

# Valve-in-valve Treatment for Degenerating Mosaic Valve

Gerald Yong MBBS (Hons) FRACP FSCAI

Interventional Cardiologist

Royal Perth Hospital

Western Australia

Meeting Name

## 82yo Male

- **Severe aortic bioprosthetic valve regurgitation**
  - NYHA 3 Symptoms
  - Normal LV function – EF 58%
  - Normal LV size – LVEDD 49mm, LVESD 36mm
  
- **Co-morbidities**
  - AVR with 27mm Mosaic valve 1999
  - CAD – CABG 1999
  - COPD
  - Cerebrovascular disease – Previous stroke; Mild residual leg weakness
  
- **Logistic Euroscore 42.7%**

PHILIPS

TIS0.7 MI 0.4

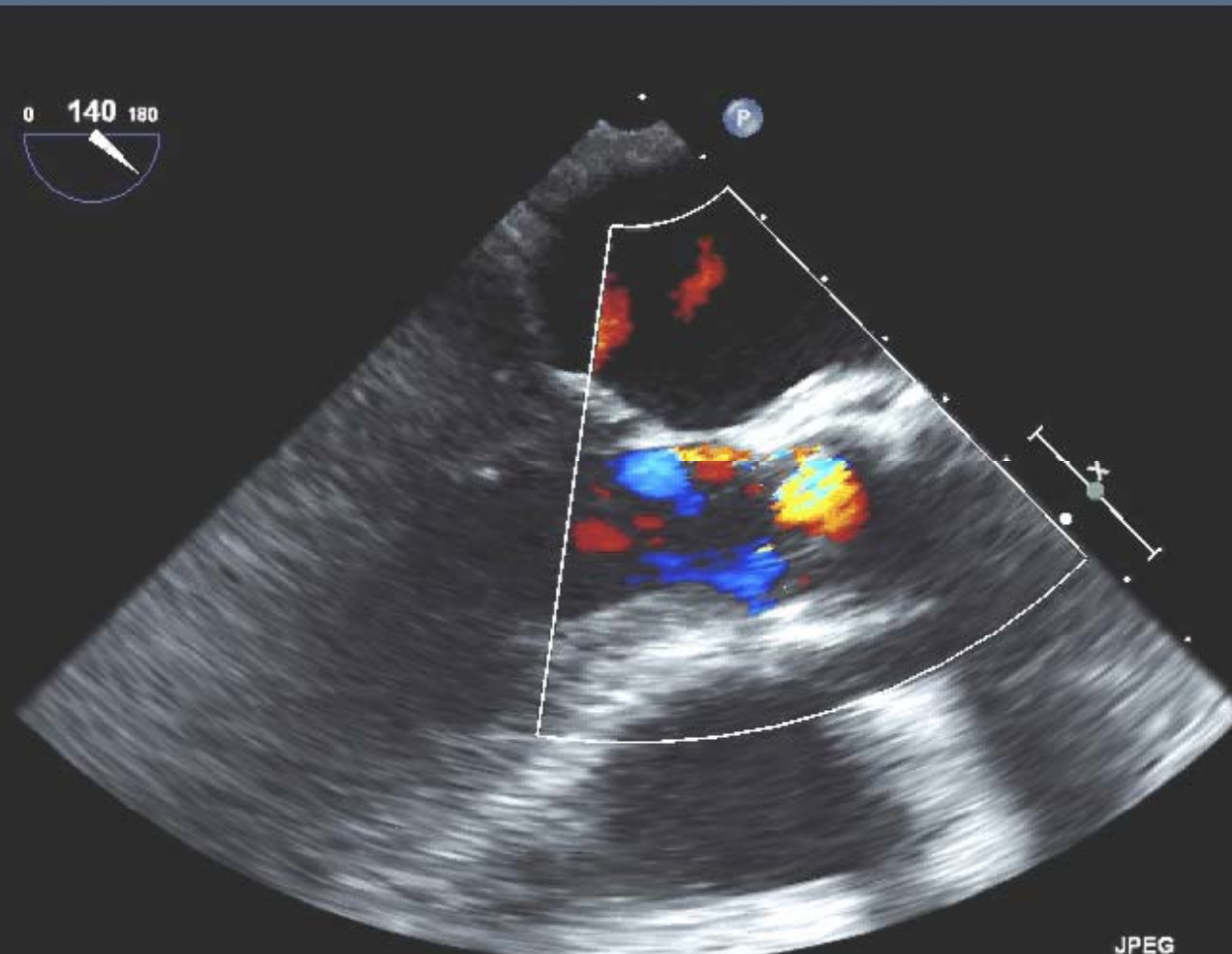
X7-2t/TOE

FR 16Hz  
10cm

2D  
69%  
C 50  
P Off  
Gen



CF  
59%  
