

INTERESTING CASE PRESENTATION

ECTOPIC CORE VALVE IN THORACO-ABDOMINAL AORTA - LATE OUTCOMES

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2016 AP Valves , Korea



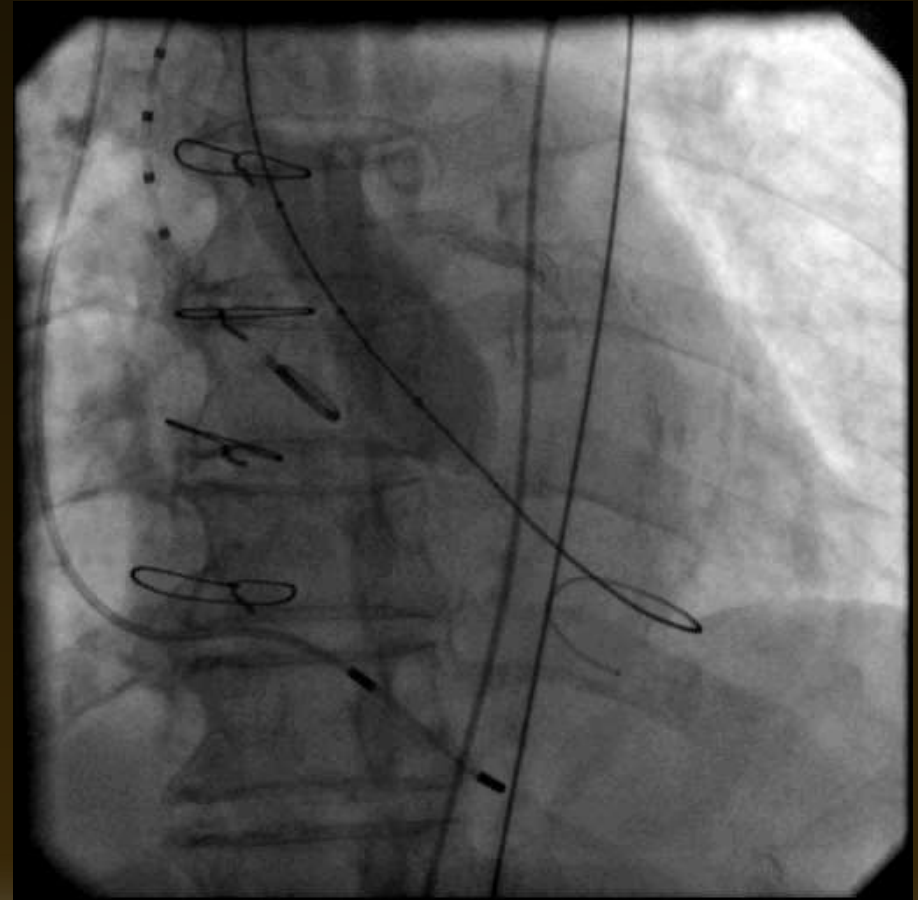
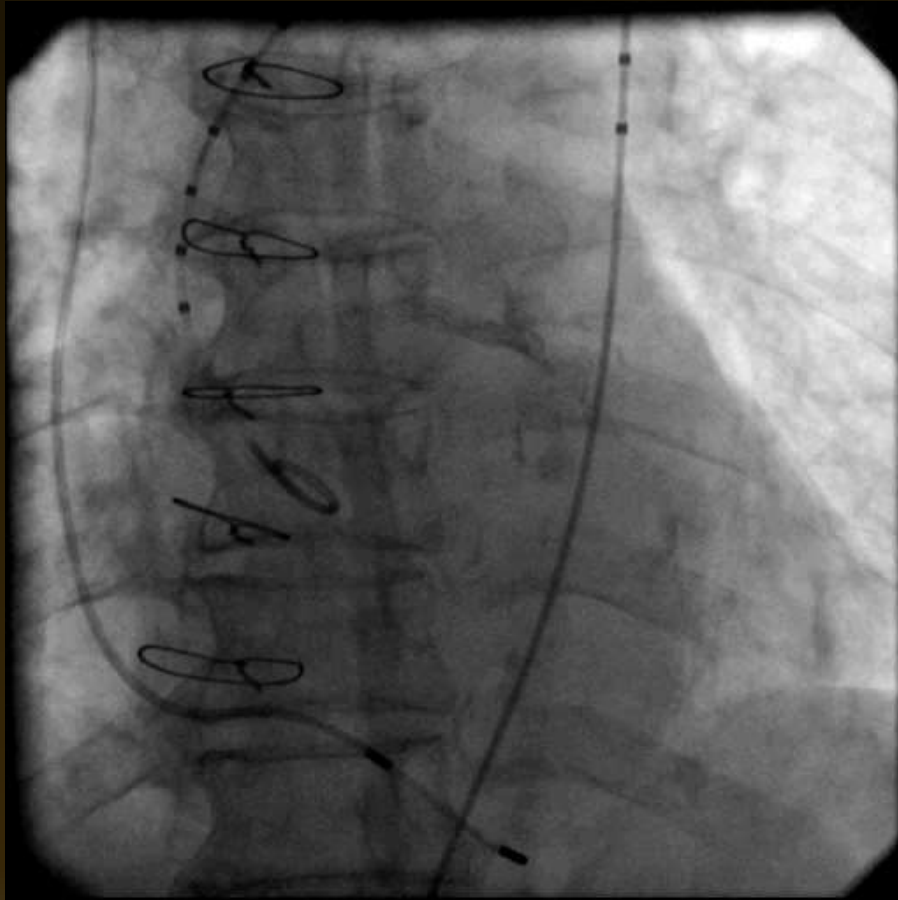
CONFLICTS ON INTEREST

