

LMN PCI + TAVI

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**Hong Kong Society of
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President, HKSTENT**

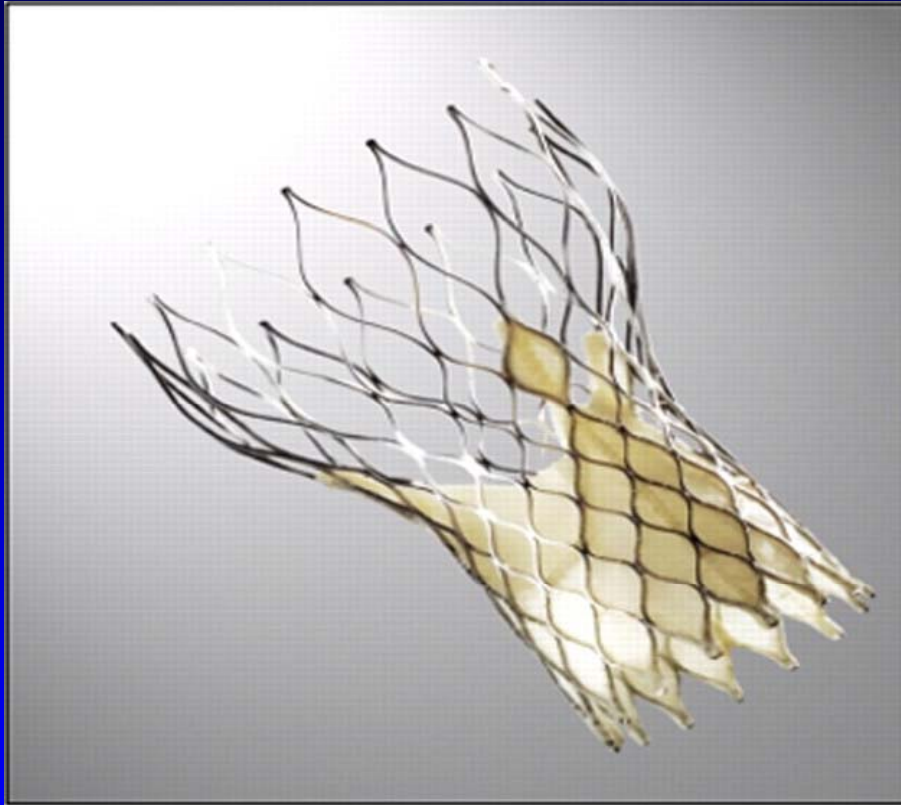


**Queen Elizabeth
Hospital
Hong Kong SAR**

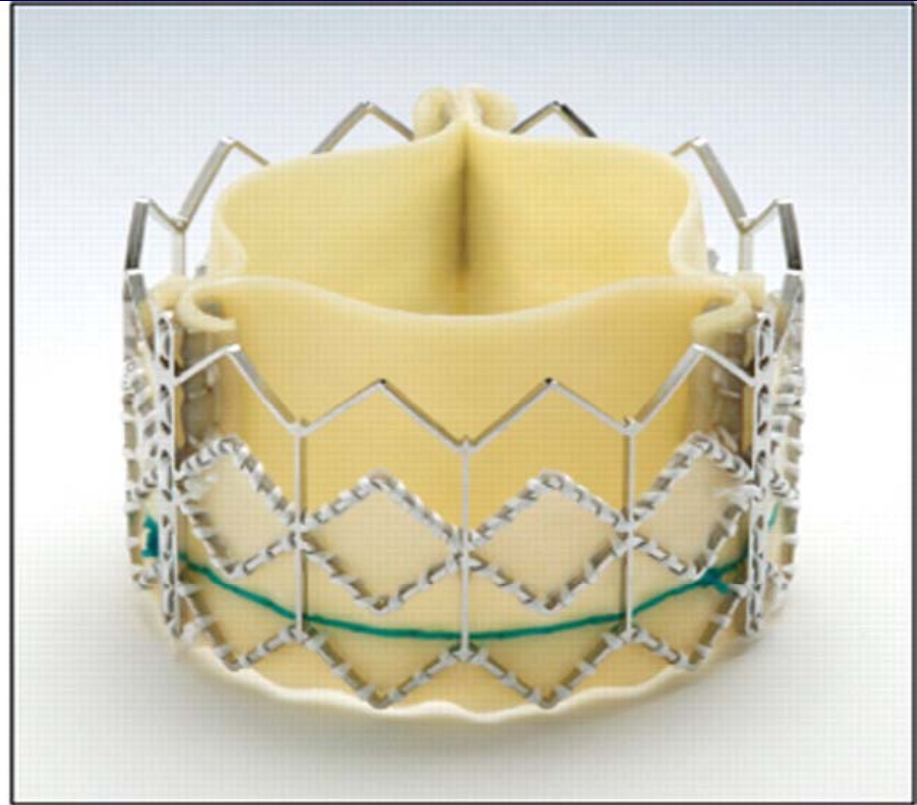
TCTAP 2011



