

UN CASO, UNA ENSEÑANZA

“VALVE IN VALVE” VIA SUBCLAVIA



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MÁLAGA

82 años. Varón.

HTA. Hipercolesterolemia. Fibrilación auricular. Anticoagulado (Edoxaban) EPOC severo
CABG + bioprótesis aórtica (Carpentier Perimount 21) en 2012
Neumonía por COVID en enero 2021.

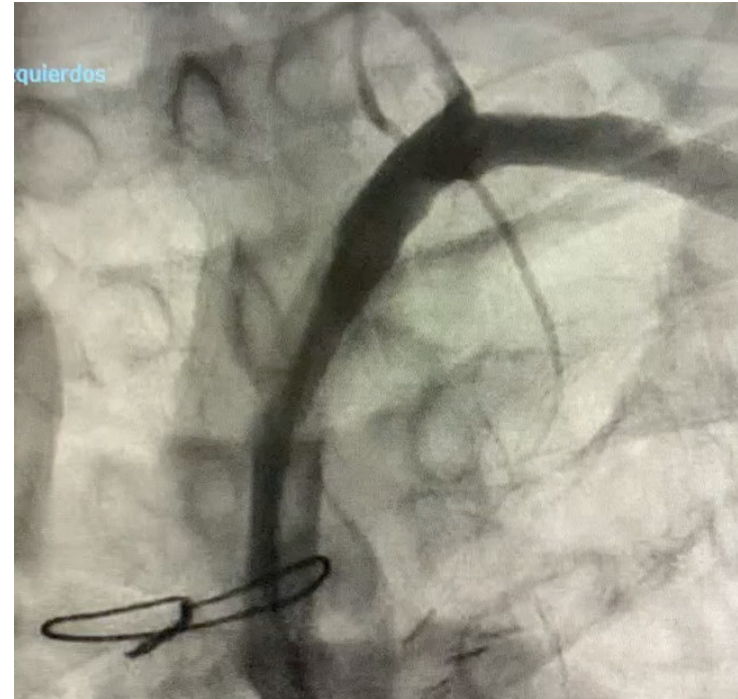
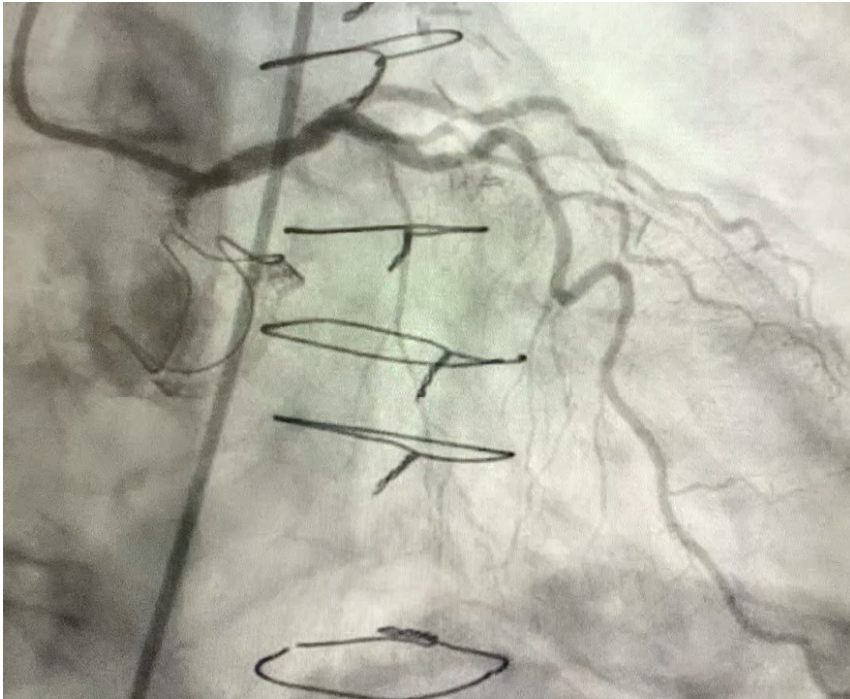
Ingreso por insuficiencia cardiaca en abril 2022:

By pass de safena a CD y CX permeables. Mamaria a descendente anterior ocluída.

Función ventricular ligeramente deprimida

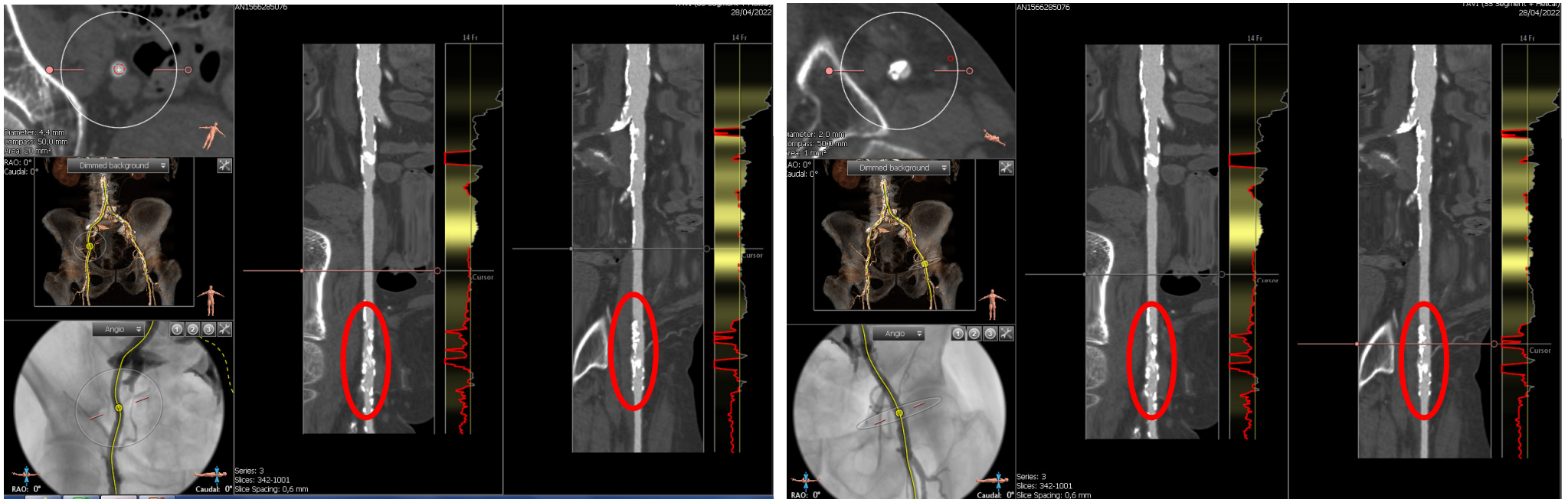
Disfunción protésica severa con gradiente máximo de 77 mmHg y medio de 52 mmHg

