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An Uncommon Complication During Trans-Aortic Valve Replacement

Sanjeev Nair MD Lehigh Valley Health Network, sanjeev.nair@lvhn.org

Yassir Nawaz MD Lehigh Valley Health Network, Yassir.Nawaz@lvhn.org

Nainesh C. Patel MD Lehigh Valley Health Network, nainesh c.patel@lvhn.org

David A. Cox MD Lehigh Valley Health Network, David.Cox@lvhn.org

William Combs MD Lehigh Valley Health Network, William.Combs@lvhn.org

See next page for additional authors

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Authors

Sanjeev Nair MD, Yassir Nawaz MD, Nainesh C. Patel MD, David A. Cox MD, William Combs MD, Raymond L. Singer MD, and J Patrick Kleaveland MD

An Uncommon Complication During Trans-Aortic Valve Replacement Sanjeev U. Nair, MBBS, MD, FACP; Yassir Nawaz, MD; Nainesh C. Patel, MD, FACC; David A. Cox, MD, FACC; William Combs, MD, FACC; Raymond Singer, MD; Patrick Kleaveland, MD, FACC Division of Cardiology, Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND

- Trans-aortic valve replacement (TAVR) is an alternative method of therapy for severe aortic stenosis in patients who are deemed at high risk for conventional aortic valve replacement.
- However, although minimally invasive, TAVR procedure is not free of complications.

OBJECTIVE

• We report a case of aortic embolization of the TAVR valve successfully managed by capture and deployment of the embolized value in the descending aorta.

CASE REPORT

- 85 year old male with history of coronary artery disease status post-PCI and severe aortic stenosis underwent TAVR via the femoral arterial approach with rapid cardiac pacing performed at the time of implantation.
- Initial balloon aortic valvuloplasty with a 23 mm balloon was performed. Thereafter a 26 mm Edwards-Sapien bio- prosthetic aortic valve was brought into place at the aortic annulus for placement (Figures 1 & 2).
- During the placement procedure, the valve embolized into the ascending aorta (Figure 3) when a fusion beat occurred (increase in pulse pressure) (Figure 4) in the midst of rapid cardiac pacing.

