

TAVI EN ESCENARIOS COMPLEJOS

Tips and tricks

*TAVI en bioprótesis degeneradas :
conceptos básicos*

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Área del corazón

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2021 ESC/EACTS Guidelines for the management of valvular heart disease

Bioprosthetic failure

Reoperation is recommended in symptomatic patients with a significant increase in transprosthetic gradient (after exclusion of valve thrombosis) or severe regurgitation.

I

C

Transcatheter, transfemoral valve-in-valve implantation in the aortic position should be considered by the Heart Team depending on anatomic considerations, features of the prosthesis, and in patients who are at high operative risk or inoperable.⁵²⁹

IIa

B

A. Stented

Perimount
(Edwards Lifesciences)



Epic
(St. Jude Medical)



Hancock II
(Medtronic)



B. Stented, Supraannular position

Magna
(Edwards Lifesciences)



Mosaic
(Medtronic)



C. Stented, Externally Mounted Leaflets

Mitroflow
(Sorin)



Trifecta
(St. Jude Medical)



D. Stentless

Freedom
(Sorin)



Toronto SPV
(St. Jude Medical)

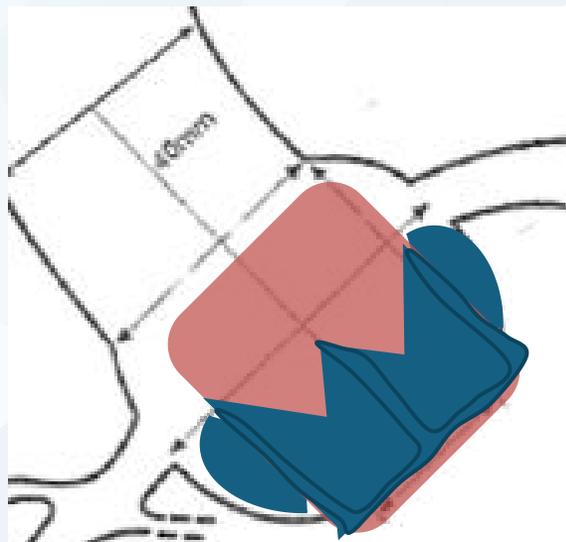


Freestyle
(Medtronic)