4.4MHz  
WF High  
Med

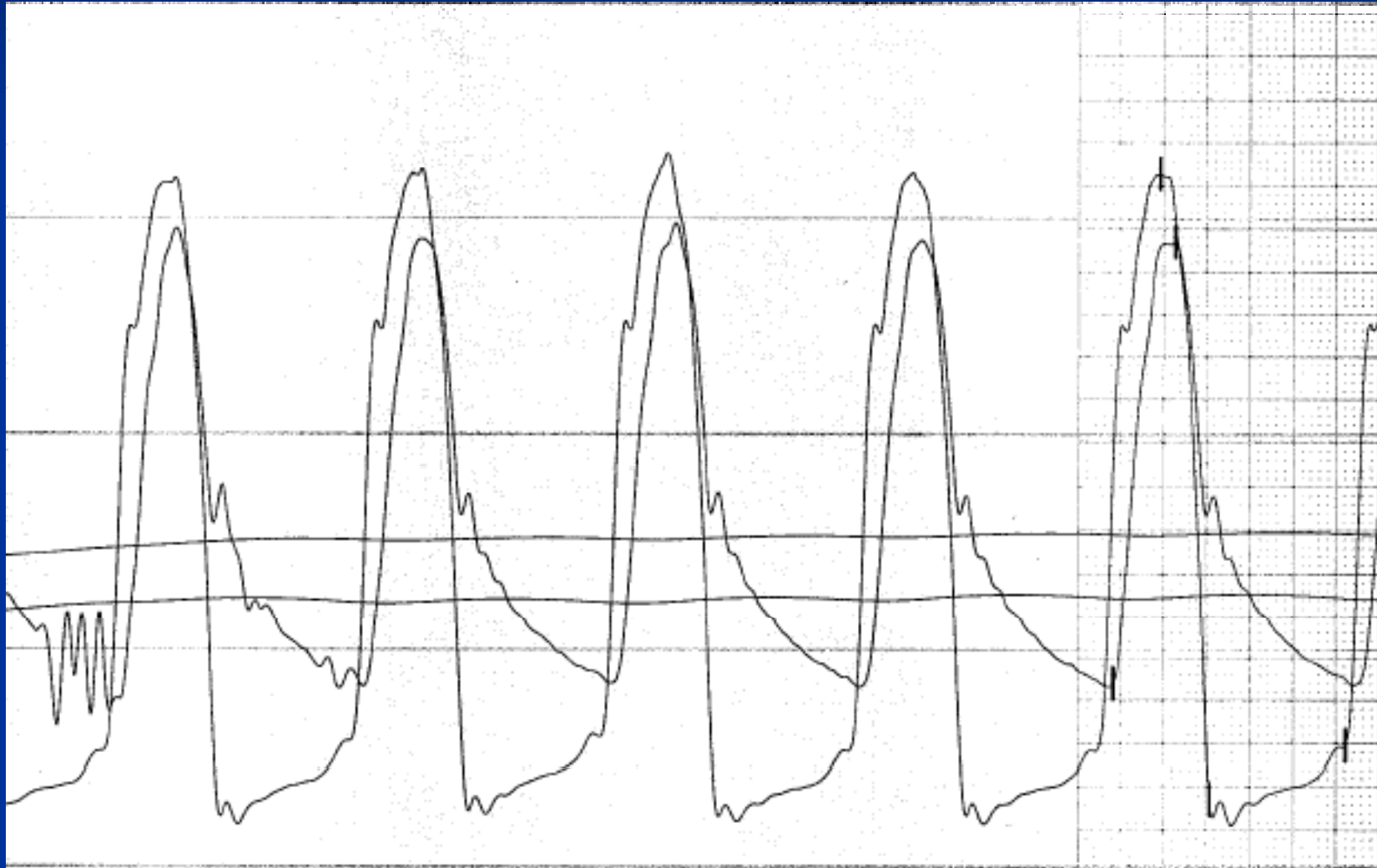


JPEG

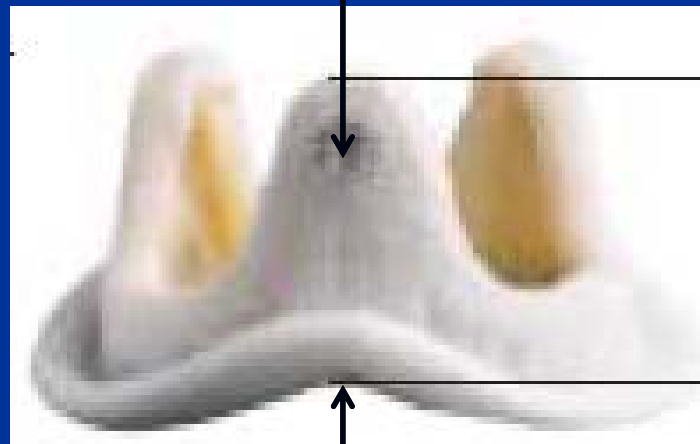
57 bpm

PAT T: 37.0C  
TEE T: 39.4C

# Hemodynamics



# Aortogram and Fluoroscopic Markers



Radio-opaque  
markers

Suture Ring

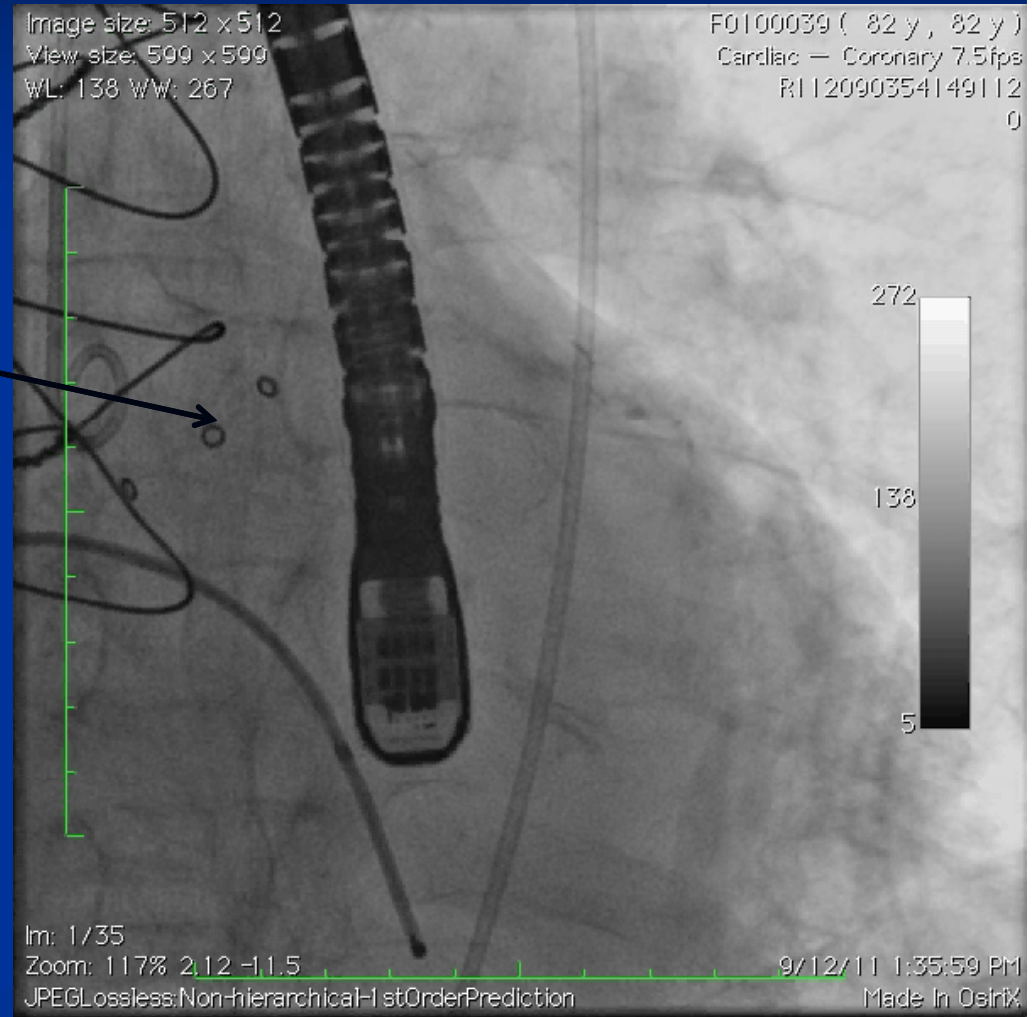


Image size: 512 x 512  
View size: 599 x 599  
WL: 138 WW: 267

F0100039 ( 82 y , 82 y )  
Cardiac - Coronary 7.5fps  
R112090354149112  
0

272

138

5

Im: 1/35

Zoom: 117% 2.12 -11.5

9/12/11 1:35:59 PM

JPEGLossless:Non-hierarchical-1stOrderPrediction

Made In OsiriX

# Dimension Per Manufacturer

## Mosaic Aortic Bioprosthesis Model 305

Catalog Number	Valve Size (Stent O.D.†) (A)	Orifice Diameter (Stent I.D.) (B)	Suture Ring Diameter (C)	Valve Height (D)	Aortic Protrusion (E)
