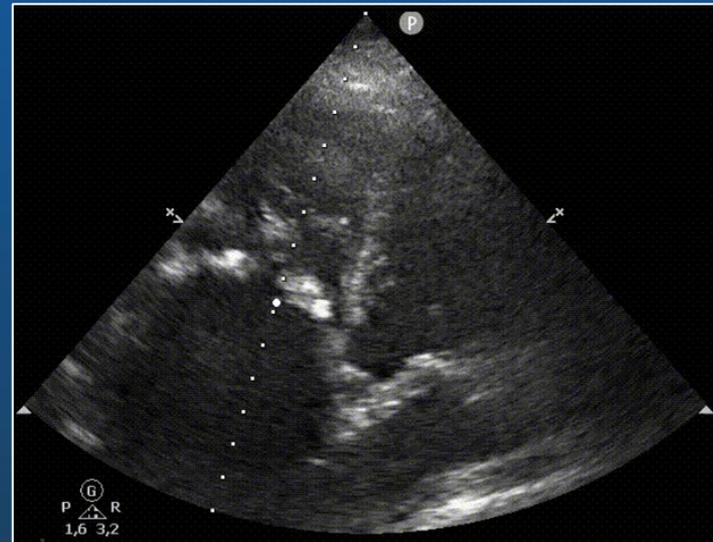
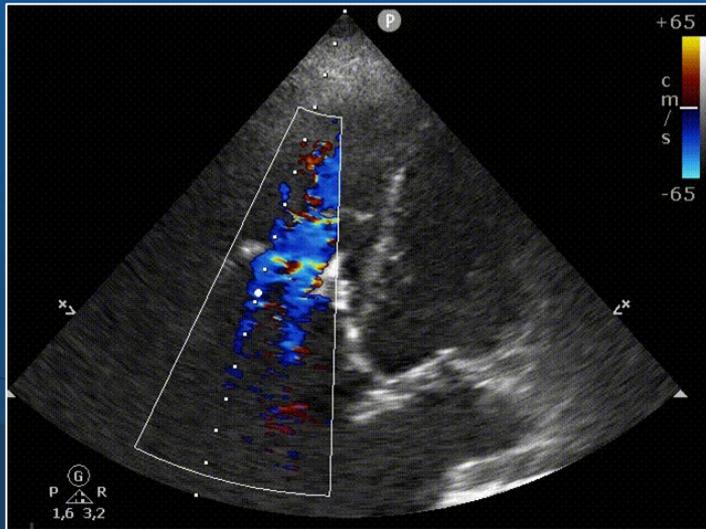
**IT severa + ICC derecha refractaria  
(dobutamina + furosemida BIC)**

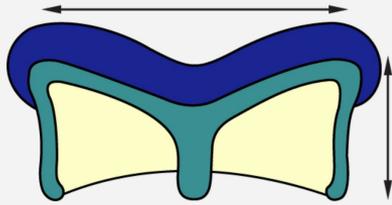
Fey ok

FSVD Moderada

Bioprótesis disfuncionante por:

- Estenosis (Gradiente medio 8 mmHg)
- IT Torrencial

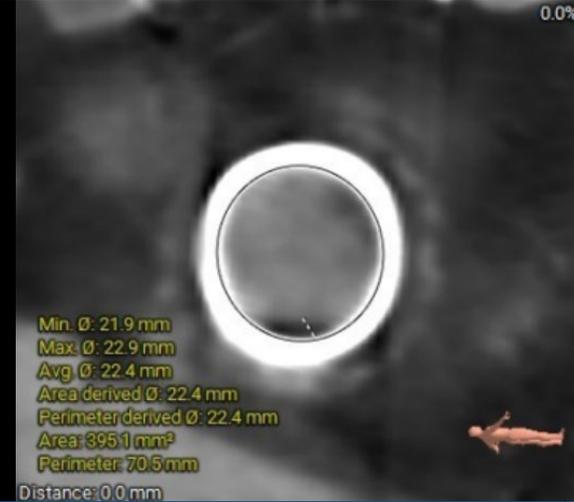
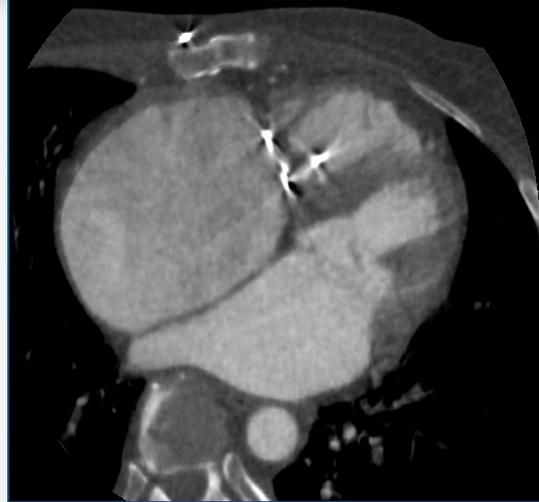




