

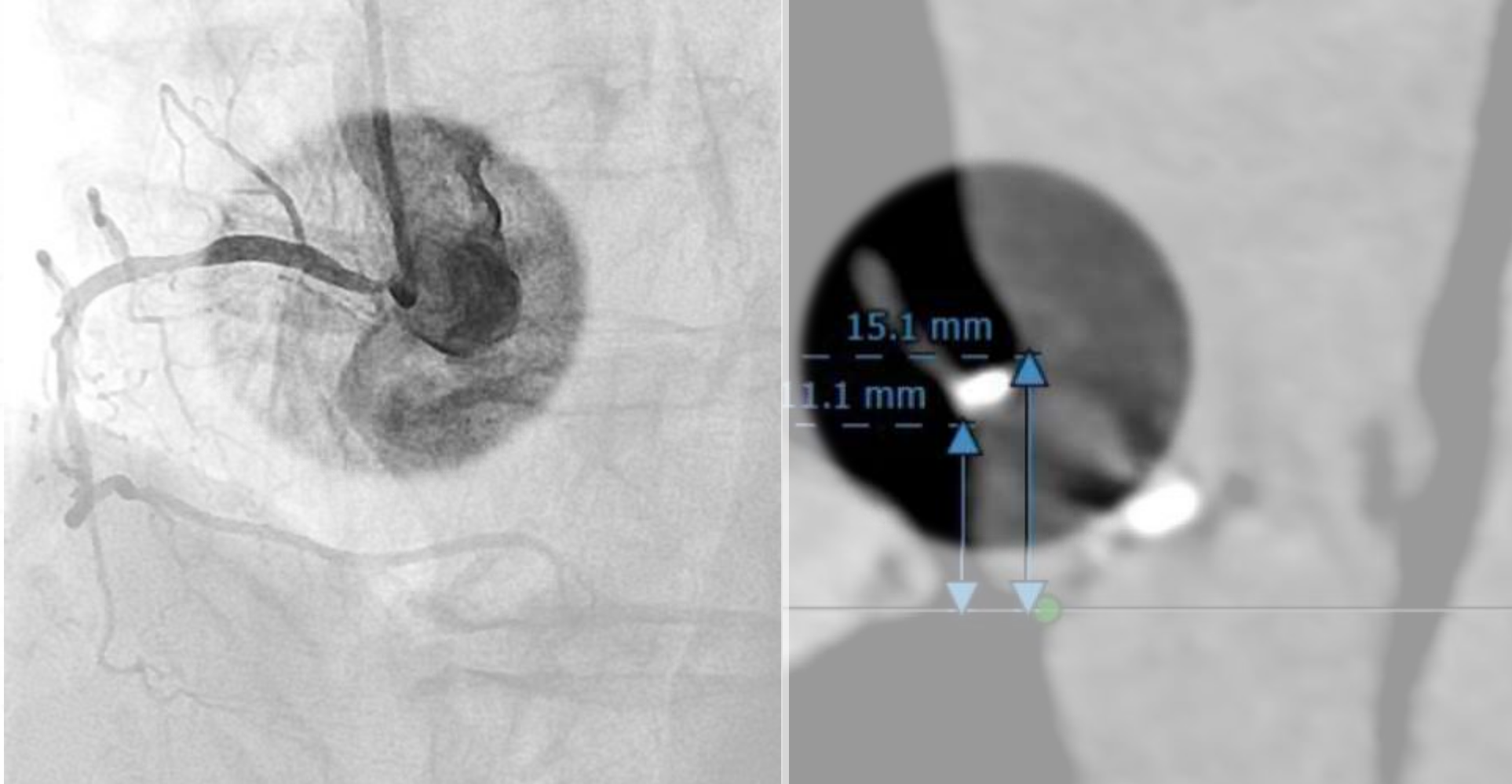
I Wish I Had Done It Before TAVR

Ostial RCA Calcification and TAVR Stent Struts Obstruction with Rotablation and Snorkel Stenting

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Division of Cardiology, Cheng Hsin General Hospital, Taiwan

Would You Perform PCI ?



Brief Summary



90 years old female

**Effort related chest tightness
Shortness of breath
Relieved by rest and NTG**

**Coronary artery disease
with triple vessel disease,
s/p PCI & stenting to LCX
(2019), under Clopidogrel**

**Severe aortic stenosis
s/p TAVR (Medtronic
Evolut PRO 26 mm)**



Brief Summary

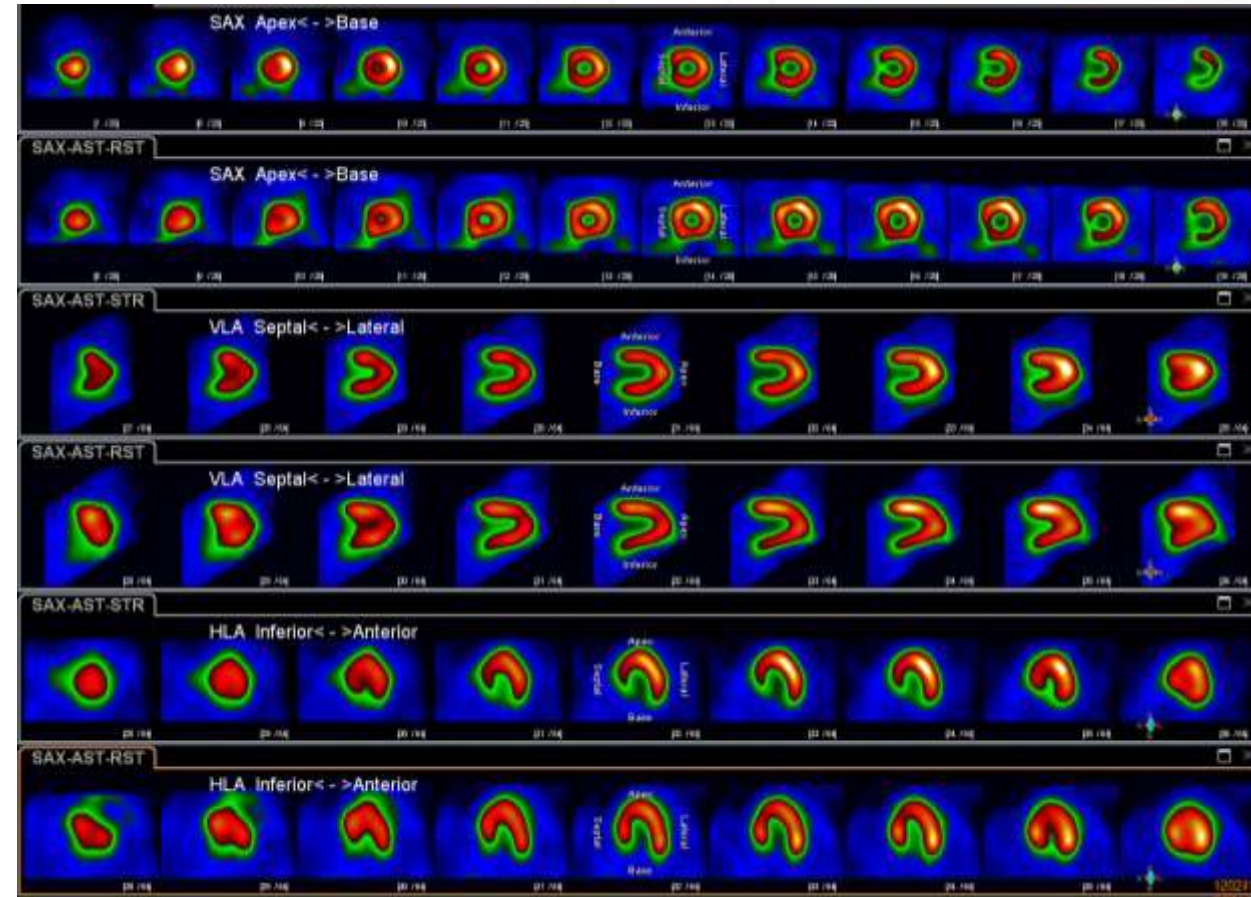
Baseline TTE

Preserved LV and RV systolic function, LVEF = 63 %

Prosthetic AV (TAVR):
MPG 8 mmHg, PPG 15 mmHg
No valvular AR nor PVL
AVA 1.6cm²

Minimal MR
Moderate TR

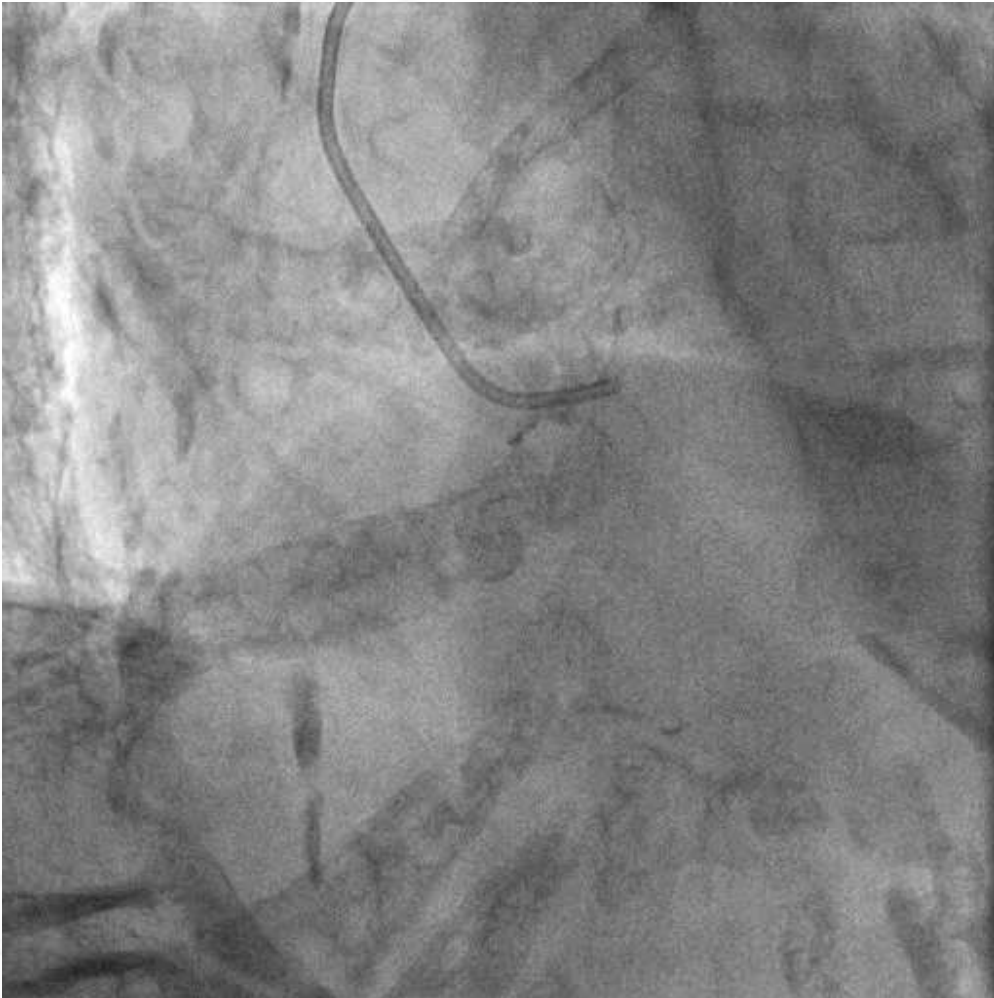
TI-201 myocardial perfusion



Coronary angiogram before TAVR



Coronary angiogram before TAVR

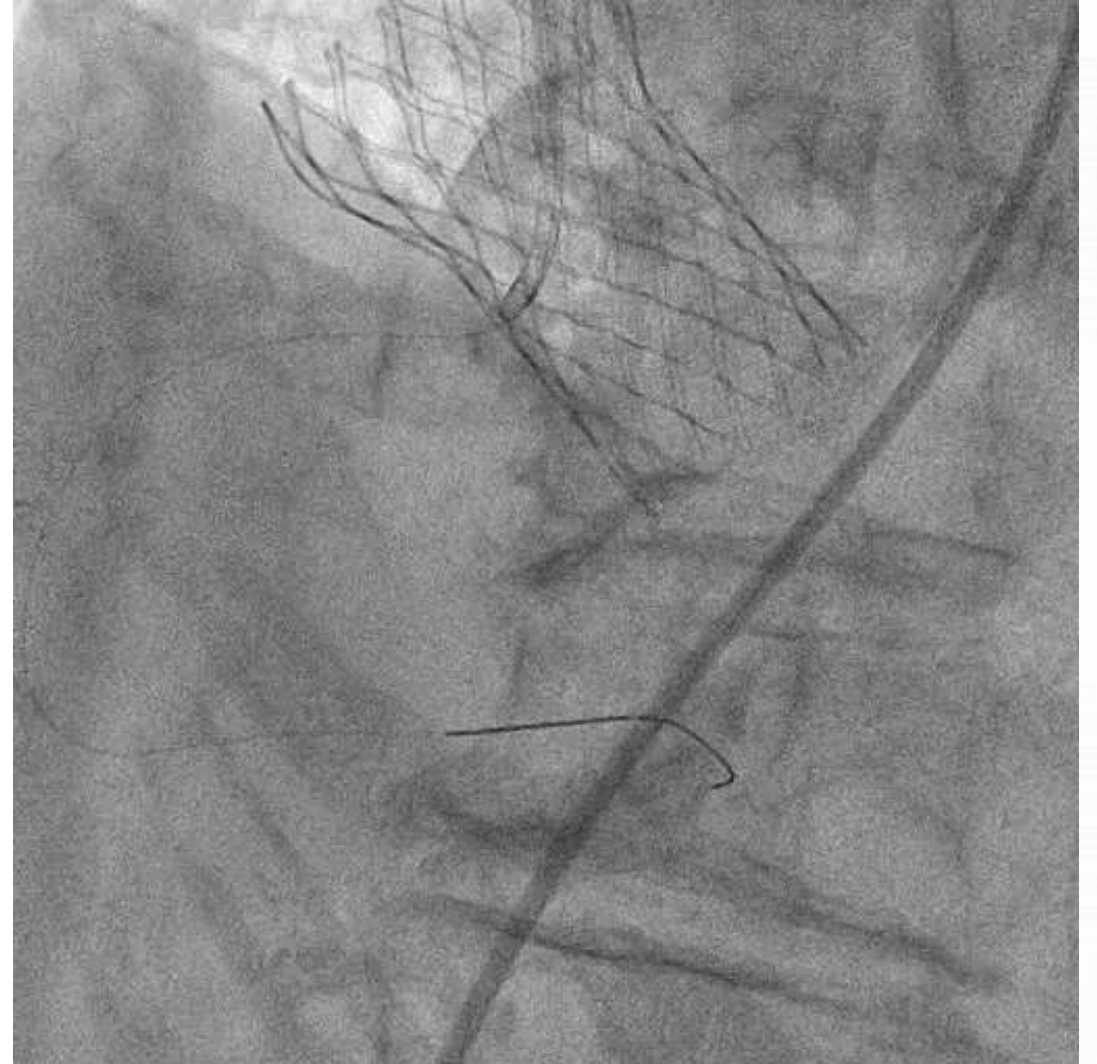
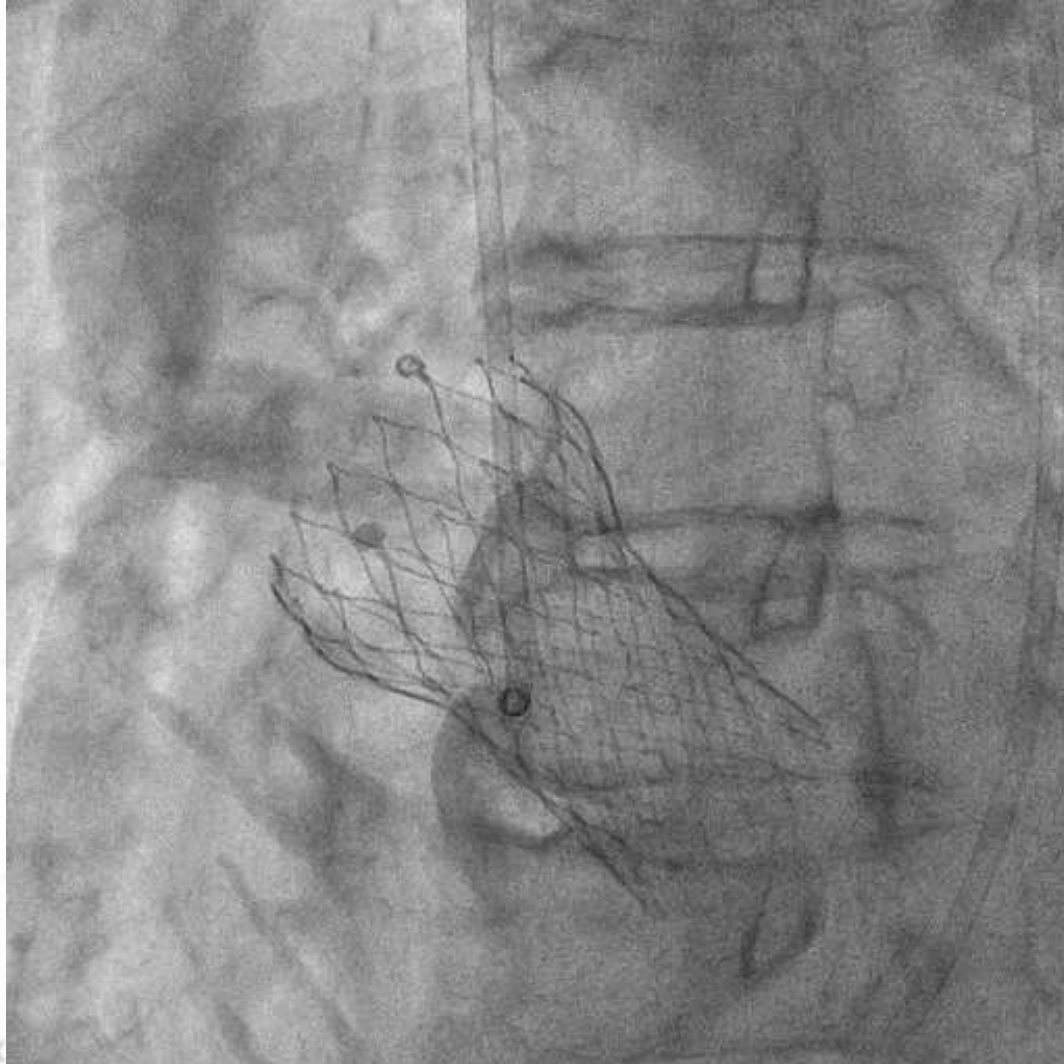