	(±0.5 mm)	(±0.5 mm)	(±1 mm)	(±0.5 mm)	(±0.5 mm)
30501901	19	17.5	25.0	13.5	11.0
30502101	21	18.5	27.0	15.0	12.0
30502301	23	20.5	30.0	16.0	13.5
30502501	25	22.5	33.0	17.5	15.0
30502701	27	24.0	36.0	18.5	15.5
30502901	29	26.0	39.0	20.0	16.0

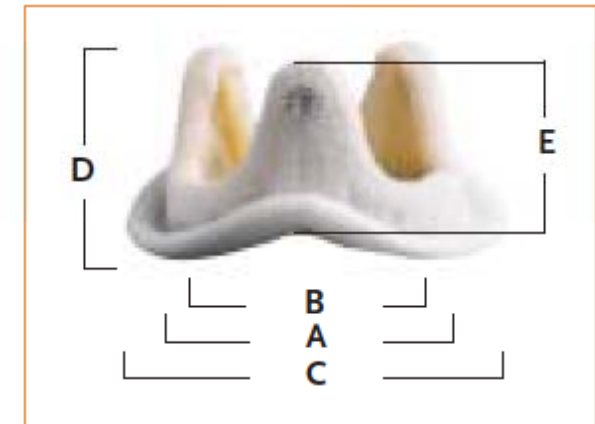




Image size: 800 x 600

View size: 797 x 598

WL: 127 WW: 255

Frame rate: 160 px Value: R:33 G:33 B:33

8.3cm

2D  
67%  
C 50  
P Off  
Gen



R



A

Mosaic 27mm PLAX TEE -Butler.avi (0.5 -)

-- Mosaic 27mm PLAX TEE -Butler.avi

X7-2t/TOE

0

M5

255

128

0

L

Length: 2.433 cm (179.801 pix)