Stent ID	Height	True ID <span style="color: blue;">i</span>
24	19	22

**Non-Fracturable**

True Balloon Size:

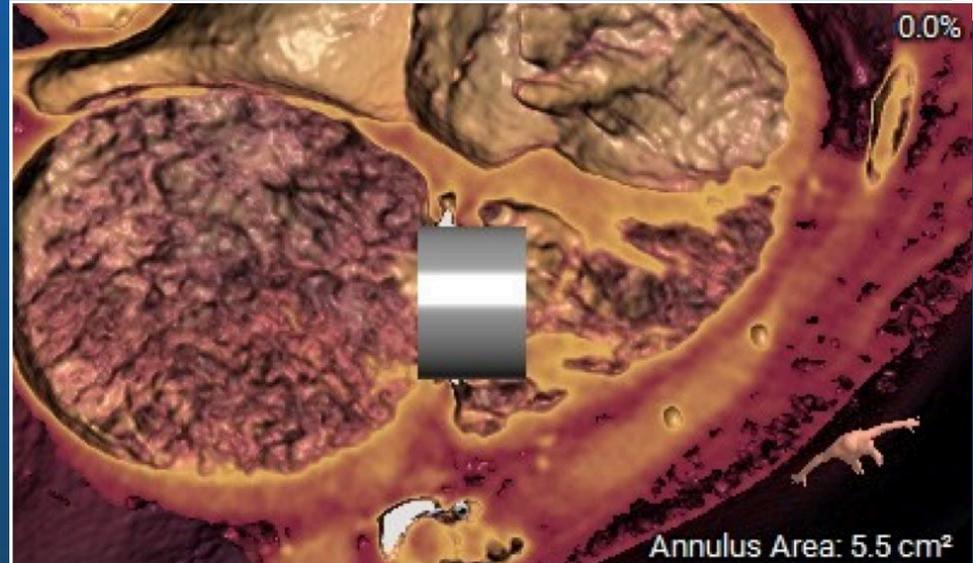


# Valve in Valve con protesis Myval 24.5 mm



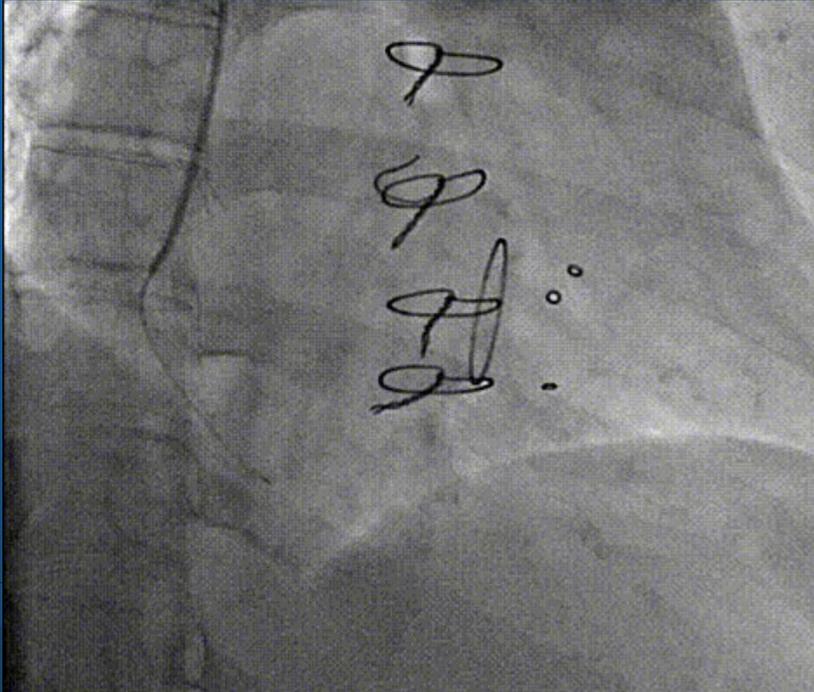
# PLANIFICACIÓN

- Acceso: YUGULAR
- Vaina agilis stand by
- Cuerda: Lunderquist 0.035
- Implante directo sin marcapaseo
- General anesthesia
- ETT