Se indica TAVI en SMQ



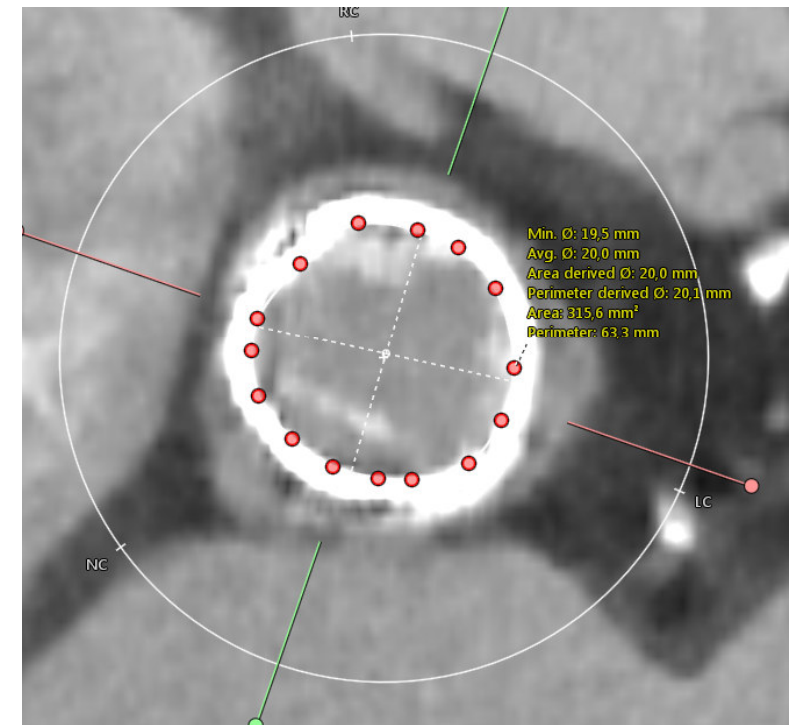
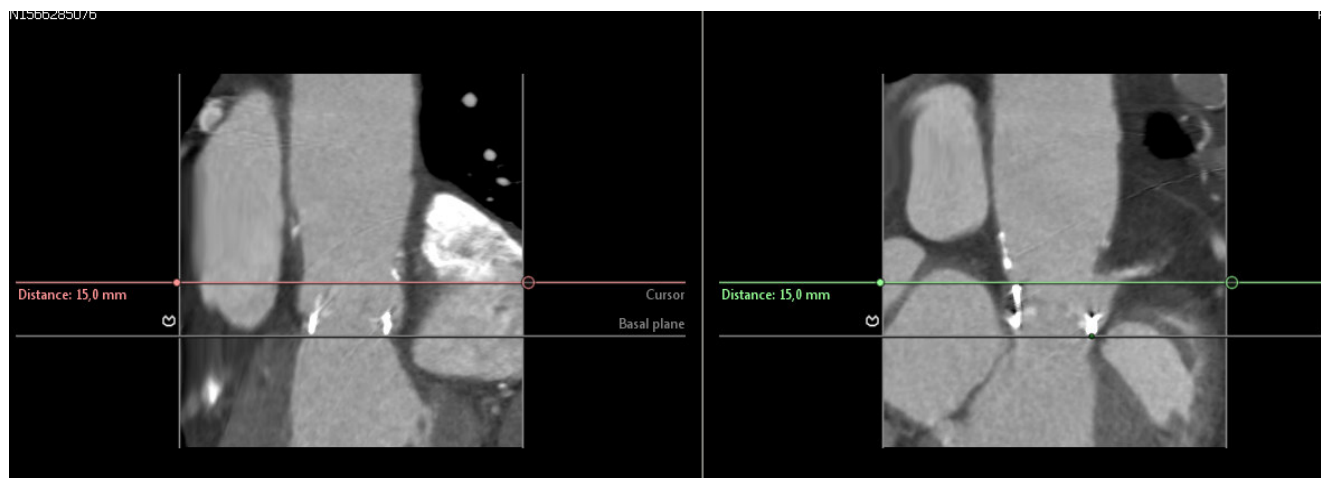
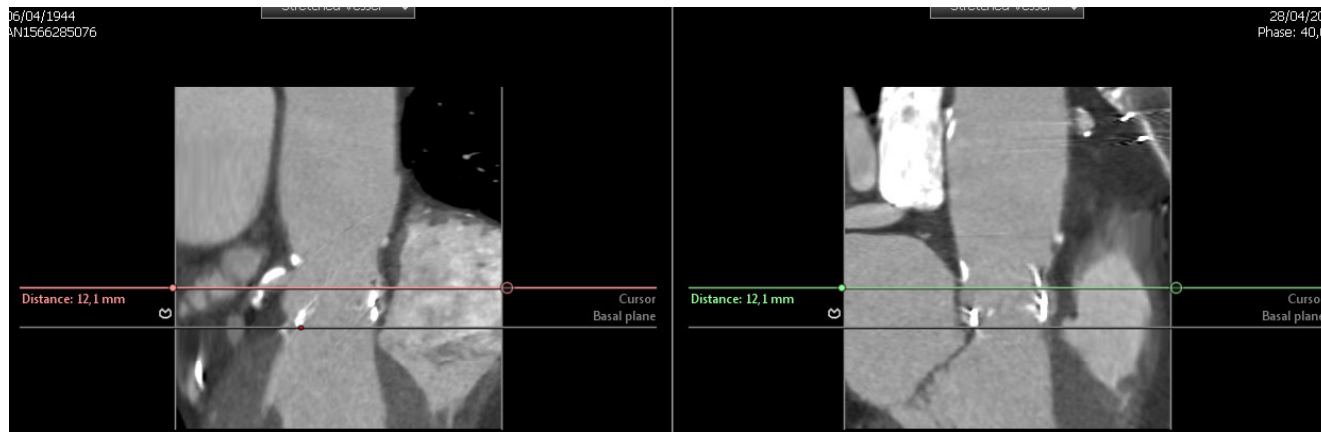
Estenosis moderada de descendente anterior. FFR de 0,88. Sin angina. Se decidió no tratar

CT: ACCESOS FEMORALES

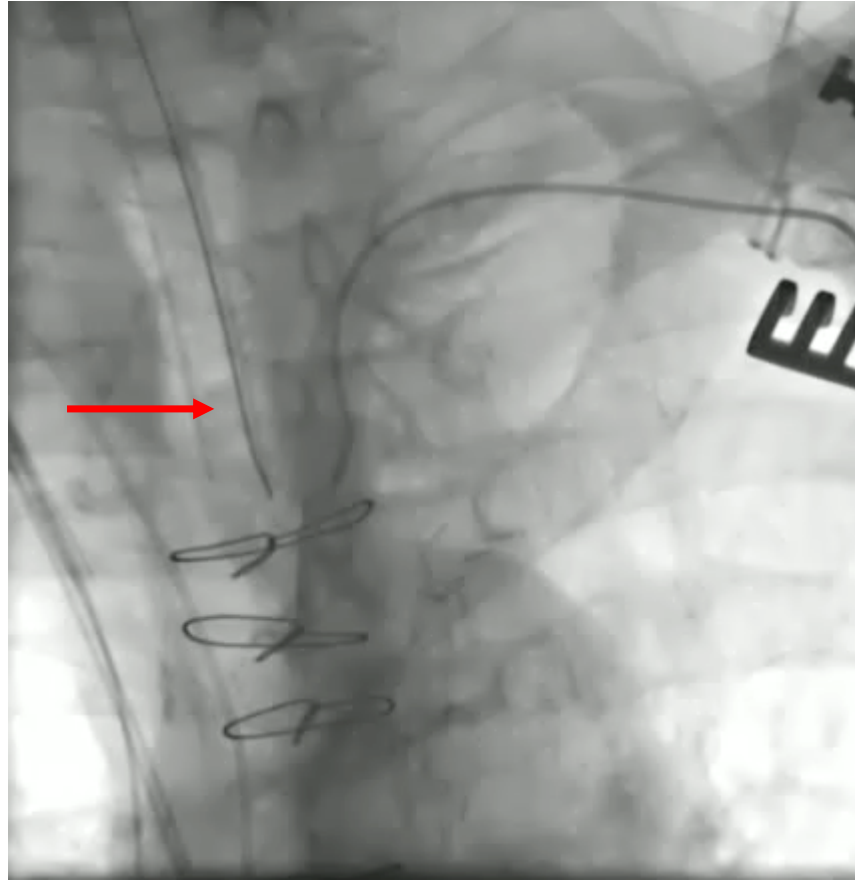


CALCIFICACIÓN MUY SEVERA EN AMBOS LUGARES DE PUNCIÓN FEMORALES

CT: DIÁMETRO DE ANILLO (BIOPRÓTESIS) Y DISTANCIA A CORONARIAS

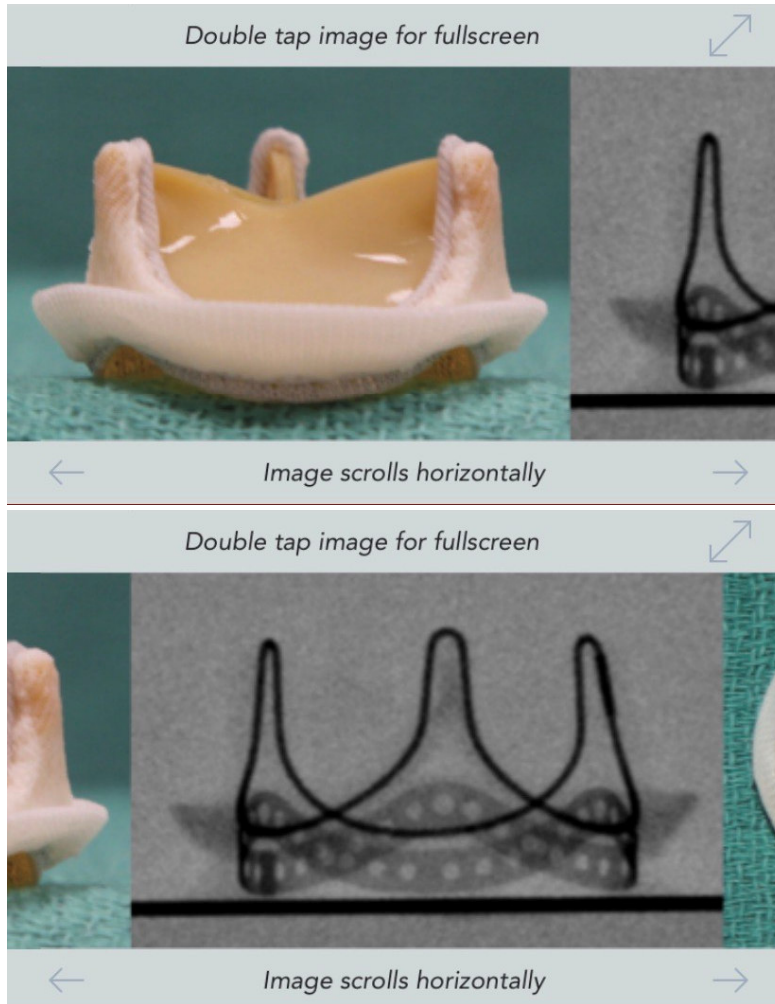


ANGIO SUBCLAVIA IZQUIERDA



BUEN DIÁMETRO CON ESTENOSIS SEVERA PROXIMAL. (BYPASS LIMA ESTÁ OCLUÍDO)

SELECCIÓN DE VÁLVULA SEGÚN LA APLICACIÓN “VIV AORTIC”