CoreValve®



**Edwards Sapien™
valve**



Mr. KS TSUI

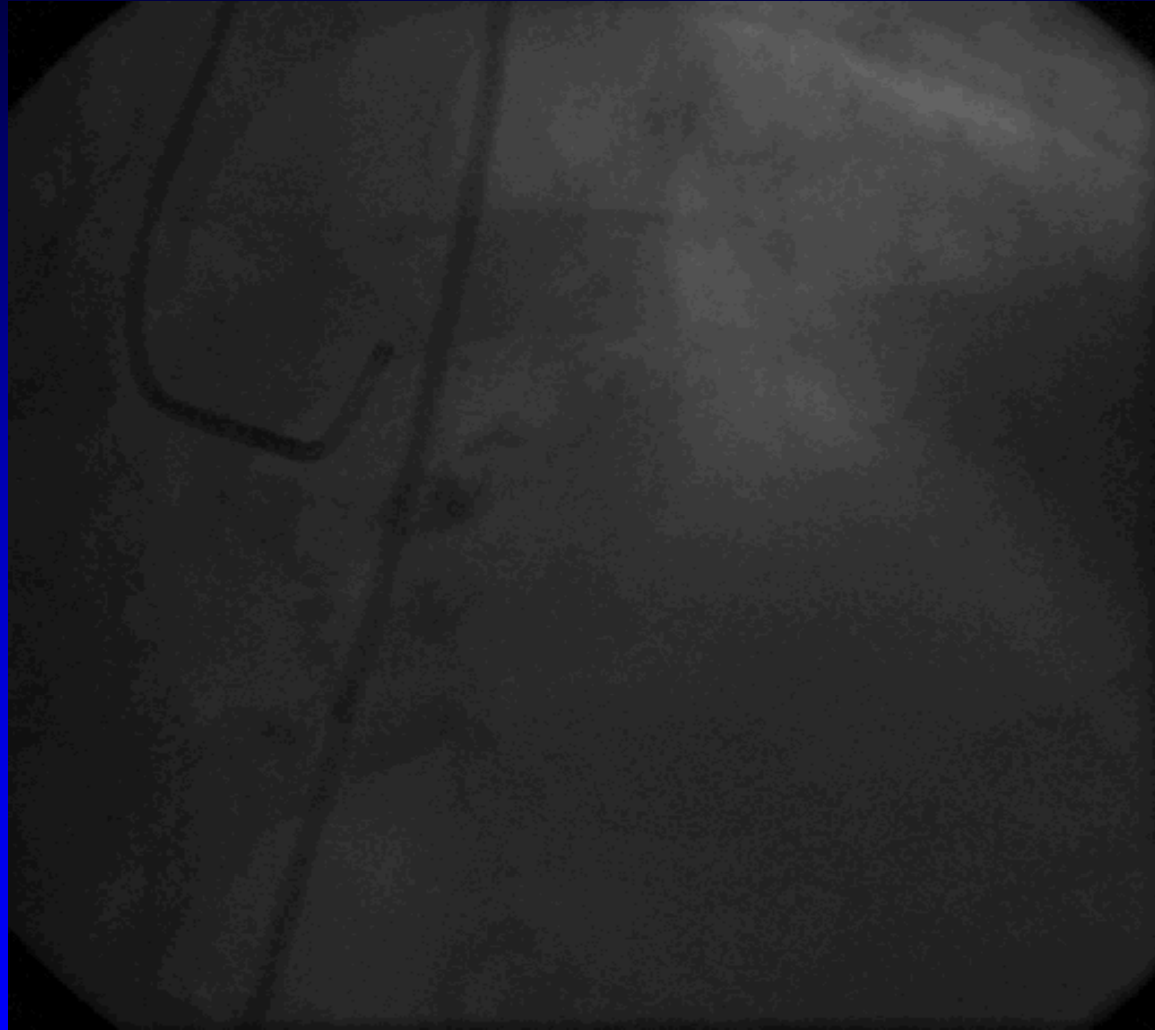
- M/ 81
- ADLi, walks with stick
- non-smoker
- PMHx: AF, CHF, DM
- CHF 2 years ago, echo: severe AS, EF60%
- Pt refused AVR
- Recurrent CHF in 11/2010
- ECG: AF, LVH
- BH: 162cm, BW: 60kg
- Cr: 120, Hb: normal
- NYHA FC III