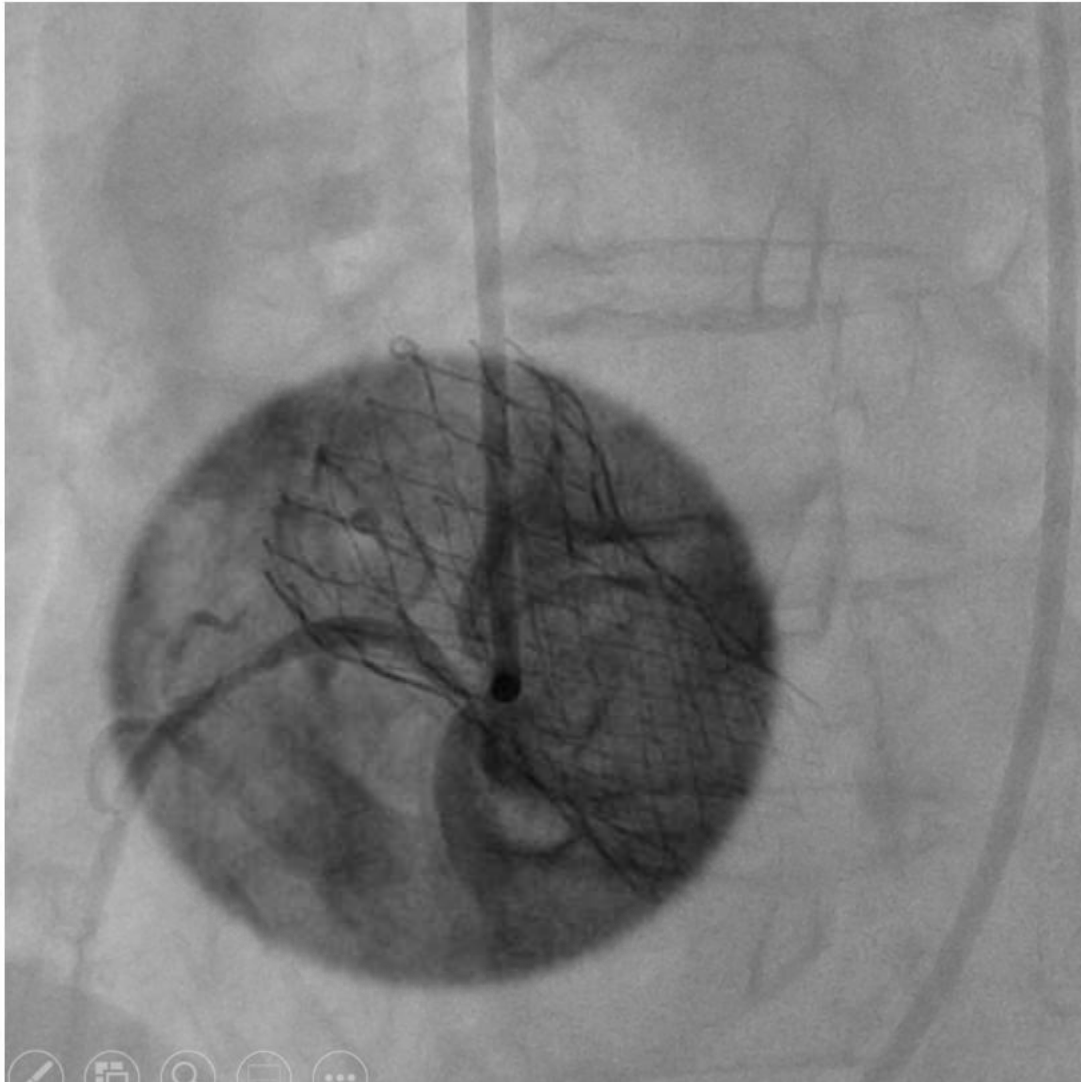
TAVR (Evolut PRO 26 mm)



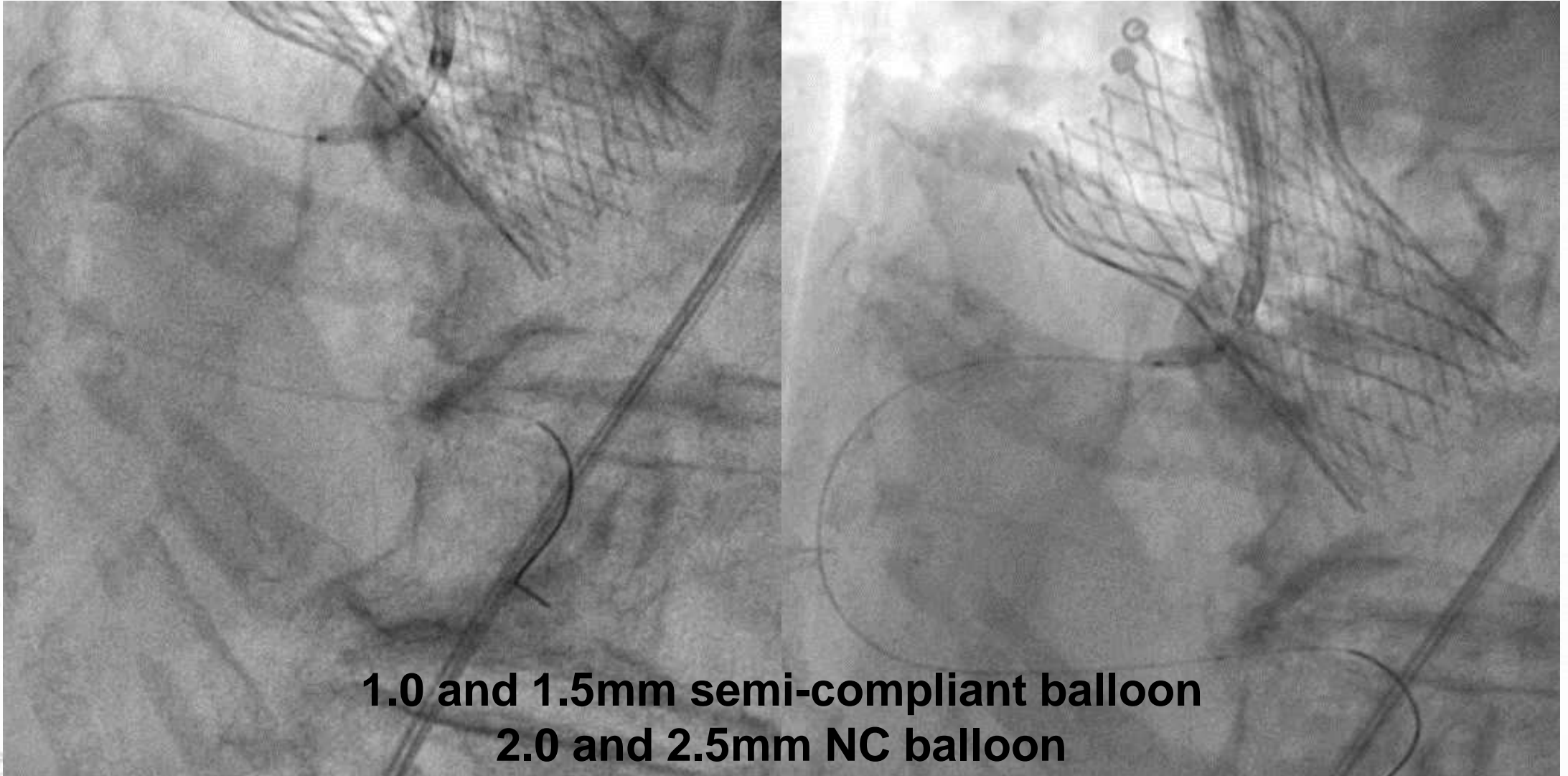
Coronary angiography

Angiogram via Right femoral artery



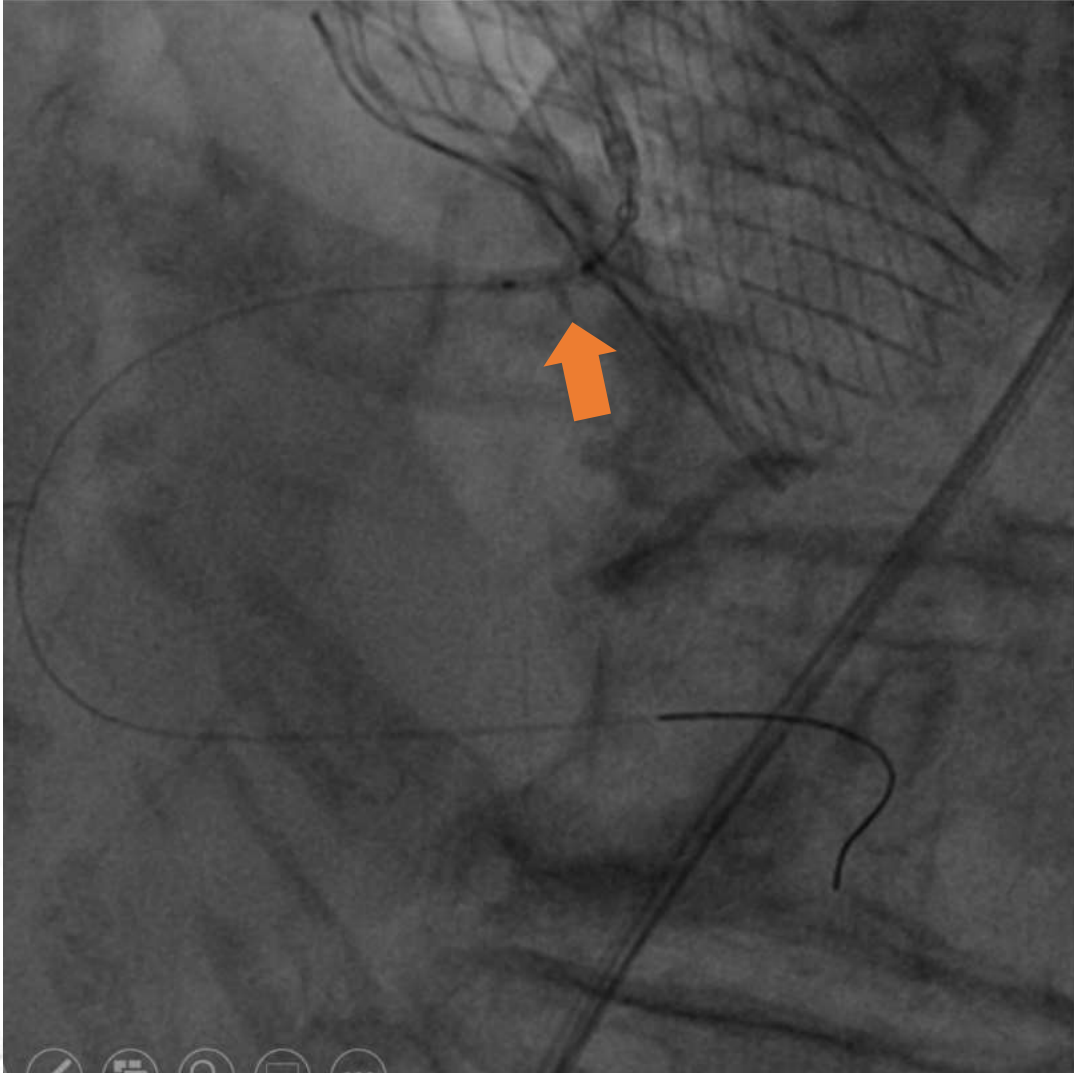


Balloon dilation

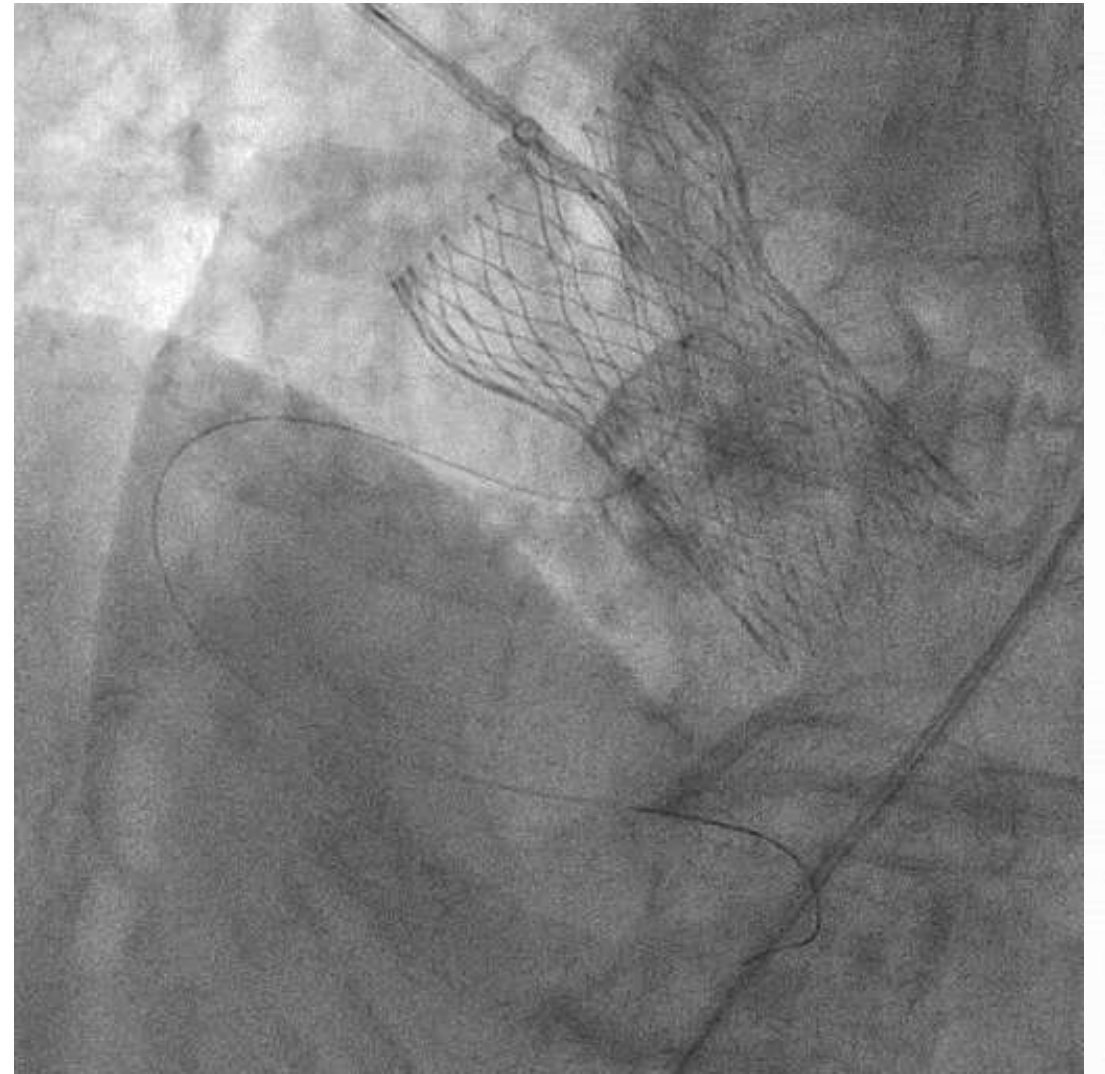
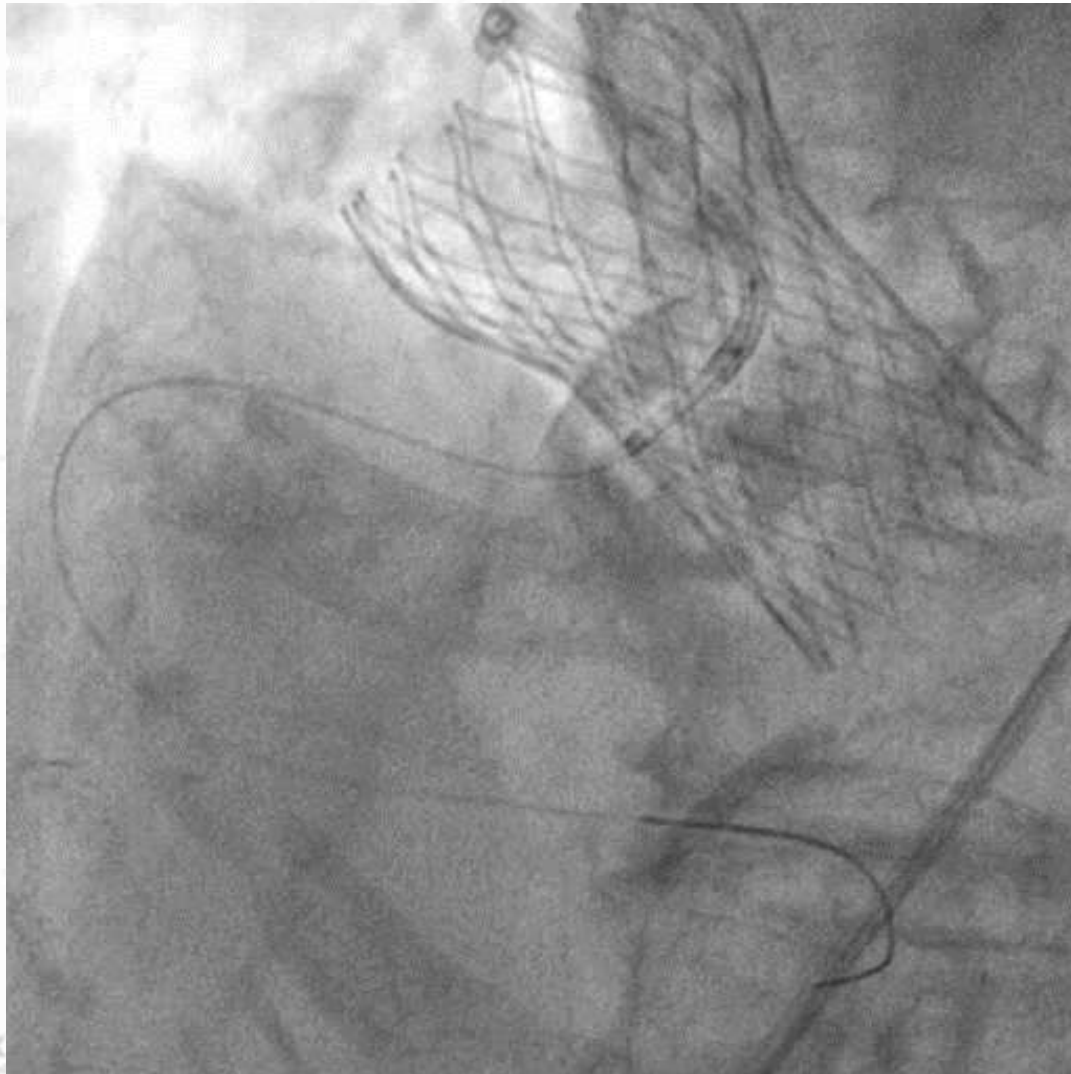