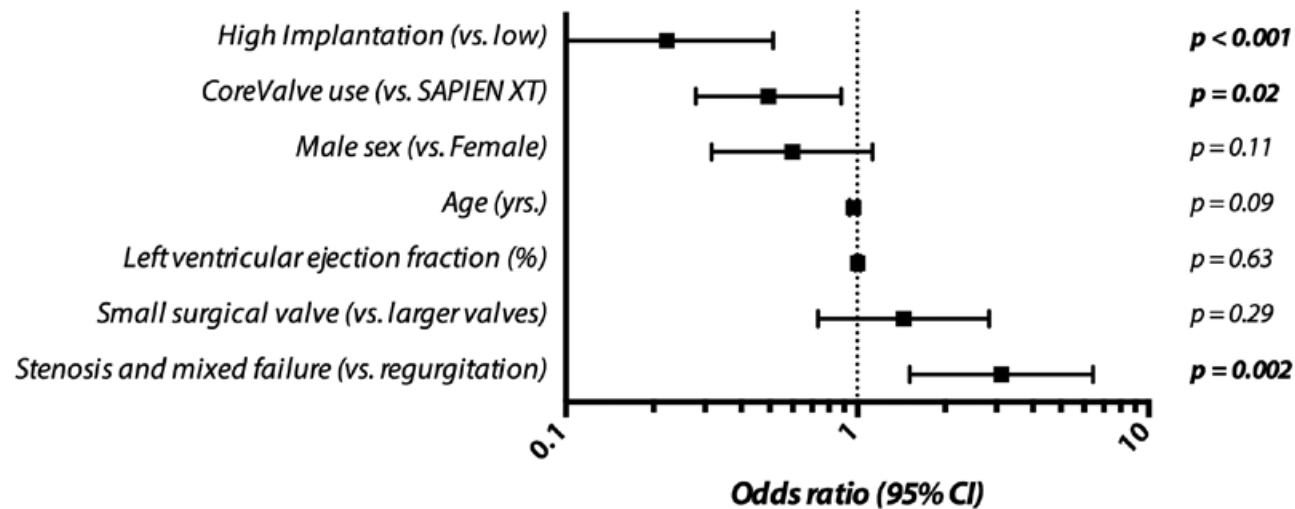


TAVI Valve Choices For: Perimount 2800, 21	
S3 20/23	Evolut R 23
Accurate TA USE WITH CAUTION	Accurate NEO USE WITH CAUTION
Lotus 21	Sapien XT 20/23
Portico 23	Allegra 23

Transcatheter Replacement of Failed Bioprosthetic Valves

Large Multicenter Assessment of the Effect of Implantation Depth on Hemodynamics After Aortic Valve-in-Valve

Multivariate Analysis Elevated Post-Procedural Mean Gradients



(Circ Cardiovasc Interv. 2016;9:e003651.

CoreValve Evolut 23mm in Perimount 21mm

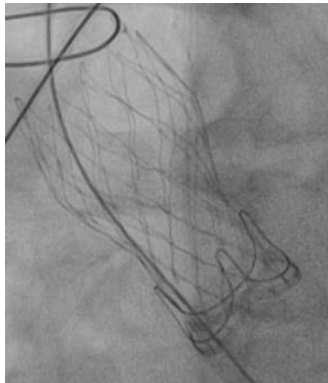
SAPIEN XT 23mm in 21mm Surgical Valves

ALTO

BAJO

ALTO

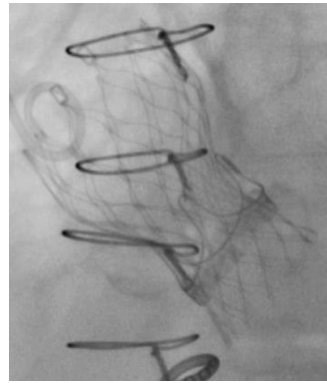
BAJO



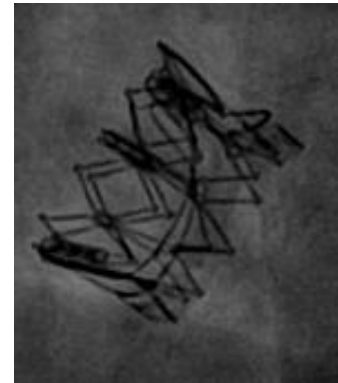
Depth: 1.3mm
Post mean
gradient: 11mmHg



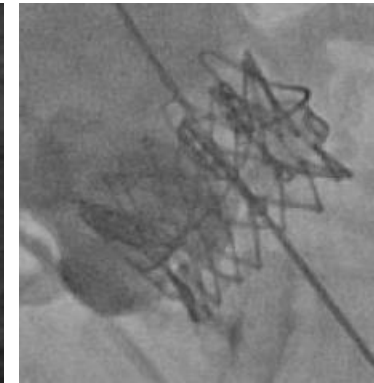
Depth: 6.2mm
Post mean gradient:
25mmHg



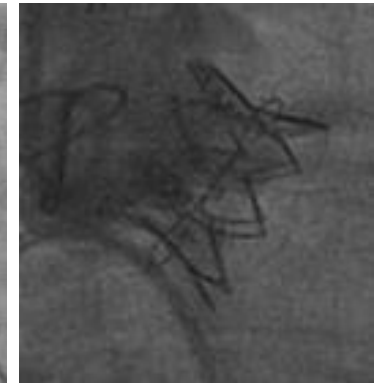
Depth: 9.8mm
Post mean gradient:
24mmHg



Depth: 0%
Post mean
gradient: 17mmHg

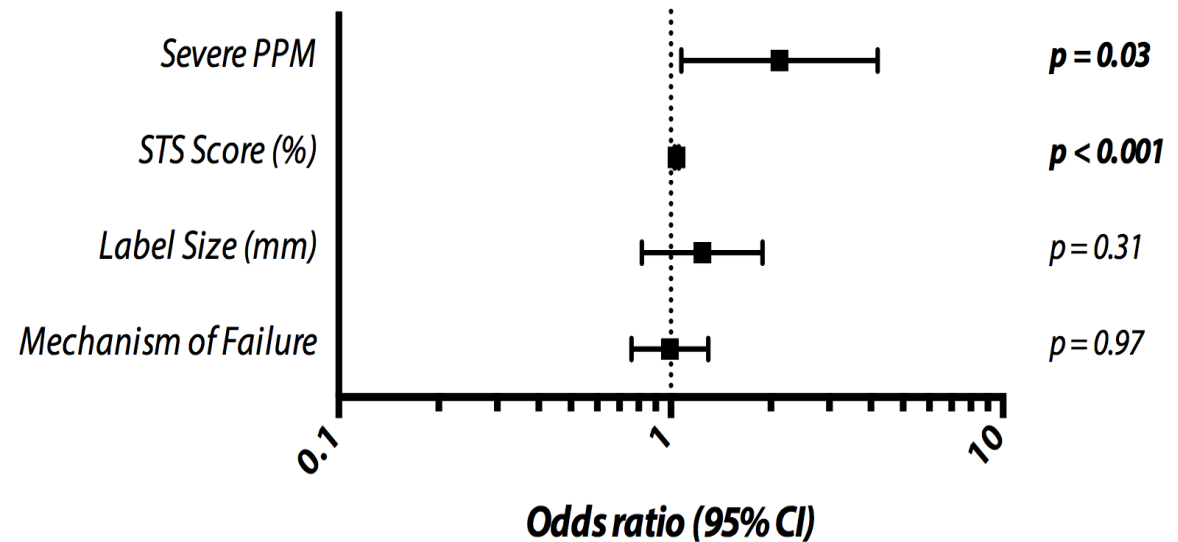
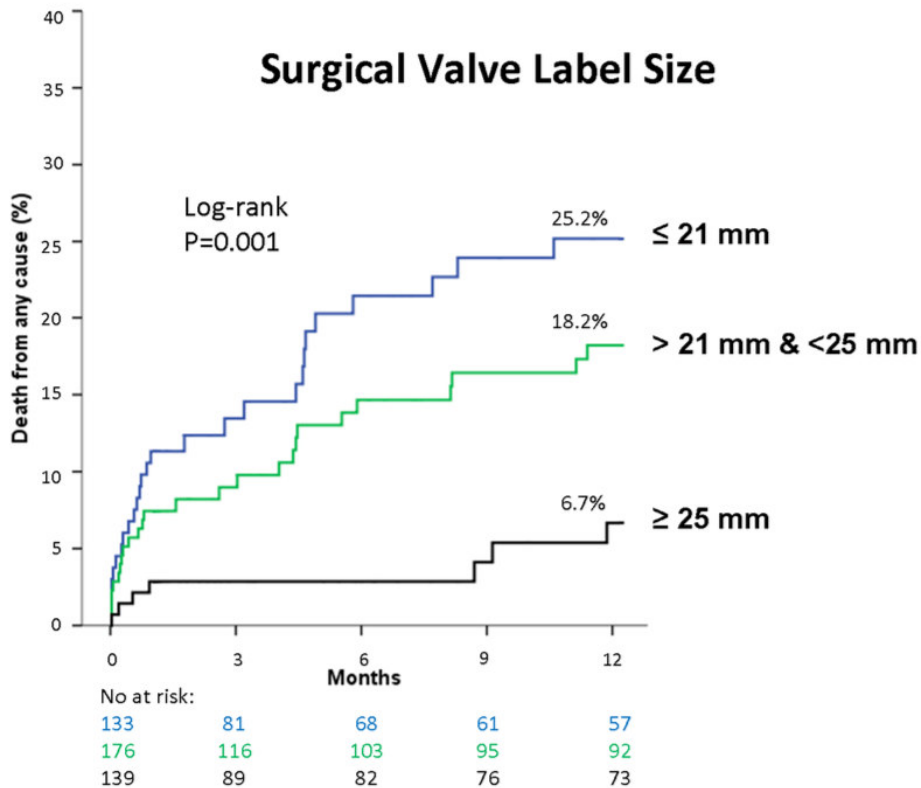