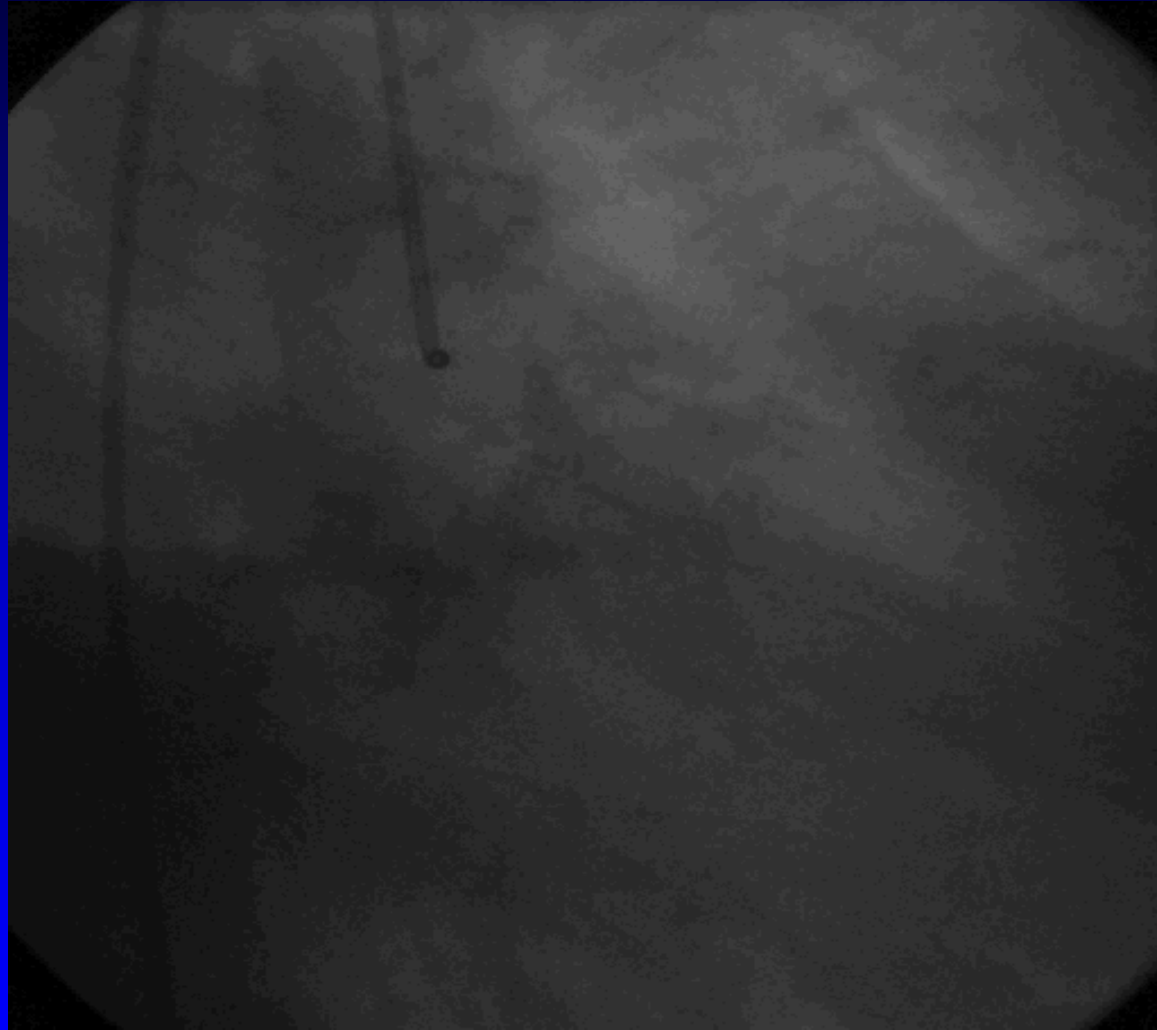
TTE/TOE in 12/2010

- EF 30%, HK over anterior/anteroseptal wall
- Dilated bil atria
- Severe AS, AVA: 0.88cm², mean grad: 42mmHg, tricuspid AV
- Mild AR
- Mild MS, mild MR 2/4, mod TR 3/4, no pul HT
- Annulus: 25.4mm (TTE)/ 23.8mm (TOE)
- Ascending aorta: 37.5mm (TTE)/ 40.4mm (TOE)
- Sinus width: 39mm