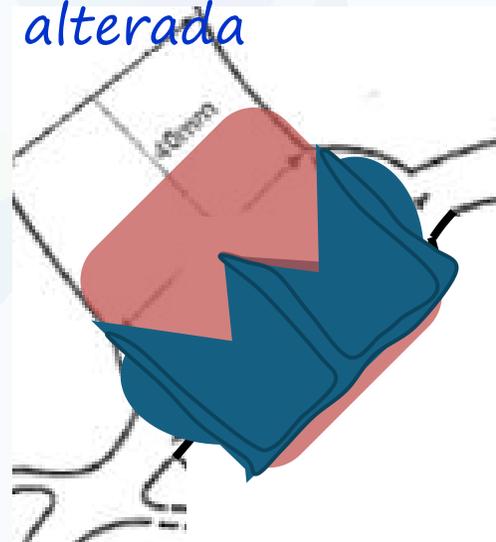


~~“Anillo aórtico”~~



MALPOSICIÓN

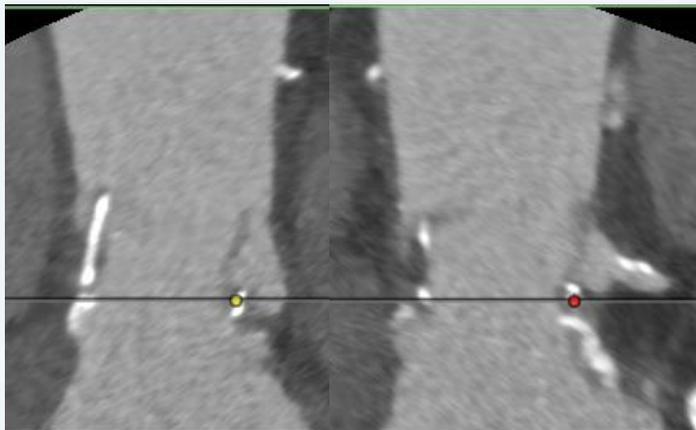
± Anatomía alterada



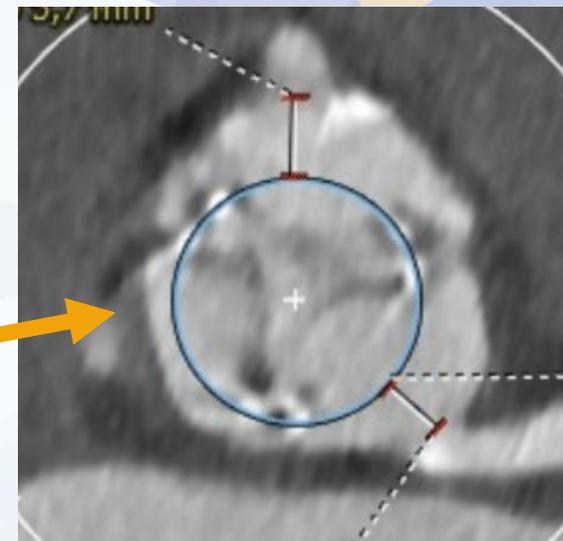
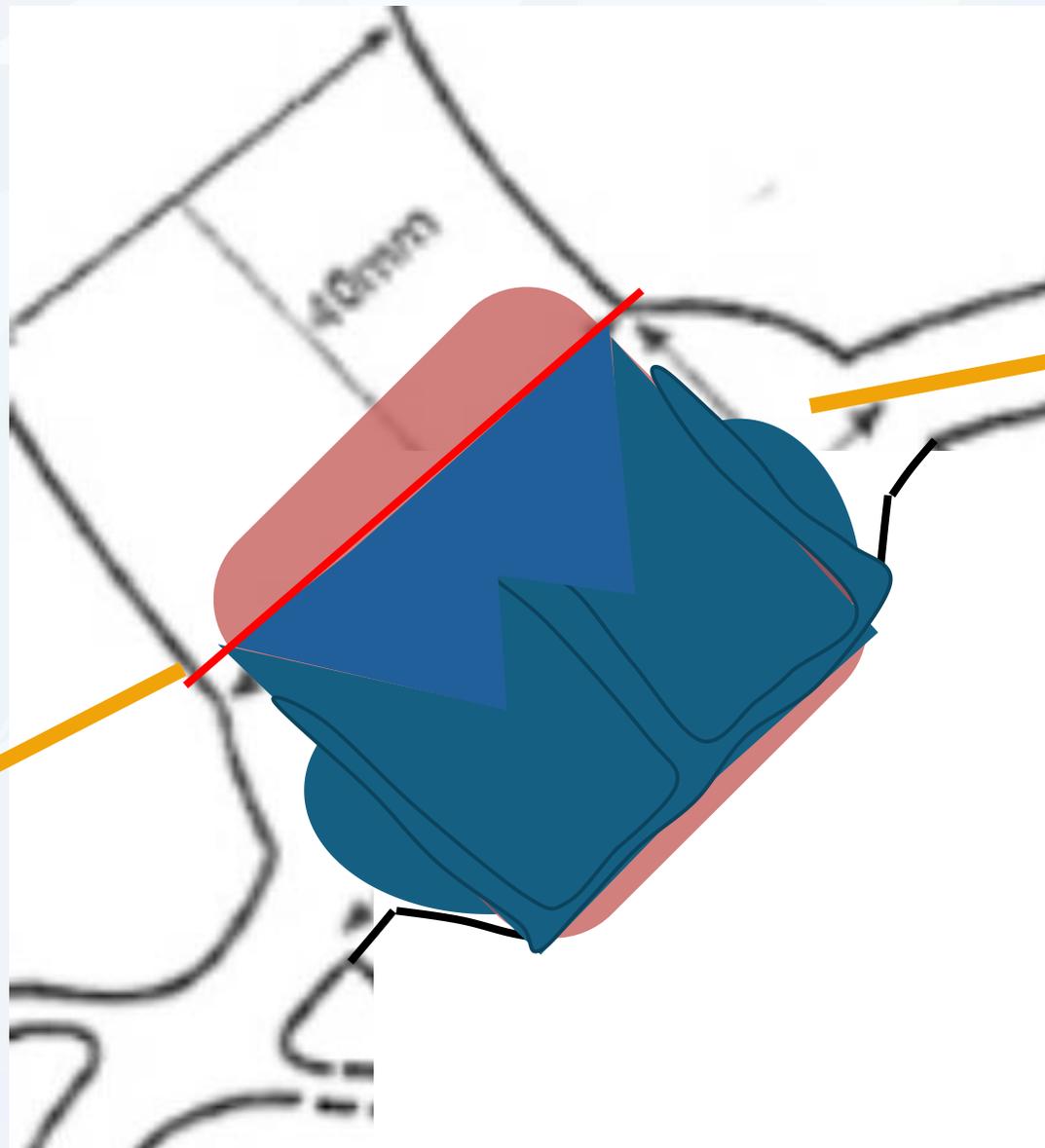
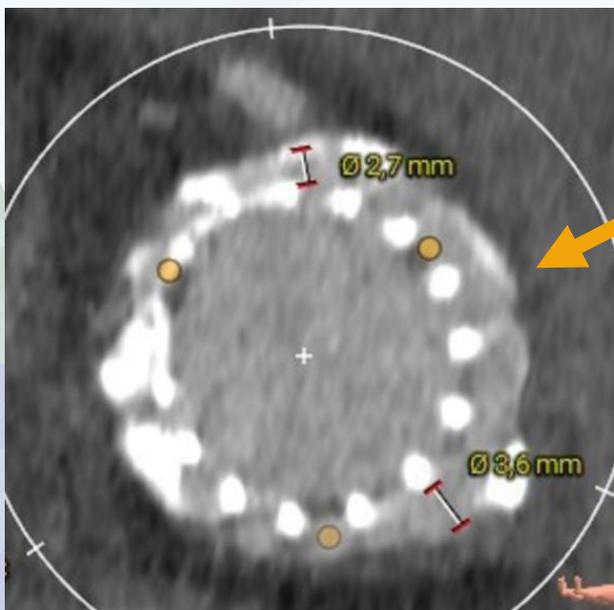
OCCLUSIÓN CORONARIA