- I have nothing to disclose concerning this presentation

CASE PRESENTATION

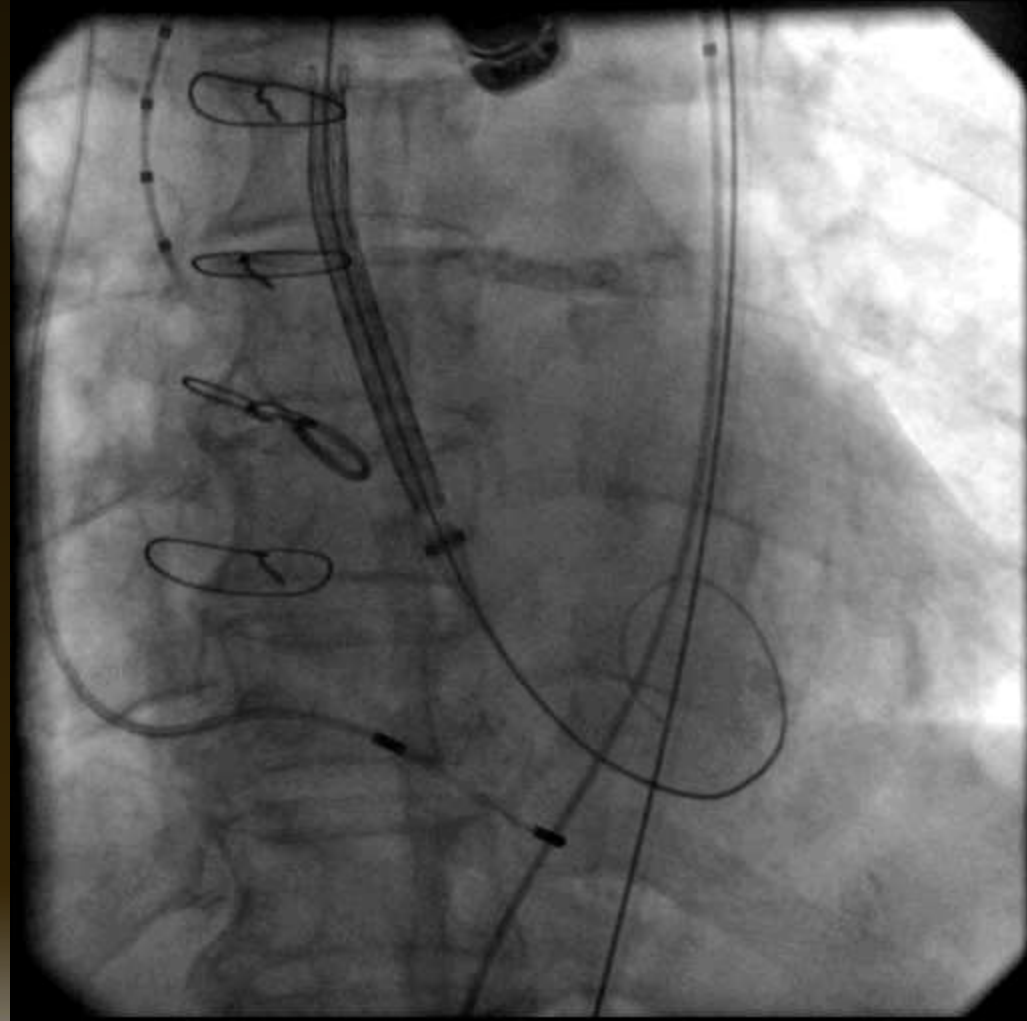
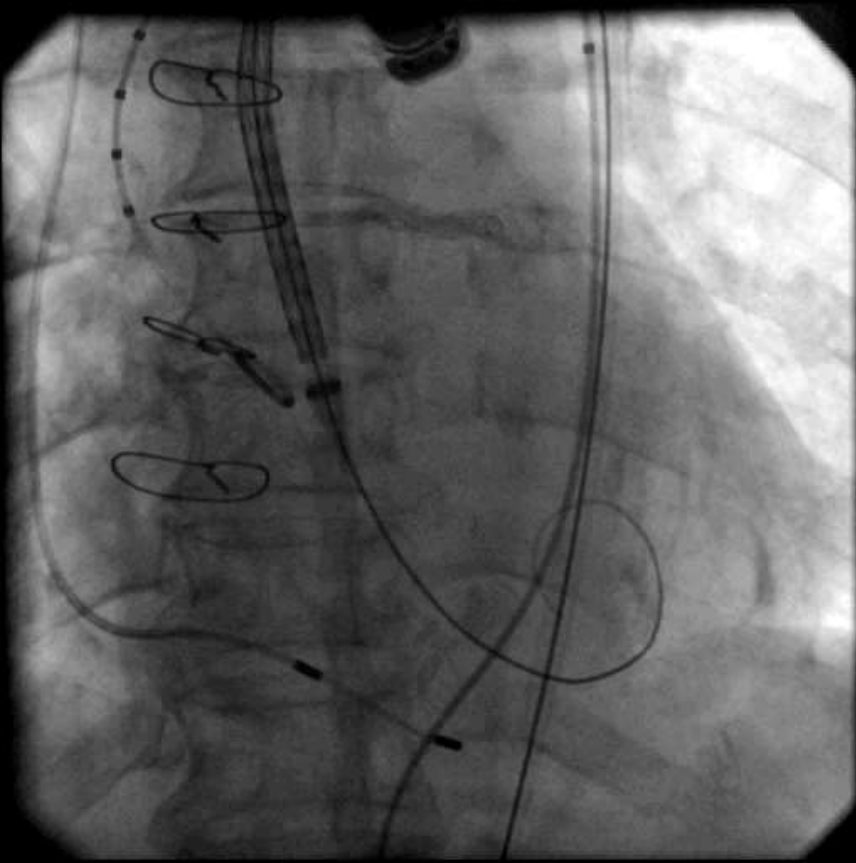
- Miss YT ; F/ 74 DM HT Hyperlipid
- IHD with CABG (SVG to LAD, OM, RCA)
- Severe AS with dizziness; SOB
- Echo : EF 50% Aortic Valves Calcified
- AVA=0.69 cm², Mod MR, PHT
- Proximal Rt ICA = 70% stenosis