Depth: 25%
Post mean gradient:
33mmHg



Depth: 44%
Post mean gradient:
50mmHg

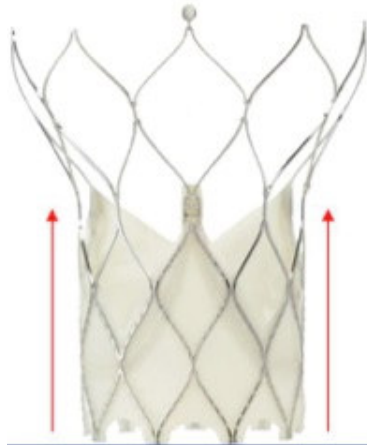
Severe Surgical Valve Prosthesis-Patient Mismatch and Long Term Mortality after Aortic Valve-in-Valve



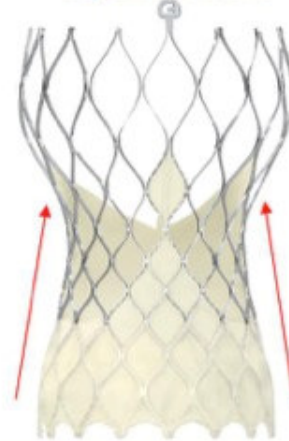
Supervivencia tras “Valve in valve”

El “mismatch” protésico severo es el mayor predictor de mortalidad a un año

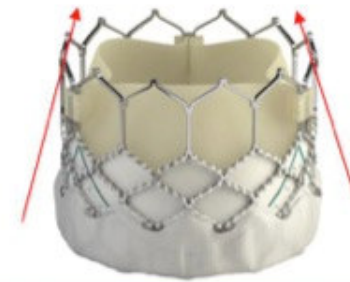
Portico
Cylindrical Valve



Evolut Pro
Tapered Stent

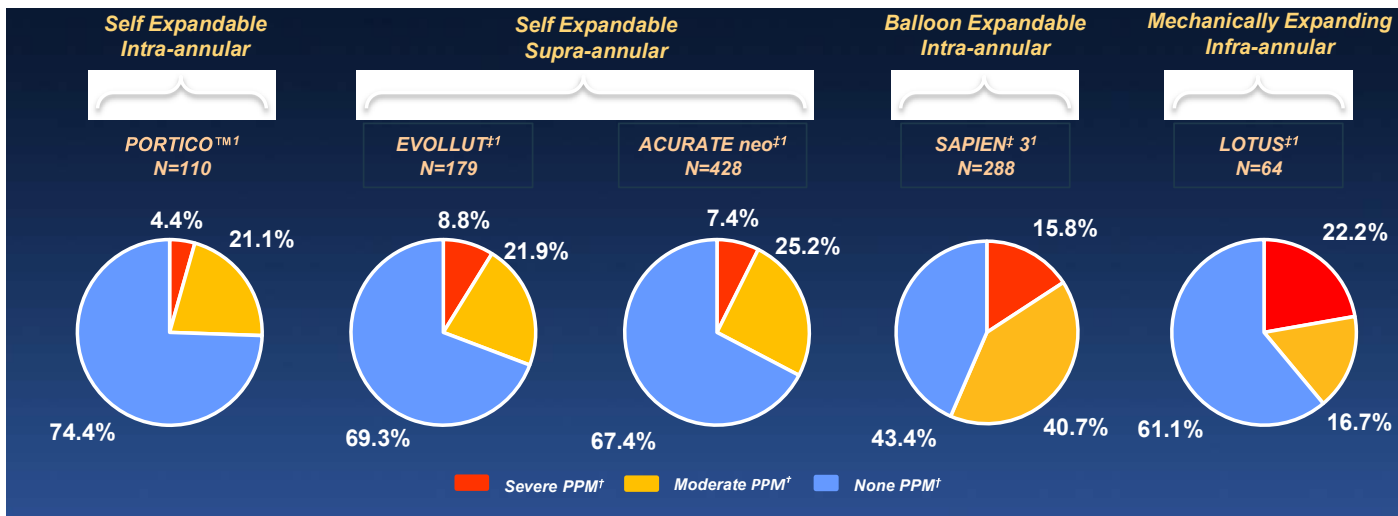
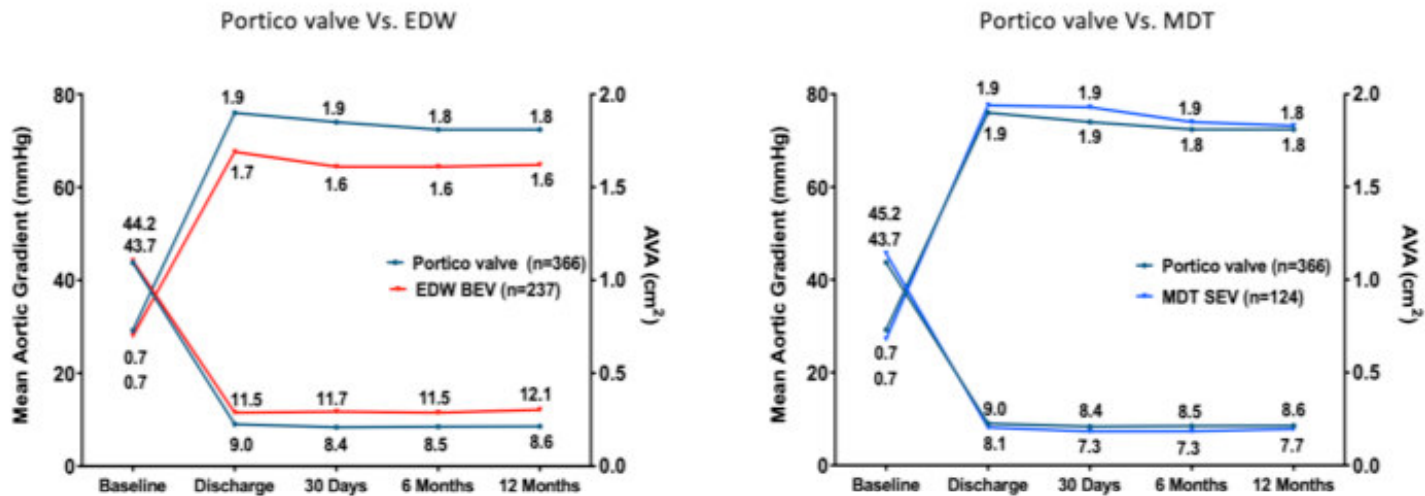


Sapien 3
Tapered Leaflets



EL DISEÑO DE UNA VÁLVULA PUEDE DETERMINAR SU ORIFICIO Y SU HEMODINÁMICA

MISMATCH PROTÉSICO EN ANILLOS PEQUEÑOS



TAVI Valve Choices For:
Perimount 2800, 21

S3 20/23	<i>Evolut R</i> 23
<i>Accurate TA</i> USE WITH CAUTION	<i>Accurate NEO</i> USE WITH CAUTION
<i>Lotus</i> 21	<i>Sapien XT</i> 20/23
<i>Portico</i> 23	<i>Allegra</i> 23



