UN CASO PARTICOLARE DI TAVI

On behalf of
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History

- 1940: Birth date
- 1969: 1st attack of heart failure
- 1971: Mitral commissurotomy
- 1/1989: MVR using Bioprosthesis
- 5/2001: easy fatiguability, dyspnoea, L.L. oedema
- 7/2001: MVR using Labcor 27
- 1/2014: admission with dyspnoea IV
Echocardiography

• Concentric LVH; EF: 70%
• Normal right ventricle. TAPSE 26 mm
• Dilated both atria
• MV prosthesis: calcific valve with poor excursion, PG mean: 10 mmHg, paravalvular leak with severe posterolateral regurge
• Severe AS (PG 70/46 mmHg), mild AR
• Severe TR, estimated PASP: 65 mmHg
• CONCLUSION: malfunctioning MV; severe AS
CT coronary angiography
Heart Team

1. Cardiology: good life expectancy
2. Cardiac surgery: EUROSCORE II.....9.68%
3. Radiology: Possible intervention to both valve using transapical approach
4. Informed medical consent
Take home message

- Heart Team is a must
- Correct selection of the patient and prosthesis
- Accurate approach: once mitral always transapical
- During the procedure: TEE is a friend
- Follow up after the procedure
Thank You!!!