Segunda prótesis ocupa espacio

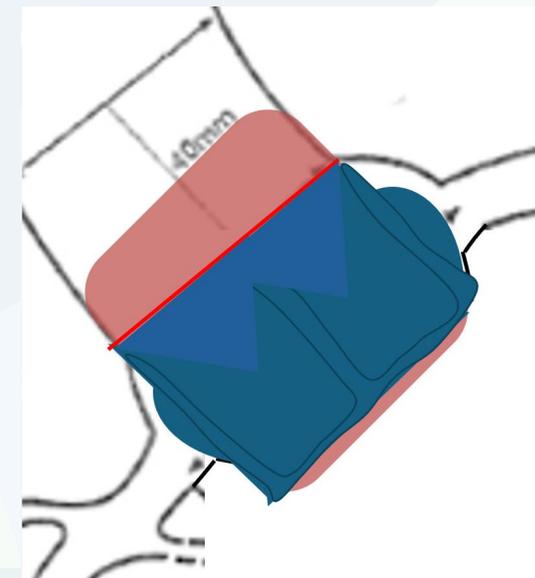
GRADIENTES ELEVADOS

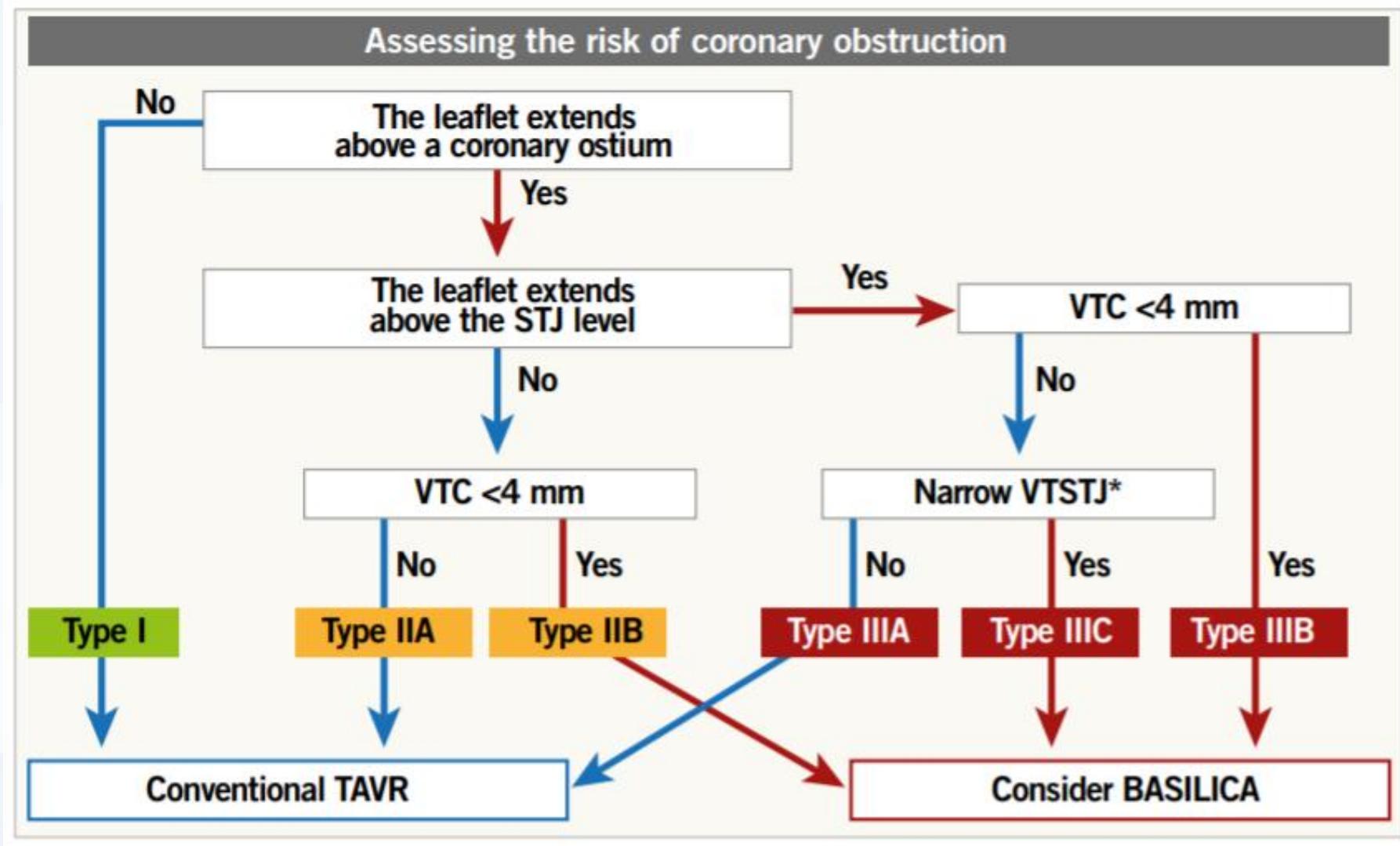


Unión Sinotubular



Coronarias



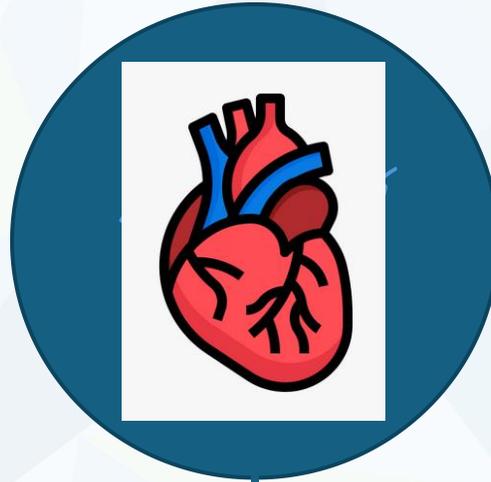


Valve-in valve: riesgos

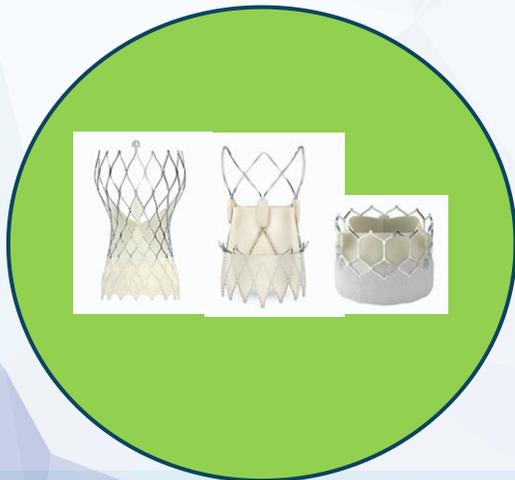
Menos



Regurgitación paravalvular
Trastornos conducción
Rotura de anillo y
taponamiento



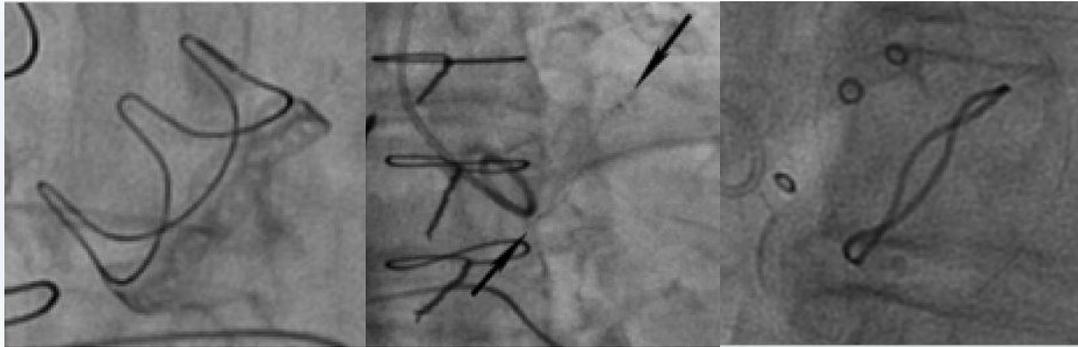
Malposición
Infraexpansión
(gradientes altos)
Obstrucción
coronaria



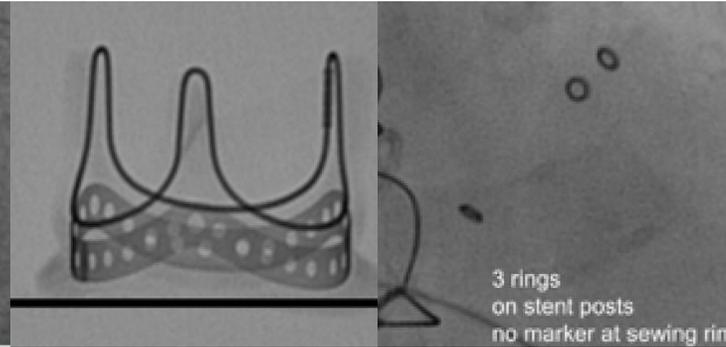
Planificación: prótesis quirúrgica

Identificar marcador radio-opaco... si se puede

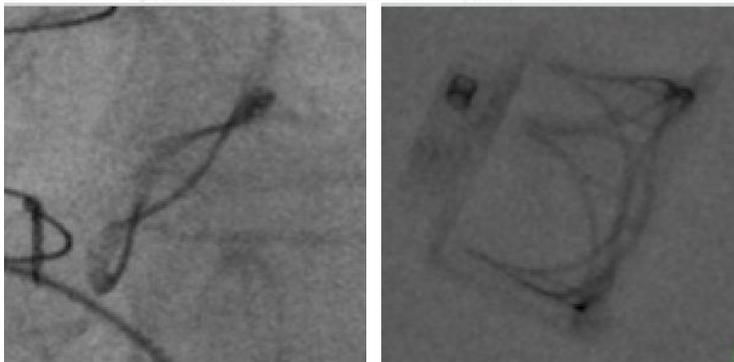
A. Stented



B. Stented, Supraannular position



C. Stented, Externally Mounted Leaflets



D. Stentless

**Freedom
(Sorin)**



**Toronto SPV
(St. Jude Medical)**



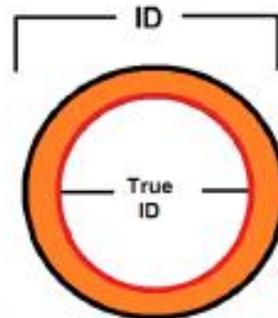
**Freestyle
(Medtronic)**



Prótesis
quirúrgica

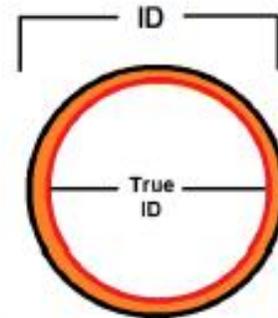
Choosing TAVI size: True ID in surgical valves