1.0 and 1.5mm semi-compliant balloon
2.0 and 2.5mm NC balloon

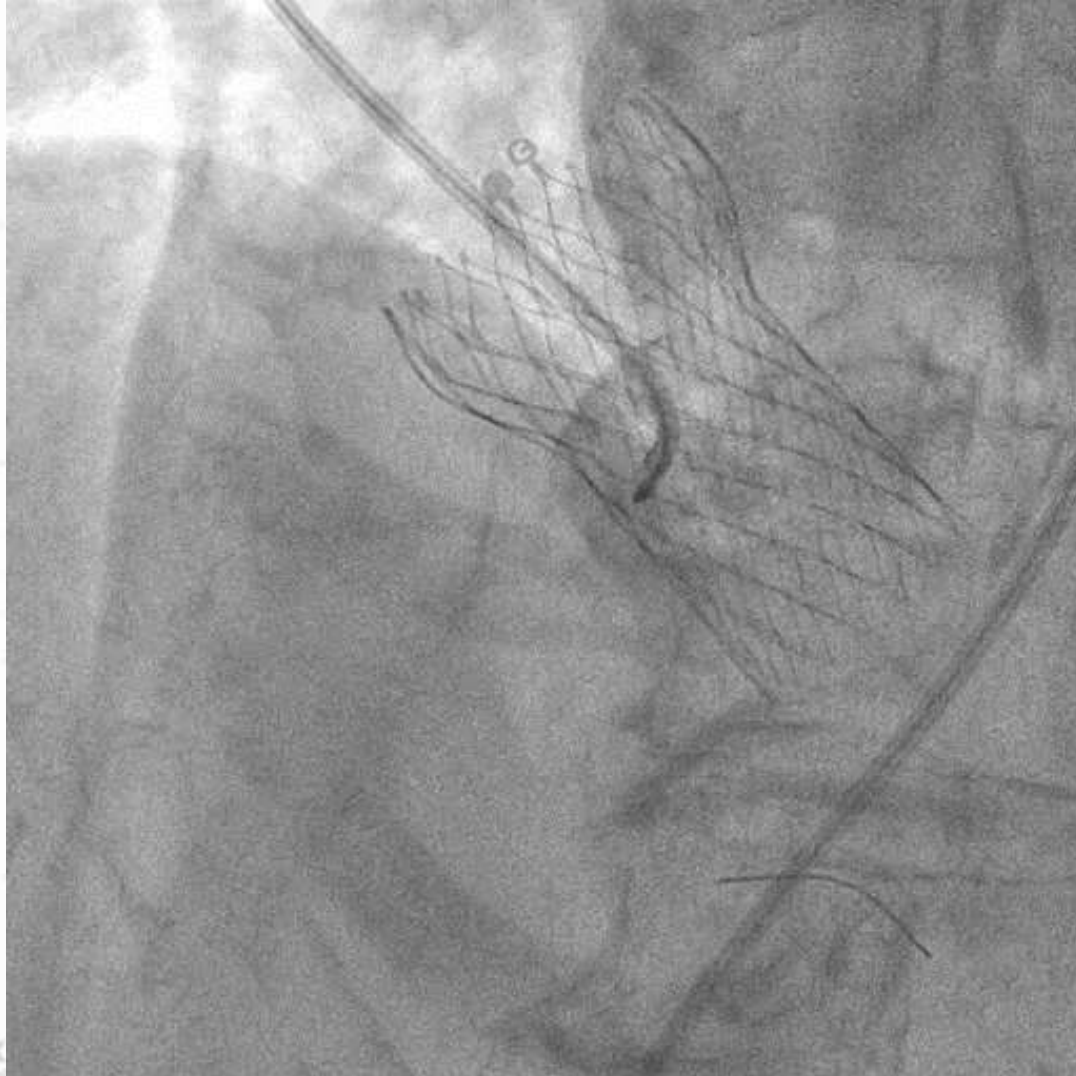
Balloon Un-dilatable Lesion



IVUS Failed to Cross Lesion



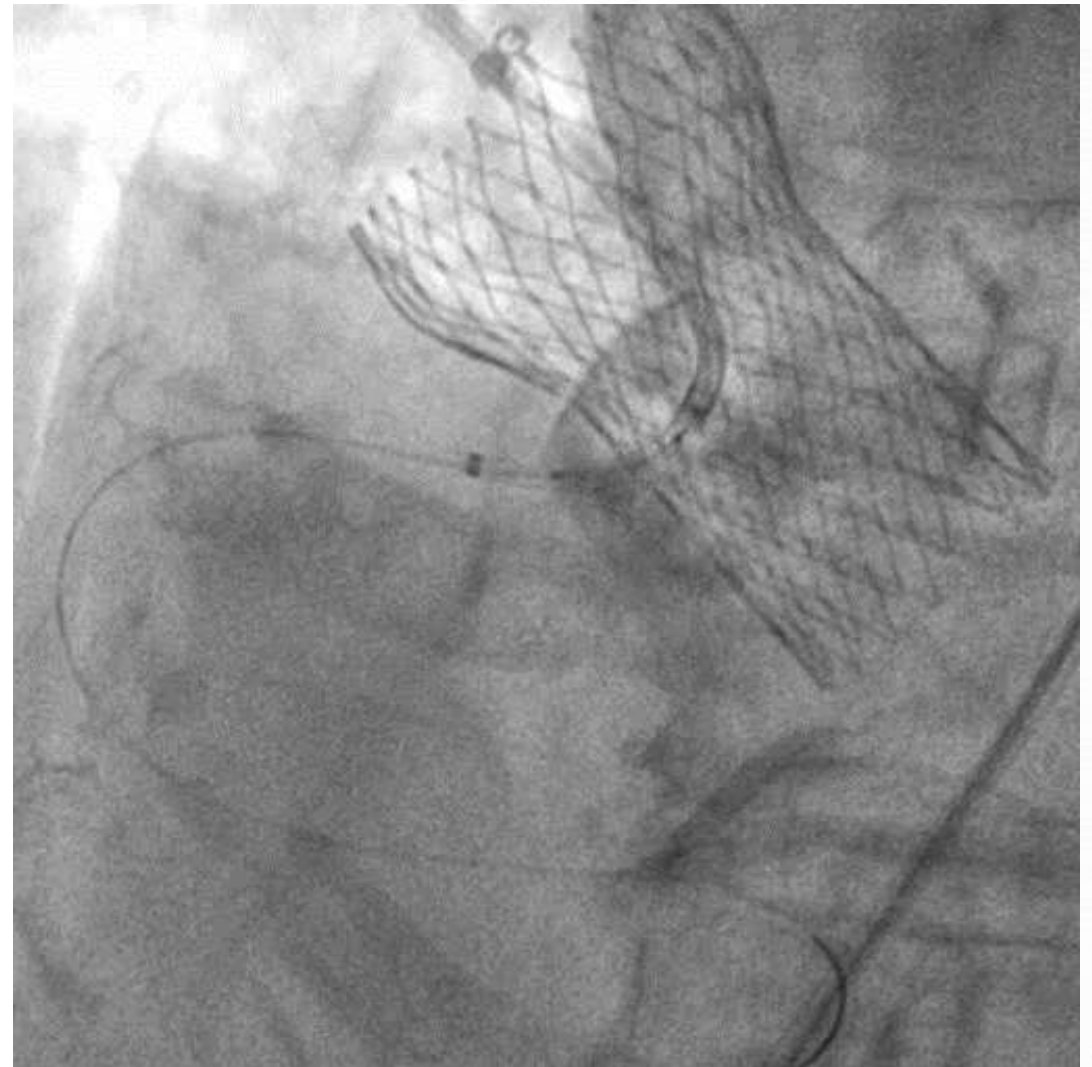
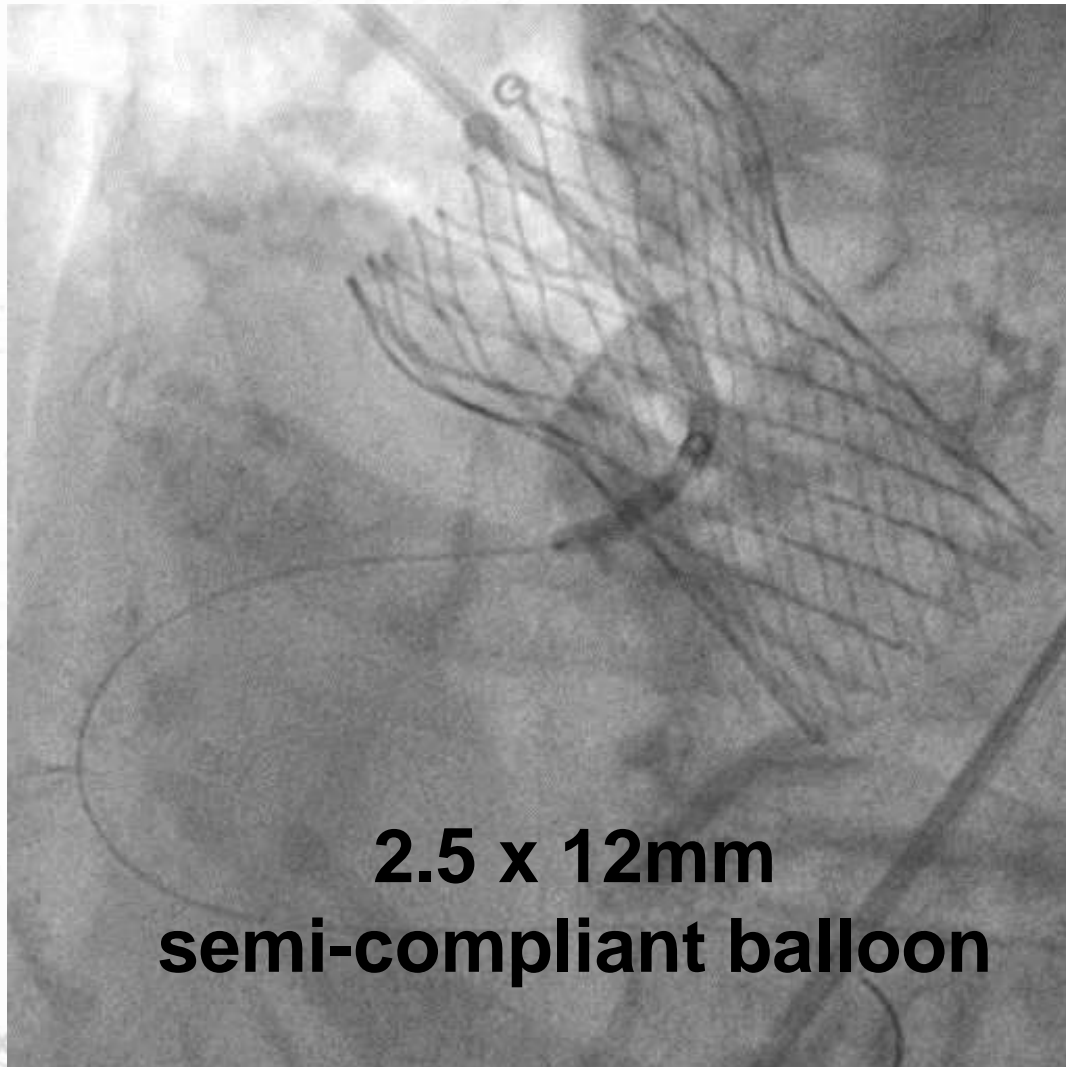
Rotablation 1.25mm burr



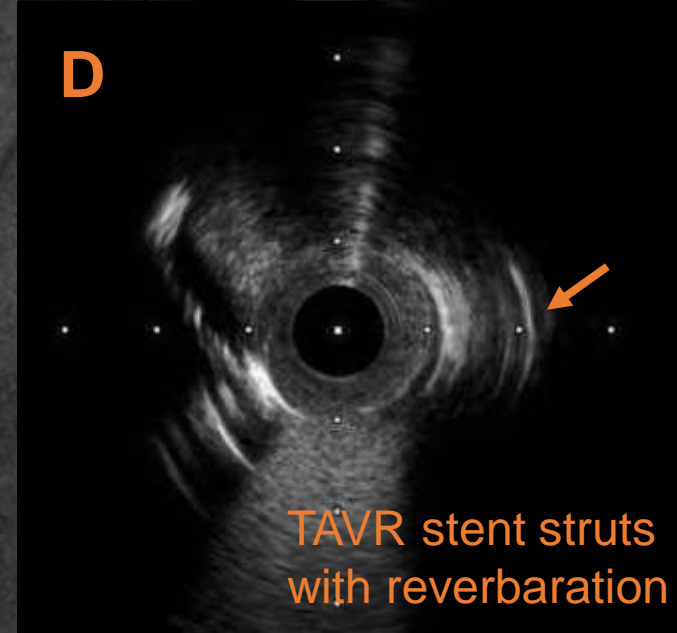
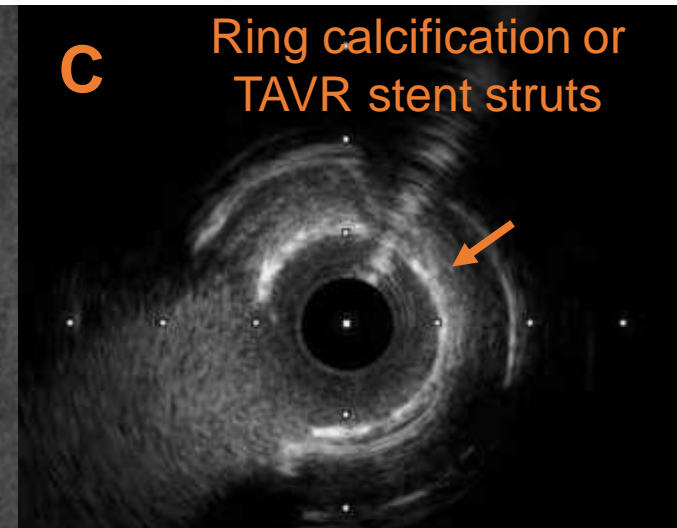
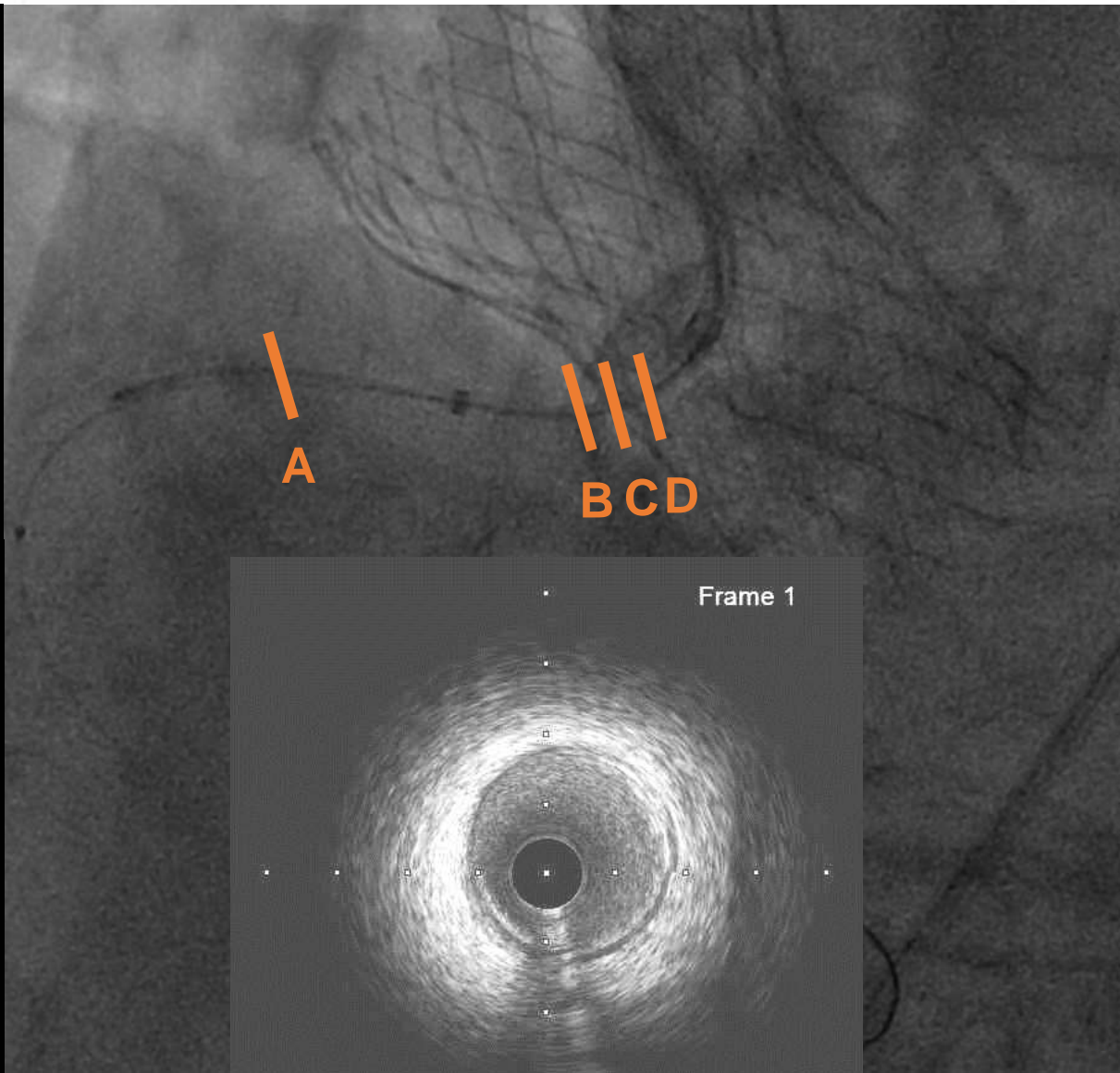
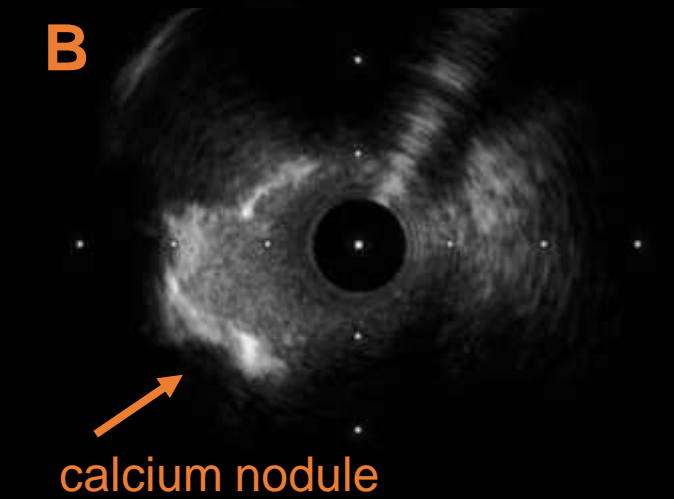
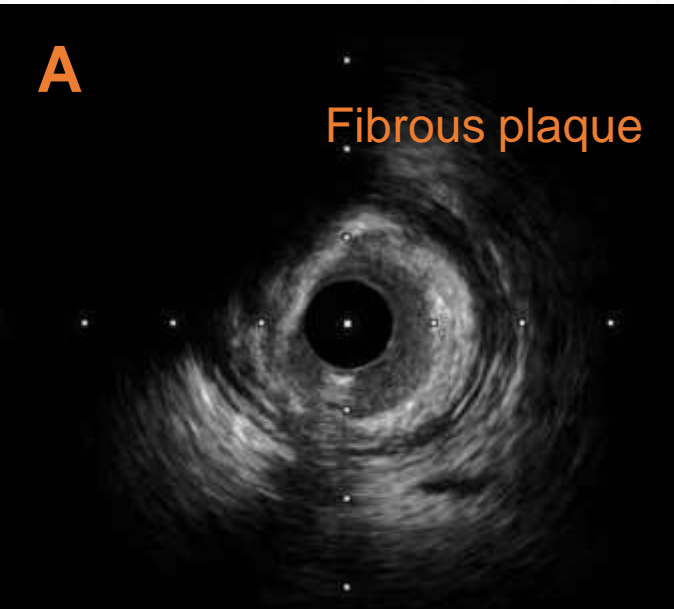
Rotablation 1.75mm burr