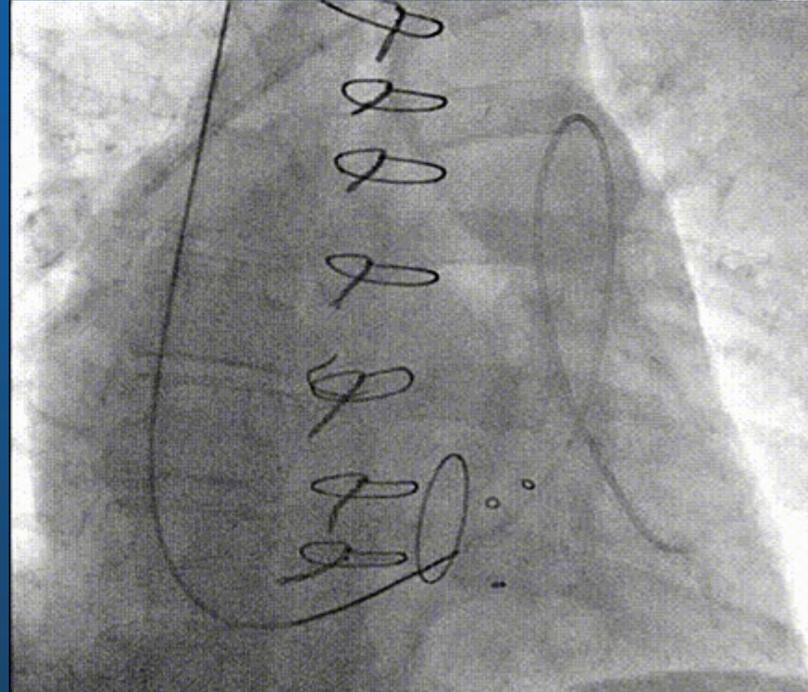
## 1) CRICE VALVULA

- Pig Tail angulado
- JR