- Coro Angiogram :
 - blocked SVG to LAD ; SVG to RCA 50%
- Euroscore = 30 %
- HEART Team Decision -
- PLAN : PCI to LMN – LAD (successfully done)
then for staged TAVI (in 6-2012)

PROCEDURE (IN JUNE – 2012)



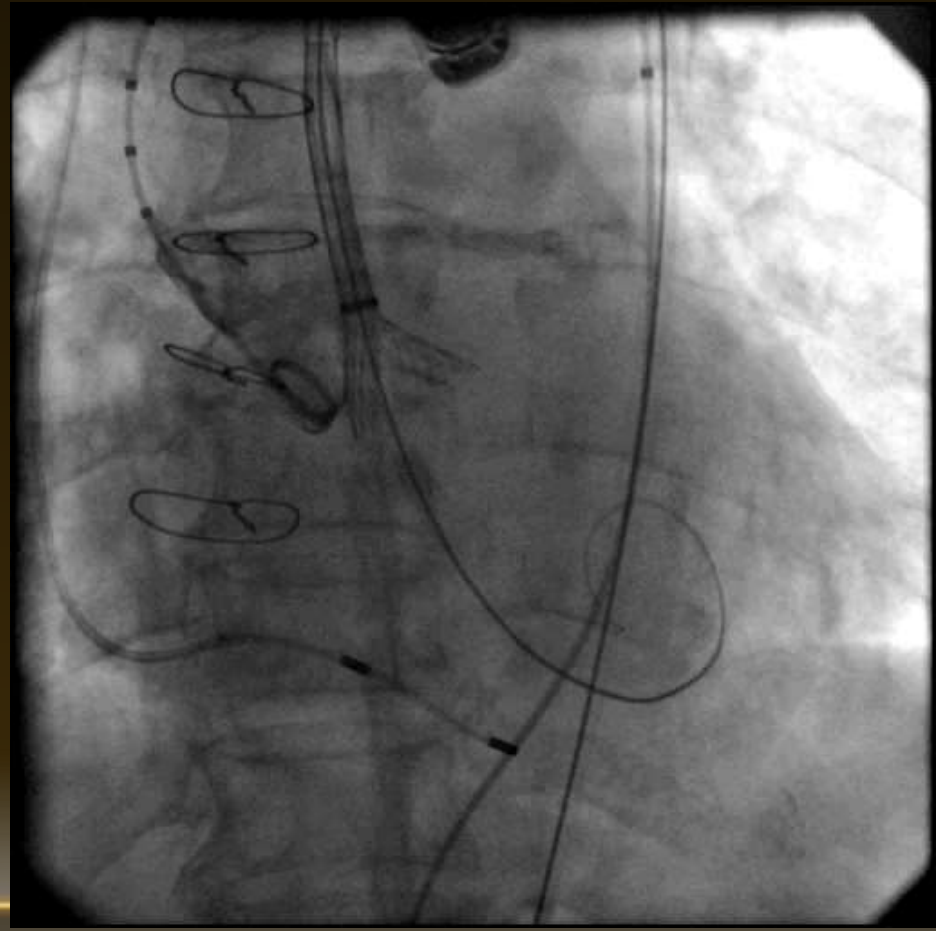
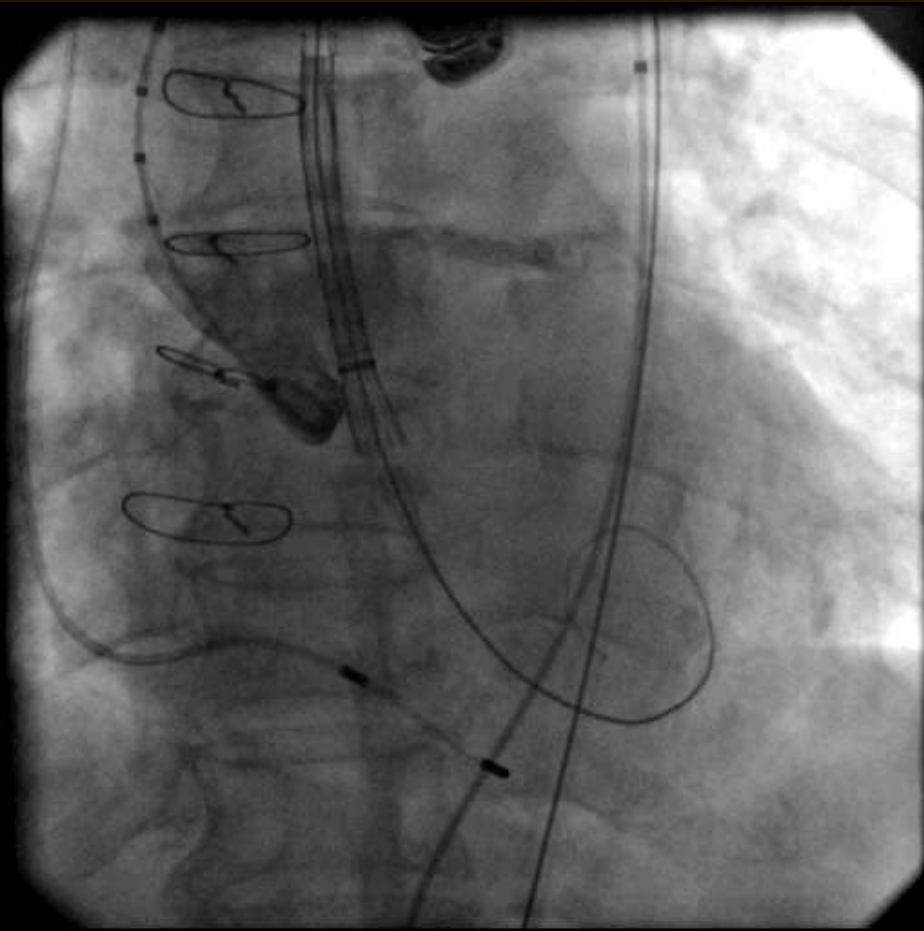
Nucleus balloon Pre-dilatation with Rapid Pacing