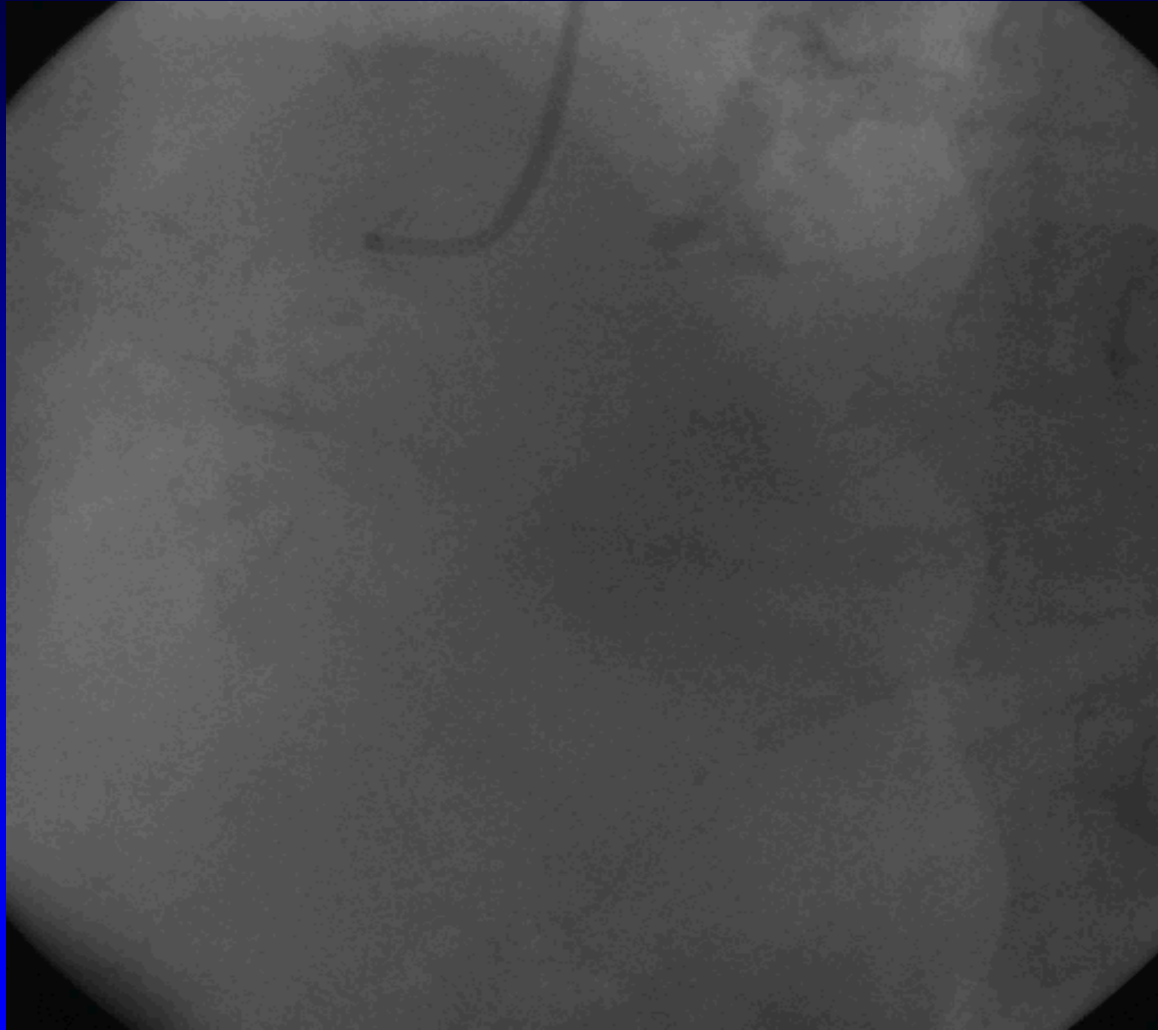


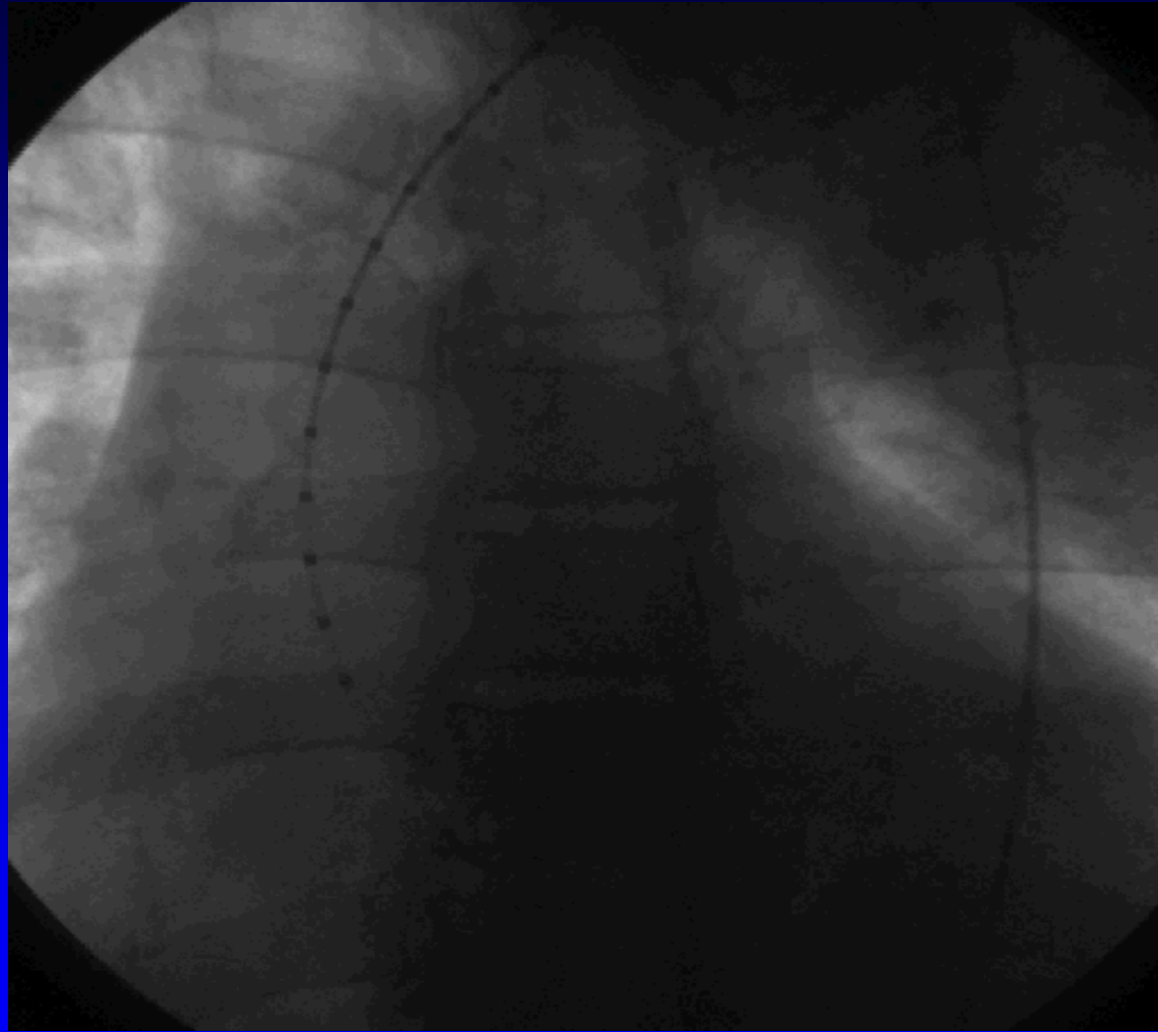