Im: 36/140

Zoom: 100%

Unknown UID

PAT T: 37.0C

TEL T: 38.7C

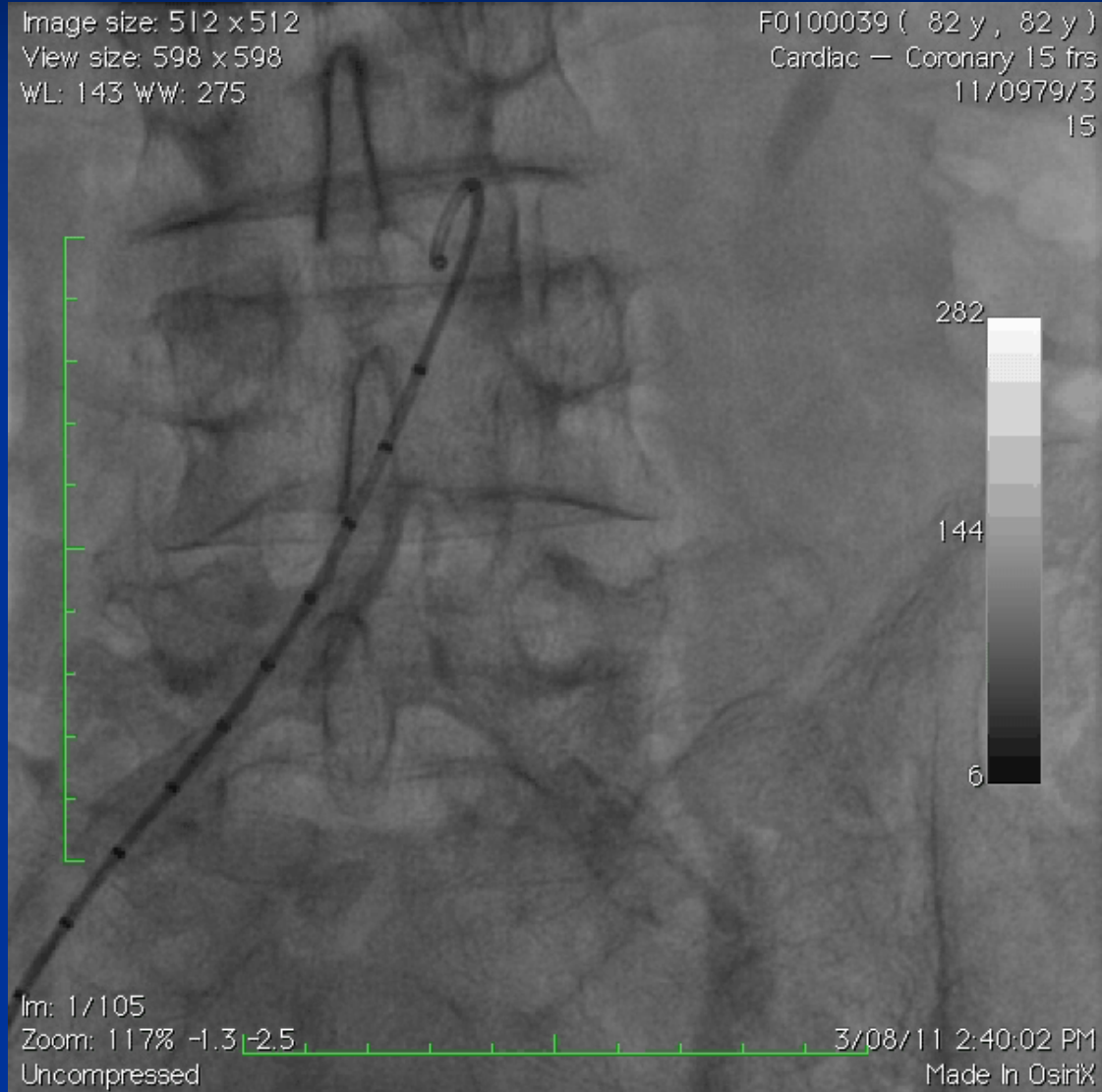
P

JPEG

24/04/12 1:06:36 PM

Made In OsiriX

# Diseased Peripheral Vessels





# Plan

- Valve-in-valve
- Transapical approach required due to diseased peripheral vessels
- Edwards SAPIEN 26mm valve

# Technique

- SAPIEN valve stent need to positioned to overlap
  - Challenge – suture ring is radioluscent. Radio-opaque markers placed at tip of strut
- Co-axial alignment essential