COREVALVE - POSITIONING

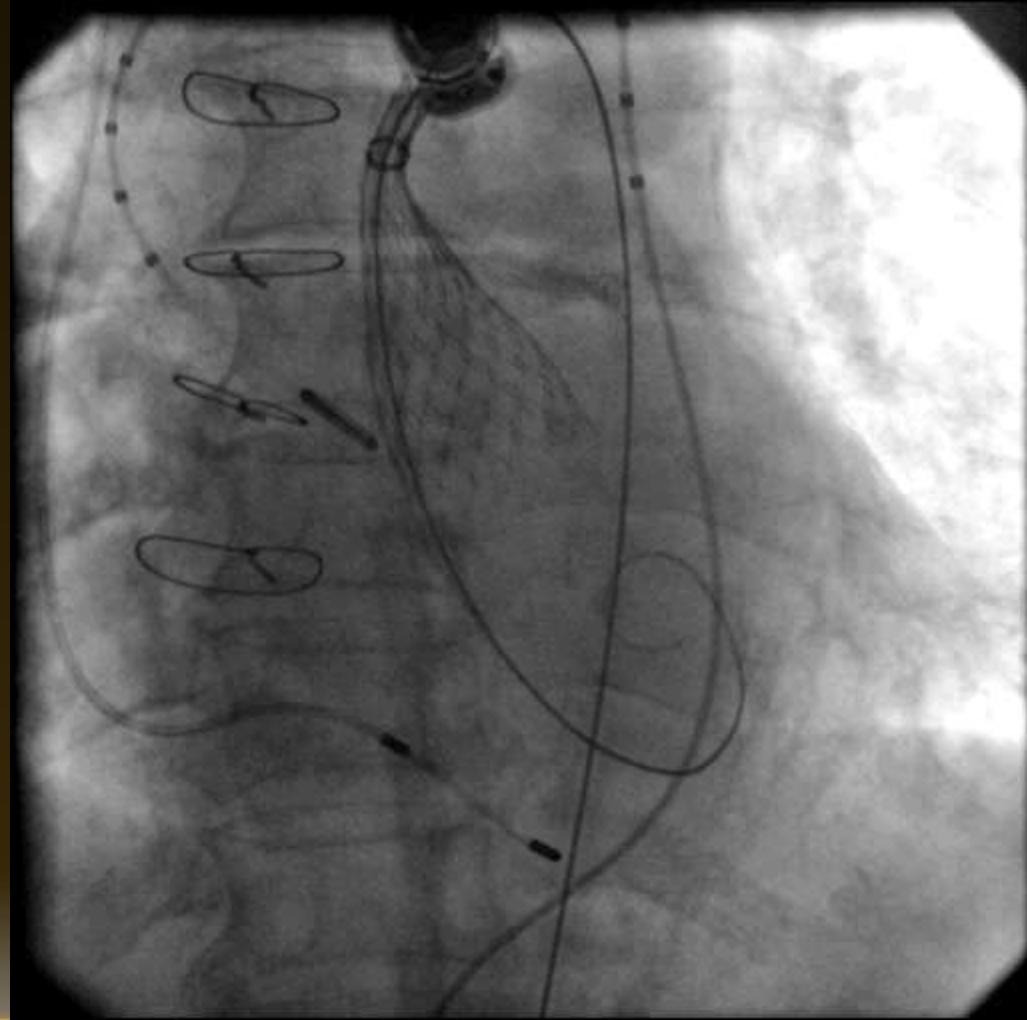
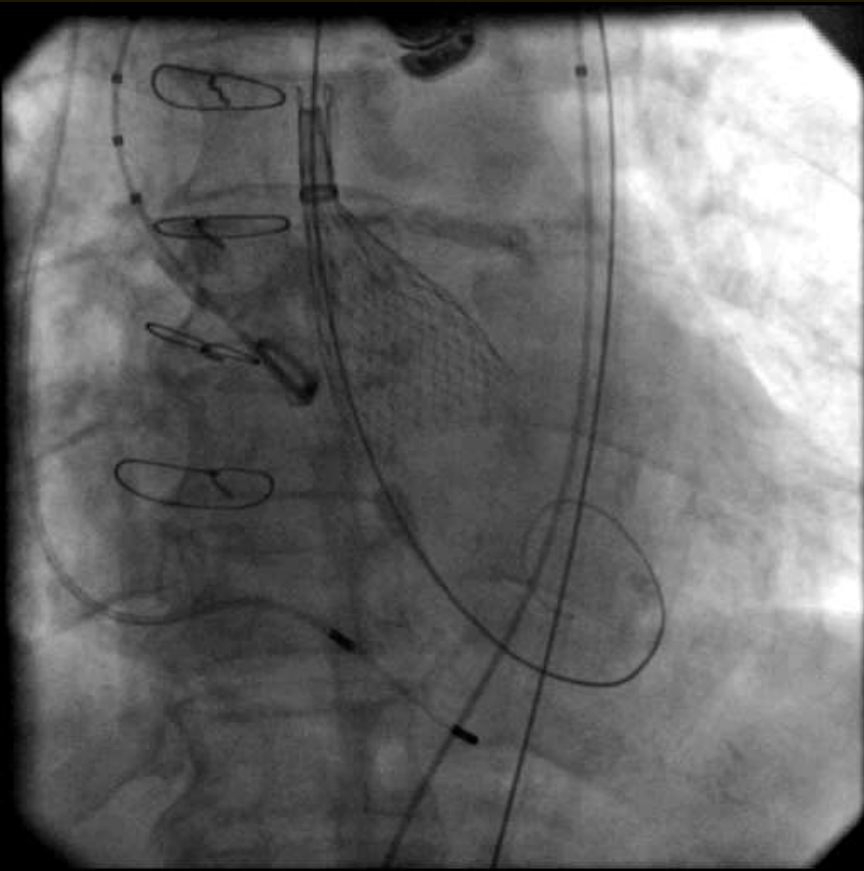