VALVULA ALLEGRA

Nitinol con pericardio bovino

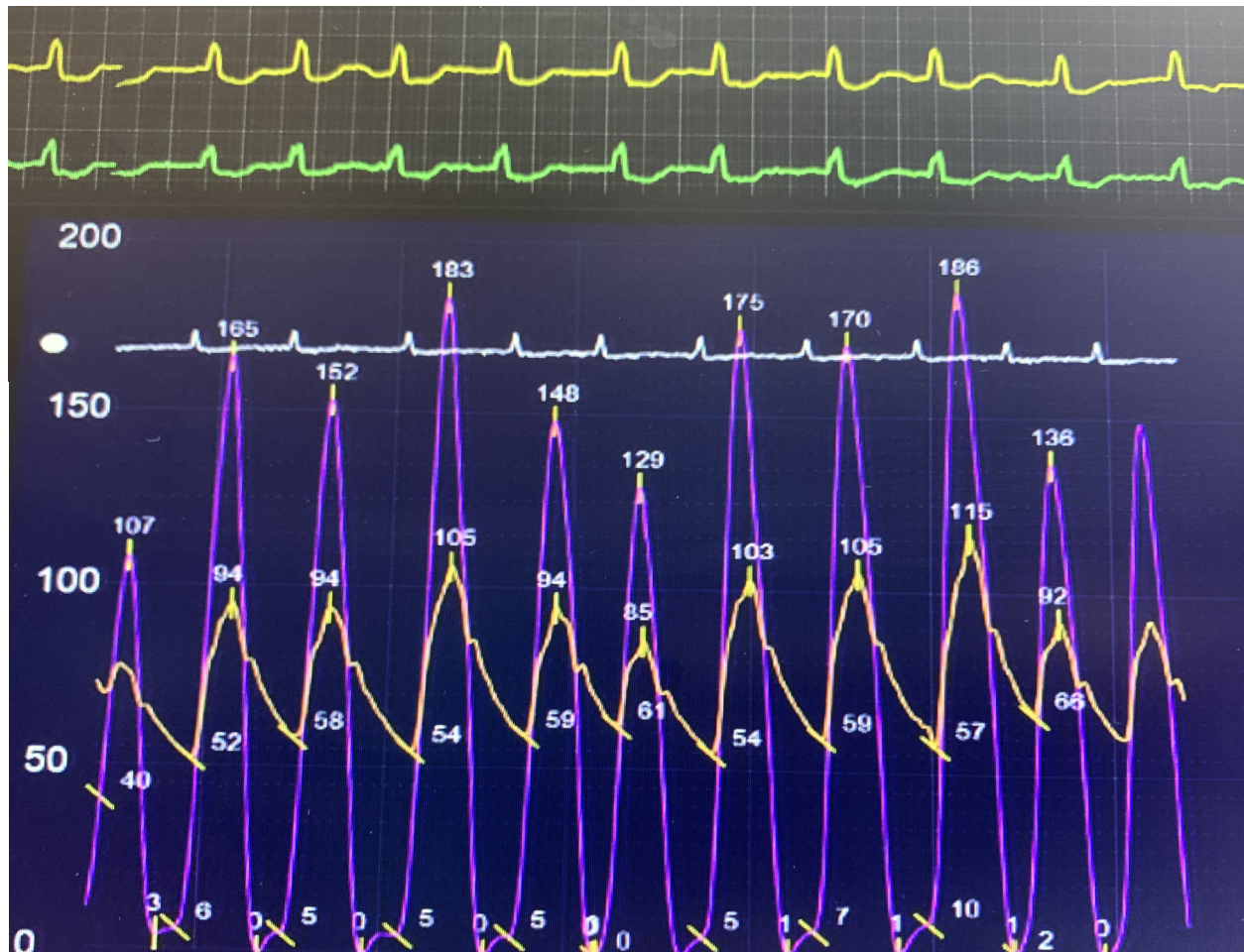
Sin faldón

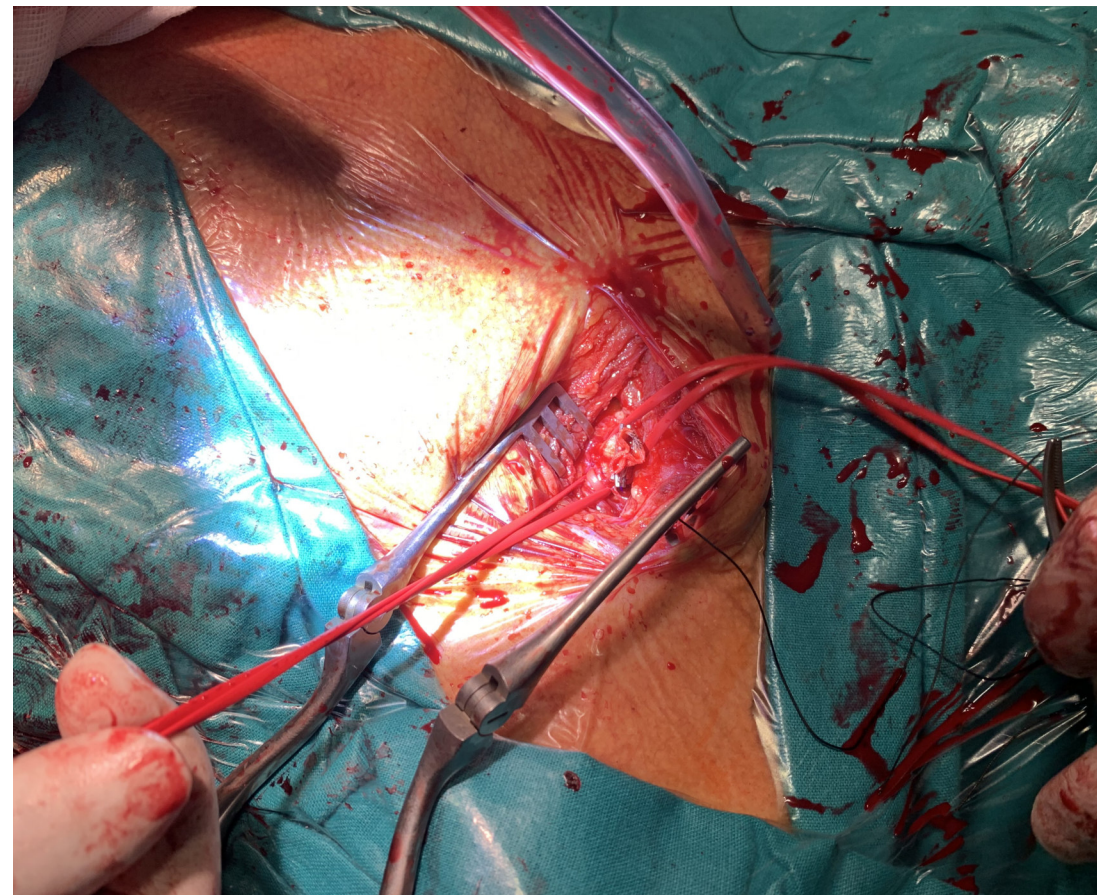
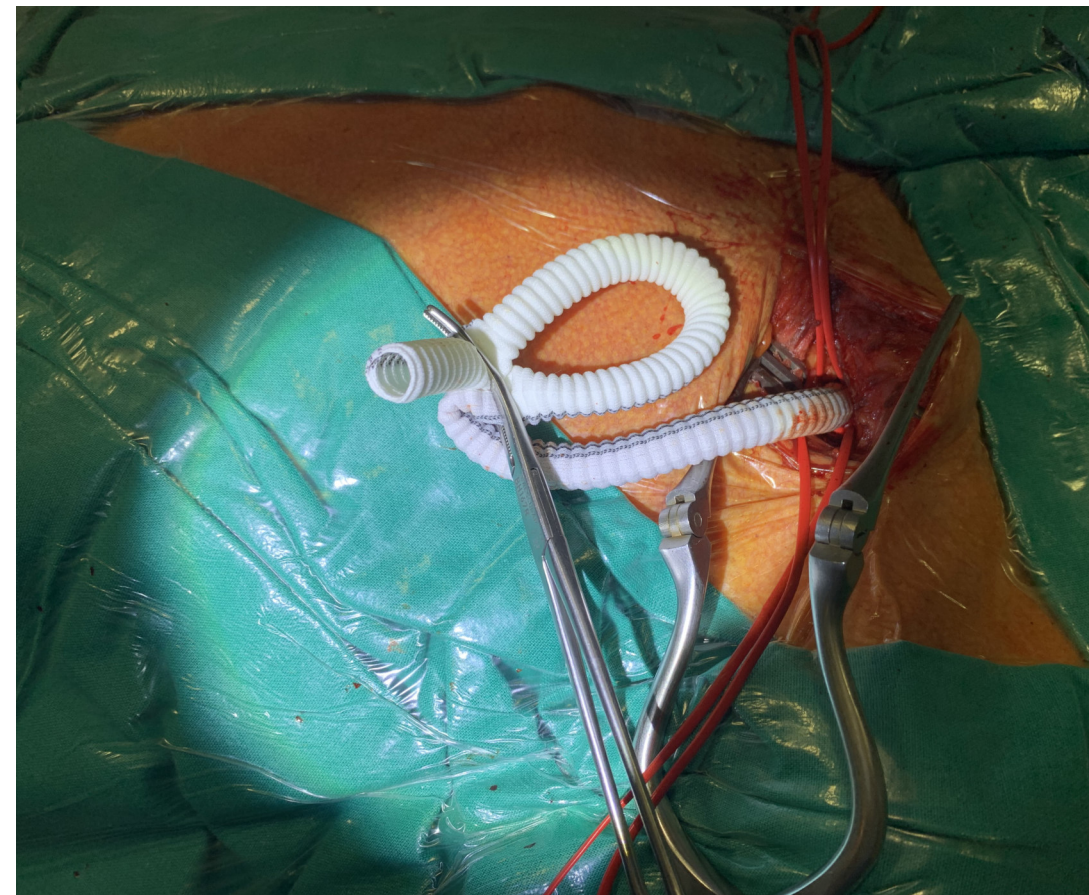
VÁLVULA NO RECAPTURABLE