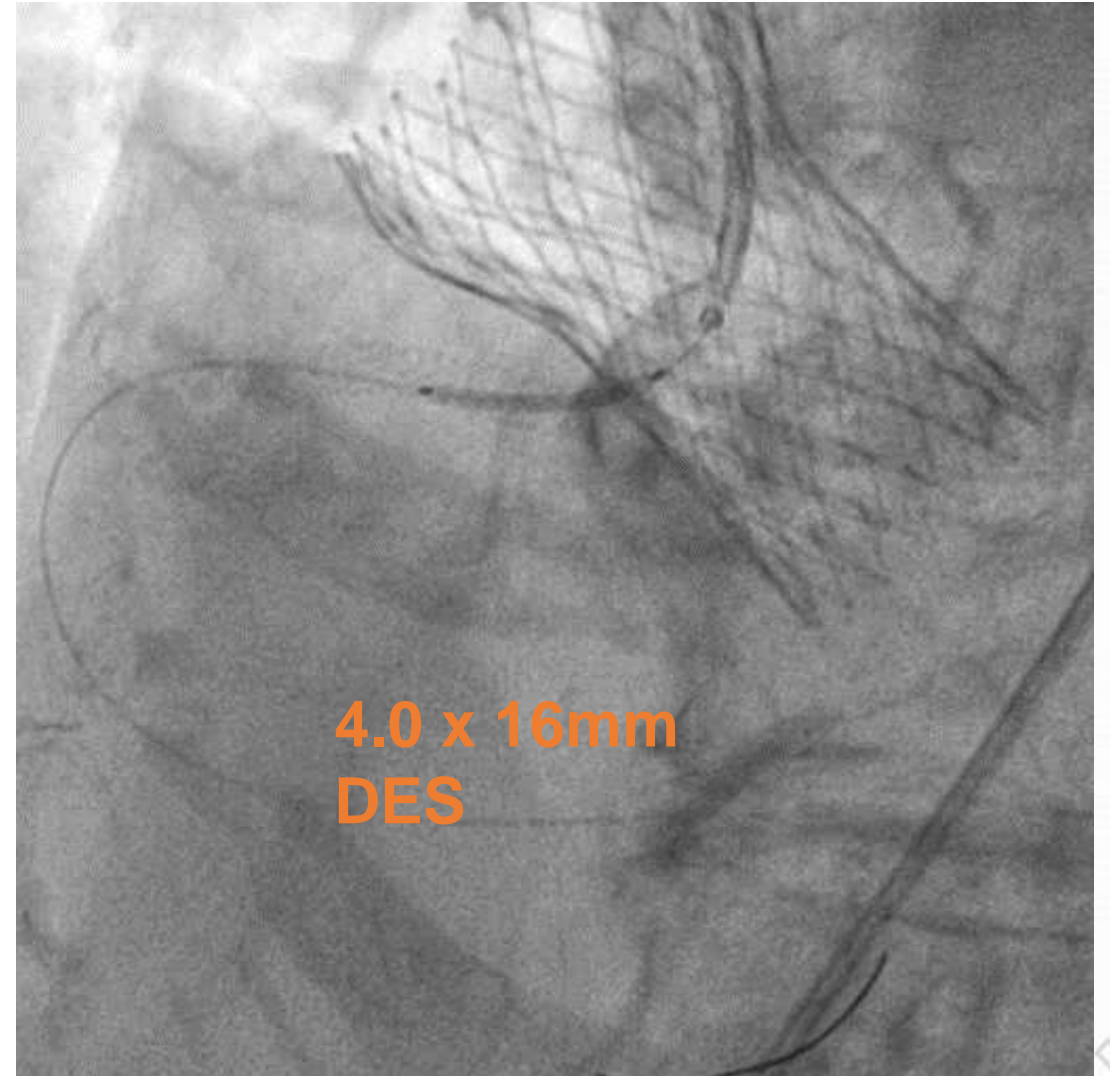
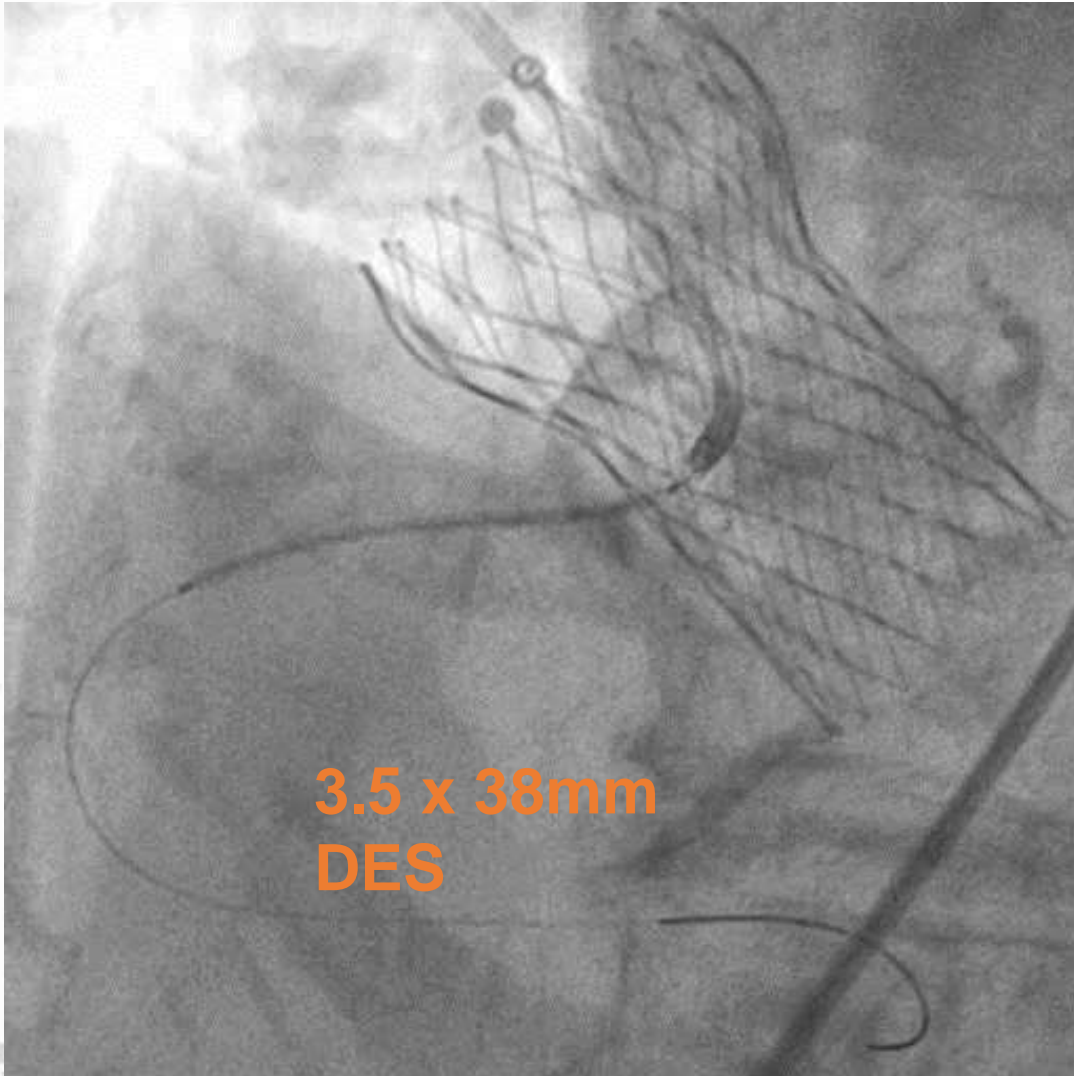
POBA and Balloon anchor technique



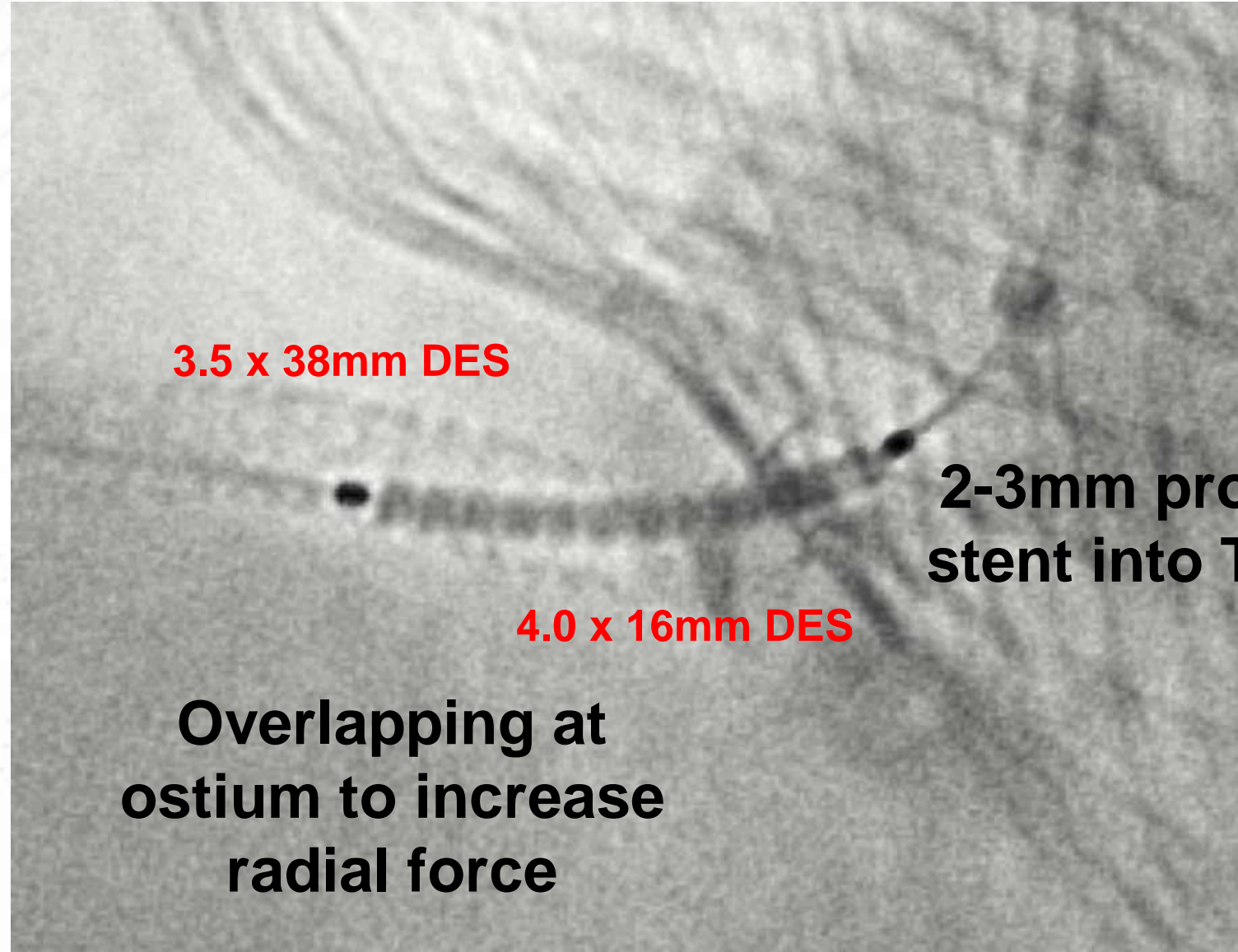
IVUS



Stenting



Stenting



3.5 x 38mm DES

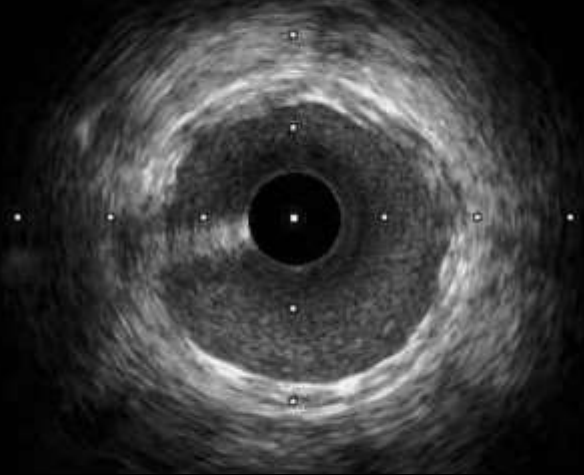
**2-3mm protrusion of
stent into TAVR valve**

4.0 x 16mm DES

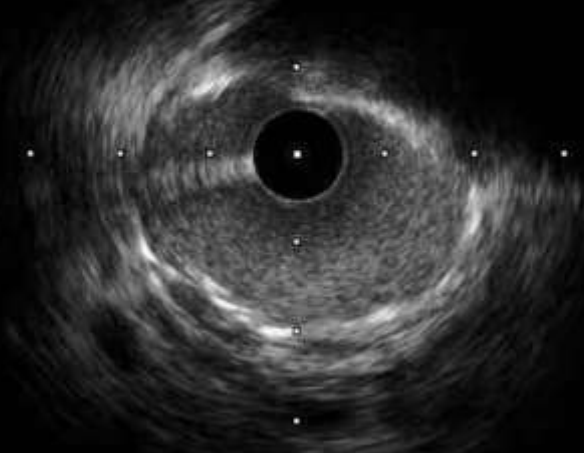
**Overlapping at
ostium to increase
radial force**