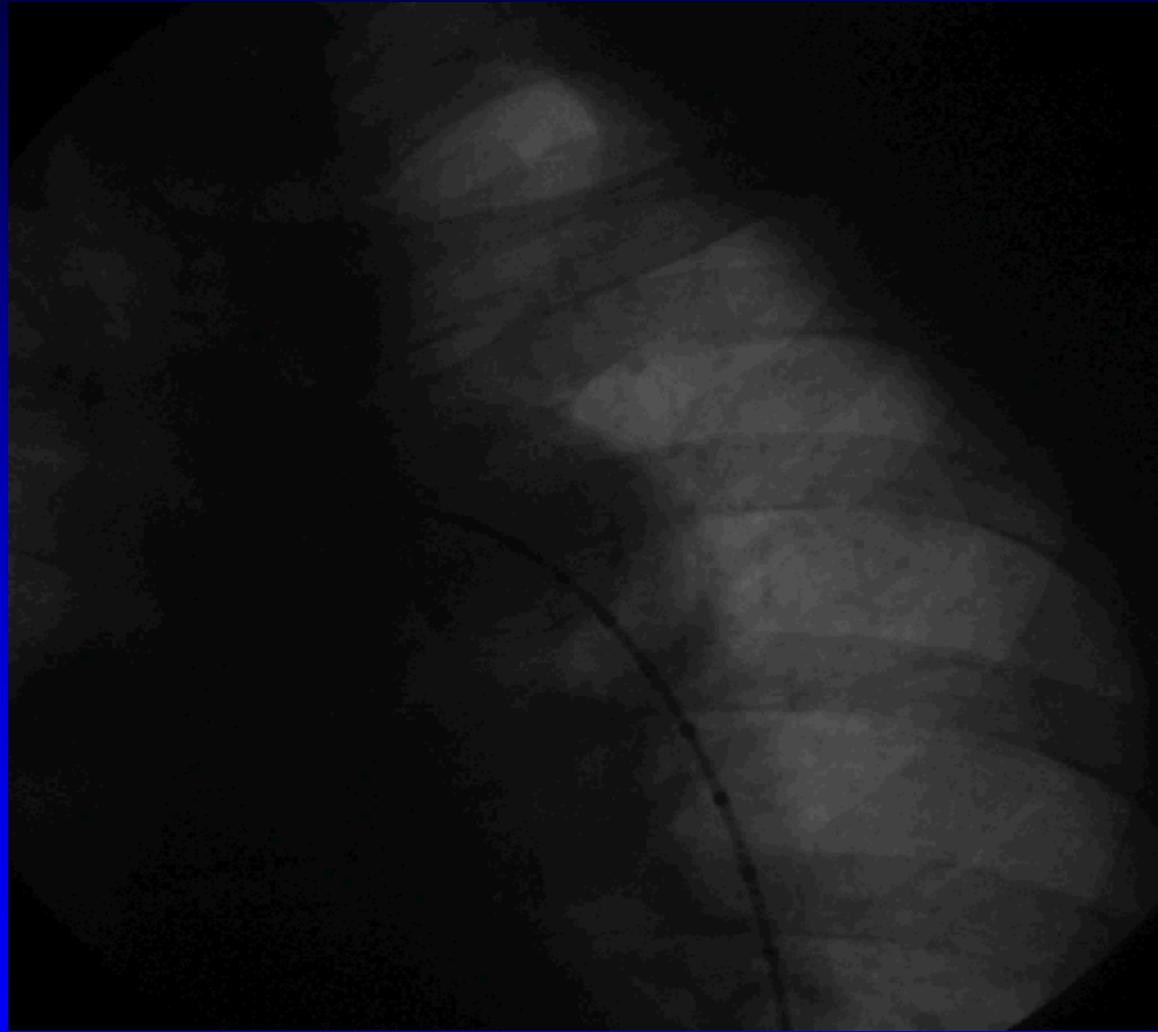