Porcine
leaflets
INSIDE the
frame



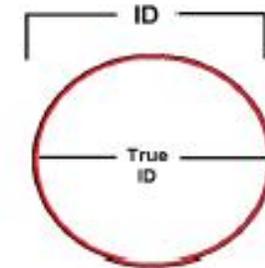
True ID = Stent ID - 2mm

Pericardial
leaflets INSIDE
the frame



True ID = Stent ID - 1mm

Pericardial
leaflets
OUTSIDE the
frame



Stent ID = True ID

Planificación: prótesis transcatóter:

A tratar o a implantar

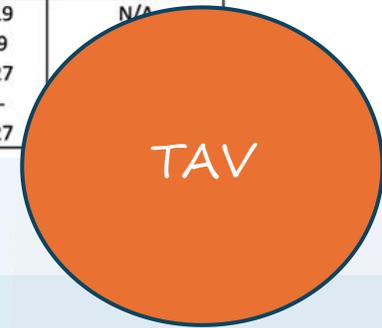
| Balloon Expandable Valves (BEV) | | | | | | | | | |
|---------------------------------|--------|------|-----------|------|------|------------------|------|------|------|
| Edwards Lifesciences | | | | | | | | | |
| | Sapien | | Sapien XT | | | Sapien 3 / Ultra | | | |
| | 23mm | 26mm | 23mm | 26mm | 29mm | 20mm | 23mm | 26mm | 29mm |
| Frame Height (mm) | 14 | 16 | 14 | 17 | 19 | 15.5 | 18 | 20 | 22.5 |
| Skirt Height (mm) | 7.7 | 8.6 | 6.7 | 8.7 | 11.6 | 7.9 | 9.3 | 10.2 | 11.6 |
| Outflow (mm) | 23 | 26 | 23 | 26 | 29 | 20 | 23 | 26 | 29 |
| Center/Waist (mm) | - | - | - | - | - | - | - | - | - |
| Inflow (mm) | 23 | 26 | 23 | 26 | 29 | 20 | 23 | 26 | 29 |

| Self Expanding Valves (SEVs) | | | | | | | | | | | |
|------------------------------|---------|------|------|------|---------|------|------|------|---------|------|------|
| | Abbott | | | | | | | | NVT | | |
| | Portico | | | | Navitor | | | | Allegra | | |
| | 23mm | 25mm | 27mm | 29mm | 23mm | 25mm | 27mm | 29mm | 23mm | 27mm | 31mm |
| Frame Height (mm) | 50 | 53 | 49 | 50 | 47 | 48 | 48 | 48 | 37.3 | 41.3 | 43 |
| Skirt Height (mm) | 9 | 9 | 10 | 10 | 9 | 9 | 10 | 10 | 12 | 12 | 12 |
| Outflow (mm) | 39 | 41 | 42 | 44 | 41 | 43 | 44 | 46 | 20.8 | 24 | 24 |
| Center/Waist (mm) | 23 | 25 | 27 | 29 | 23 | 25 | 27 | 29 | 23 | 26 | 27 |
| Inflow (mm) | 23 | 25 | 27 | 29 | 23 | 25 | 27 | 29 | 23.8 | 27.4 | 31 |

| Self Expanding Valves (SEVs) | | | | | | | | | | | |
|------------------------------|-----------|------|------|------|-------------------|------|------|------|----------------|------|------|
| | Medtronic | | | | Boston Scientific | | | | | | |
| | Corevalve | | | | Evolut R/Pro | | | | ACURATE neo(2) | | |
| | 23mm | 26mm | 29mm | 31mm | 23mm | 26mm | 29mm | 34mm | 23mm | 25mm | 27mm |
| Frame Height (mm) | 45 | 55 | 53 | 52 | 45 | 45 | 45 | 45 | 48 | 49 | 51 |
| Skirt Height (mm) | - | - | - | - | 13 | 13 | 14 | 14 | 13.5 | 14.5 | 15.5 |
| Outflow (mm) | 34 | 40 | 43 | 43 | 34 | 32 | 34 | 38 | 28 | 30 | 32 |
| Center/Waist (mm) | 20 | 22 | 24 | 24 | 20 | 22 | 23 | 24 | 23 | 25 | 27 |
| Inflow (mm) | 23 | 26 | 29 | 31 | 23 | 26 | 29 | 34 | 26 | 28 | 30 |

| Self Expanding Valves | | | |
|-----------------------|------|------|------|
| JenaValve | | | |
| JenaValve Trilogy | | | |
| | 23mm | 25mm | 27mm |
| Frame Height (mm) | 31.3 | 33.7 | 35.7 |
| Skirt Height (mm) | - | - | - |
| Outflow (mm) | N/A | N/A | N/A |
| Center/Waist (mm) | 26 | 28 | 30 |
| Inflow (mm) | 28 | 30 | 32.4 |

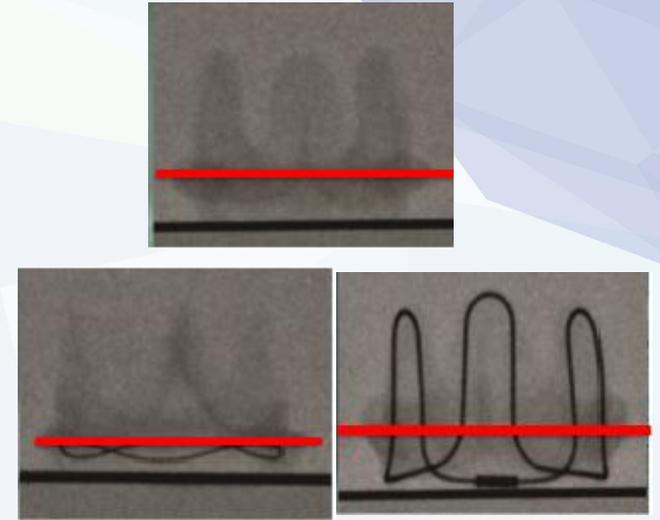
| Mechanically Expanding Valves (MEVs) | | | | |
|--------------------------------------|-------------------|------|------|-------------|
| | Boston Scientific | | | Direct Flow |
| | LOTUS | | | Direct Flow |
| | 23mm | 25mm | 27mm | 23-29mm |
| Frame Height (mm) | 19 | 19 | 19 | N/A |
| Skirt Height (mm) | 9 | 9 | 9 | |
| Outflow (mm) | 23 | 25 | 27 | |
| Center/Waist (mm) | - | - | - | |
| Inflow (mm) | 23 | 25 | 27 | |