Post-stenting IVUS

A distal stent edge



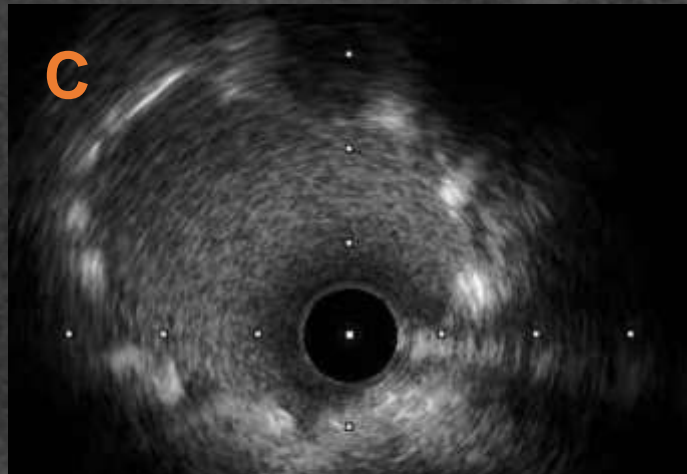
B



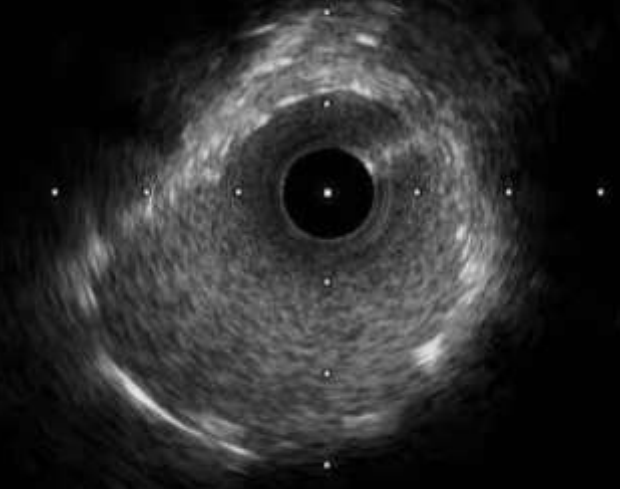
A

B

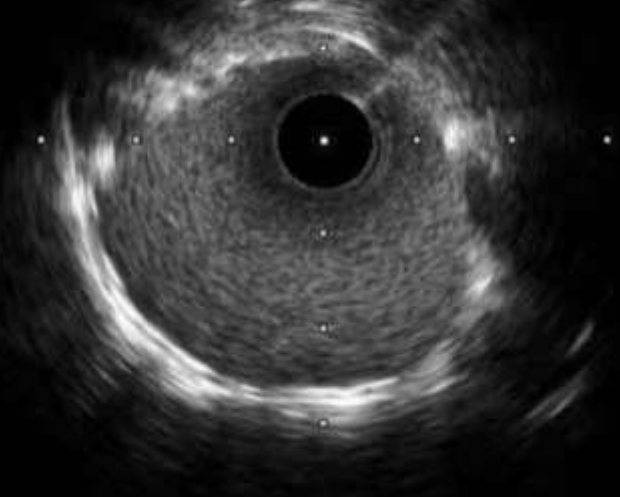
C D E



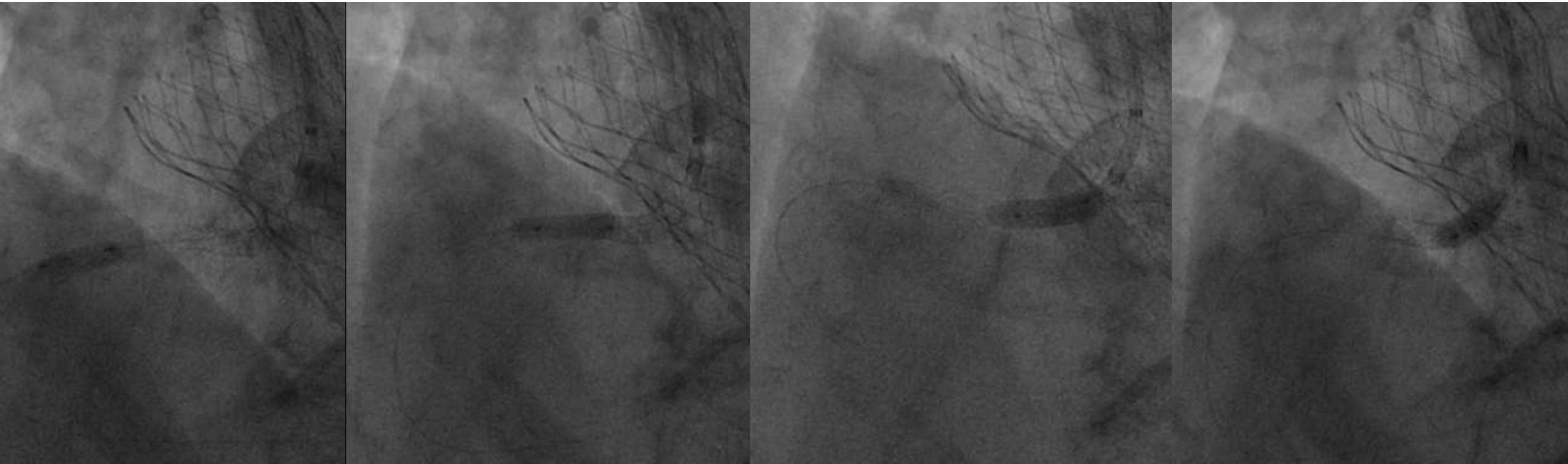
D



E

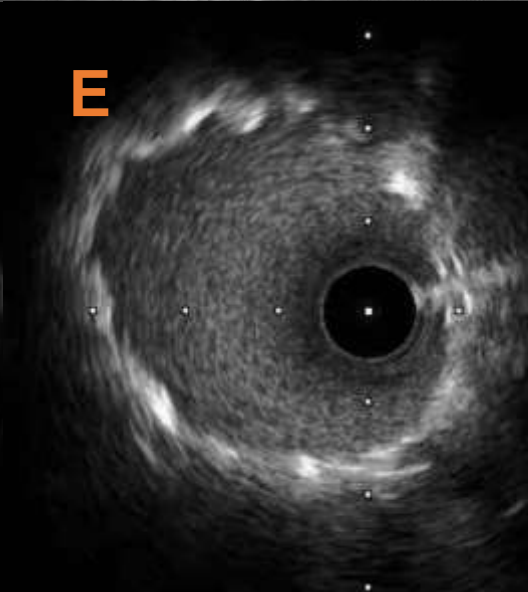
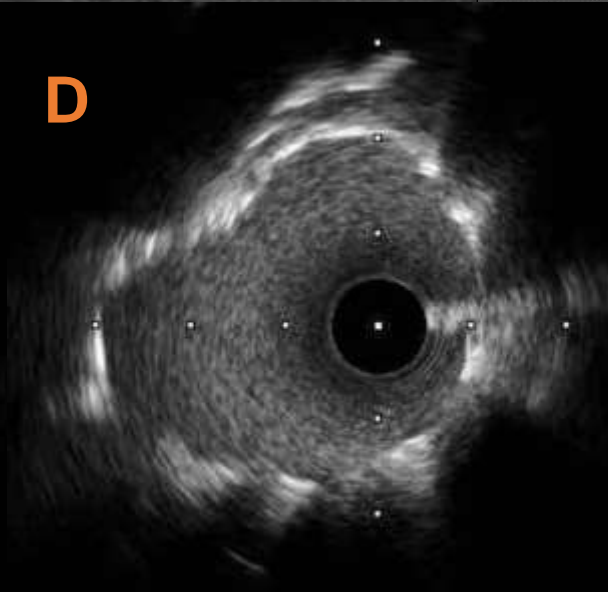
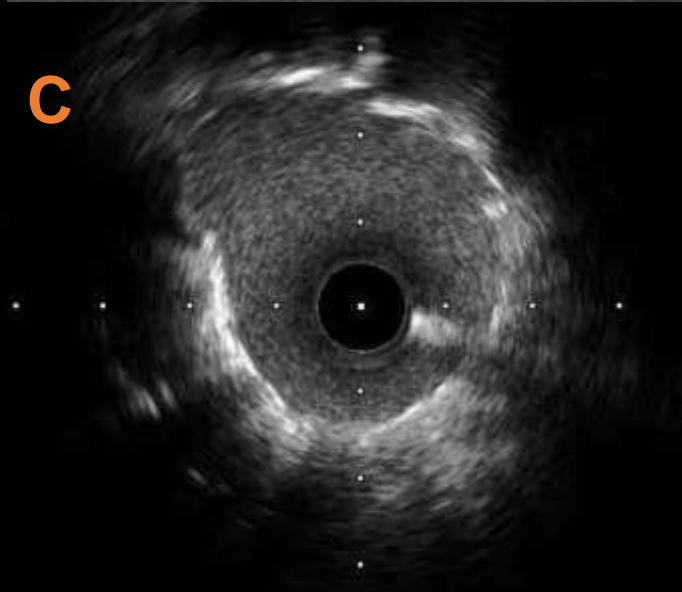
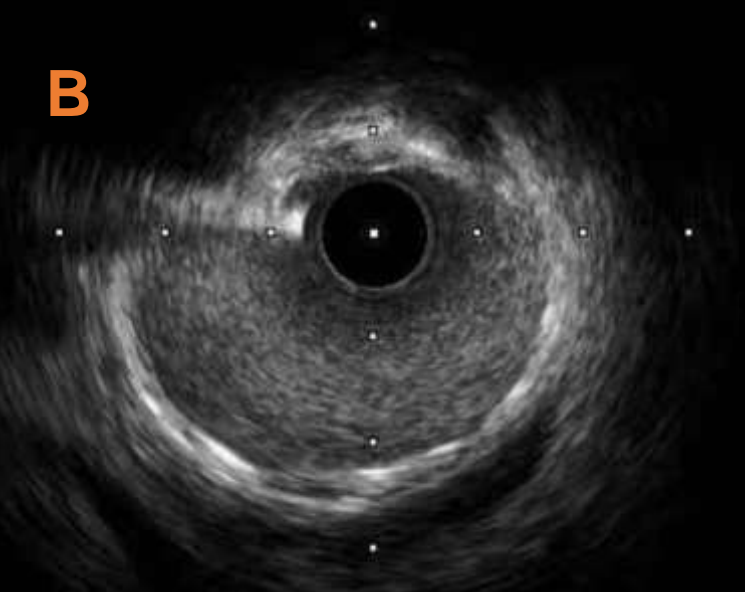
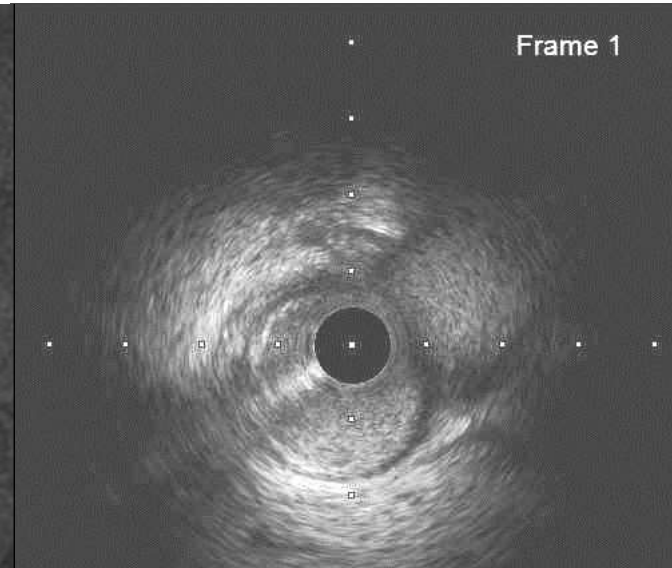
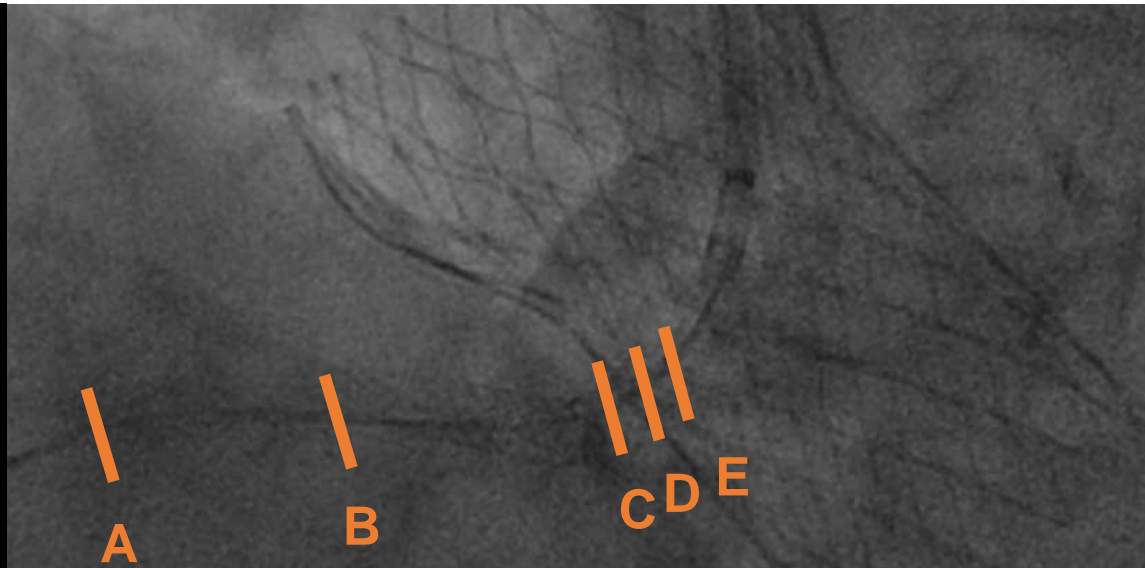
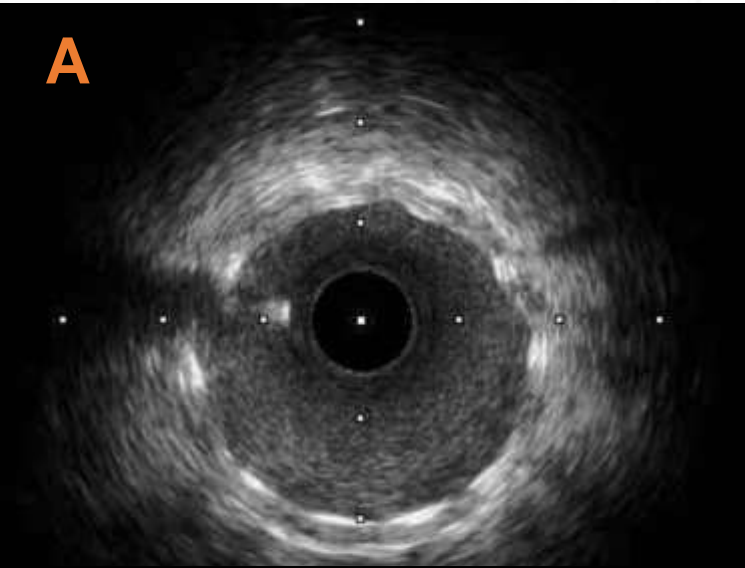


Post-dilatation and POT

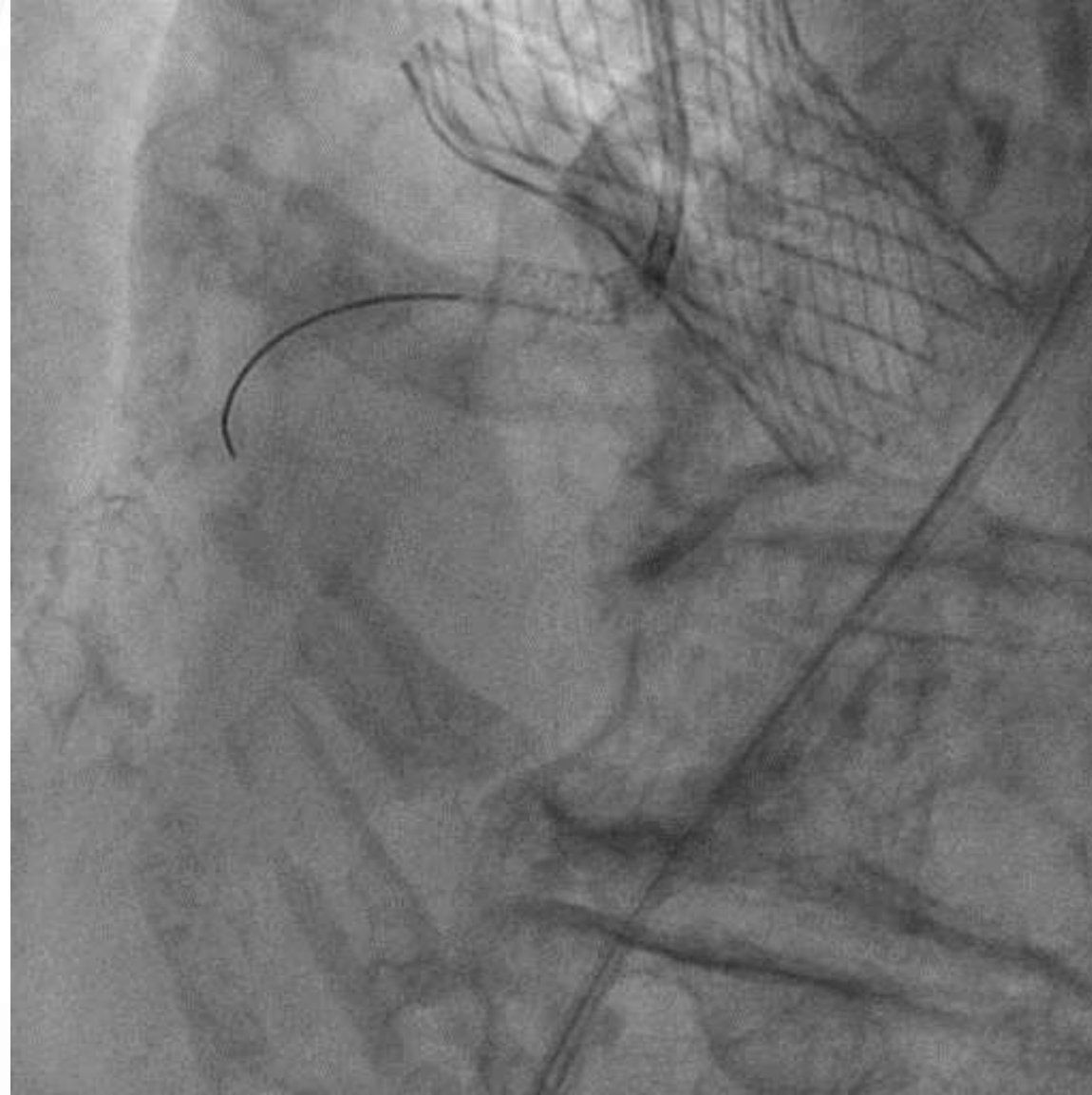


4.0 x 12mm NC balloon

Final IVUS



Final Angiogram



Discussion

In This Case

We preferred

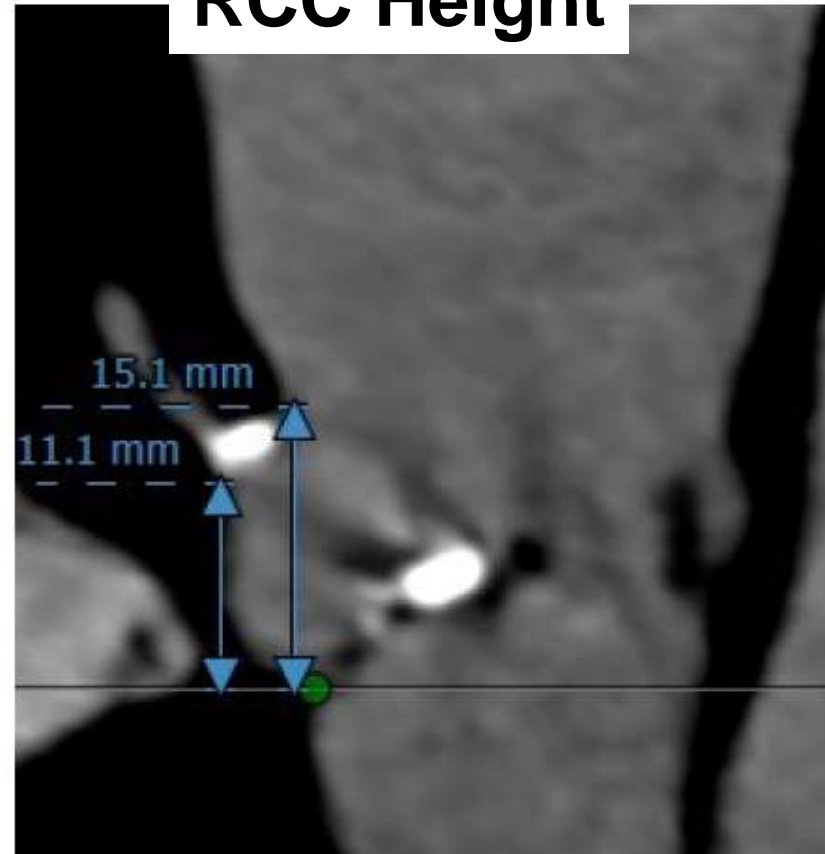
Late Delay Coronary Obstruction

Risk Factor – 1

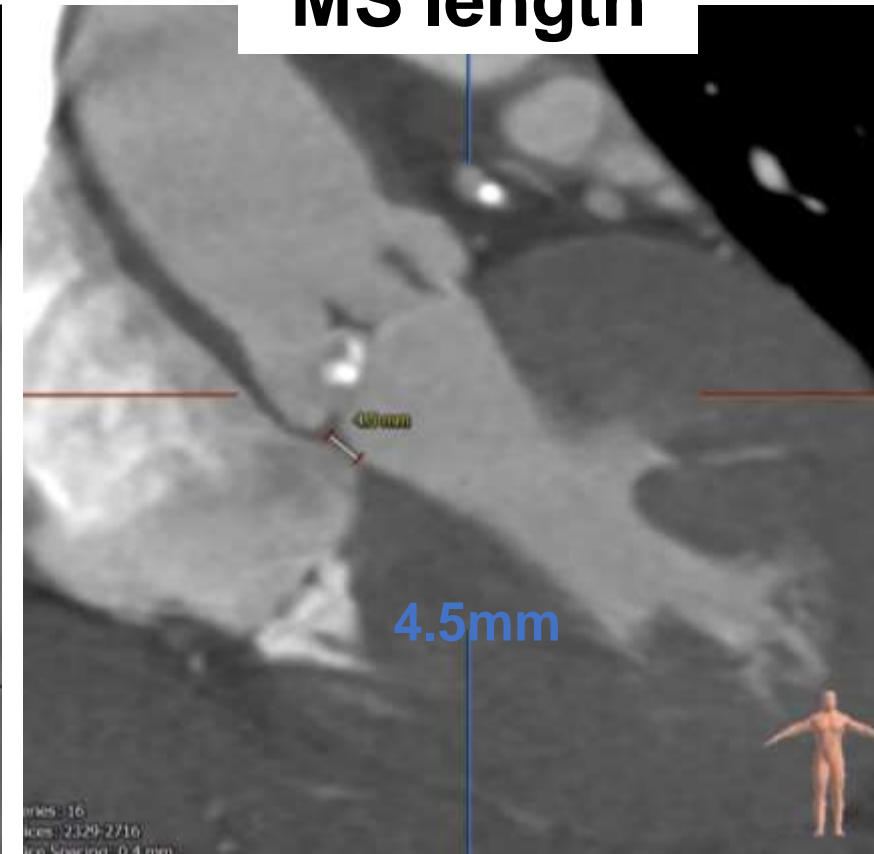
LCC Height



RCC Height

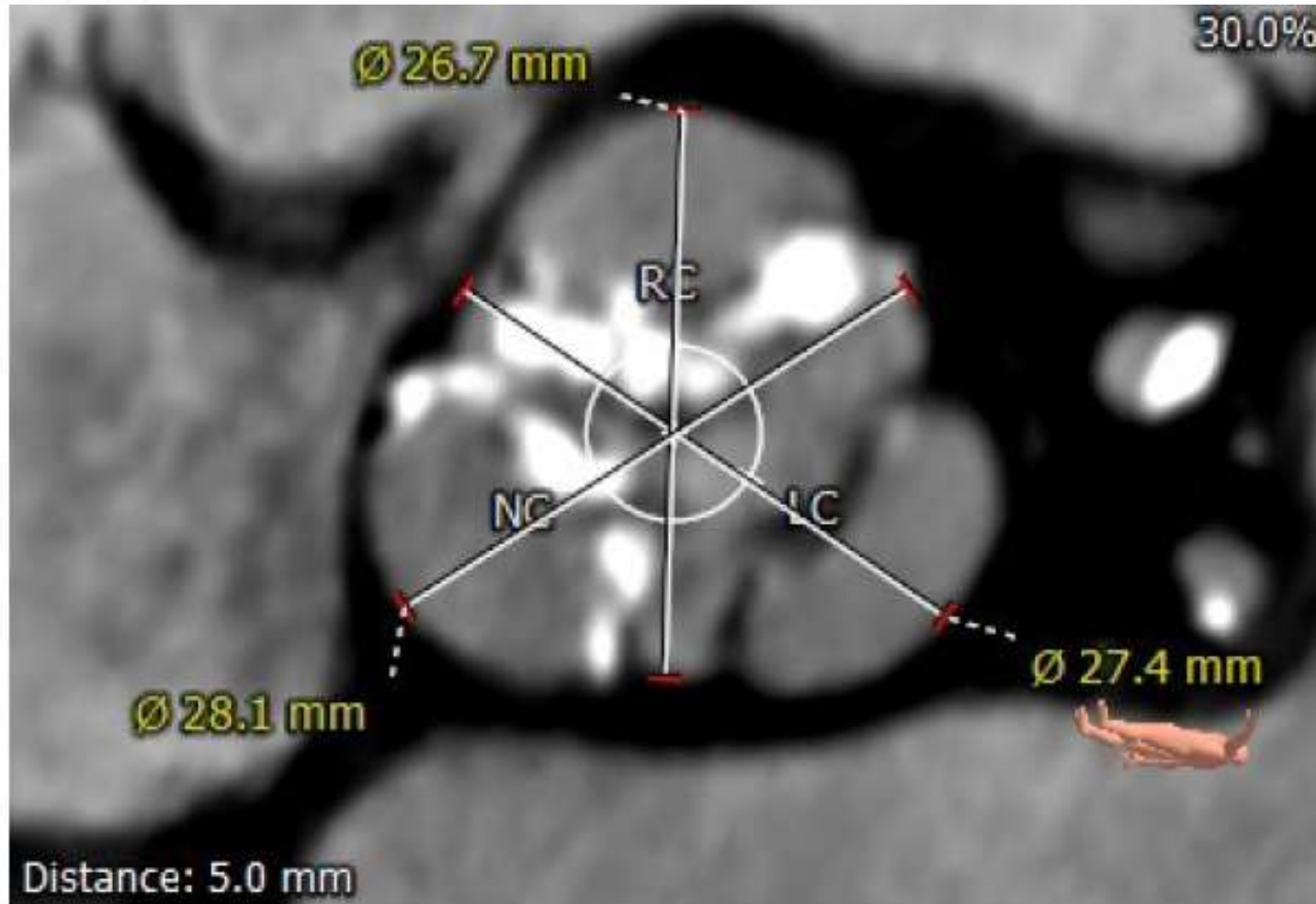


MS length



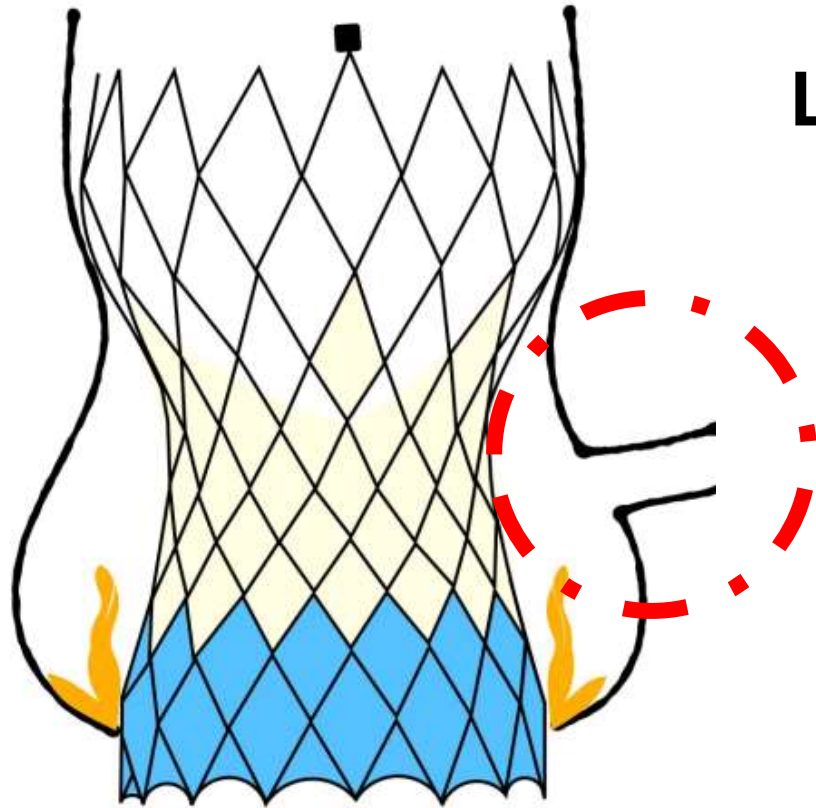
Low Coronary Ostial Height
Heavy Calcification at RCA Ostium