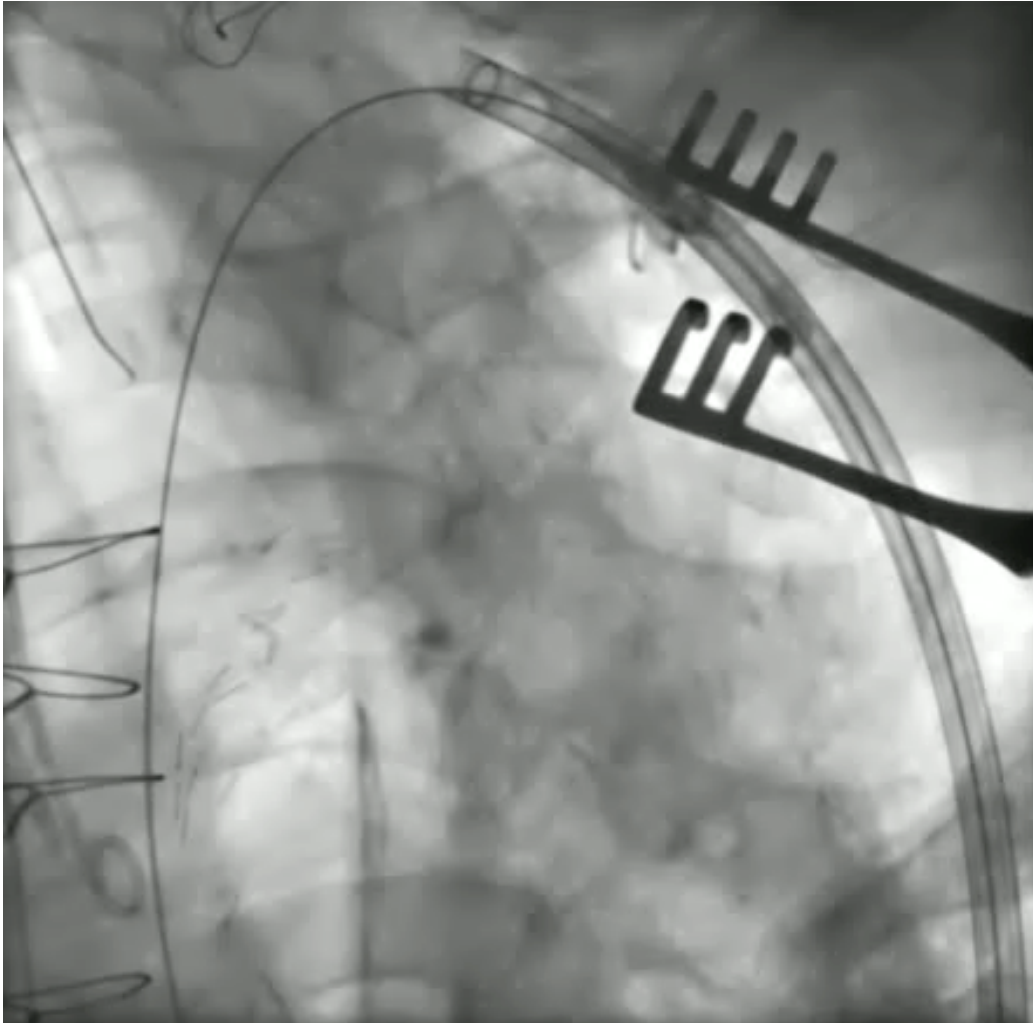


[mm]	ALLEGRA 23	ALLEGRA 27	ALLEGRA 31
Annulus diameter	19 - 22	22 - 25	25 - 28
Annulus Perimeter	59.7 - 69.1	69.1 - 78.5	78.5 - 88
Annulus Area	280 - 380 mm ²	380 - 490 mm ²	490 - 620 mm ²
Inflow diameter	23.8	27.4	31.0
Valve Outflow diameter	24-0	28.0	28.0
Frame height	37.3	41.3	43.0
Anchura de las celdas frente a los ostium coronarios.			6 x 8 mm

Sistema recapturable/reposicionable disponible en 1ºQ 2023







CATÉTER SHOCKWAVE PERIFÉRICO 6/60

Intravascular Lithotripsy for Peripheral Artery Calcification



30-Day Outcomes From the Randomized Disrupt PAD III Trial

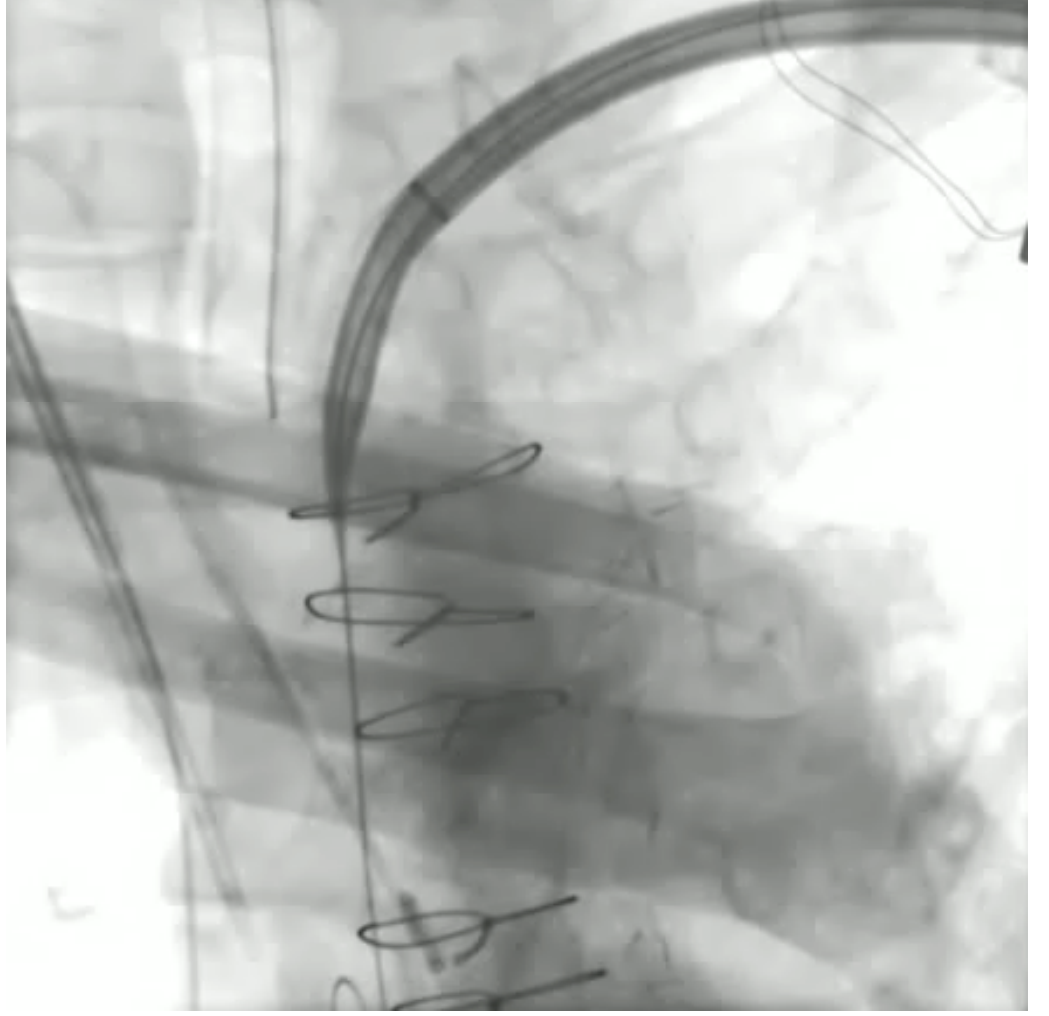
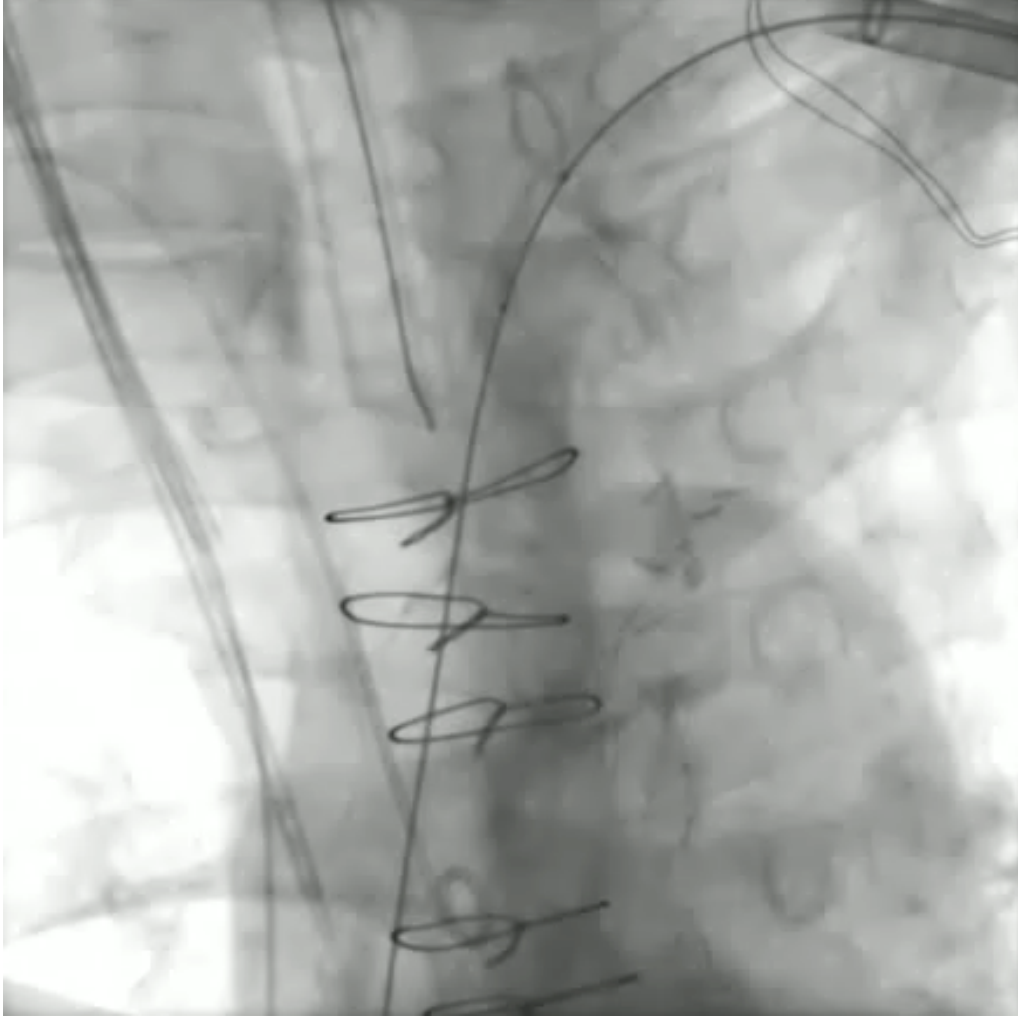
Gunnar Tepe, MD,^a Marianne Brodmann, MD,^b Martin Werner, MD,^c William Bachinsky, MD,^d Andrew Holden, MD,^e Thomas Zeller, MD,^f Sarang Mangalmurti, MD,^g Claus Nolte-Ernsting, MD,^h Barry Bertolet, MD,ⁱ Dierk Scheinert, MD, PhD,^j William A. Gray, MD,^k for the Disrupt PAD III Investigators