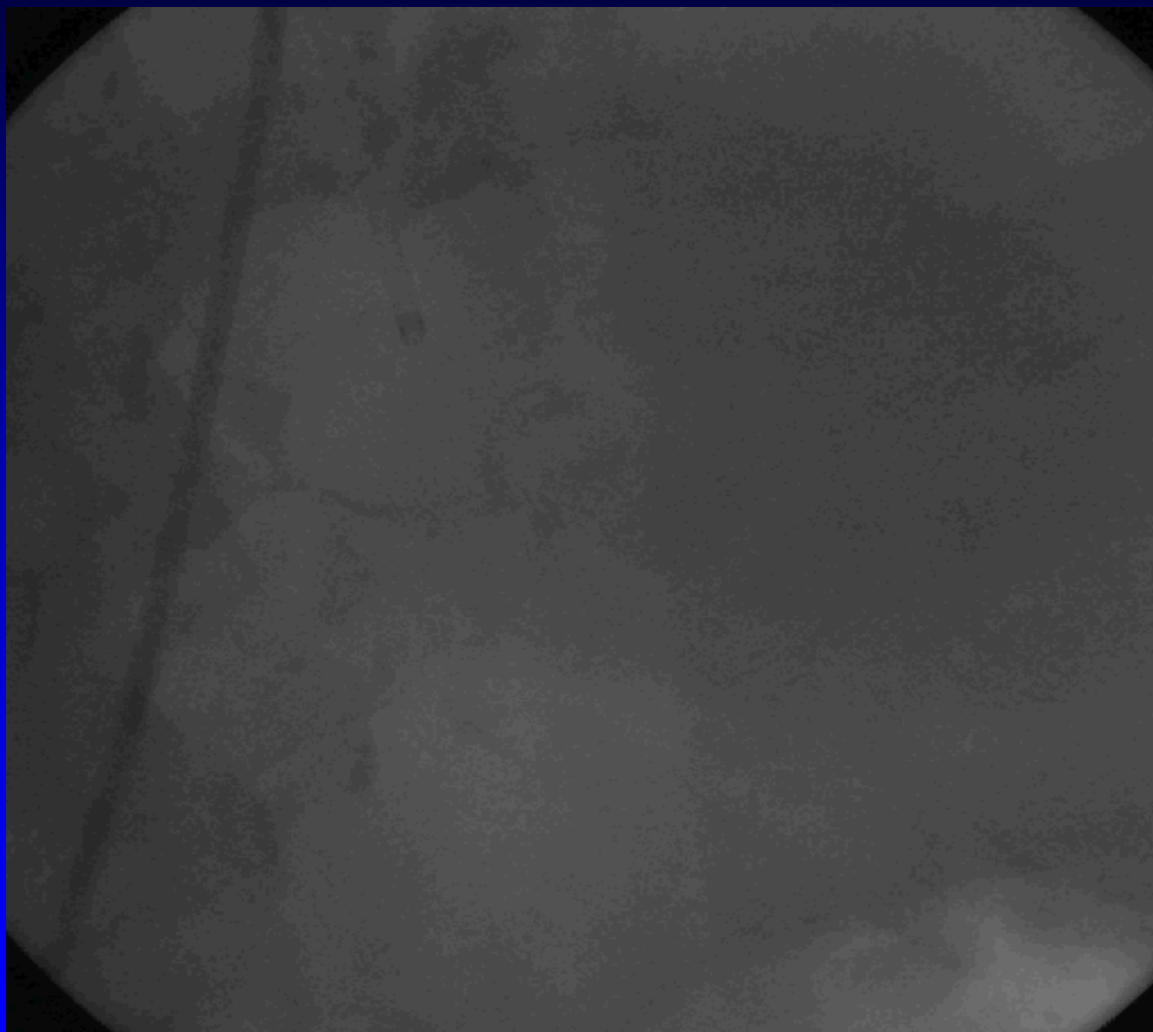










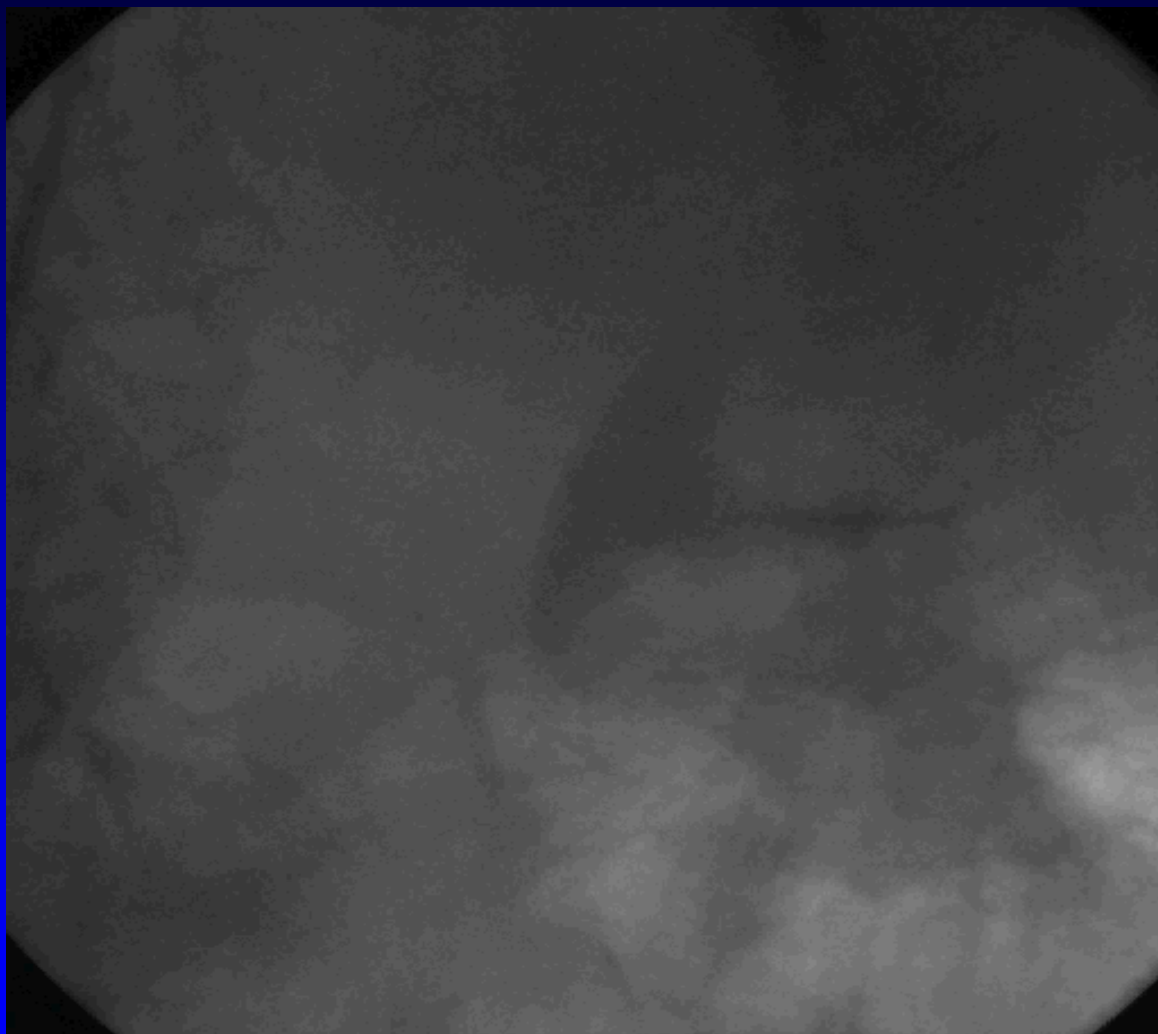