Risk Factors -2



Small Sinus of Valsalva

Late Delay Coronary Obstruction



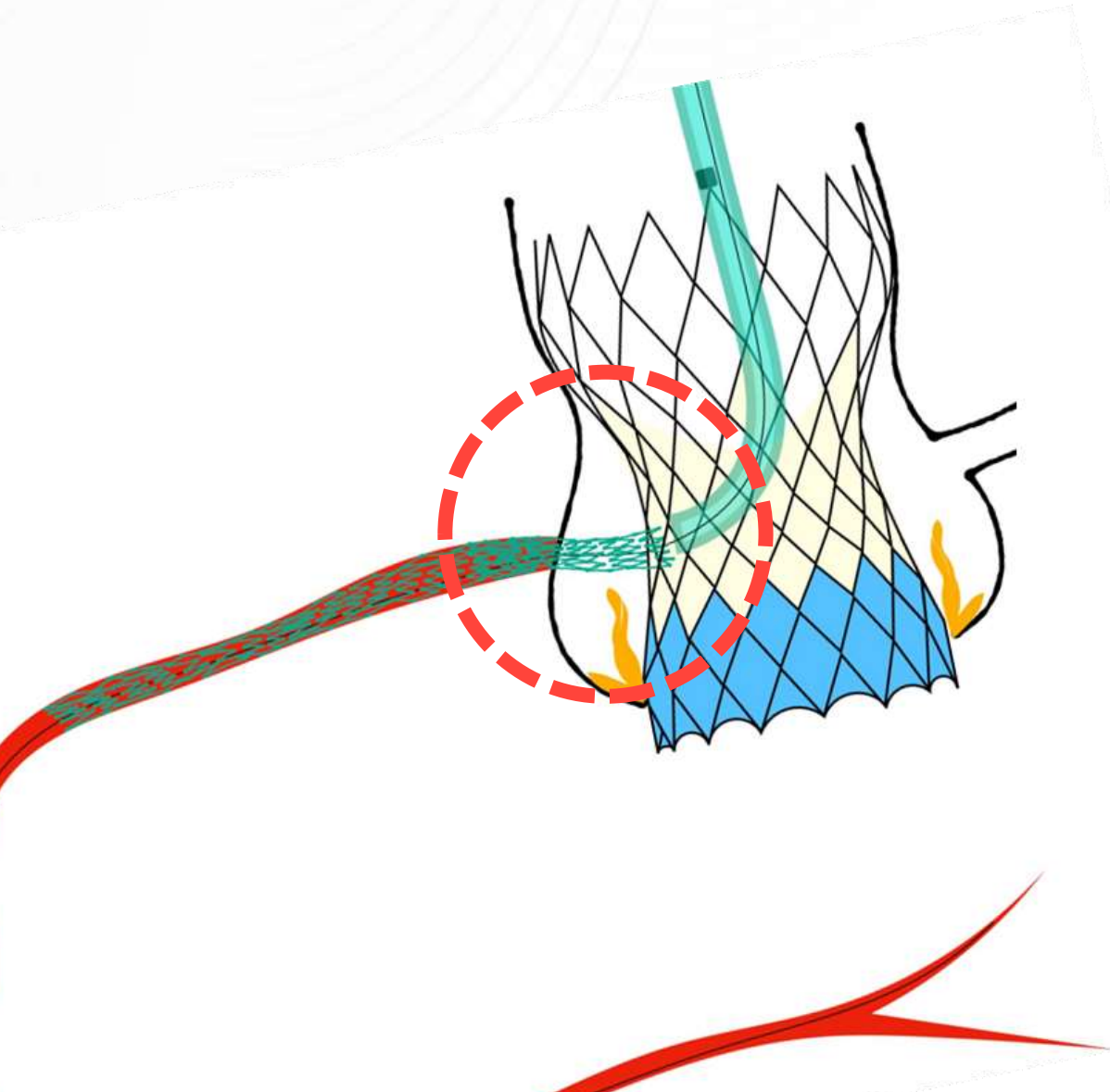
Late (> 7 days) Delay Coronary Obstruction

Fibrosis

Endothelialization

Thrombus

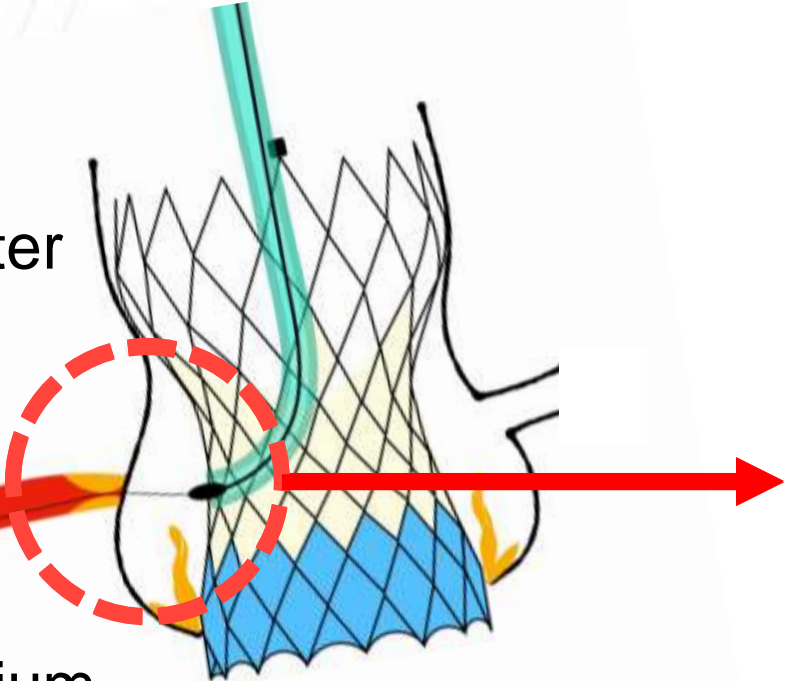
In This Case



1. **Orthotopic Snorkel Stenting**
2. **Two stents overlap at ostium**
3. **More physiologic” TAVR frame – coronary stent configuration**
4. **Facilitate coronary re-cannulation**

Summary

Floating guide catheter
fishing wire
guide extension



RCA ostium
heavy calcification
Low coronary high
Small SOV

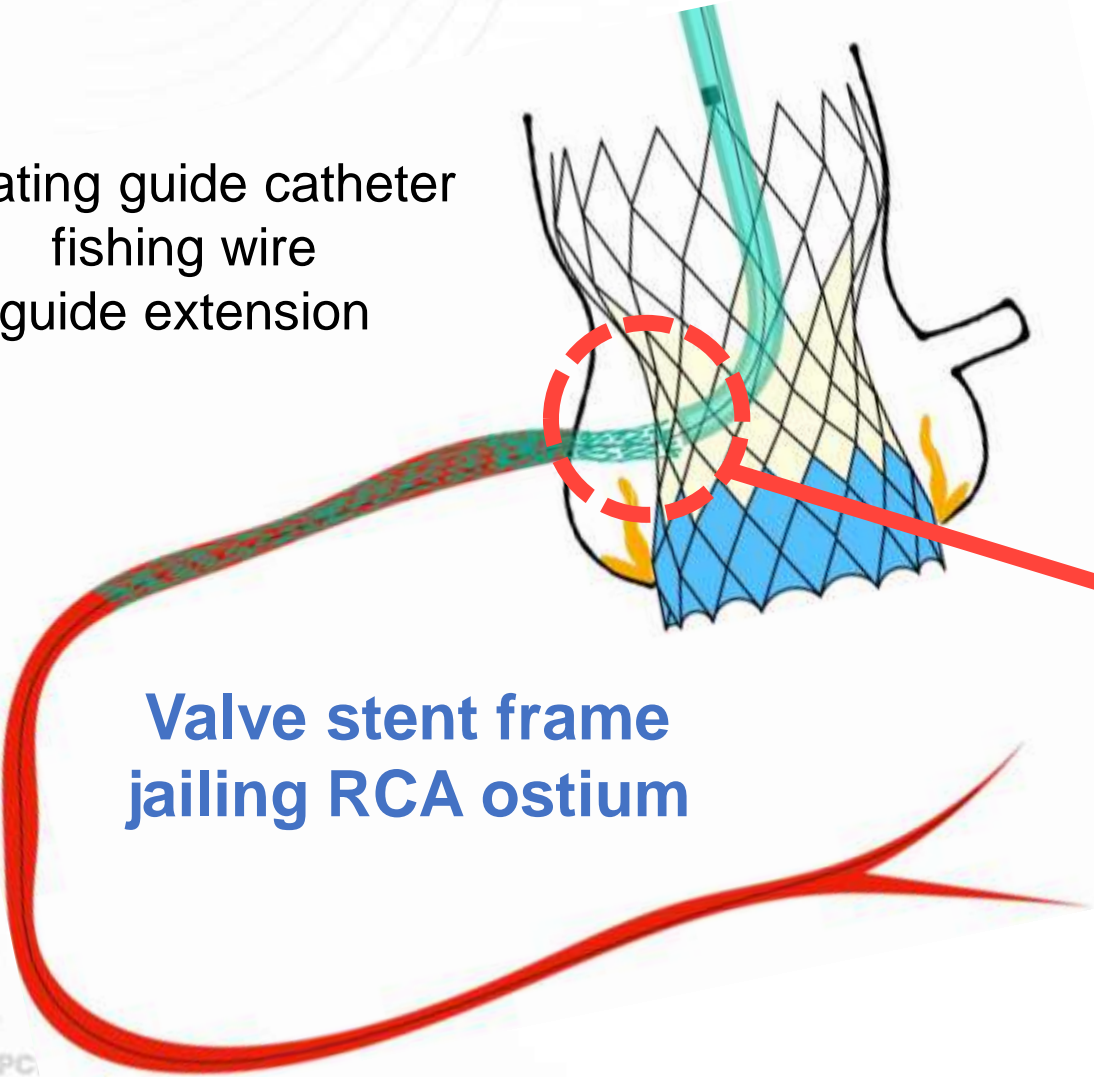
Late Delay Coronary Obstruction

Fibrosis

Endothelialization

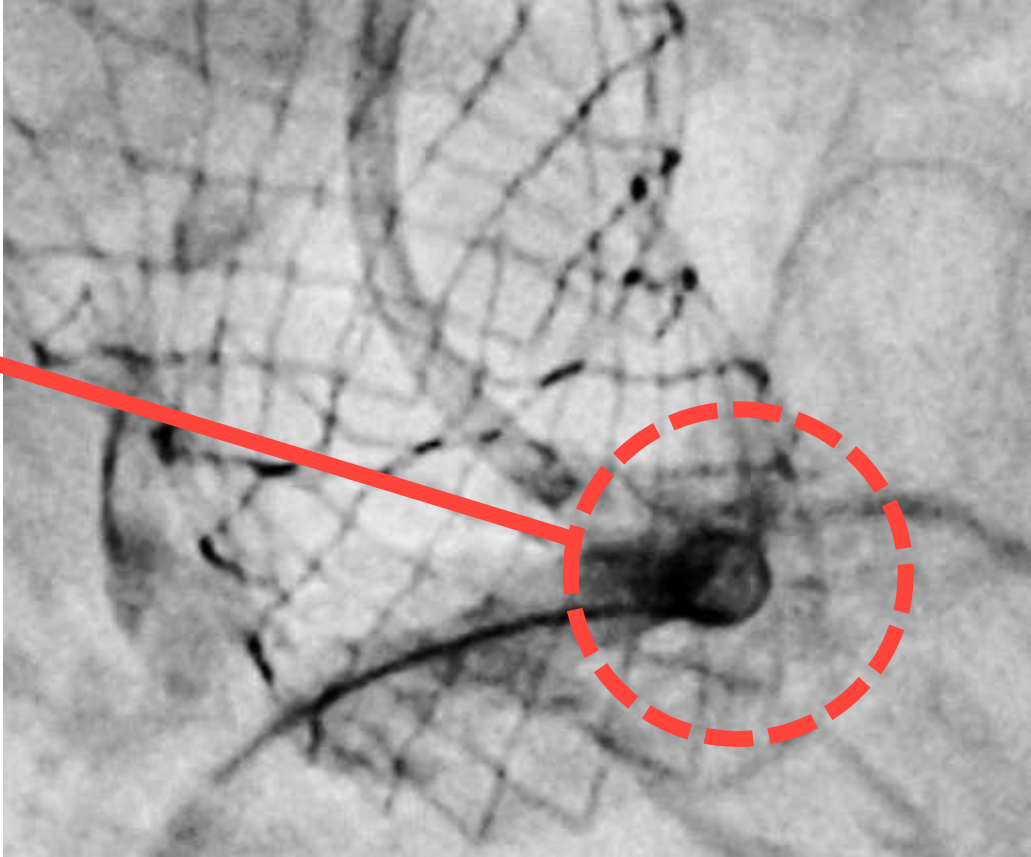
Summary

Floating guide catheter
fishing wire
guide extension



**Valve stent frame
jailing RCA ostium**

Orthotopic Snorkel Stenting

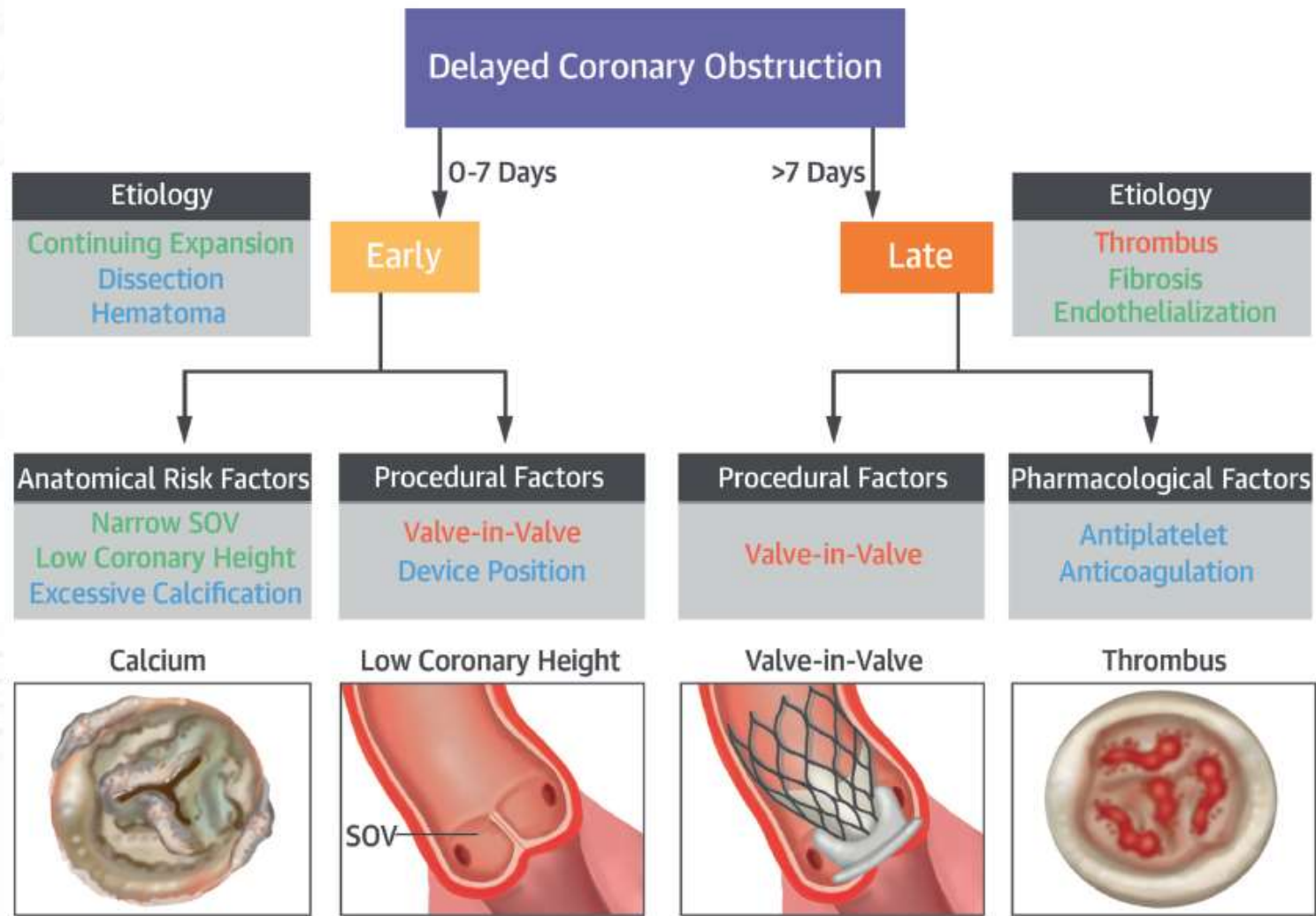


Disclosure

No potential conflicts of interest

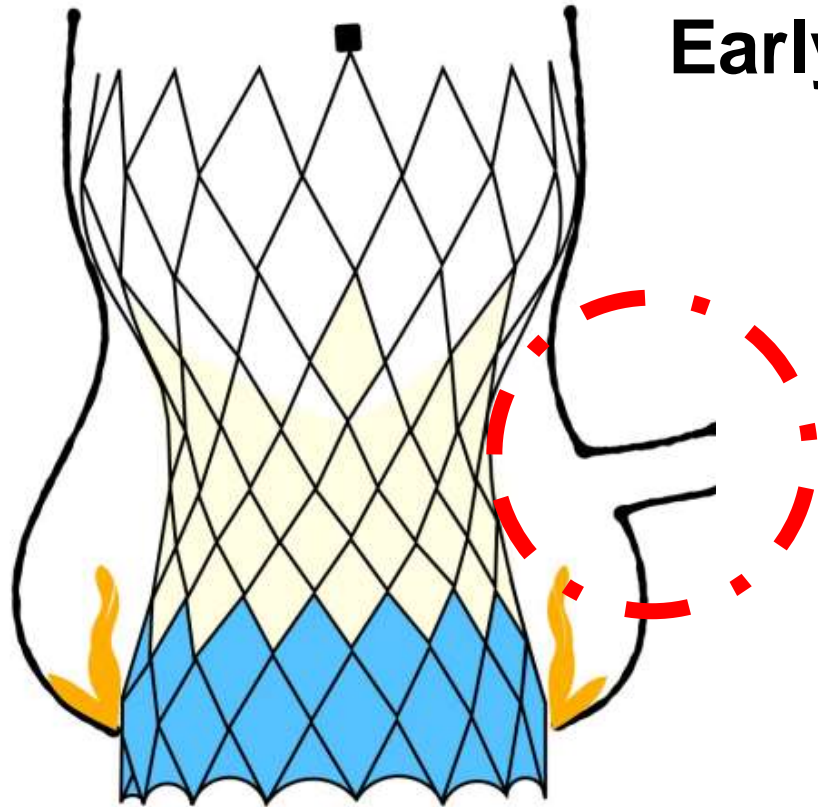
Thank You

Delay Coronary Obstruction



— Definite — Probable — Possible

Early Delay Coronary Obstruction



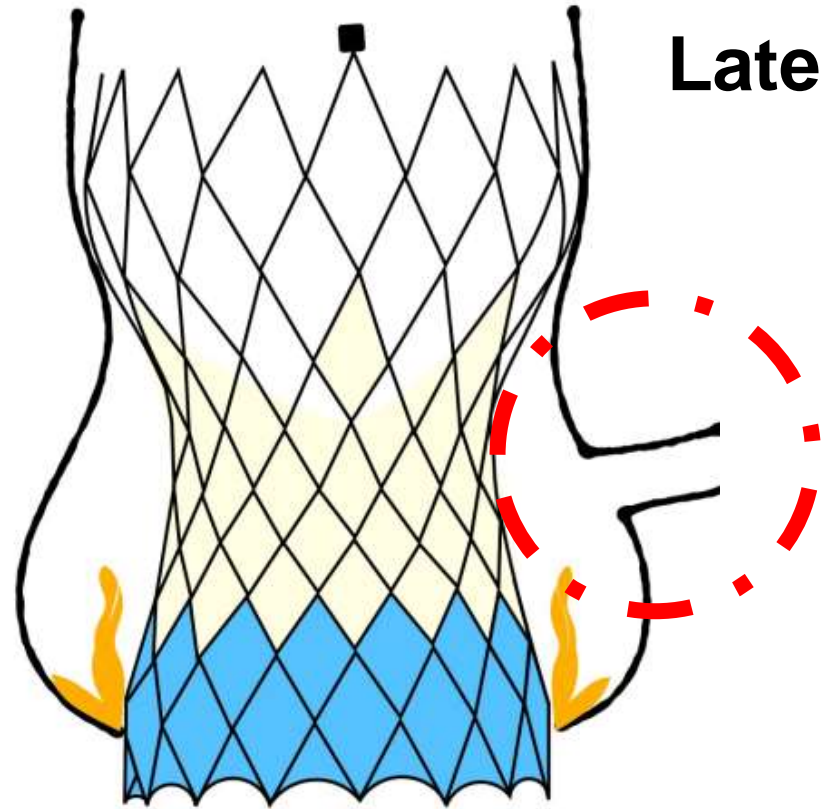
Early (0 - 7 days) Delay Coronary Obstruction