Aortogram – for Correct Positioning

COREVALVE DEPLOYMENT

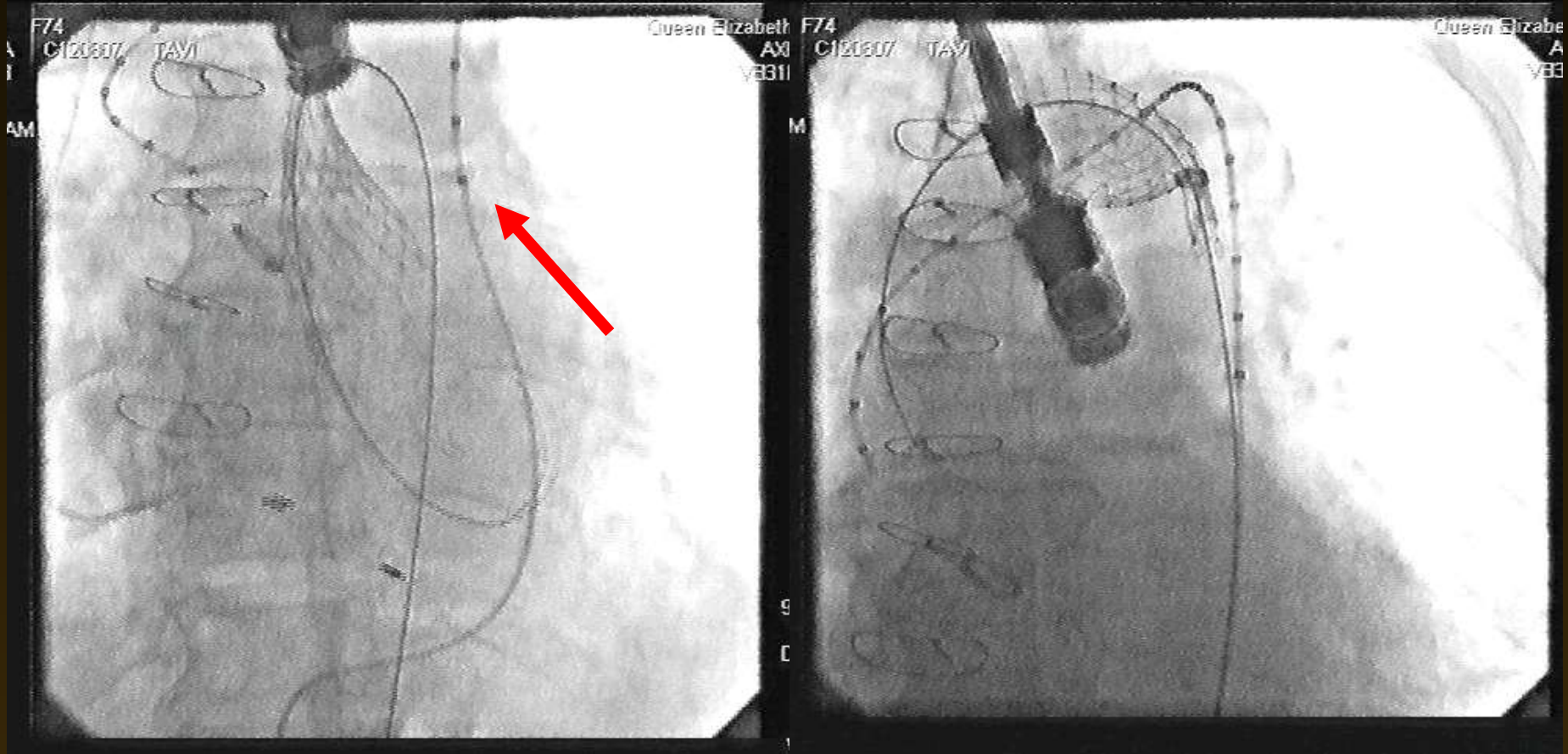


COREVALVE DEPLOYMENT



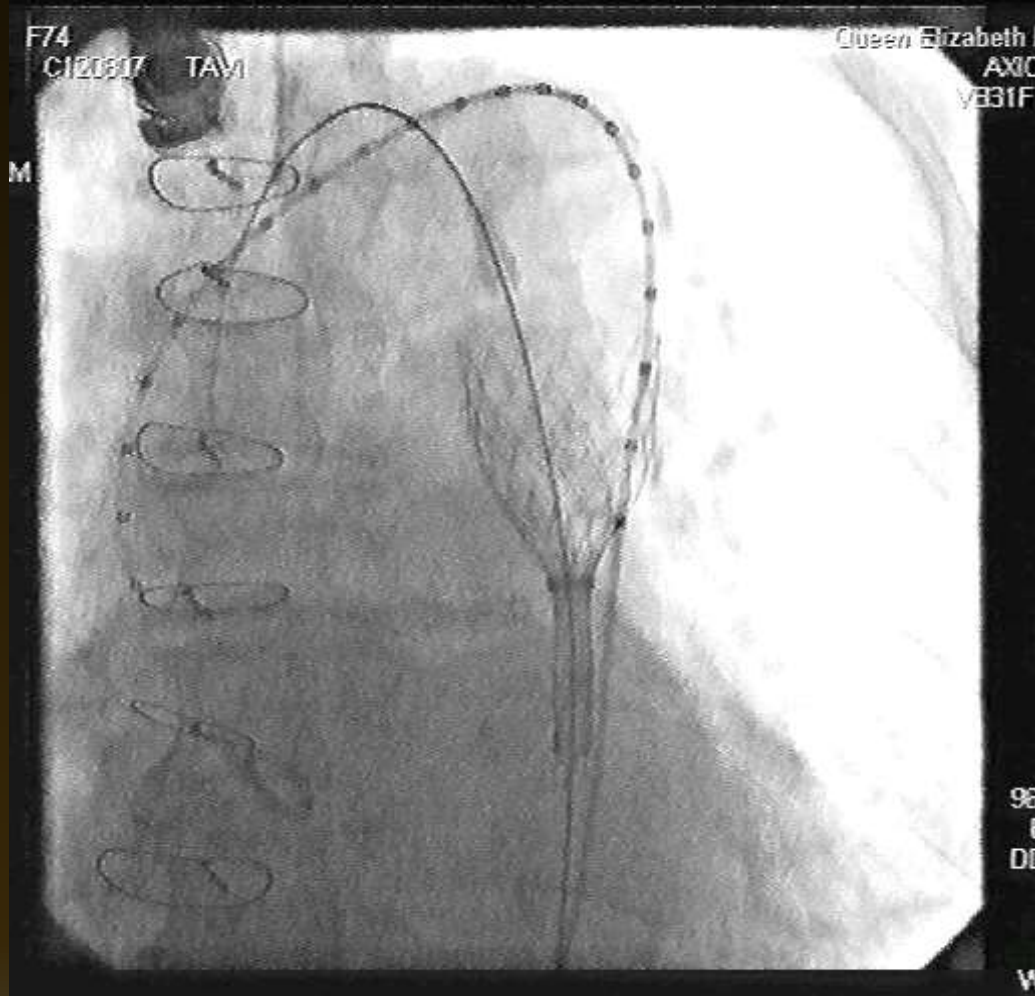
Core Valve Jump Down During Deployment
Need to Pull Back the Whole Valve Cautiously

CoreValve Retrieval



Core Valve Suddenly Popped up to Around Aortic Arch Region !!!