4-5mm

13-14mm

2-3mm

18.5mm

16.1mm

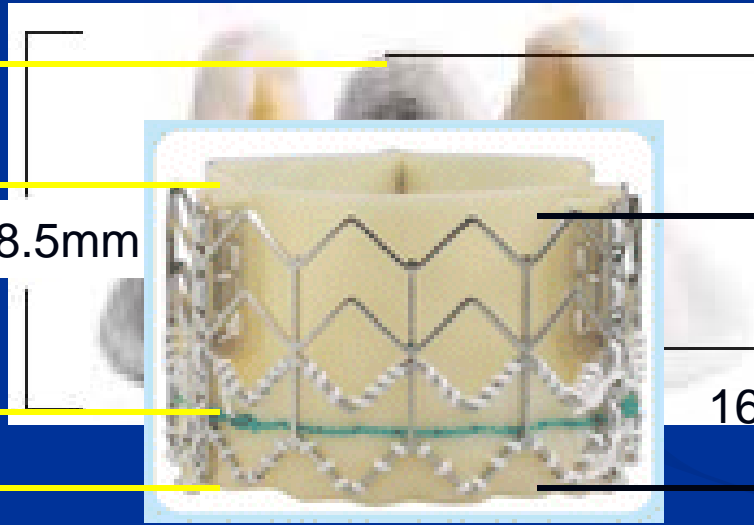
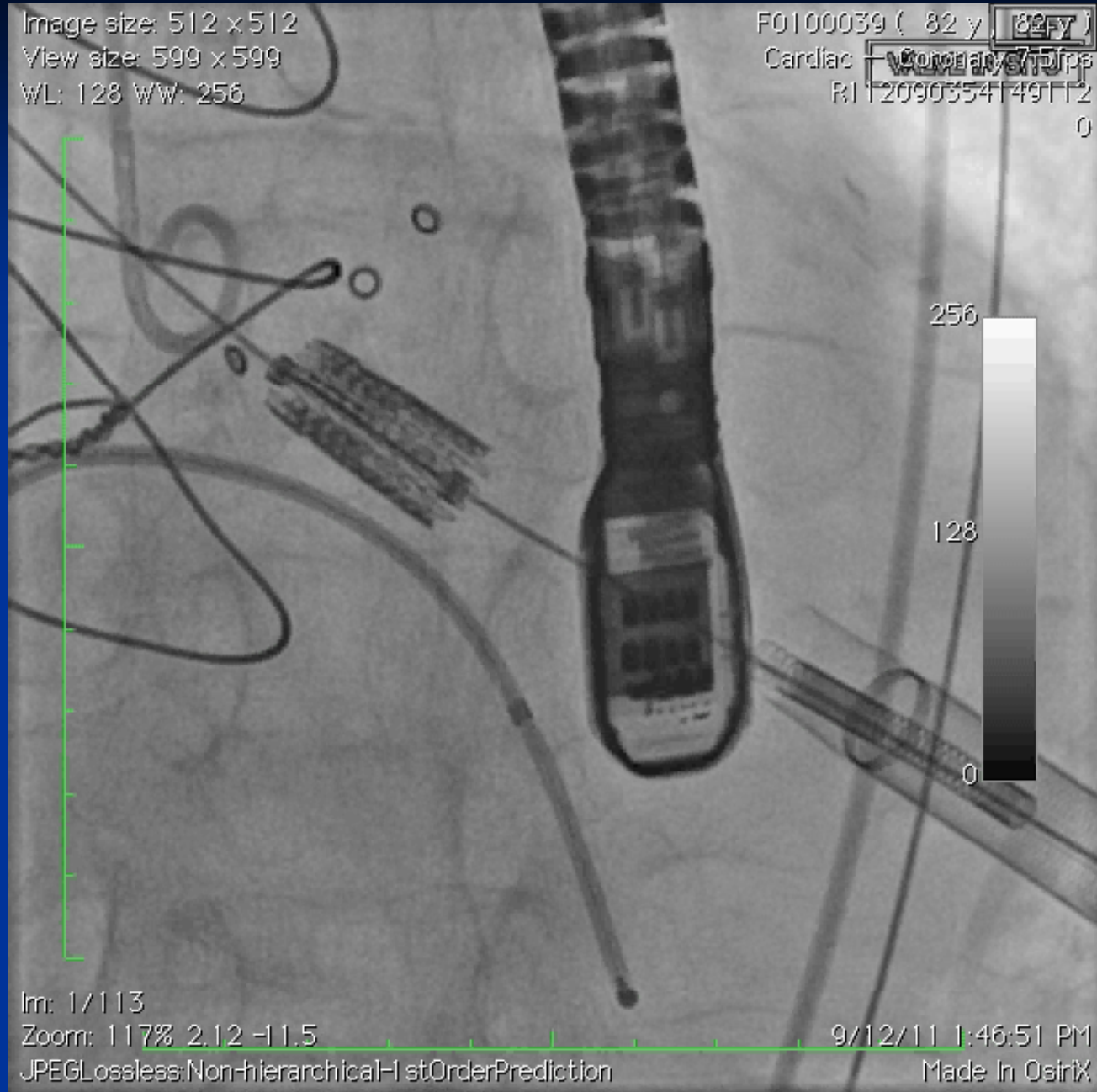