Malposición

Stentless 14,8%
Mosaic 14%
Stented 8,8%

- Ausencia de calcio
- Insufic. aórtica



Dr. Vinayak Bapat, TCT
2016

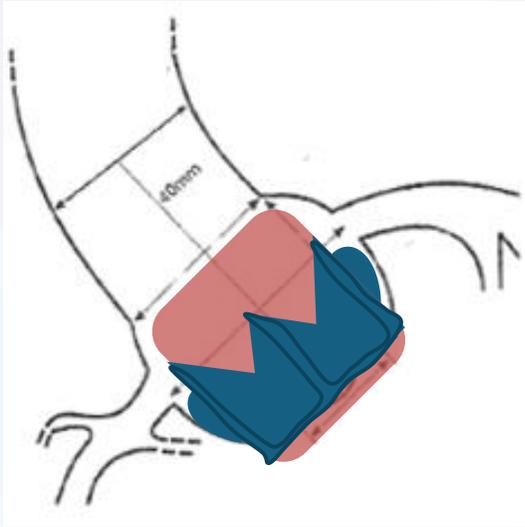
- Relación con anillo quirúrgico
- Capacidad reposicionamiento

Malposición:
15%
(8% second valve)

Circulation.
2012;126:2335-2344

- Anillo no visible
- No estentada

Oclusión coronaria



- Coronarias bajas
- Senos bajos y estrechos
- UST estrecha

External leaflets
6,4%
Stentless 3,7%
Internal leaflets
0,7%

Eur Heart J 2018;39, 687-695

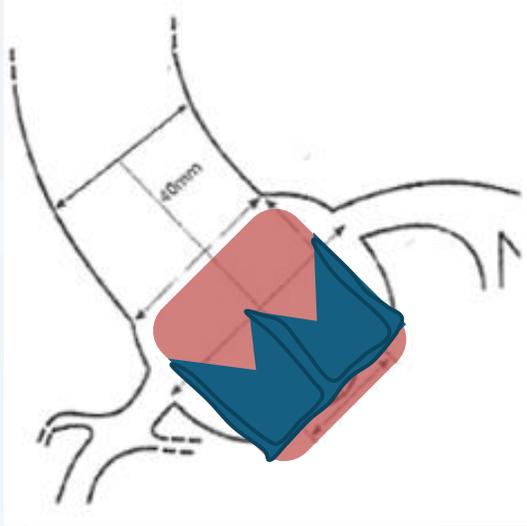
Oclusión TCI
3,5 %
Mortalidad
57,1%

Circulation.
2012;126:2335-2344

- Falda/ "neoskirt" alta
- oversize
- implantación alta

- Supra-anular
- Velos altos
- Velos por fuera o no stentada

Gradientes elevados



- PPM
- Gradientes altos

Mean $G \geq 20$
mm Hg = 26.8%
patients
Severe PPM =

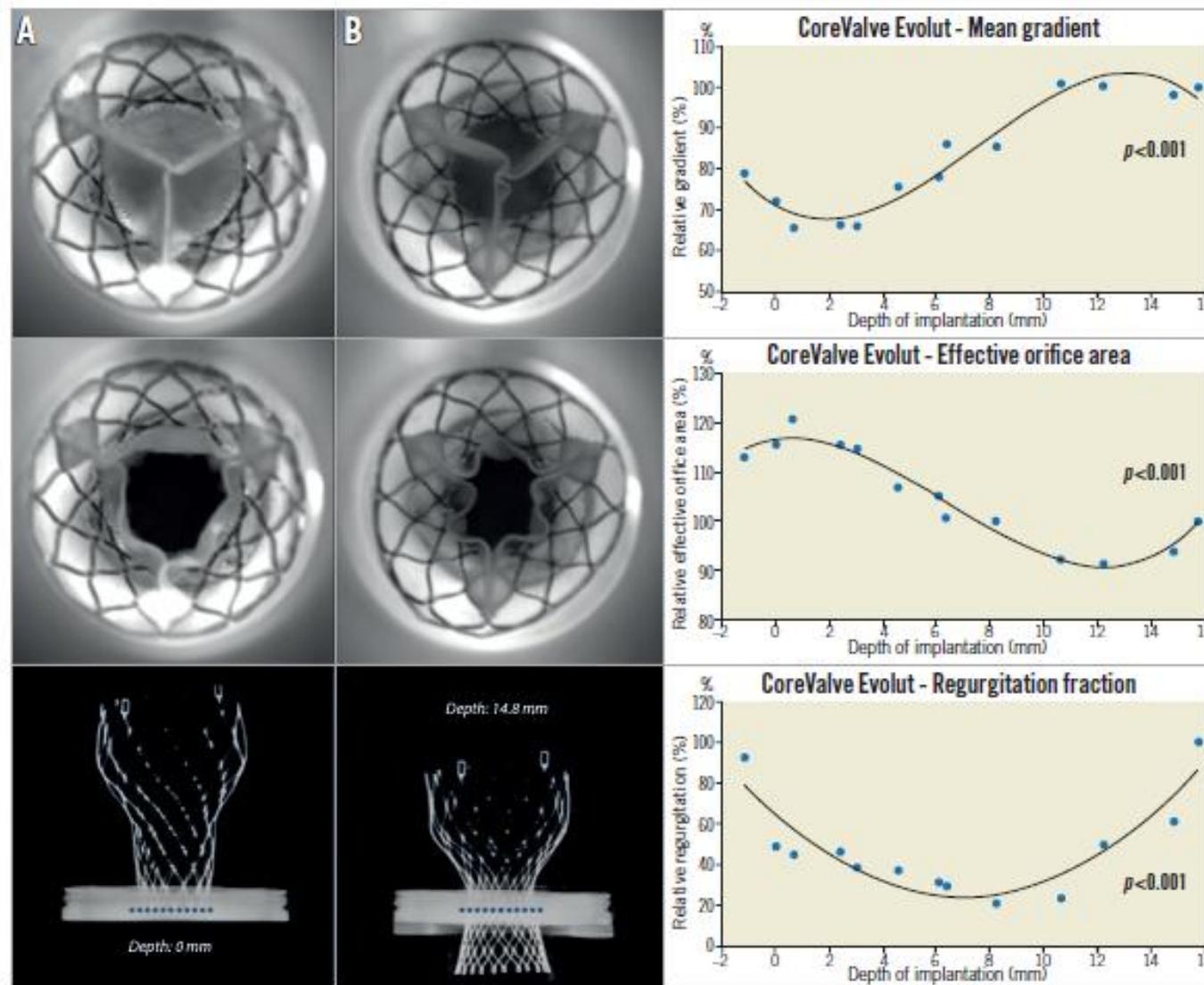
Circulation.
2012;126:2335-2344
31.8%

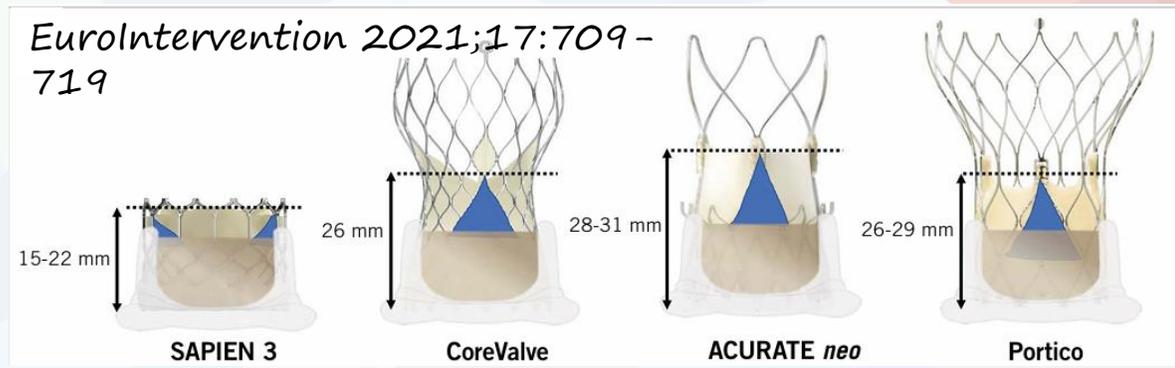
- Balón exp.
- Intraanular
- Implante bajo
- Oversize