COREVALVE RETRIEVAL



Try to Retrieve CoreValve **BACK** to the Delivery sheath and pull back to Descending Aorta

COREVALVE RETRIEVAL



CoreValve was STUCK by the Calcium
Failed to be Retrieved back to the Sheath !!

Review of CT Scan



Heavily Calcified

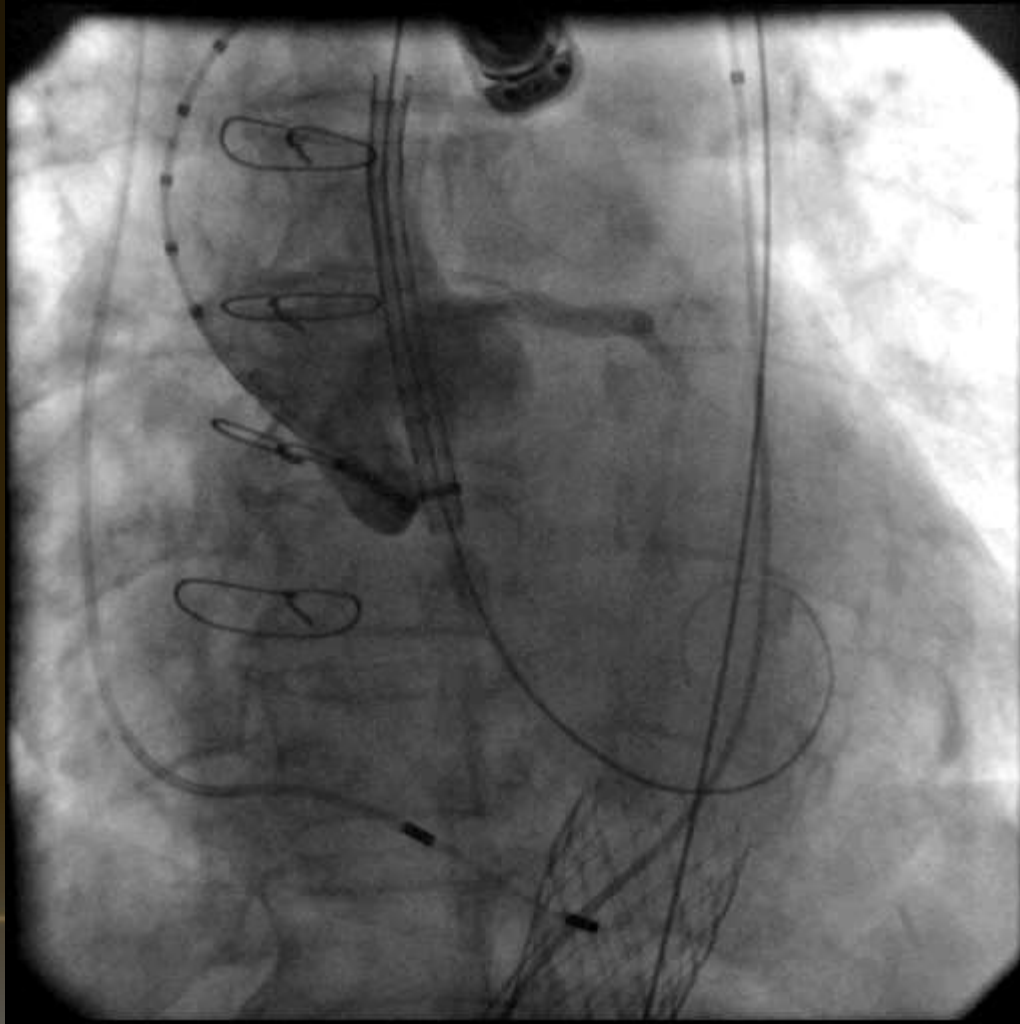


REMEDIAL MEASURES

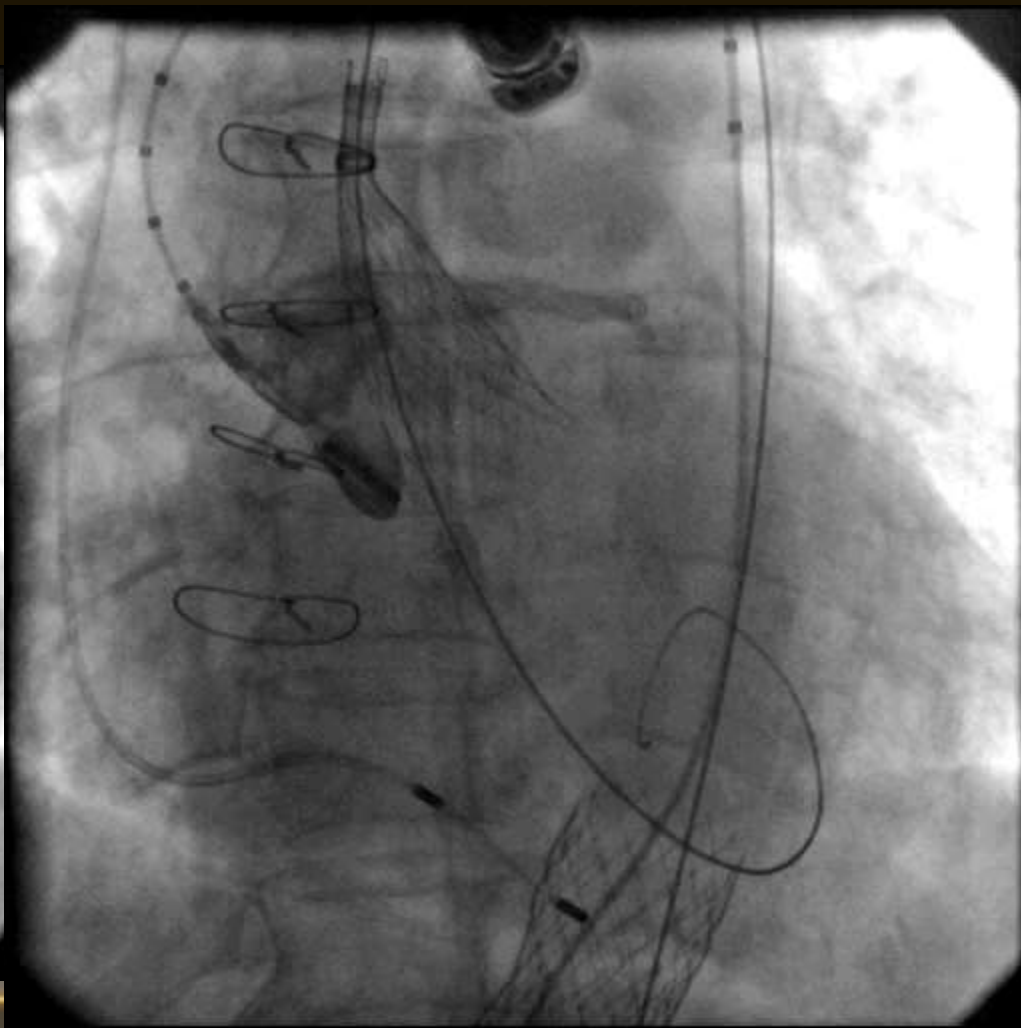
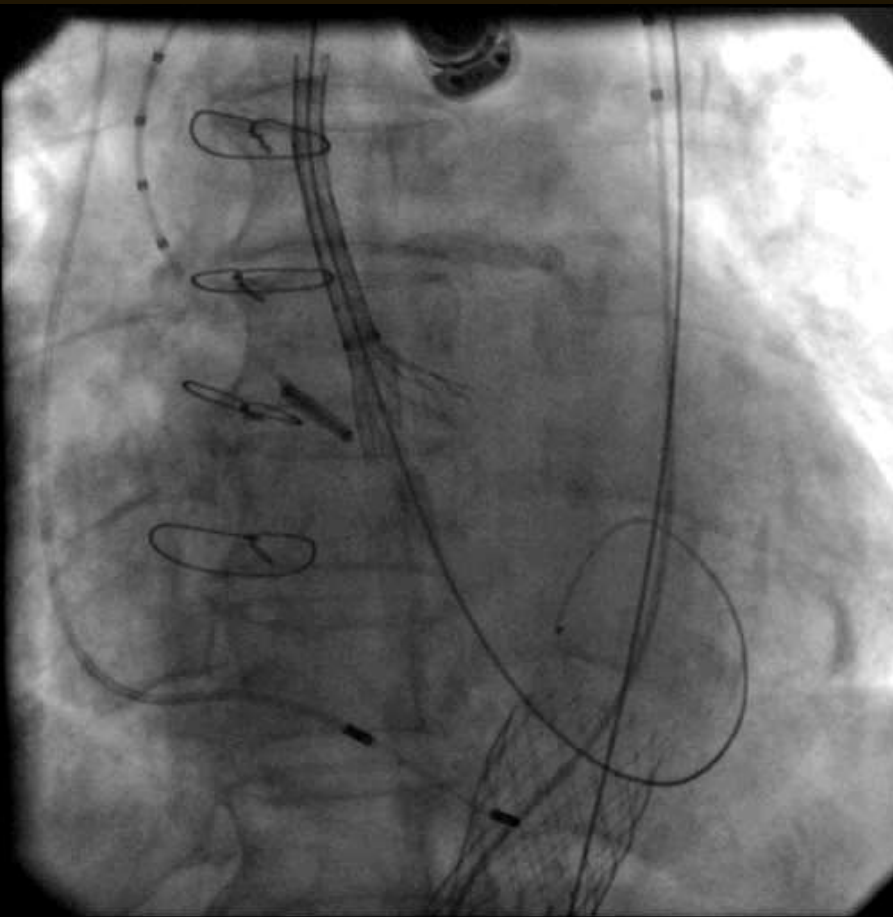