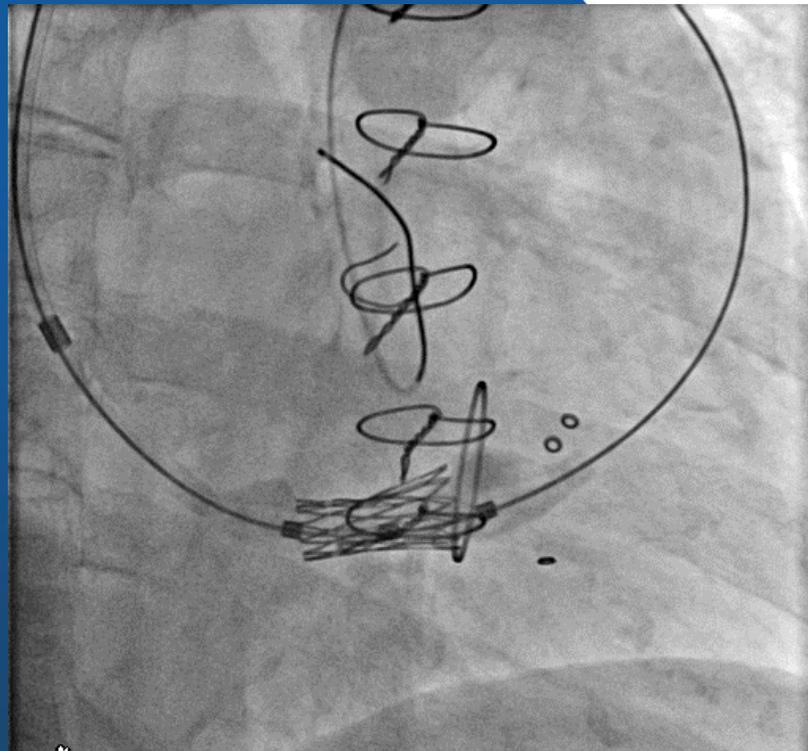
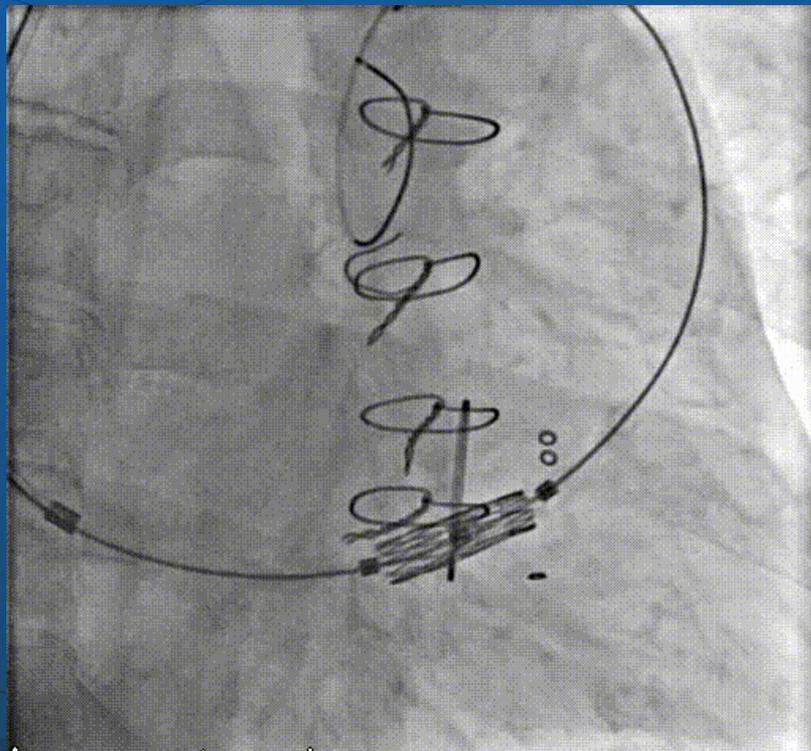