- Prótesis pequeña
- Estenótica

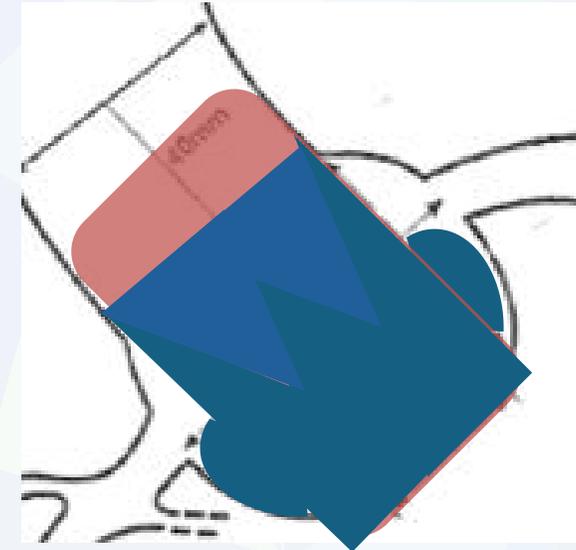
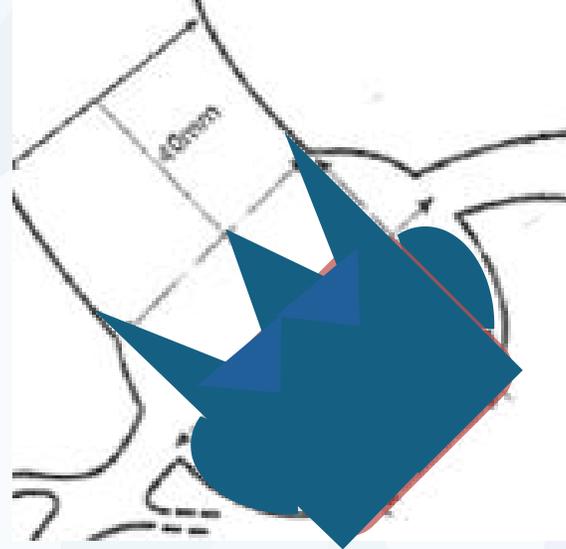
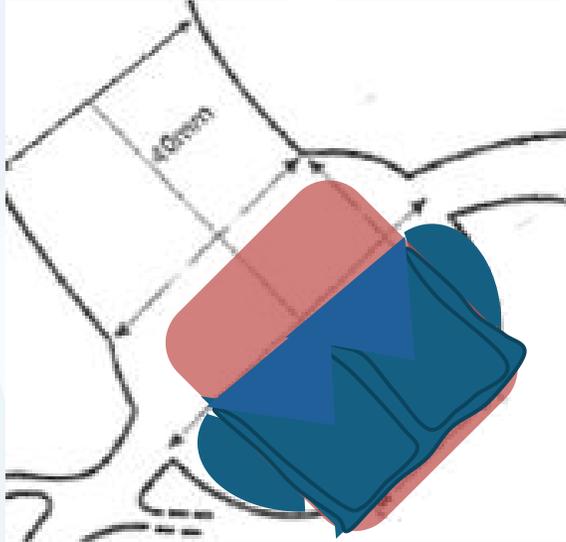
→ Infraexpansión ←