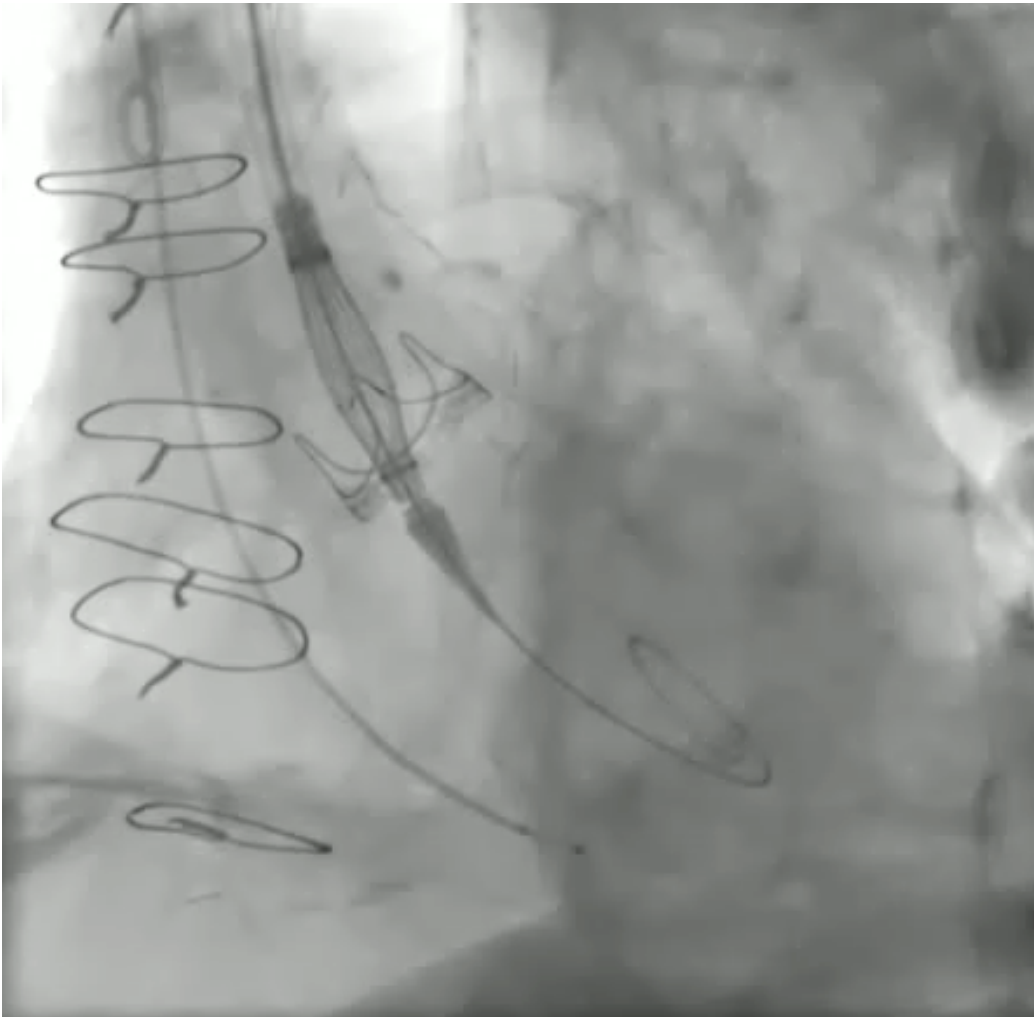
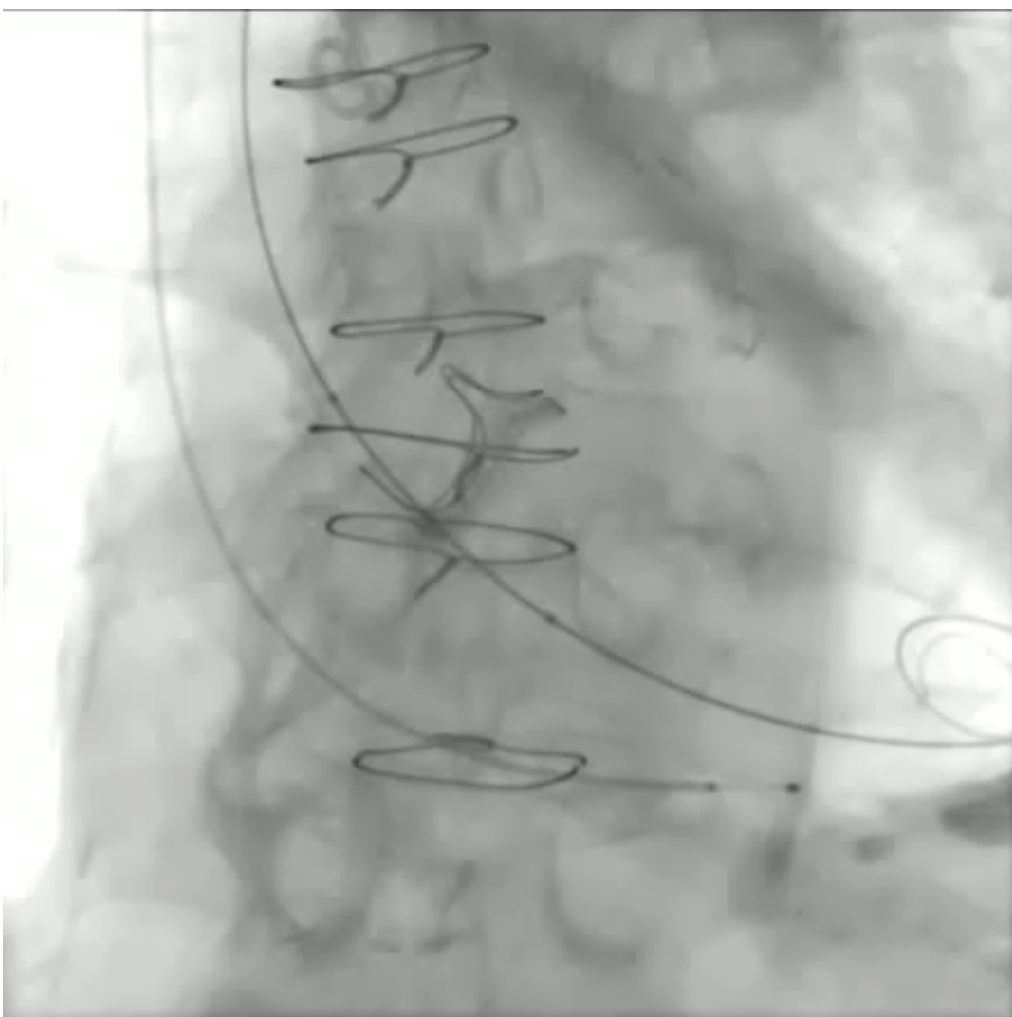
JACC: CARDIOVASCULAR INTERVENTIONS VOL. 14, NO. 12, 2021