## 2) AVANCE LUNDER

- 0,035' hidrofílica
- Catéter hidrofílico

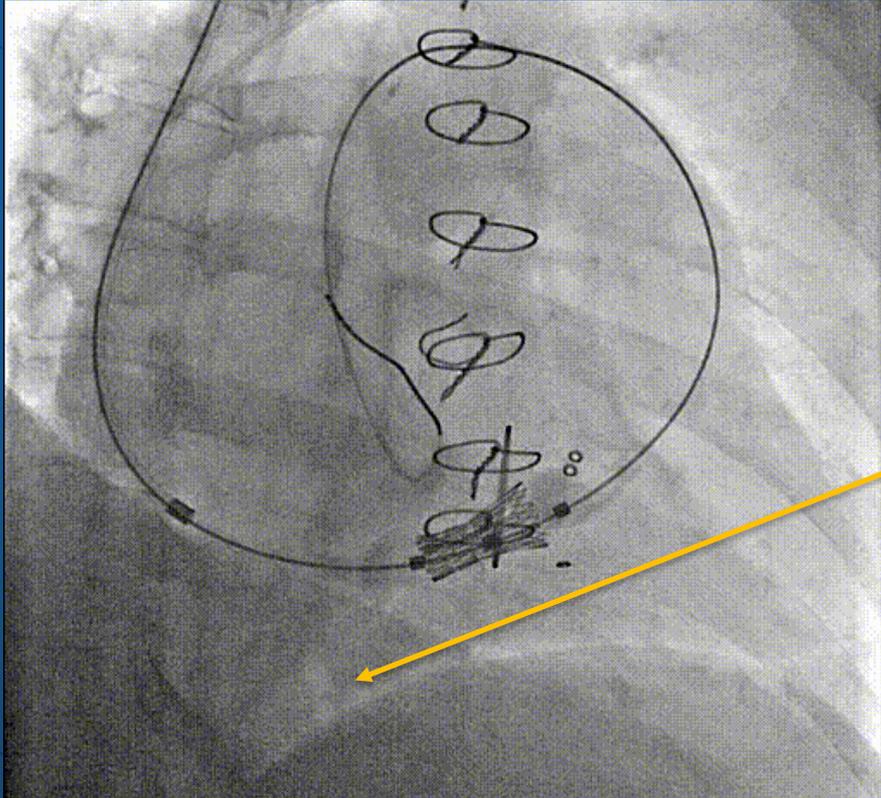


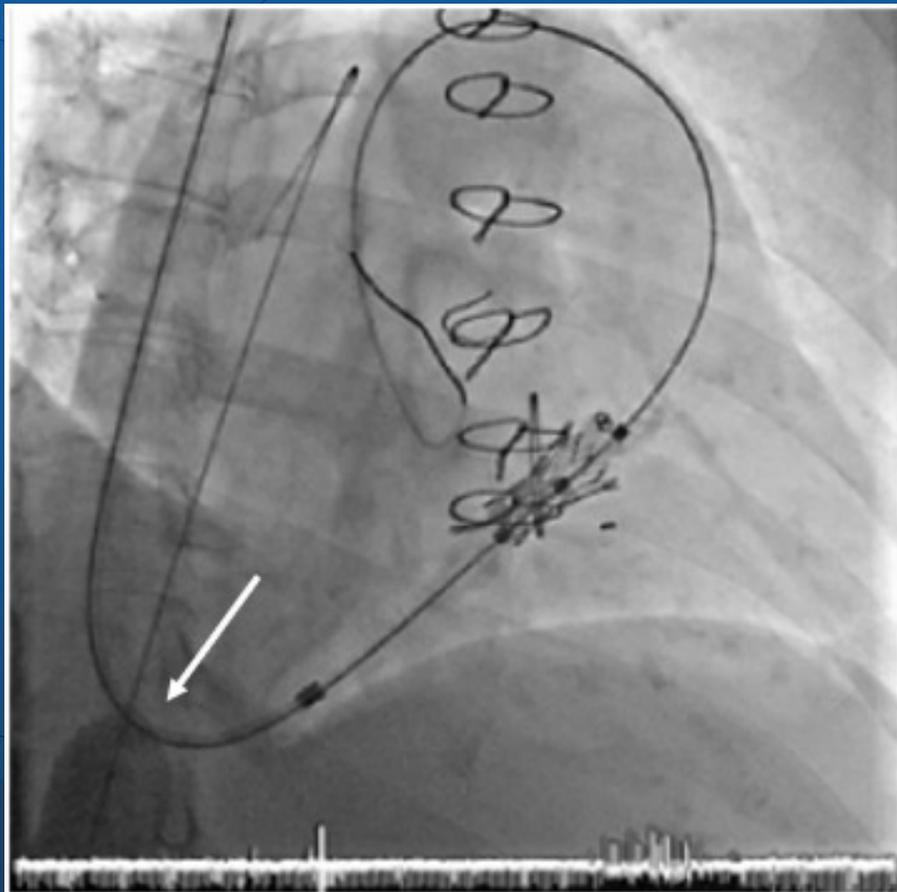
### 3) IMPOSIBLE avanzar más allá...