Profundidad de implante





~~“Anillo aórtico”~~



Segunda prótesis ocupa espacio

MALPOSICIÓN

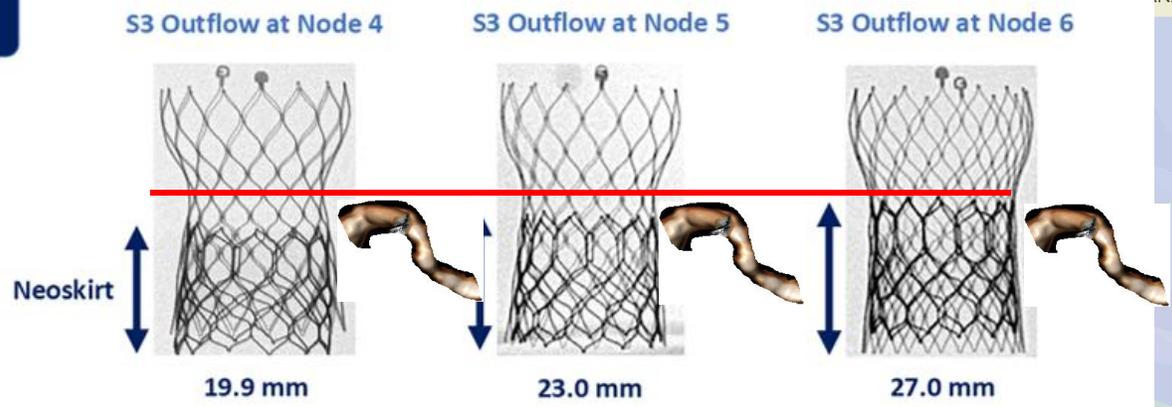
GRADIENTES ELEVADOS

OCCLUSIÓN CORONARIA



NEOSKIRT HEIGHT

29mm S3
in 34mm Evolut



LEAFLET OVERHANG

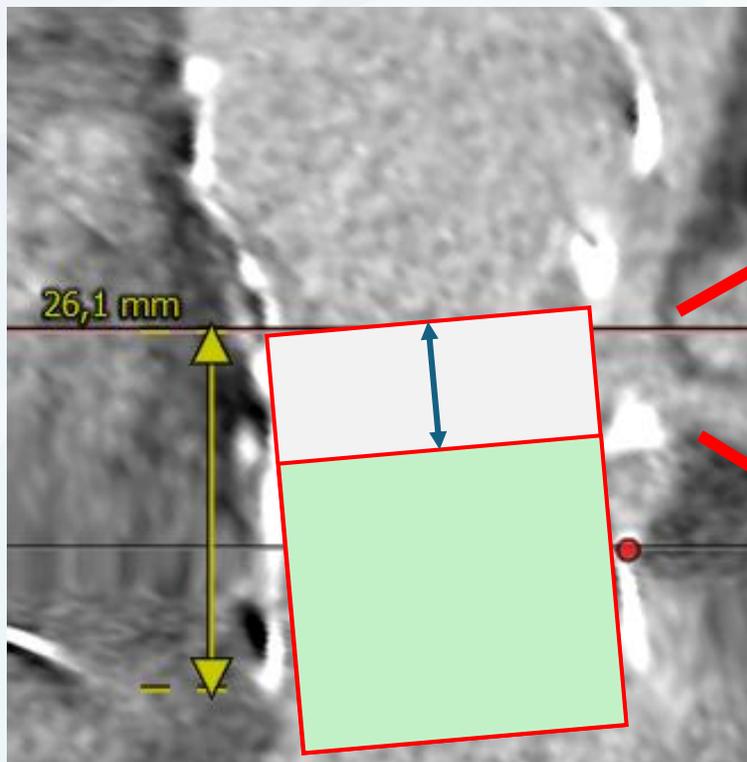
29mm S3
in 34mm Evolut



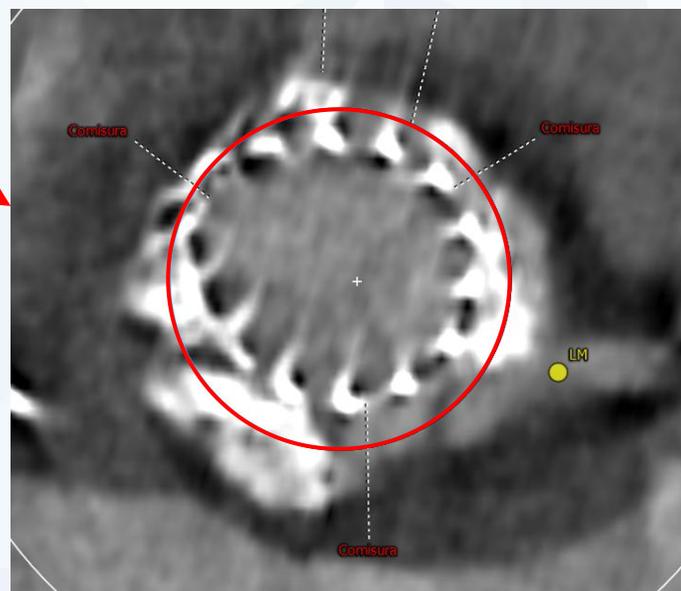
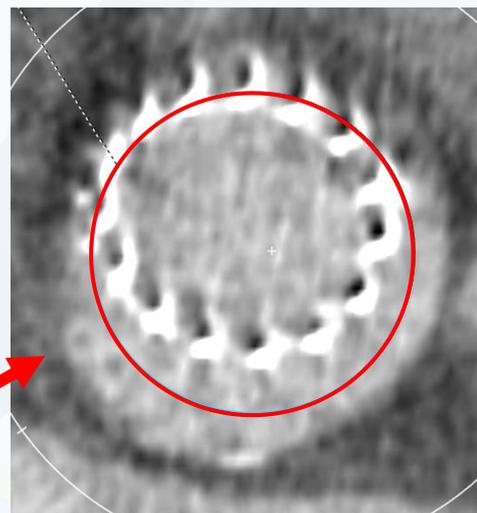
INDEX THV EXPANSION

29mm S3
in 34mm Evolut





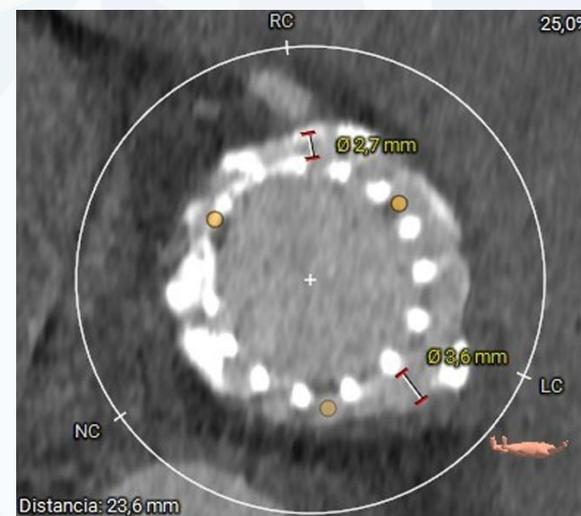
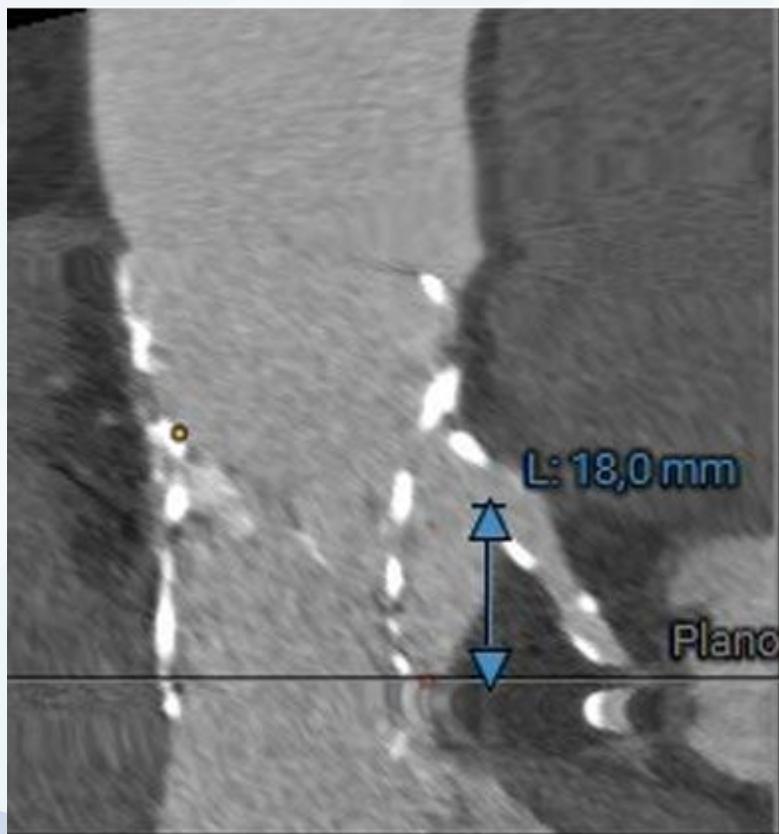
Corevalve
29