CoreValve Deployed in the
Thoraco-Abdominal Aorta !

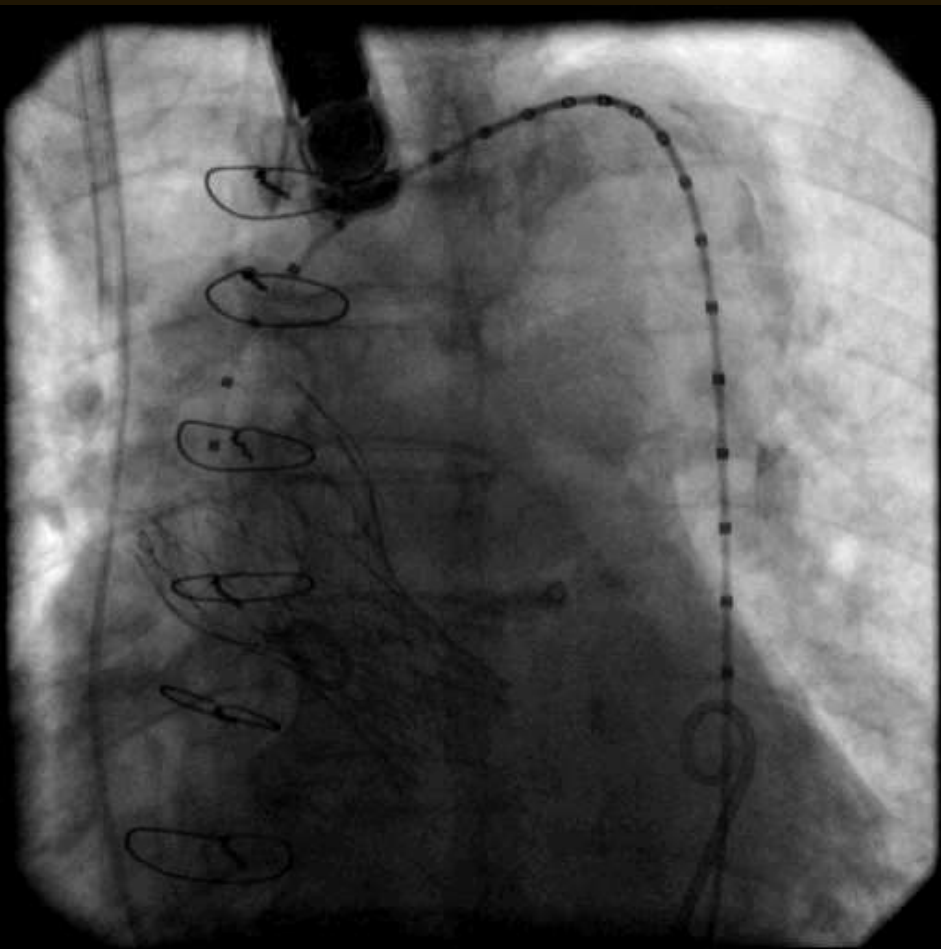
2ND CORE VALVE DEPLOYED THROUGH THE ECTOPIC COREVALVE SUCCESSFULLY



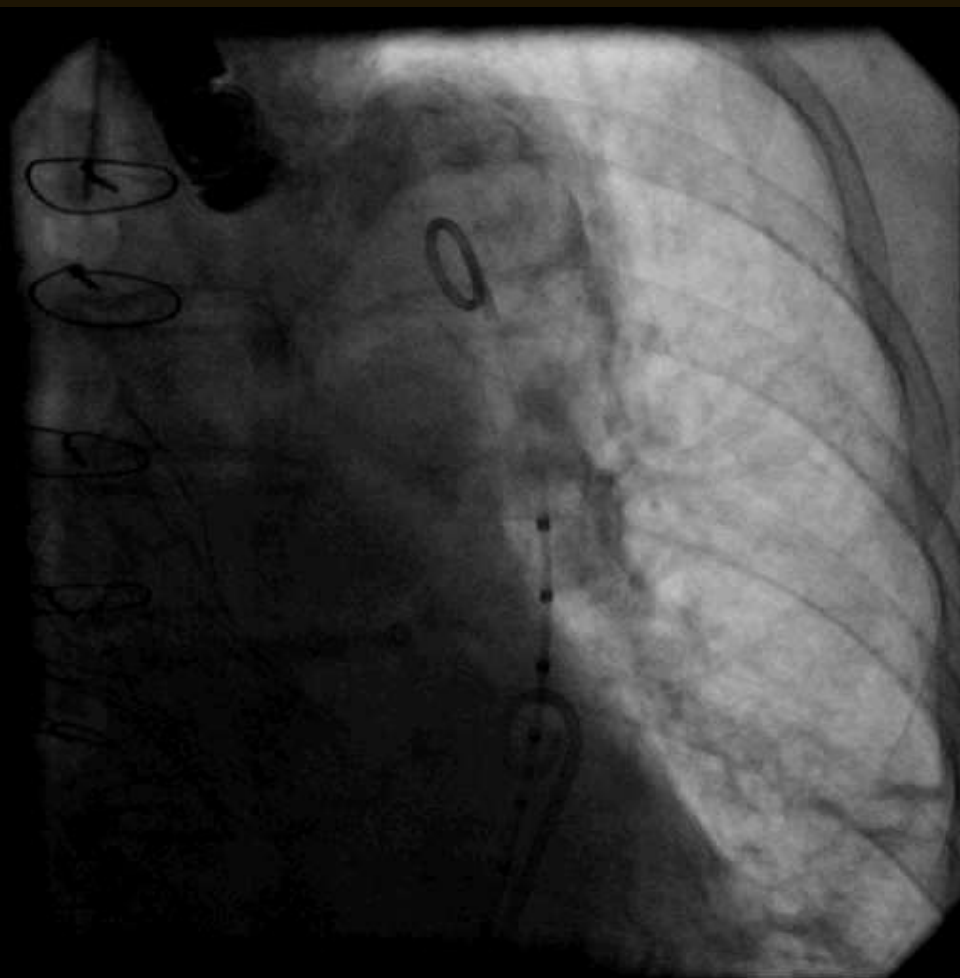
DEPLOYMENT OF 2ND COREVALVE



FINAL RESULT



FINAL RESULT



NO GRADIENT ACROSS Thoraco-Abdominal Core Valve

PATIENT OUTCOME

- Marked improved in Exercise Tolerance
- Peripheral pulses +ve
- Psychologically happy as get a **BONUS** Valve !!
- NO Abdominal c/o

Increased lower limbs muscle strength

Increased appetite

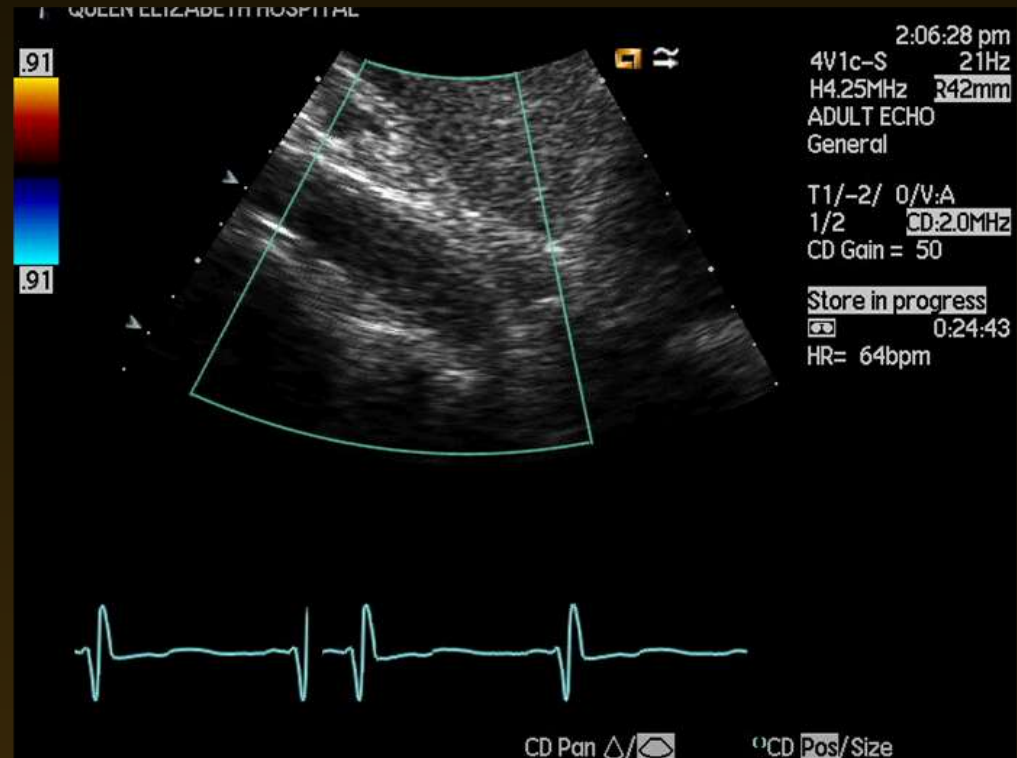
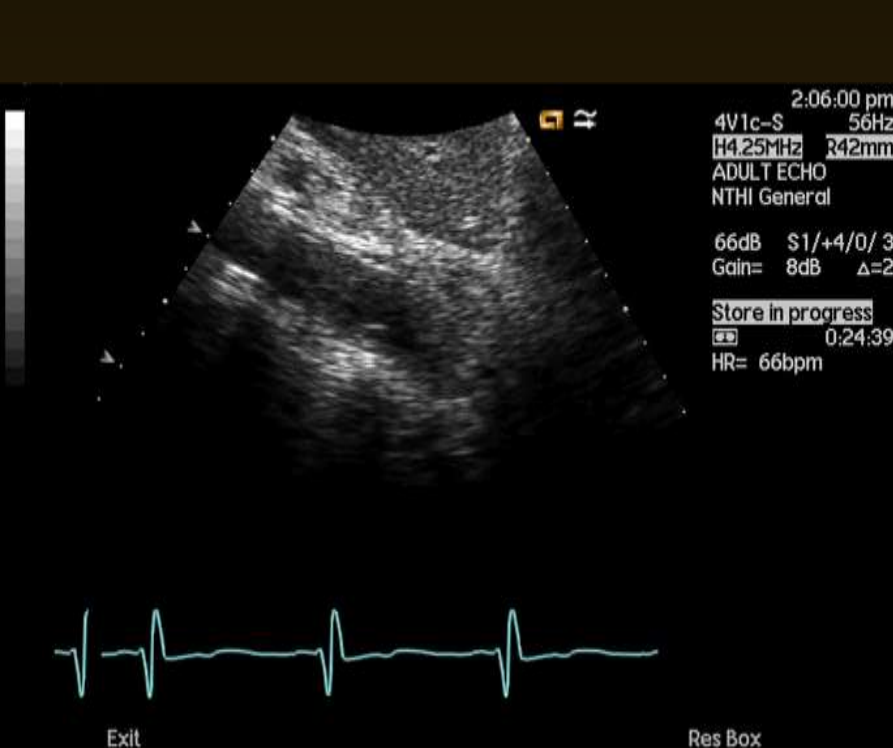
Reduced constipation ? (Likely Psychological)

(?? Unlikely related to the Ectopic CoreValve)