Image size: 512 x 512  
View size: 599 x 599  
WL: 128 WW: 256

F0100039 ( 82 y [82 Y])  
Cardiac [Ventricular Septum]  
R1 [20090354T49T12]  
0

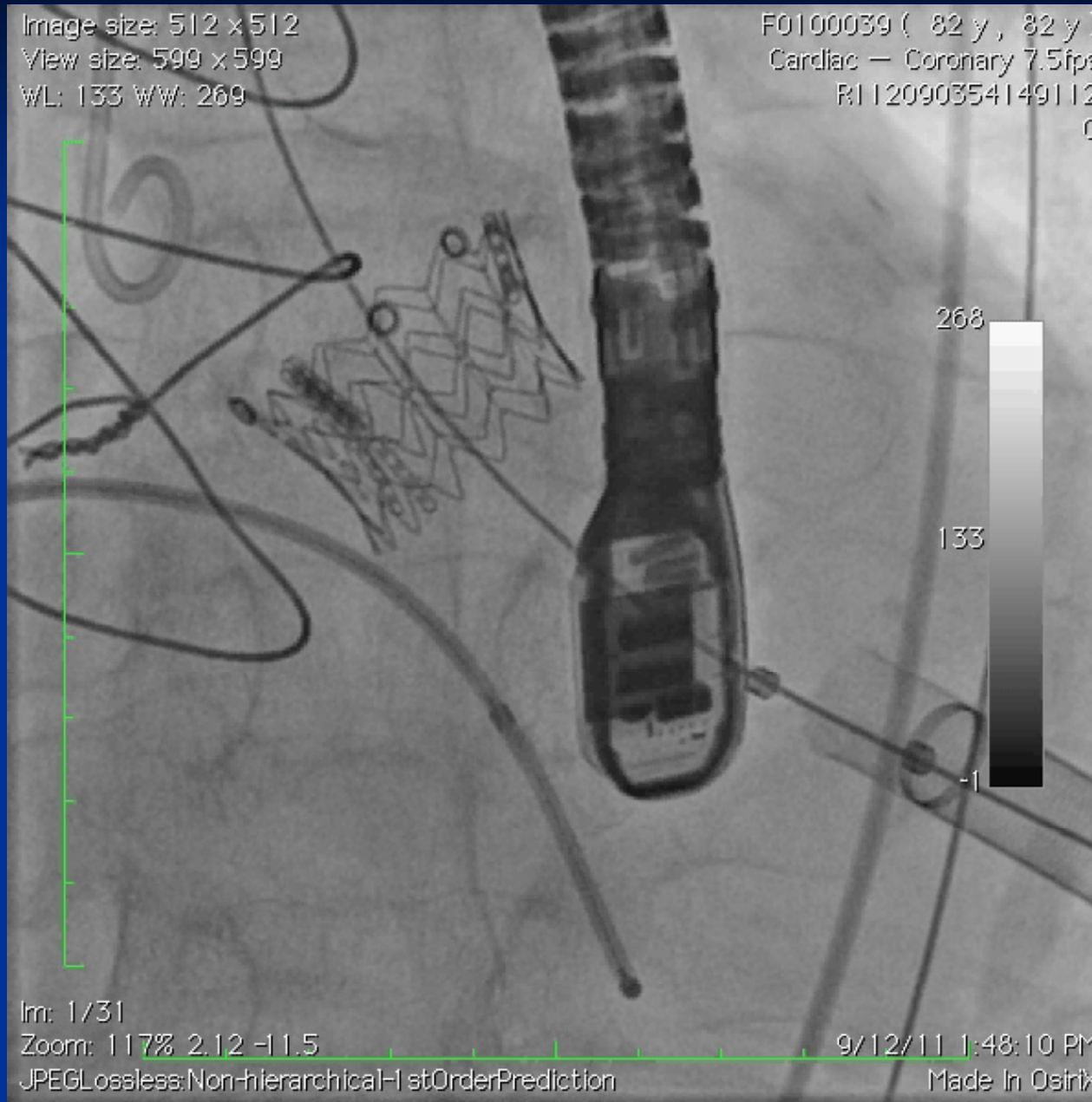


Im: 1/113  
Zoom: 117% 2.12 -1.5  
JPEG Lossless: Non-hierarchical-IstOrderPrediction