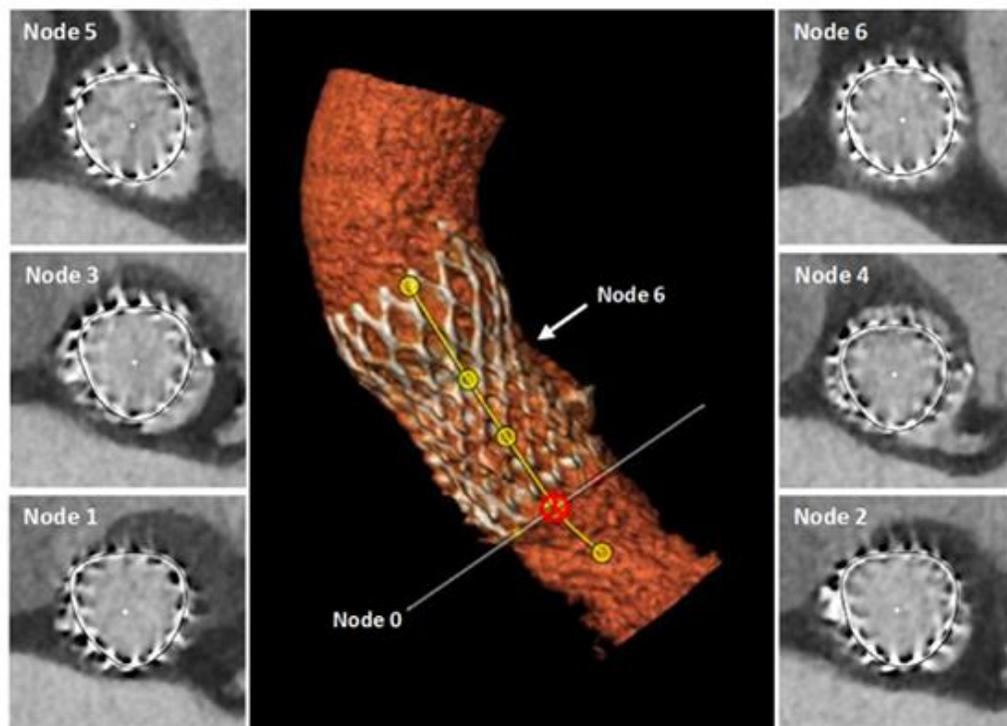


“Neoskirt”

“Leaflet overhang”

“Index THV expansion”

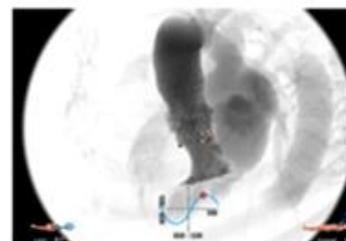




INDEX TAV DETAILS

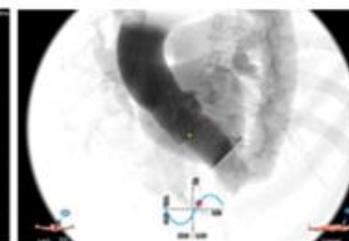
- Index TAV Evolut R 26 mm
- Implant depth Nominal
- Failing mechanism Central AR
- Commissural alignment Yes (Node 5)

RCA ostium lateralization



LAO 85°/CRAN 43°

LCA ostium lateralization



LAO 35°/CRAN 20°

TAV dimensions

| Level | Min/max ϕ | Perimeter/area |
|--------|----------------|------------------------------|
| Node 6 | 20.4 x 21.4 mm | 65.4 mm/ 339 mm ² |
| Node 5 | 20.8 x 22.5 mm | 67.8 mm/ 361 mm ² |
| Node 4 | 21.1 x 22.4 mm | 68.9 mm/ 371 mm ² |
| Node 3 | 21.5 x 22.5 mm | 69.7 mm/ 377 mm ² |
| Node 2 | 21.4 x 23.0 mm | 70.1 mm/ 381 mm ² |
| Node 1 | 21.3 x 22.6 mm | 70.3 mm/ 381 mm ² |
| Node 0 | 21.0 x 23.1 mm | 69.1 mm/ 372 mm ² |

Valve-to-Aorta (VTA) distance

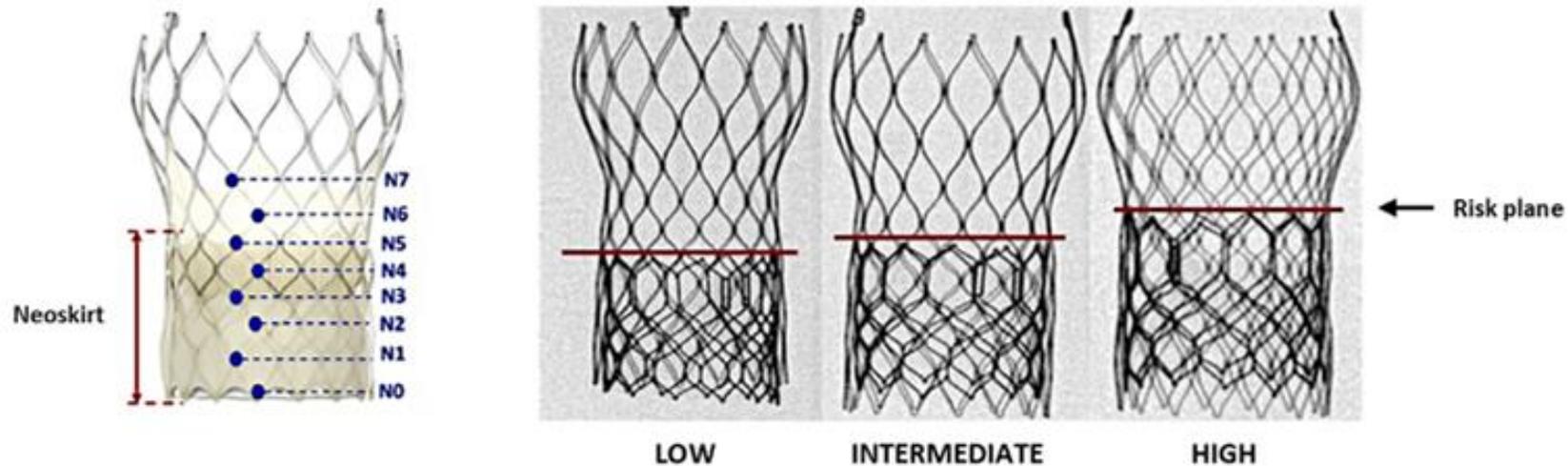
| | RCA | LCA |
|--------|--------------|--------------|
| Node 6 | 1.5 (STJ) | 2.6 (STJ) |
| Node 5 | 3.8 (ostium) | 7.1 |
| Node 4 | 4.1 | 5.7 (ostium) |
| Node 3 | 4.4 | 4.9 |
| Node 2 | 1.1 | 4.8 |
| Node 1 | 0 | 0 |
| Node 0 | 0 | 0 |

Summary

| RCA |
|----------------|
| VTSTJ = 1.5 mm |
| VTC = 3.8 mm |
| LCA |
| VTSTJ = 2.6 mm |
| VTC = 5.7 mm |

B. Projected neoskirt height or risk plane – following post-index TAVI

Am J Cardiol
2023;192:228-244



Based on the planned implantation height of the second BE-TAV, one can determine the anticipated **neoskirt height => risk plane** and estimate the neoskirt-to-coronary distance and neoskirt-to-STJ distance.

WARNING. These neoskirt-to-aorta distances may become smaller than the measured valve-to-aorta distances depending on the second TAV size selection and index TAV expansion.

MUCHAS GRACIAS

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