- **4 year FU** (50 mth) Follow up – Asymptomatic
FC1
Good Exercise Tolerance

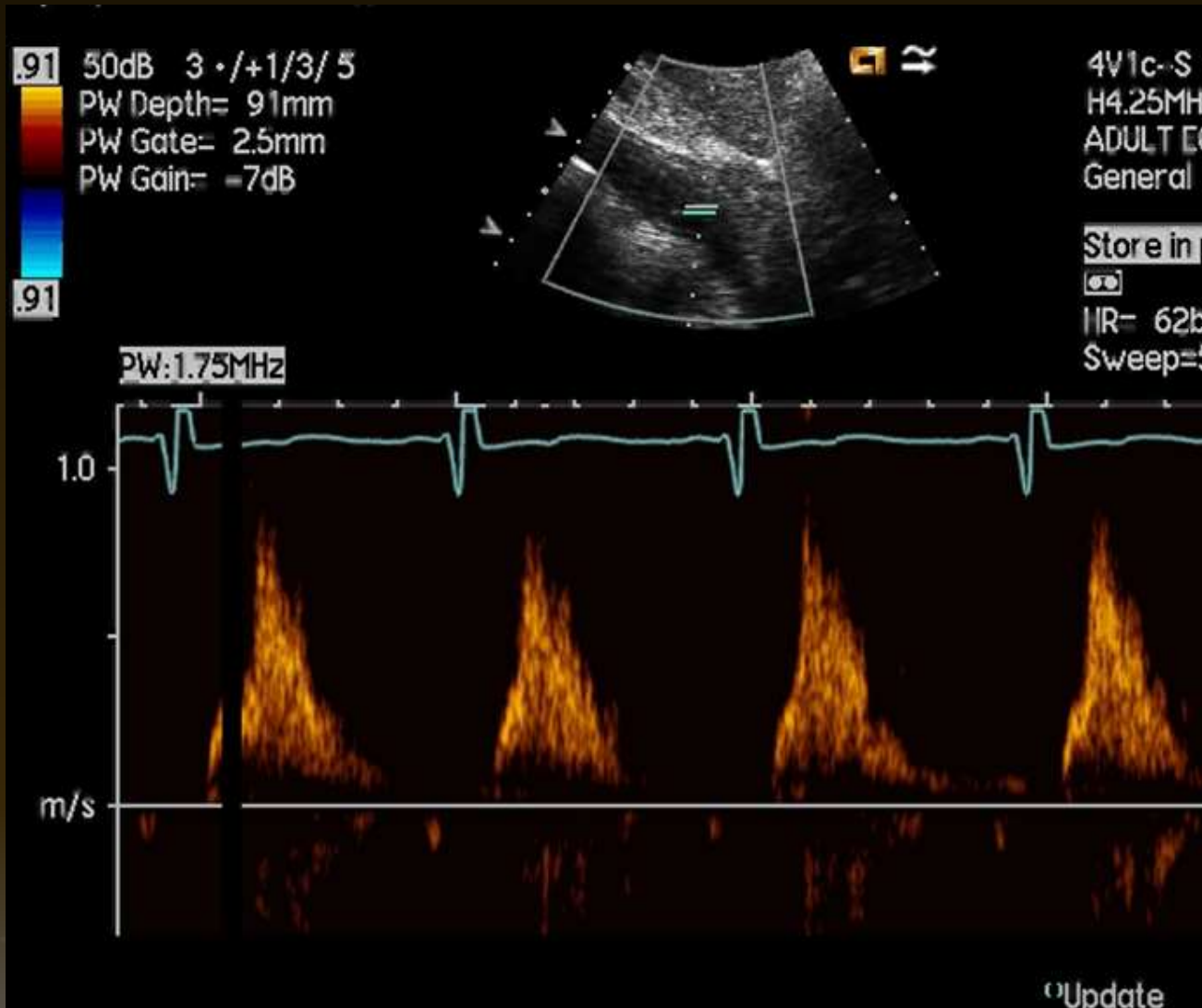
- Also Need Close Surveillance of the CoreValve in Ectopic Position

50 MONTH FU – DUPLEX ABDOMINAL USG AND ECHOCARDIOGRAM



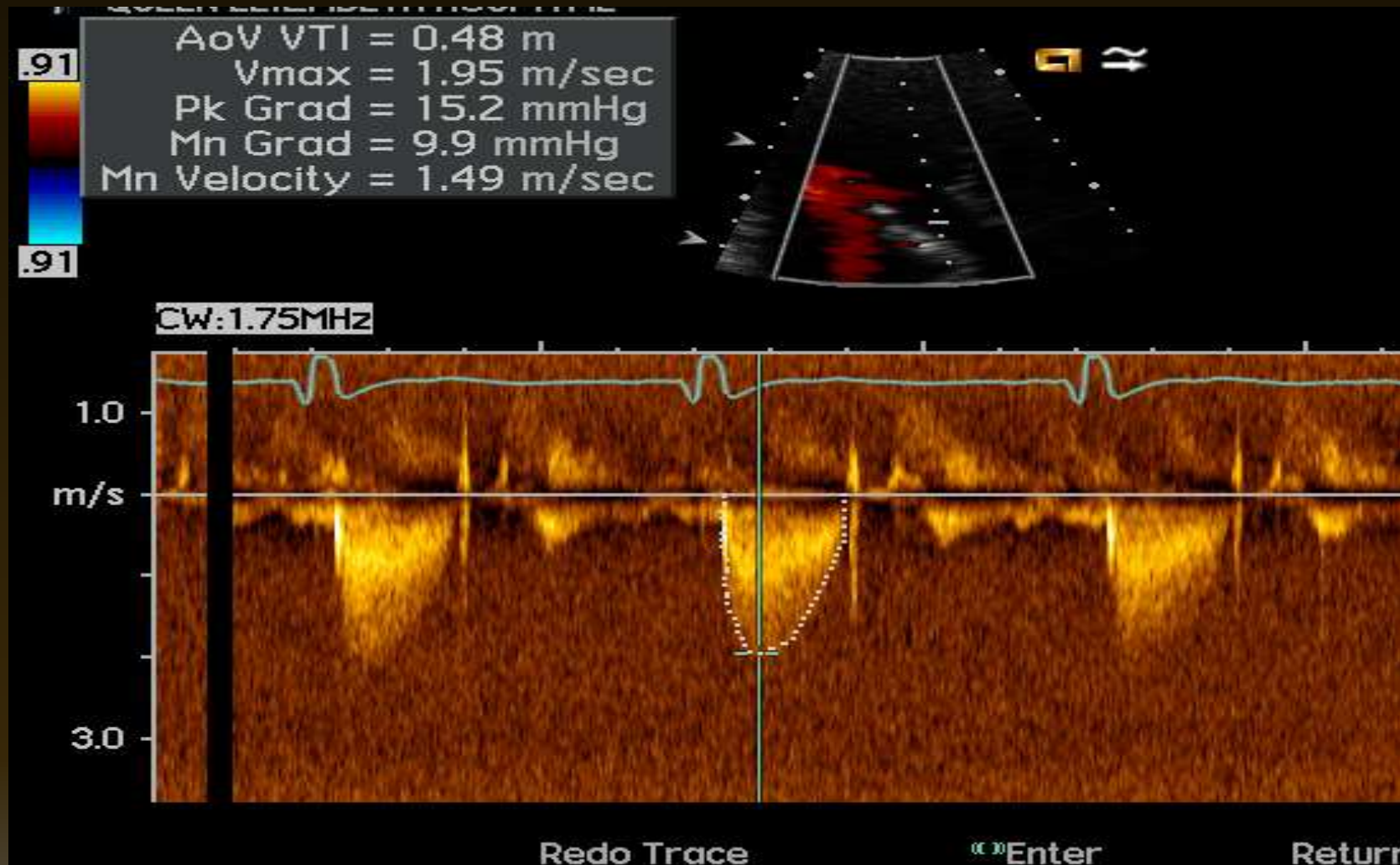
Abdominal CoreValve Function **WELL**
with **NO** significant gradient

50 MONTH USG FOLLOW UP



Pulsed Doppler of the Abdominal Core Valve

50 MONTH ECHOCARDIOGRAM



Core Valve Function satisfactory

LESSONS TO LEARN

- Beware of / Prepare for CoreValve Embolisation or Mal-position during / after deployment
- Attention to the rest of Aorta (Arch; Descending) for severe calcification
- Never PULL too hard to avoid Acute Aorta Rupture or Trauma → **Catastrophy**
- Deploy Core Valve in Descending Aorta is an alternative option for complicated or Impossible retrieval cases
- Close Surveillance of the CoreValve in Ectopic position is important to look for **LATE Complications**
- **Our case has illustrated that the Corevalve Function well in the T-A Aorta up to 4 years**
- **With the Latest generation Retrievable and Repositionable Valve ; the chance of this complication in Valve retrieval will be reduced**

- **Thank you!**