2.5x10 balloon



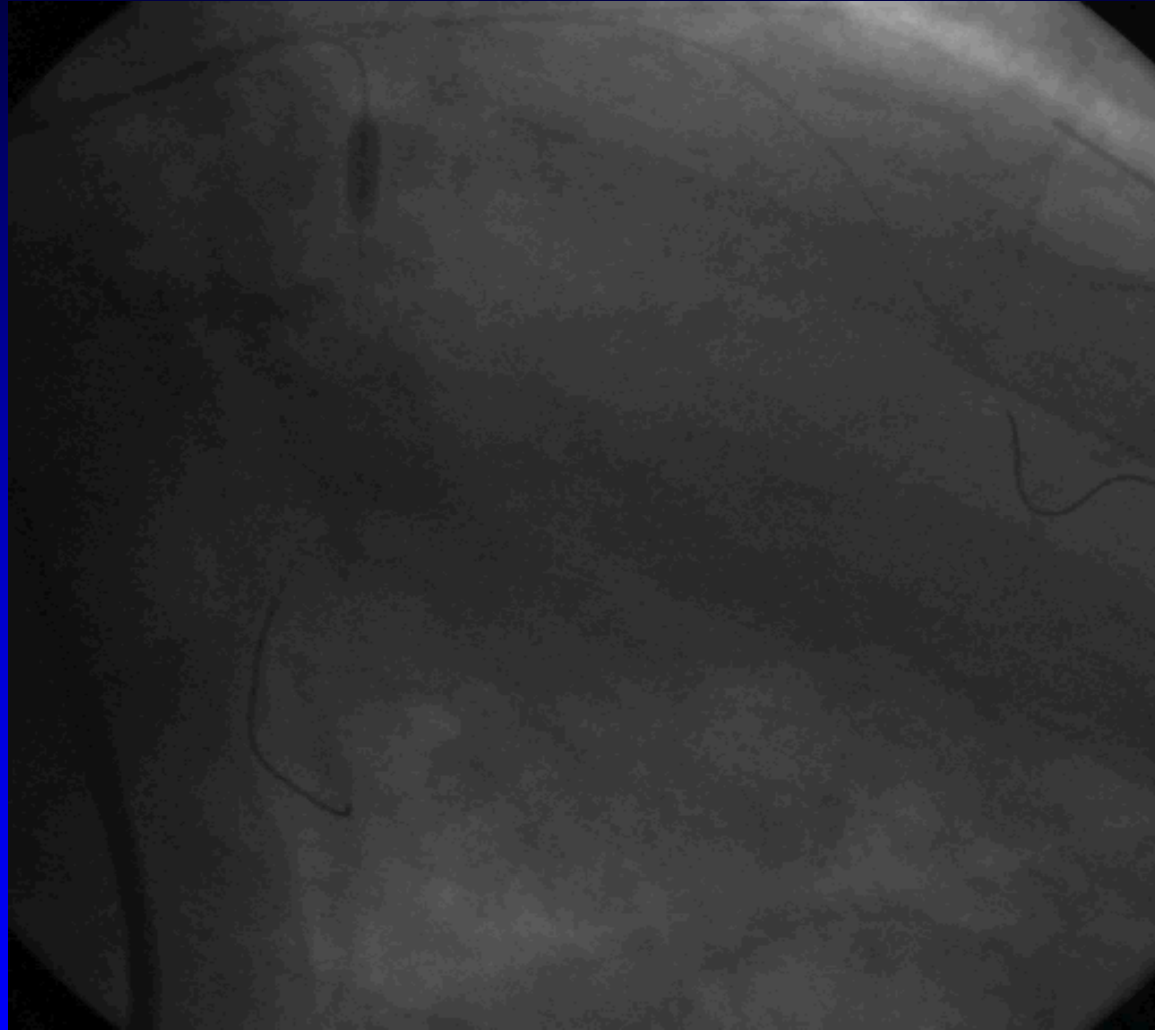