IMAGING



Figure 3

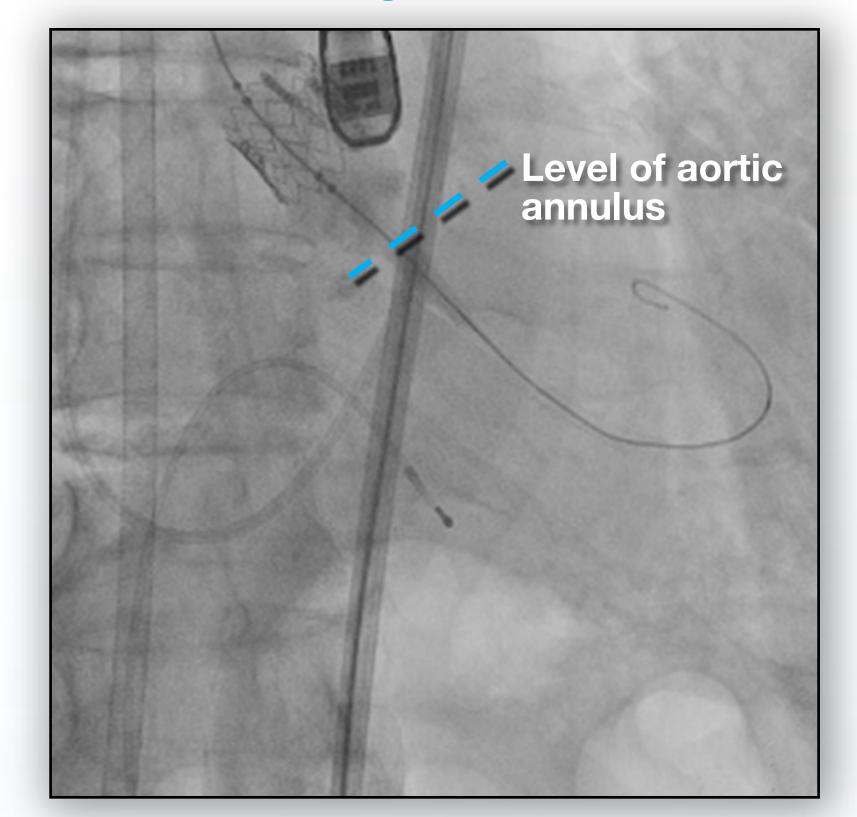


Figure 5



Figure 2



Figure 4

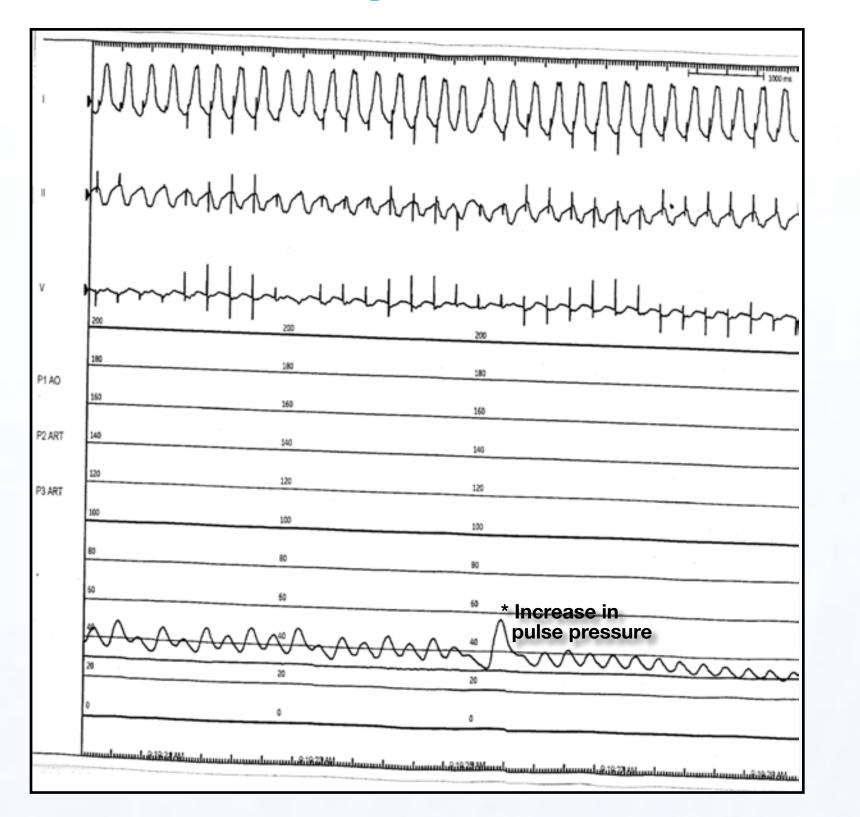


Figure 6



- - plane.

 Although minimally invasive, the TAVR procedure can have complications, some of which are devastating.

CASE REPORT (Continued)

• The embolized valve was captured, pulled back and deployed in the descending aorta using balloon inflation (Figure 5).

 Thereafter a second 26 mm Edwards-Sapien bioprosthetic aortic valve was inserted via the initial fully deployed TAVR valve and successfully placed at the aortic annulus (Figure 6).

DISCUSSION

Published incidence of TAVR valve embolization ranges from 0.5% to 8%.

 Common causes for TAVR valve embolization during implantation are:

- Placing the valve too aortic.

- Replacement valve not co-axial to valve

- Loss of capture during pacing.

- Inadequate reduction in pulse pressure during pacing.

- Premature termination of pacing.

CONCLUSIONS

 However, with diligent management many of these can be avoided or mitigated.

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