9/12/11 1:46:51 PM  
Made In OsiriX

Image size: 512 x 512  
View size: 599 x 599  
WL: 133 WW: 269

F0100039 ( 82 y , 82 y )  
Cardiac — Coronary 7.5fps  
R112090354149112  
0



Im: 1/31

Zoom: 117% 2.12 -11.5

9/12/11 1:48:10 PM

JPEGLossless:Non-hierarchical-H stOrderPrediction

Made In OsiriX

PHILIPS

TIS0.7 MI 0.4

X7-2t/TOE

FR 13Hz  
13cm

2D  
69%  
C 50  
P Off  
Gen



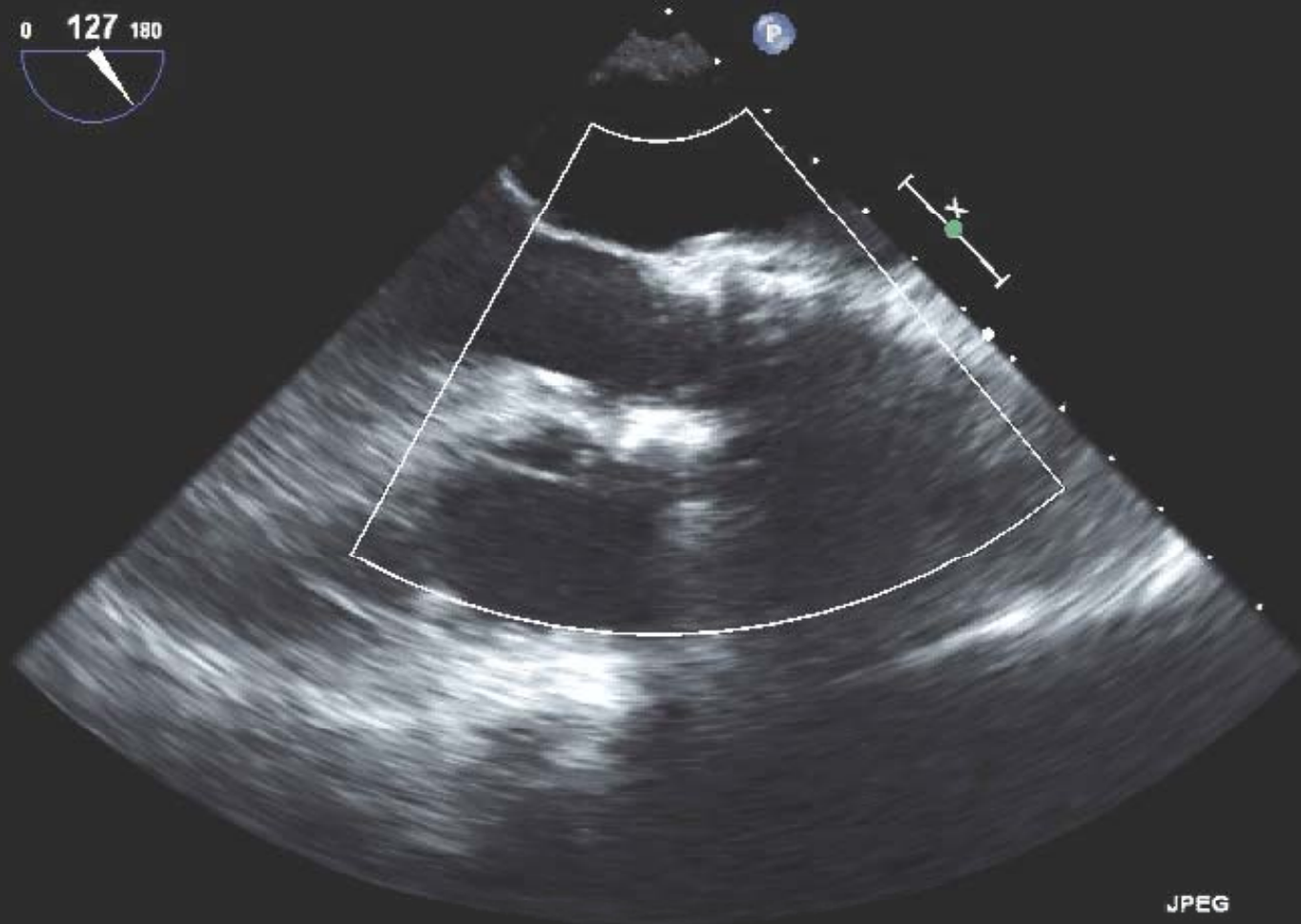
CF  
59%  
4.4MHz  
WF High  
Med



M5 M4  
+61.6



-61.6  
cm/s

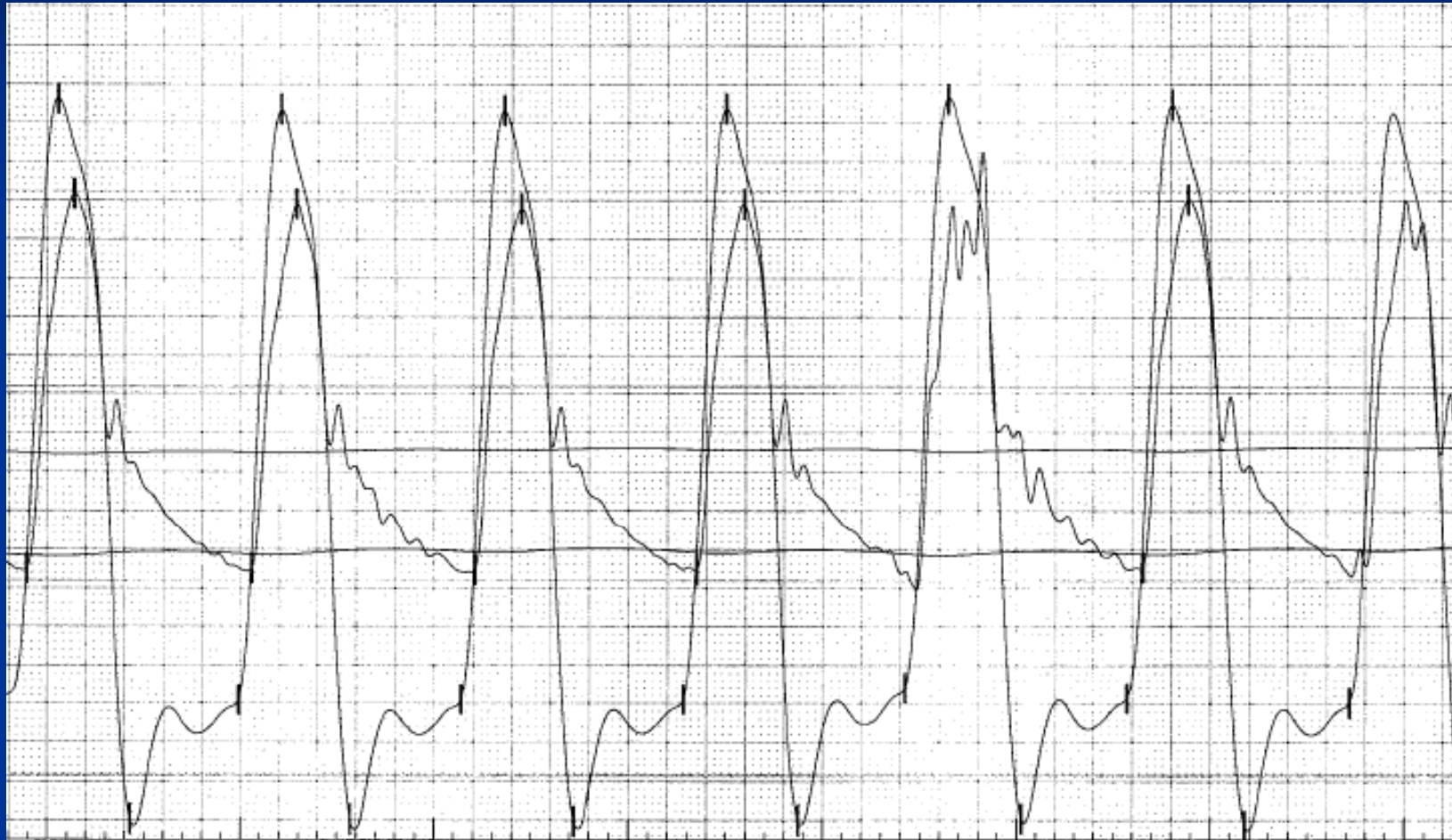


JPEG

PAT T: 37.0C  
TEE T: 39.1C

77 bpm



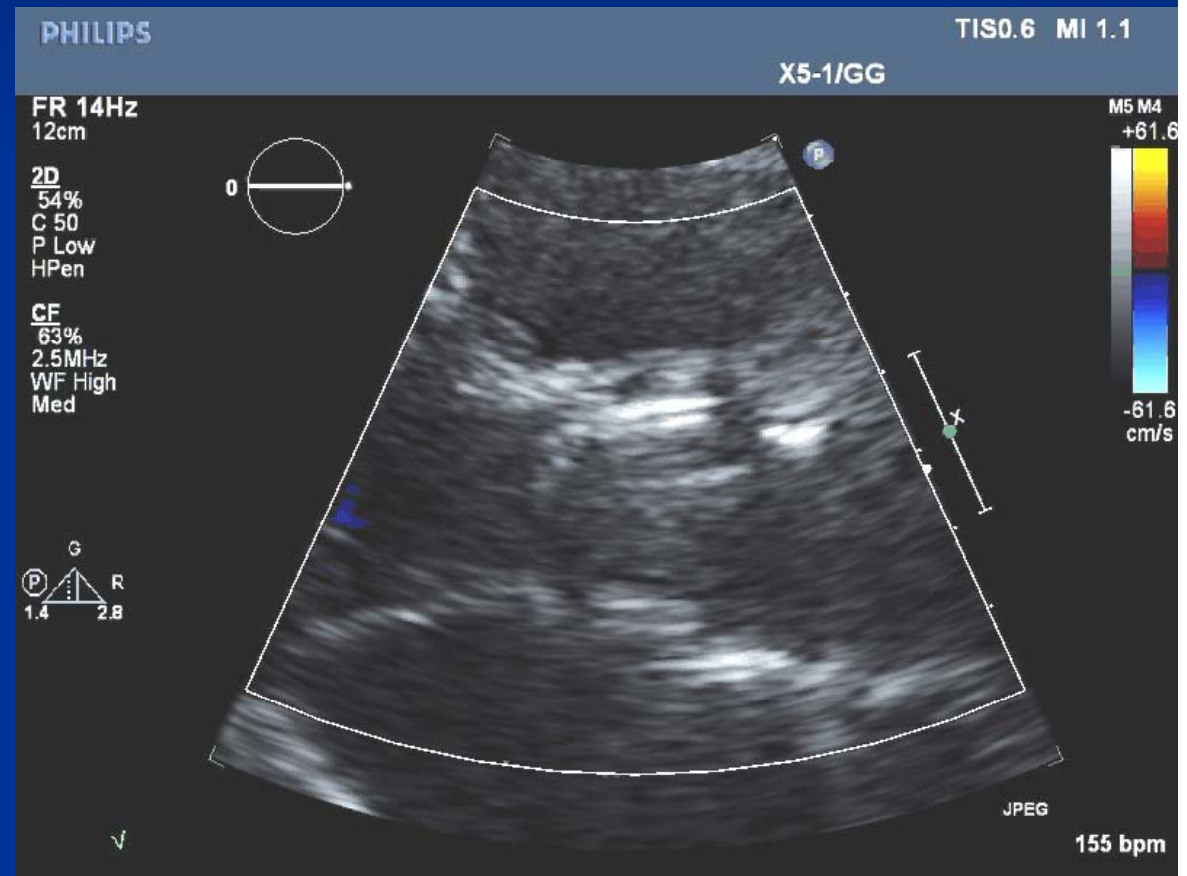


# Follow-up

- Uncomplicated recovery
- Discharged POD 5

1mth F/up

- NYHA 2
- TTE mean gradient 15mmHg
- AR 0



# Conclusion

- Redo surgery for failed bioprosthetic valve
- Valve-in-valve therapy is emerging as a viable option for treatment of degenerated bioprosthetic valve
- Requires clear understanding of the anatomy and dimensions of the bioprosthetic valve and the proposed transcatheter heart valve
- Implantation requires
  - Co-axial alignment
  - Overlap of transcatheter valve with annular suture ring
- Radio-opaque markers useful but does not always mark level of suture ring