Continuing Expansion

Dissection

Hematoma

Late Delay Coronary Obstruction



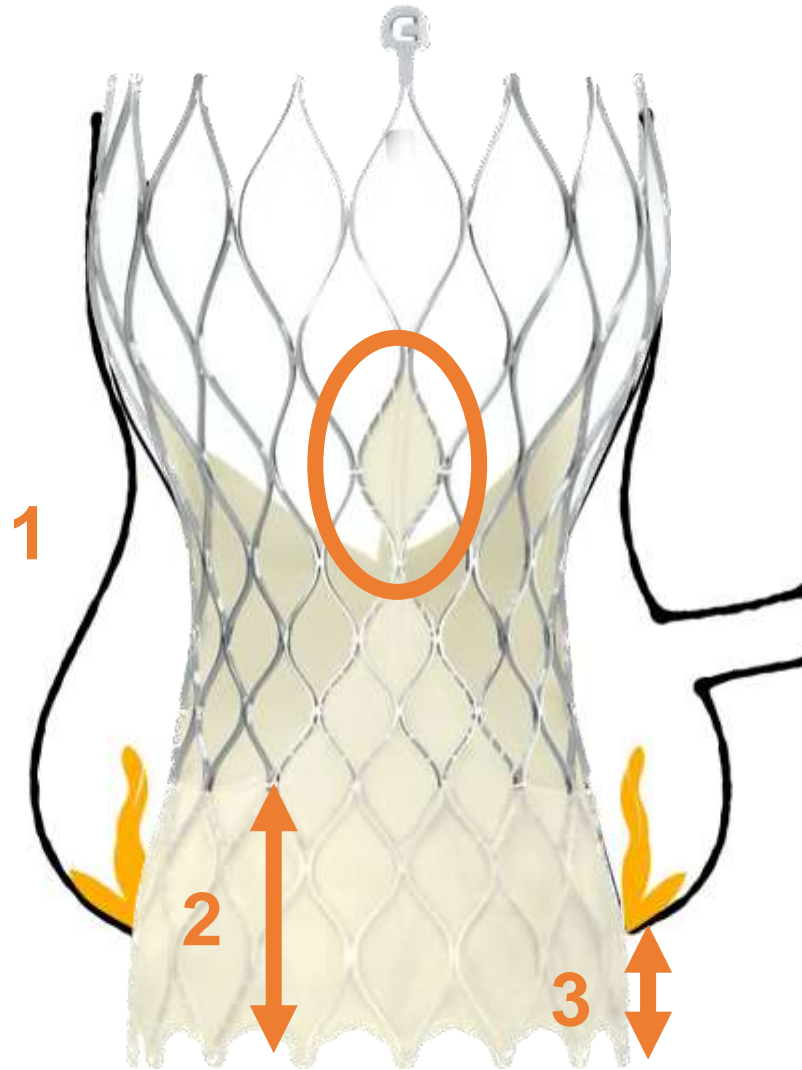
Late (> 7 days) Delay Coronary Obstruction

Fibrosis

Endothelialization

Thrombus

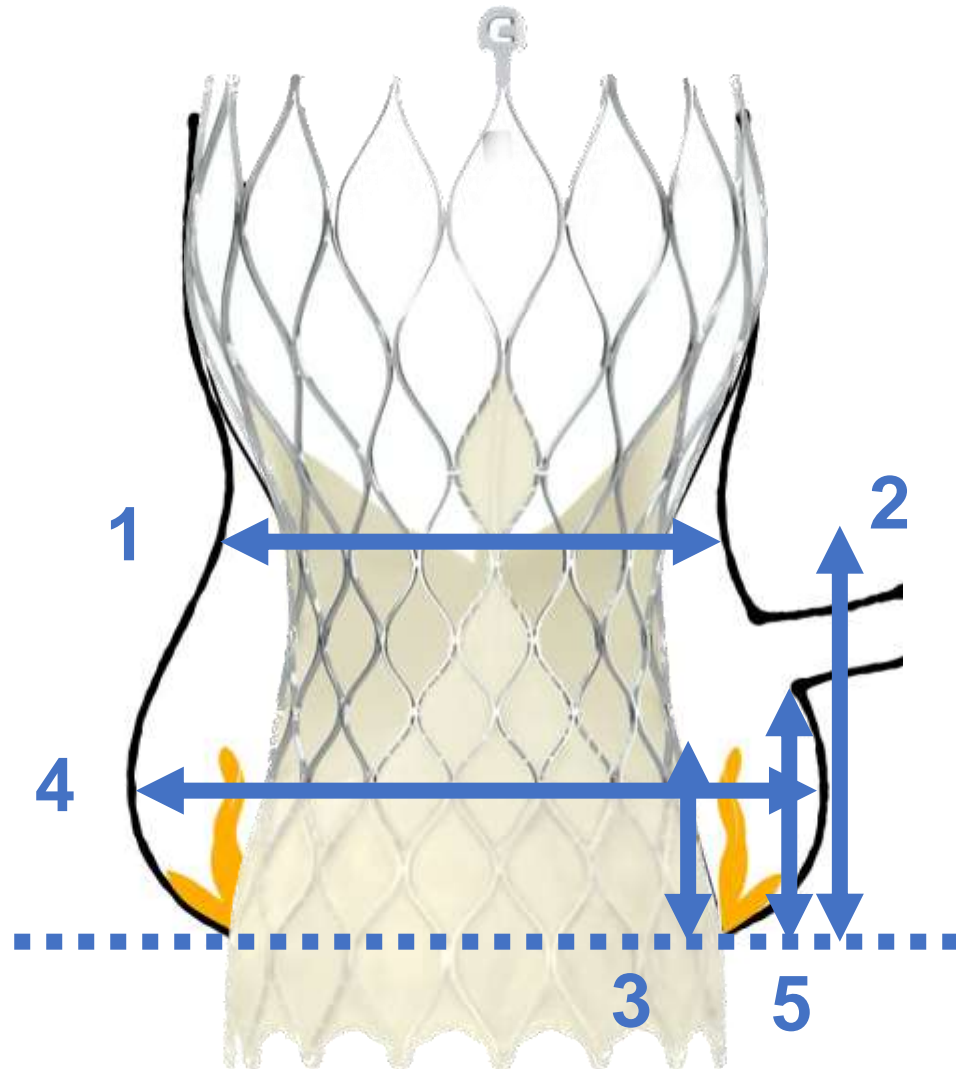
Device Factors



Early Delay Coronary Obstruction

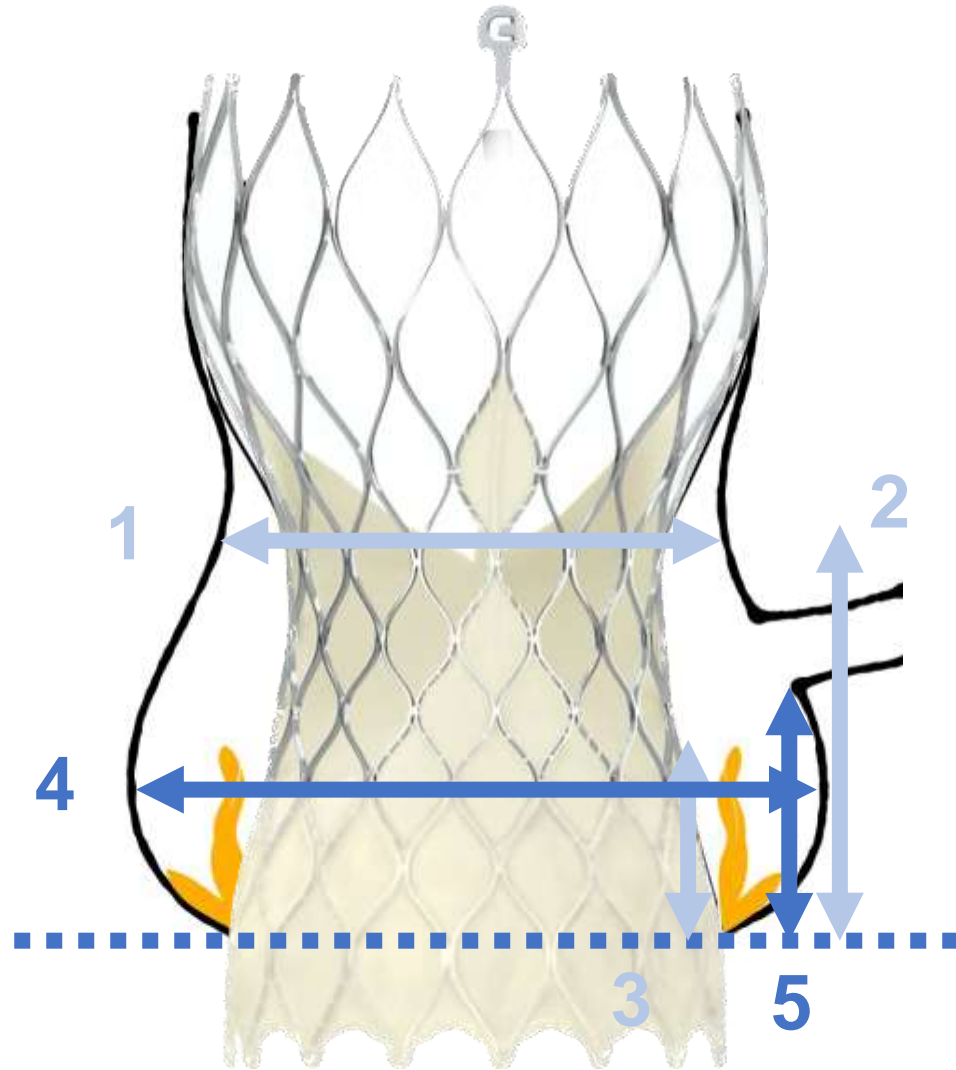
1. Commissural tab orientation
2. Sealing skirt height
3. Valve implant depth

Anatomical Factors



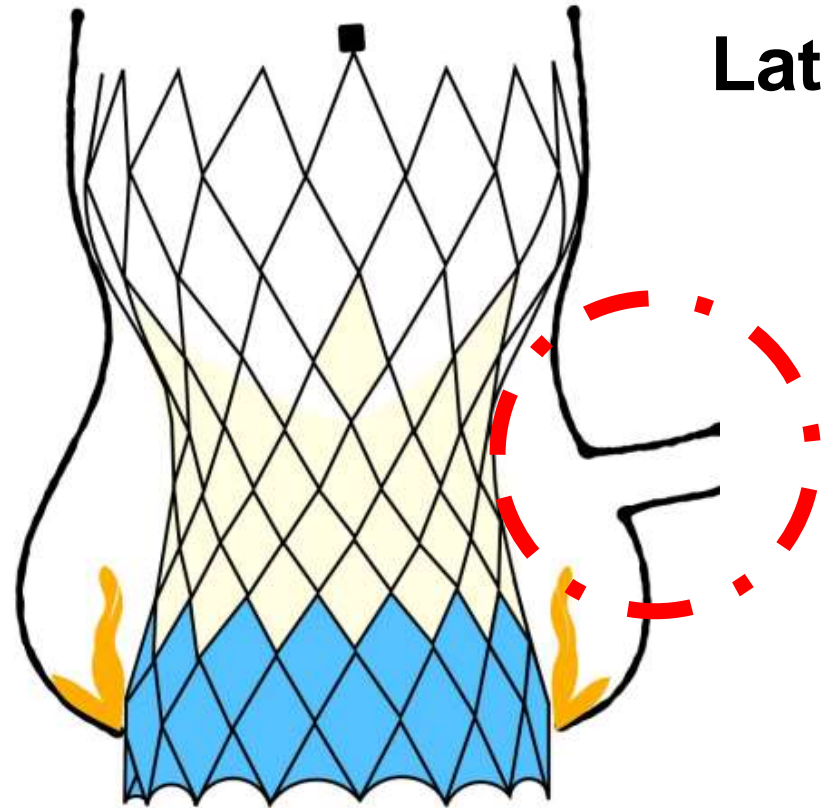
1. Sinotubular junction dimensions
2. Sinus height
3. Leaflet length and bulkiness
4. Sinus of Valsalva width
5. Coronary height

Anatomical Factors



1. Sinotubular junction dimensions
2. Sinus height
3. Leaflet length and bulkiness
4. Sinus of Valsalva width **< 28mm**
5. Coronary height **< 10mm**

Late Delay Coronary Obstruction



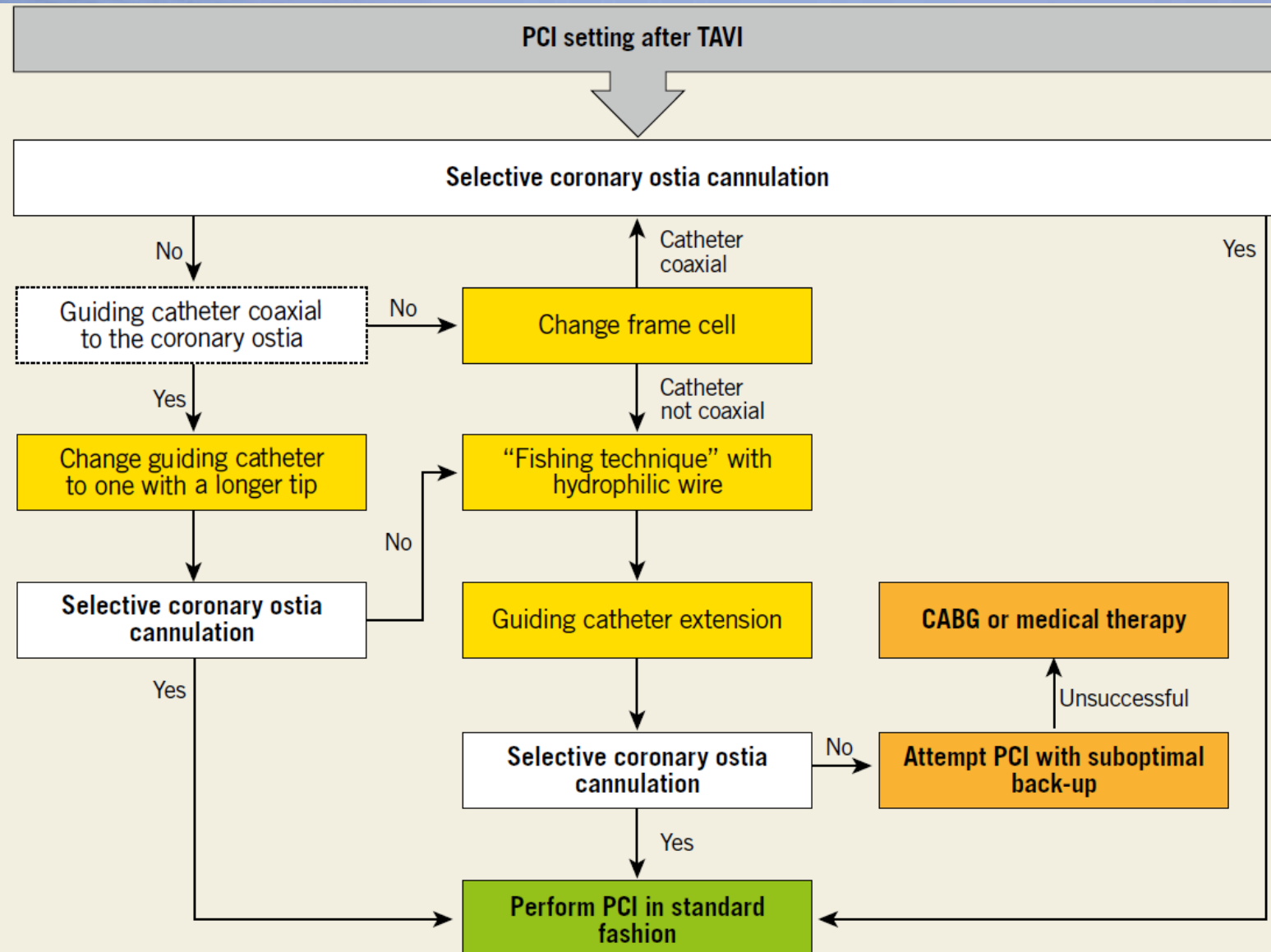
Late (> 7 days) Delay Coronary Obstruction

Fibrosis

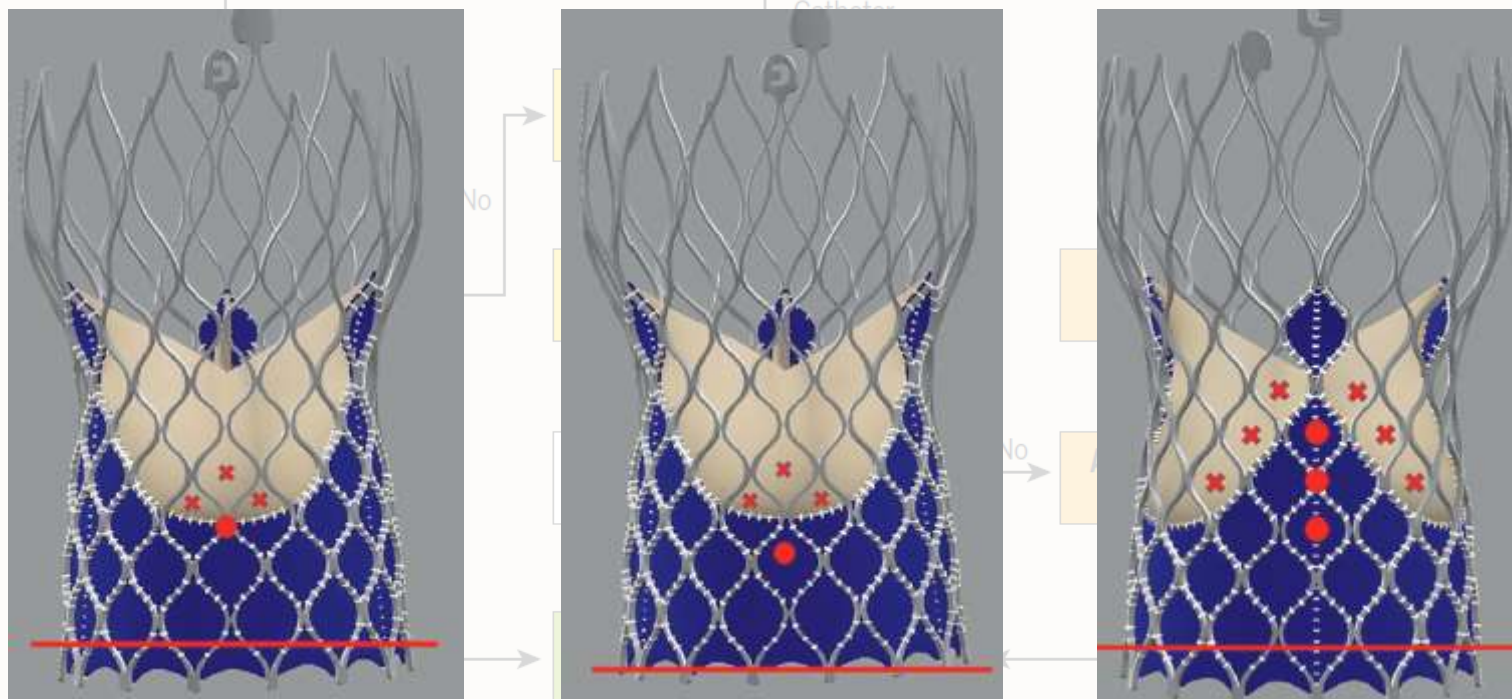
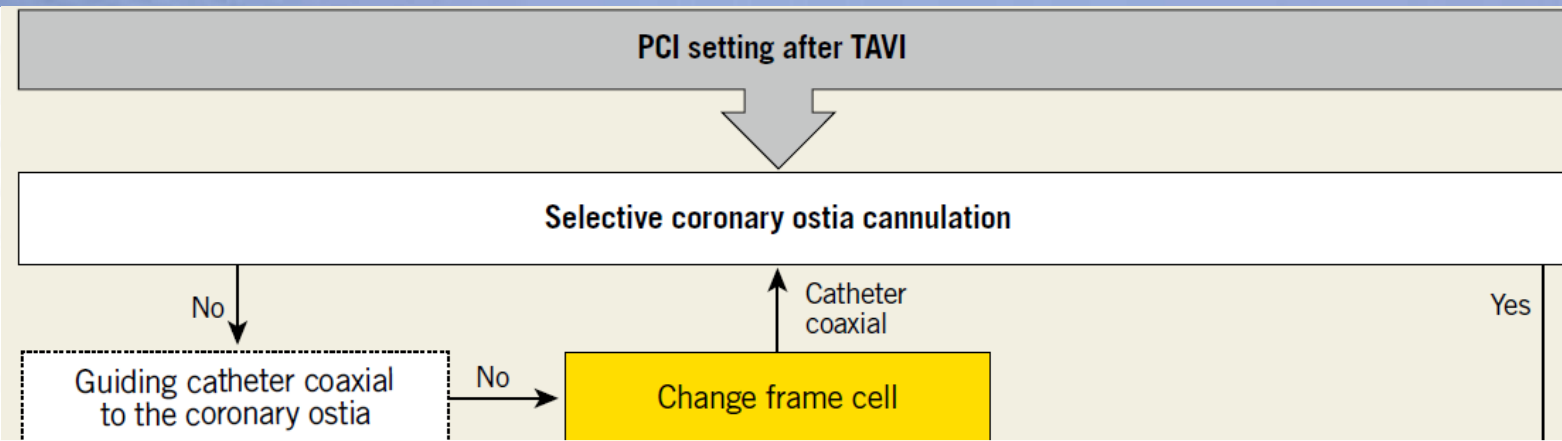
Endothelialization