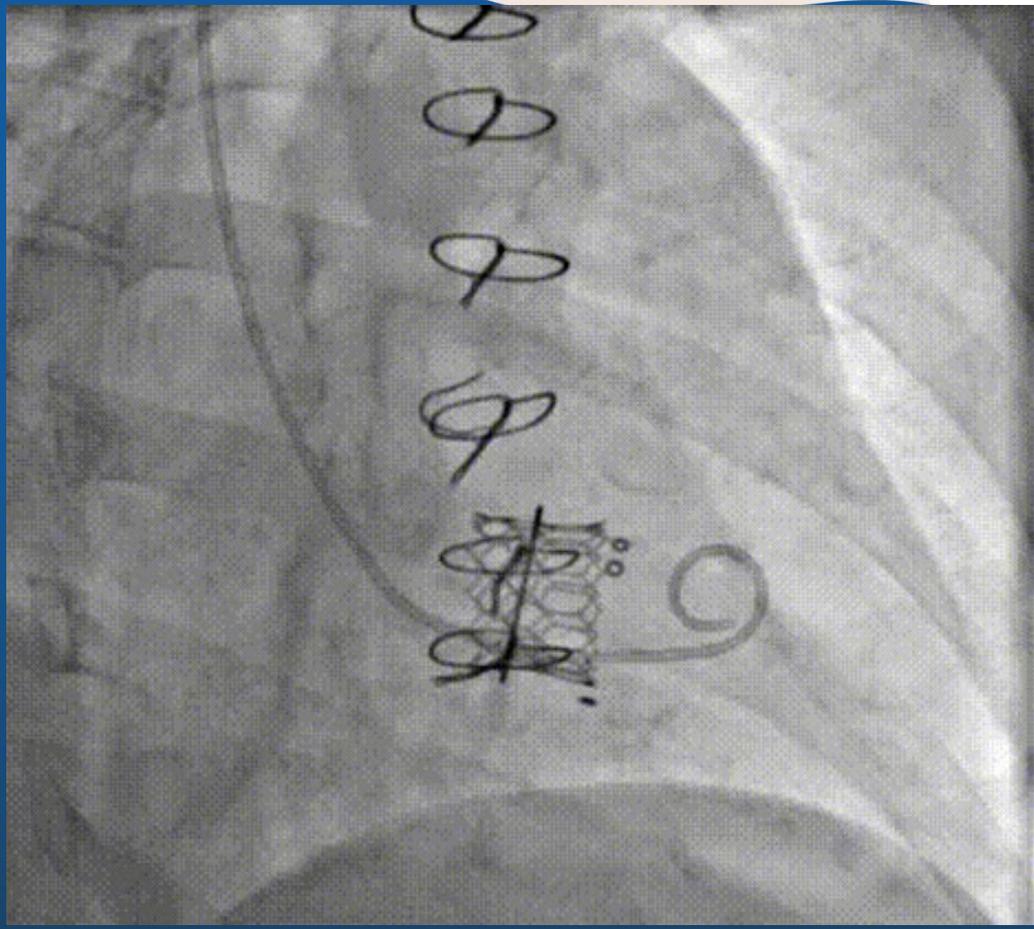


Prolapso de sistema  
deilevy a VCI





Balón 24x40 mm en VCI





Contents lists available at ScienceDirect

## Cardiovascular Revascularization Medicine: Interesting Cases

journal homepage: [www.elsevier.com/locate/crmic](http://www.elsevier.com/locate/crmic)



### Balloon occlusion of the inferior cava vein to prevent valve prolapse for transjugular tricuspid valve-in-valve



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#### ARTICLE INFO

##### Keywords

Tricuspid valve

Valve in valve

Bioprosthesis dysfunction

Transcatheter

#### ABSTRACT

Transcatheter valve-in-valve implantation has emerged as a viable alternative for treating degenerated bioprosthetic tricuspid valves. However, patients with Ebstein's anomaly, characterized by an enlarged right atrium, pose challenges due to difficulties in correct positioning and deployment of transcatheter valves, stemming from inadequate support and coaxial alignment. In our presented case report, we describe a tricuspid valve-in-valve procedure performed on a patient with Ebstein's anomaly and a significantly enlarged right atrium. A novel technique was employed to facilitate the advancement of the transcatheter heart valve within the degenerated bioprosthesis, ultimately ensuring the success of the intervention.



# RESUMEN CASO TRICUSPIDEO



Menos problemático que caso Mitral



Ebstein y mega-aurícula es un desafío adicional



Acceso yugular para TTVR



Solución.... Entender el problema y no desesperar