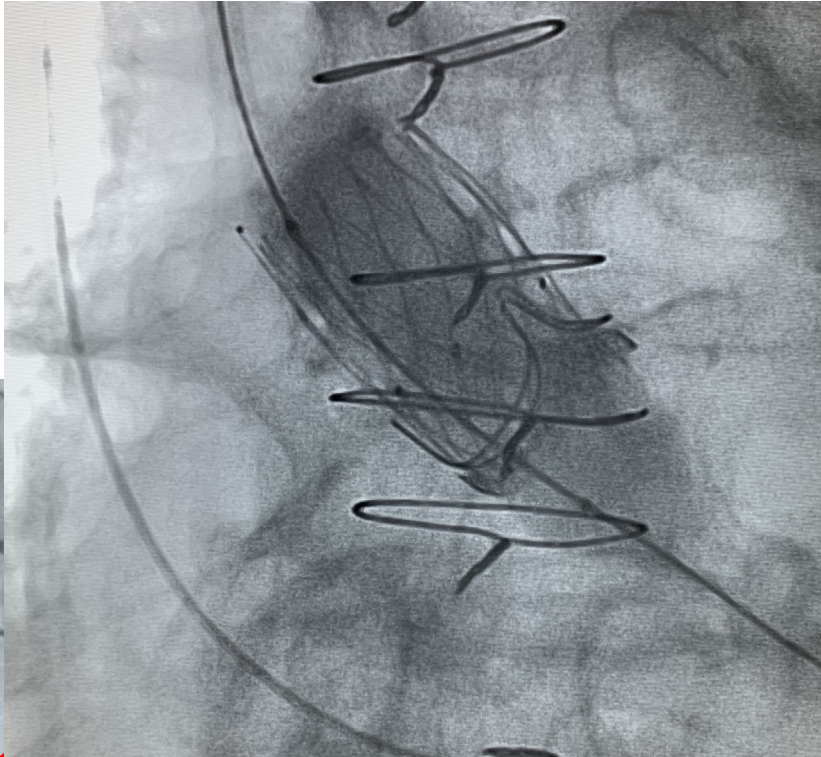
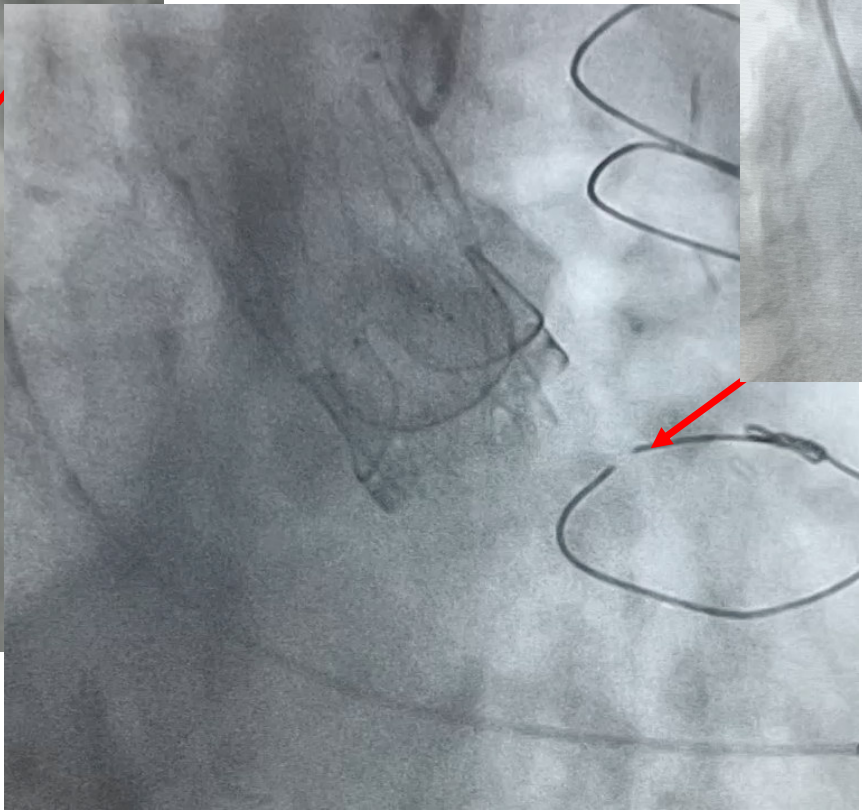
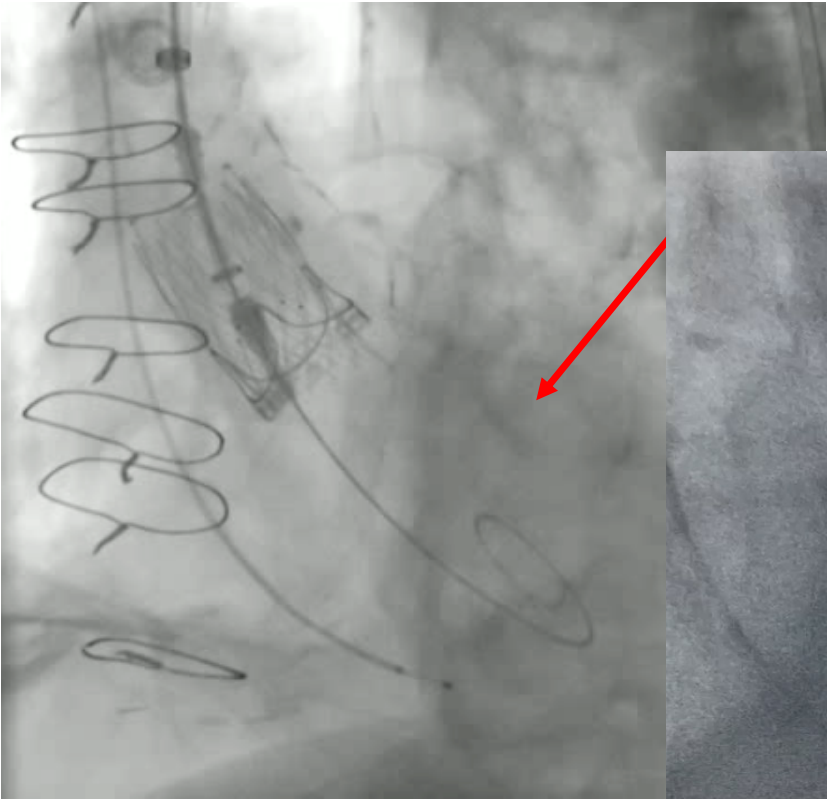
JUNE 28, 2021:1352-61

Case Report: Lithoplasty-Assisted Trans-Axillary Transcatheter Aortic Valve-in-Valve Implantation

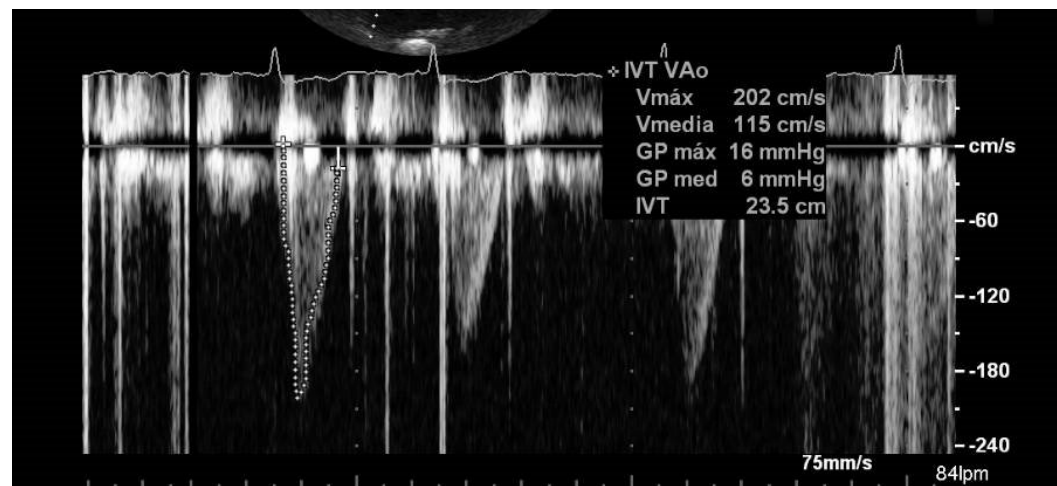
Alfredo Giuseppe Cerillo^{1}, Matteo Pennesi², Luisa Iannone¹, Giorgia Giustini¹, Paolo de Cillis¹, Renato Valenti², Niccolò Marchionni^{3,4} and Pierluigi Stefano^{1,4}*







**POSTDILATACIÓN CON
BALÓN VACS III 22mm**



MENSAJES:

DETERMINADAS TÉCNICAS DE “MODIFICACIÓN DE PLACA”, COMO EL SHOCKWAVE PUEDEN PERMITIR ASCCESOS POR ARTERIAS “A PRIORI” DESFAVORABLES

EL USO DE UN TUBO DE DACRON DE 8 MM EN EL ACCESO SUBCLAVIO PERMITE UNA POSICIÓN MAS ERGONÓMICA A LOS OPERADORES Y FACILITA EL CIERRE VASCULAR (A CAMBIO DE UN MAYOR TIEMPO EN LA PREPARACIÓN DEL ACCESO)

HAY EVIDENCIA DE QUE LA UTILIZACIÓN DE UNA VÁLVULA DE FUNCIÓN SUPRAANULAR, SOBRE TODO EN ANILLOS PEQUEÑOS, DISMINUYE EL GRADIENTE RESIDUAL Y TIENE IMPACTO PRONÓSTICO.

ESTO MINIMIZA LA NECESIDAD DE RECURRIR A FRACTURAS DEL ANILLO DE LA BIOPRÓTESIS QUIRÚRGICA

¿SE HUBIERAS ESCOGIDO MISMO ACCESO Y TÉCNICA (SHOCKWAVE, AVANCE DE INTRODUTOR) DE ESTAR LA MAMARIA INTERNA PERMEABLE?