~~Thrombus~~

PCI After TAVR



PCI After TAVR – Selective Cannulation



PCI After TAVR – Selective Cannulation

Select Frame Cell

LM

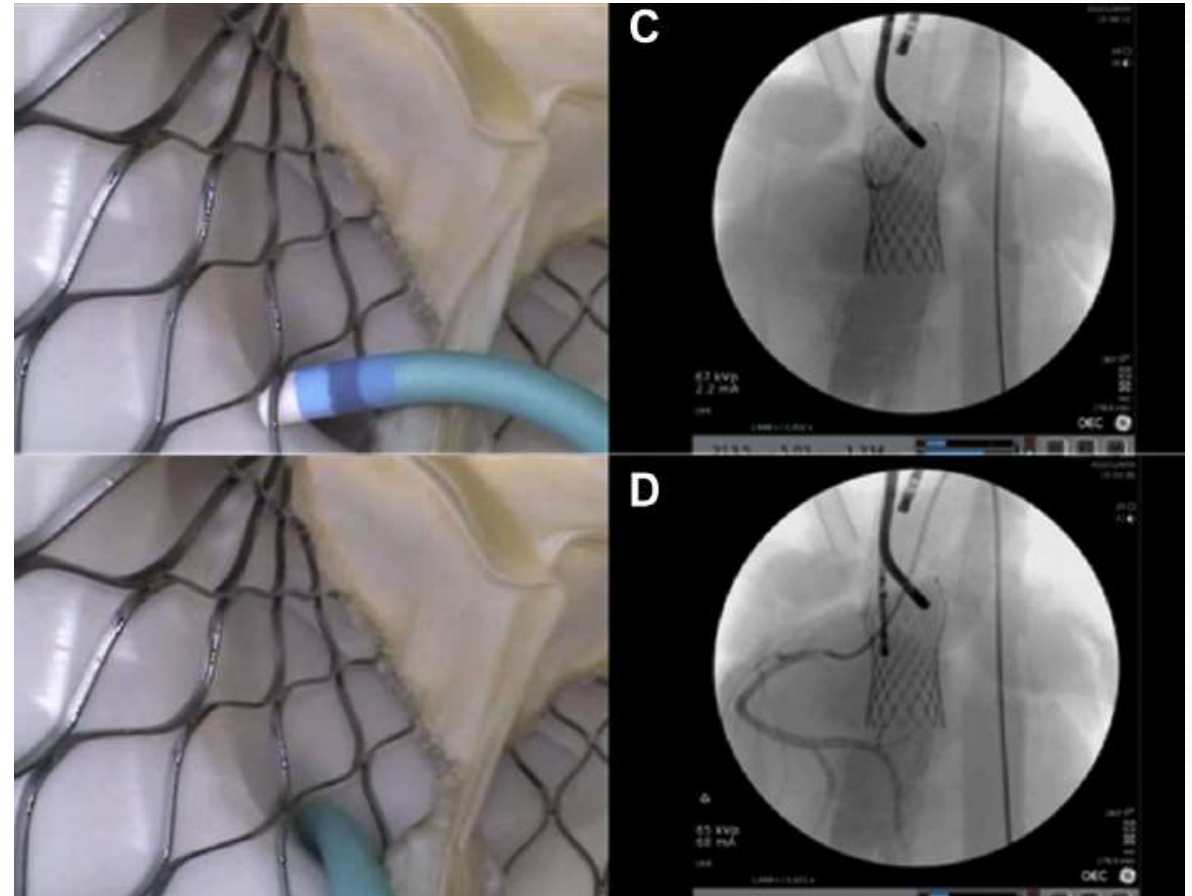
JL 3.5 JL 3.0

JR 4 MP

RCA

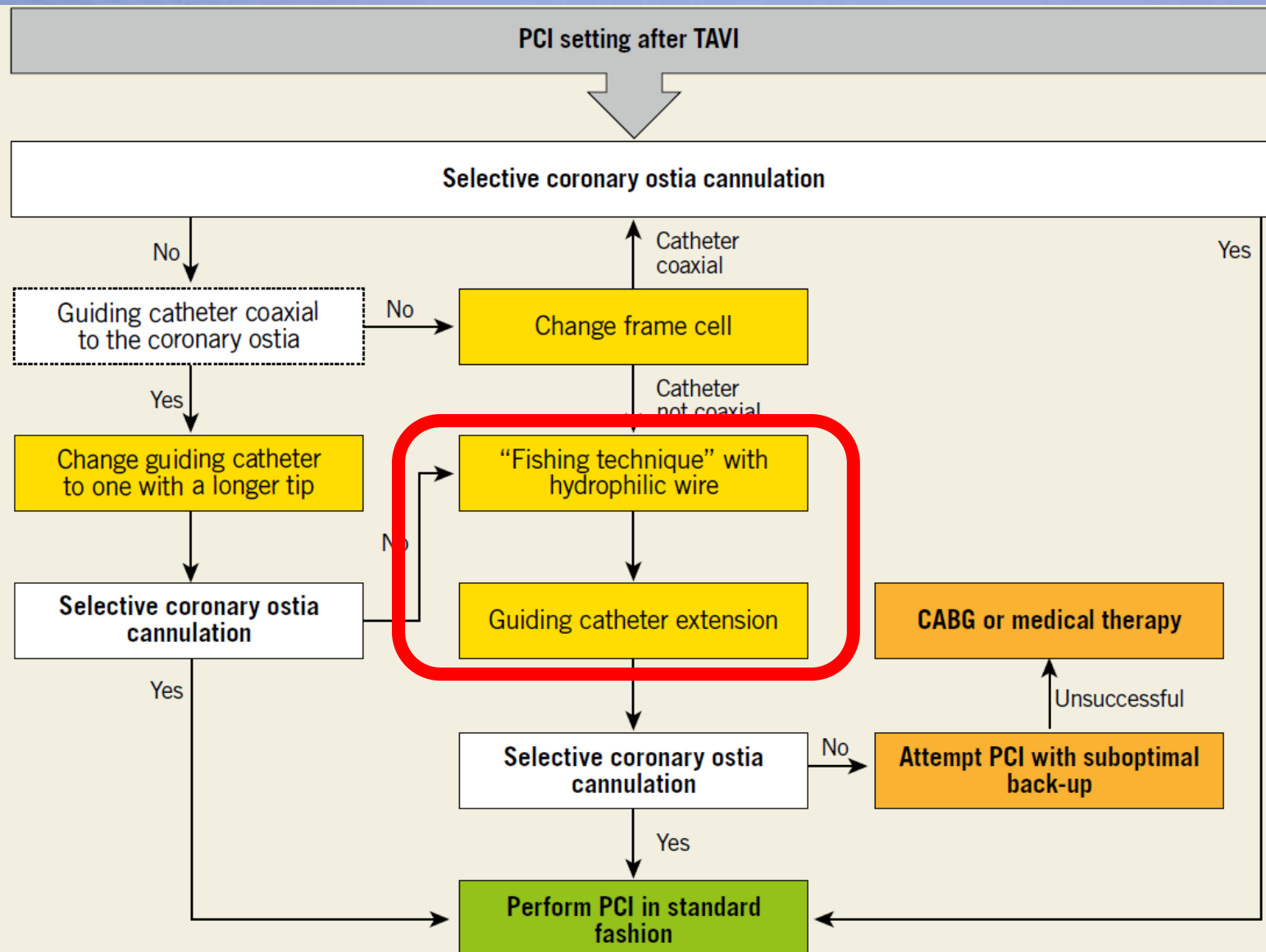
JR 4 JR 4.5

AR 2 (wide sinuses)



PCI After TAVR

Fishing Technique & Guide Catheter Extension



PCI After TAVR – Selective Cannulation

Select Frame Cell

LM

JL 3.5 JL 3.0 JR 4
Multipurpose (MP)

RCA

JR 4 JR 4.5
AR 2 (wide sinuses)

Fishing Technique

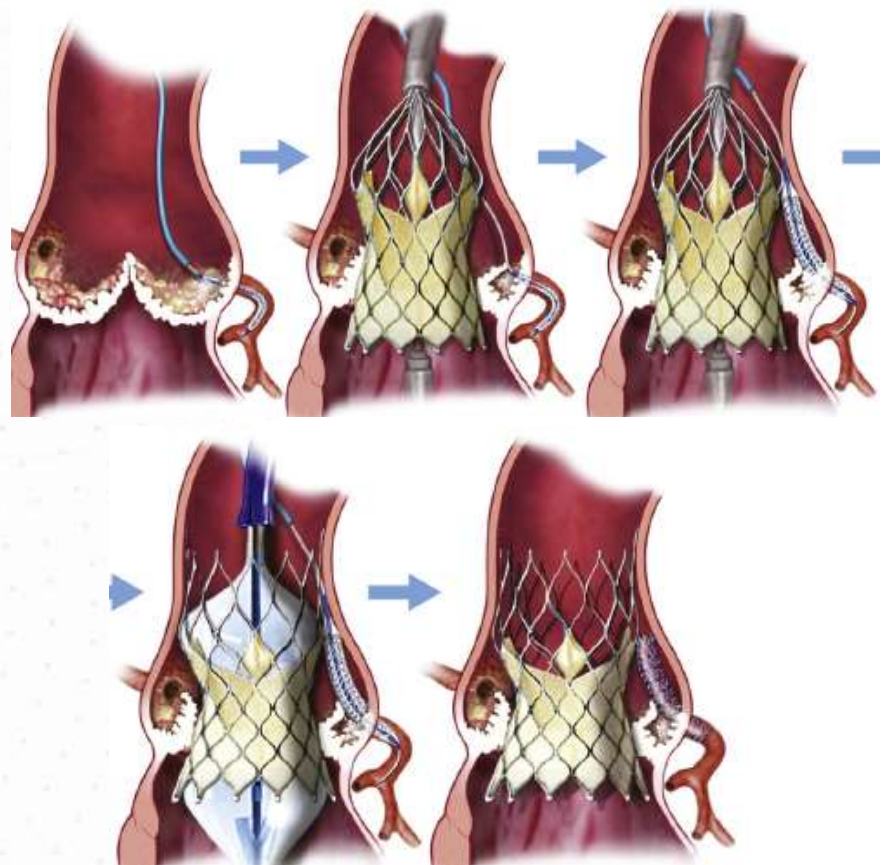
Hydrophilic wire

Guide Catheter Extension

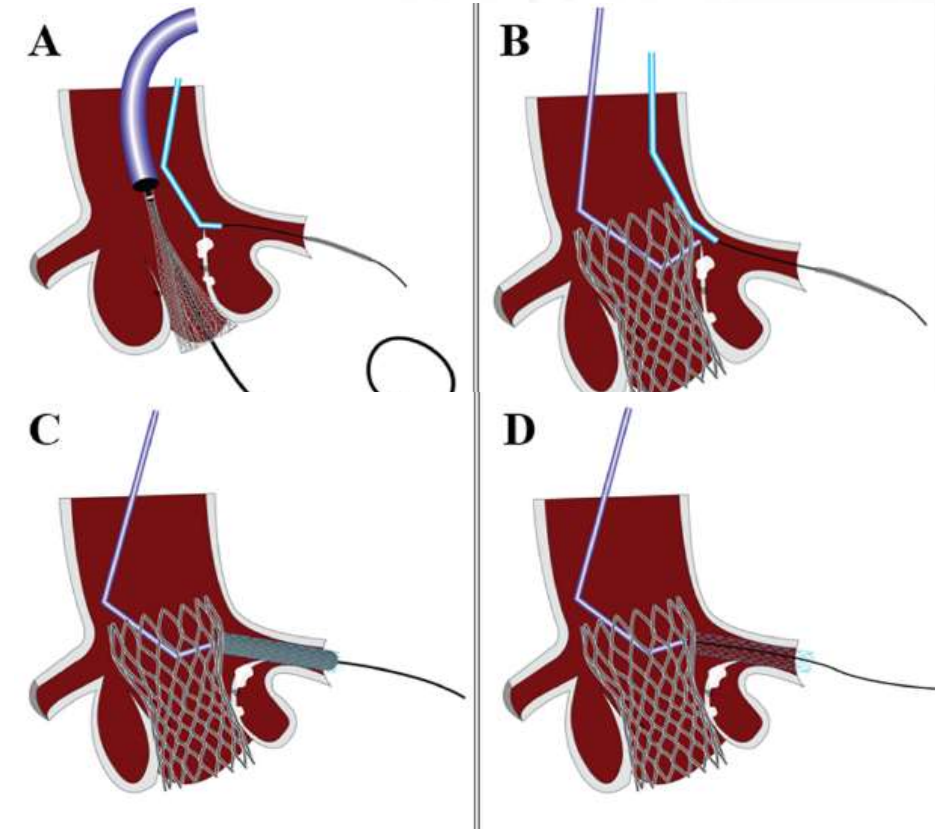
Prevent Coronary Artery Obstruction

Snorkel Technique & Orthotopic Snorkel Technique

Snorkel Technique

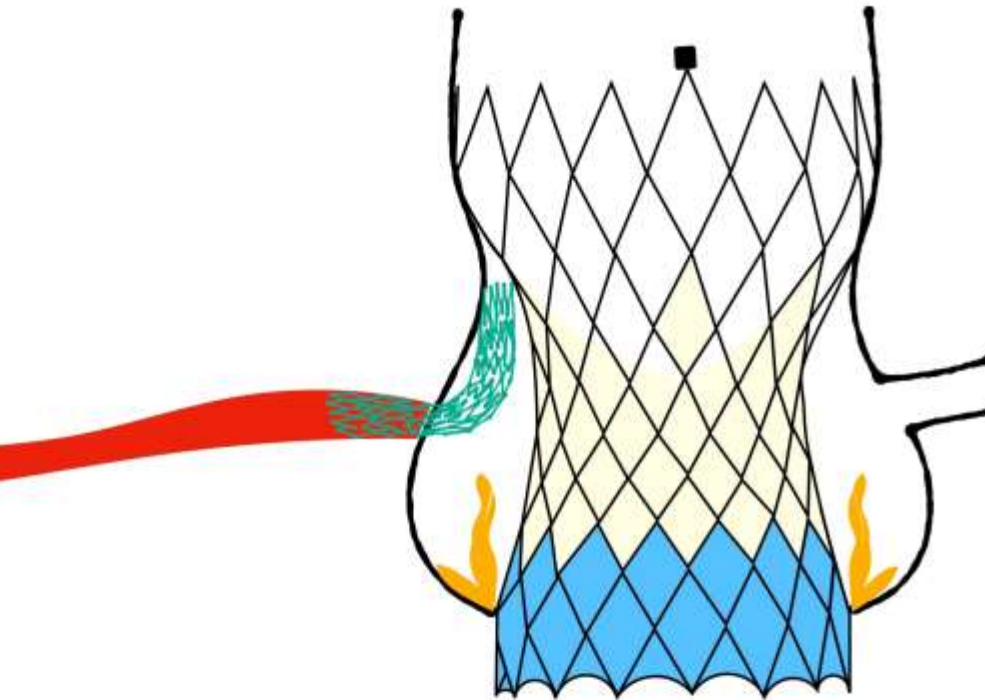


Orthotopic Snorkel Technique

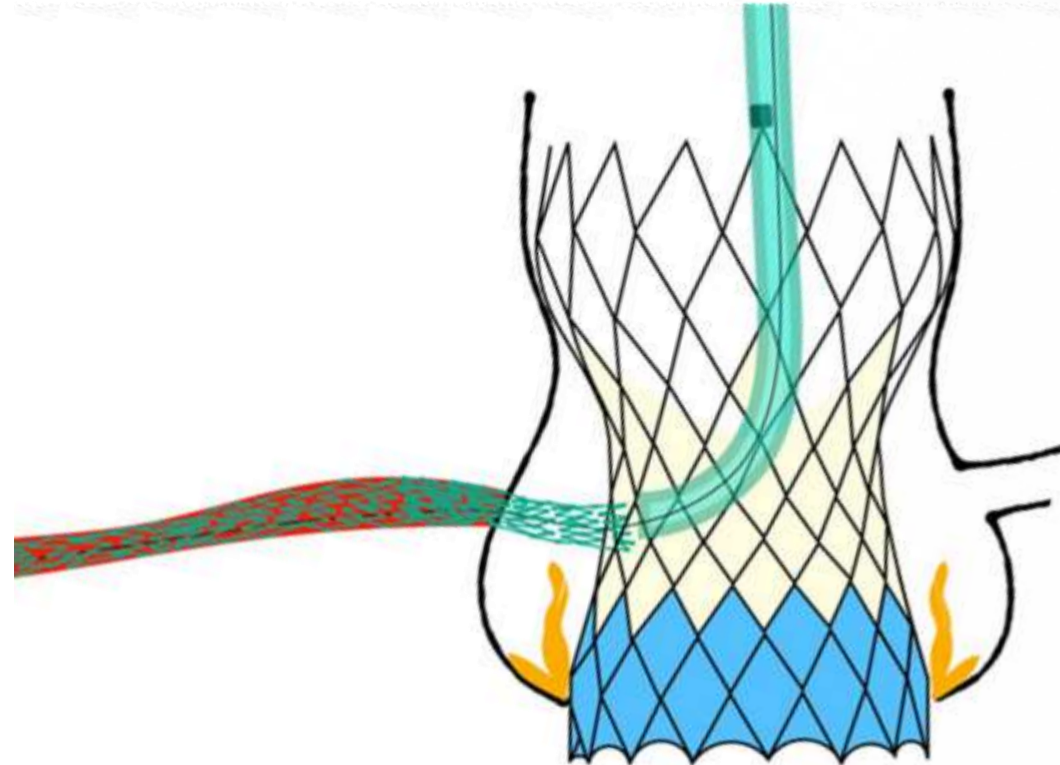


Prevent Coronary Artery Obstruction Snorkel Technique & Orthotopic Snorkel Technique

Snorkel Technique



Orthotopic Snorkel Technique



Chimney/Snorkel Technique

60 /12800 Patients

42 ViV

73.5% coronary height < 10mm

58.4% SoV < 30mm

Anatomical risk factors **93%**

CAO if No Coronary protect **3x**

Late stent thrombosis at 1 year **3.5%**