2.75x12 BMS



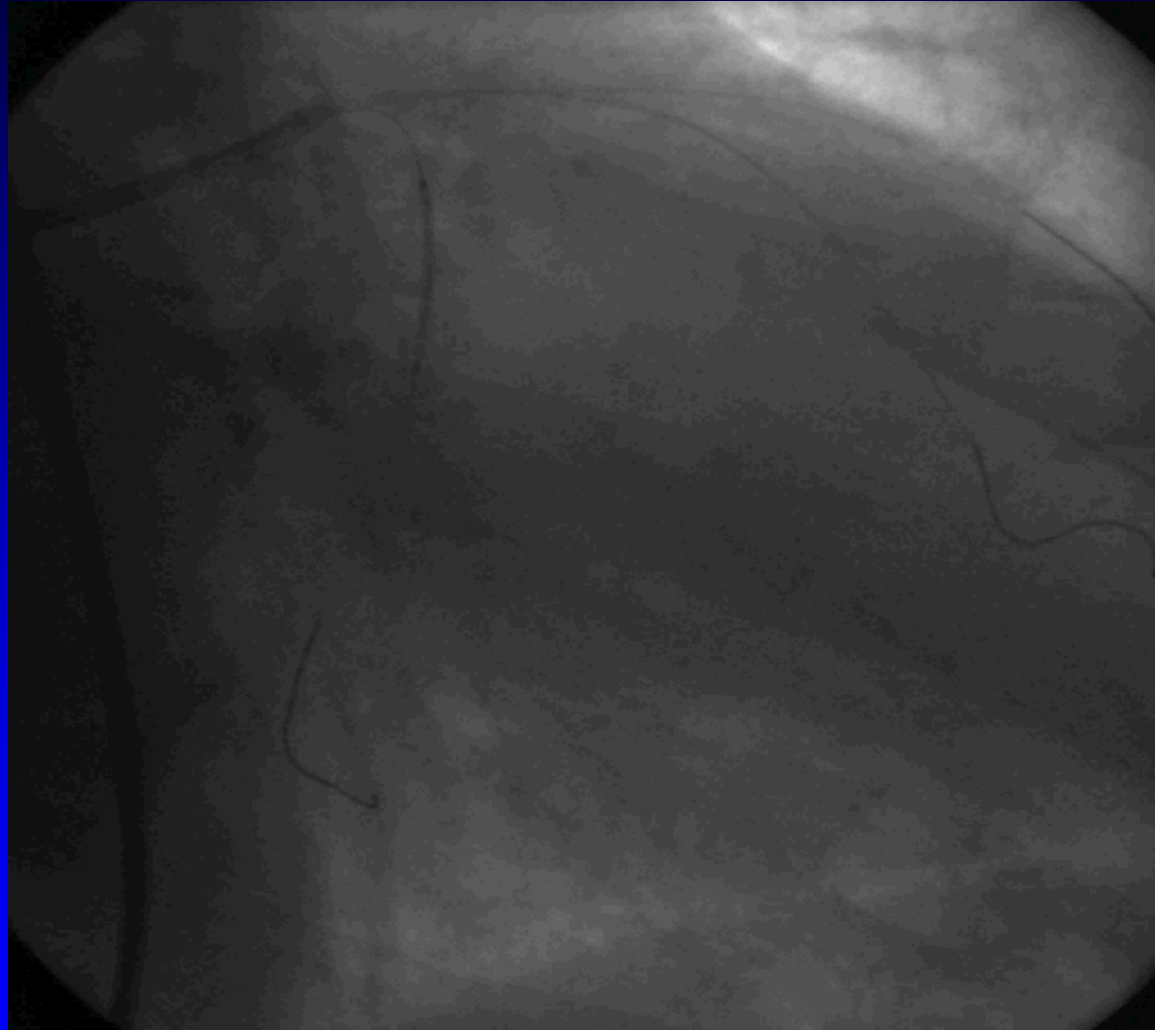


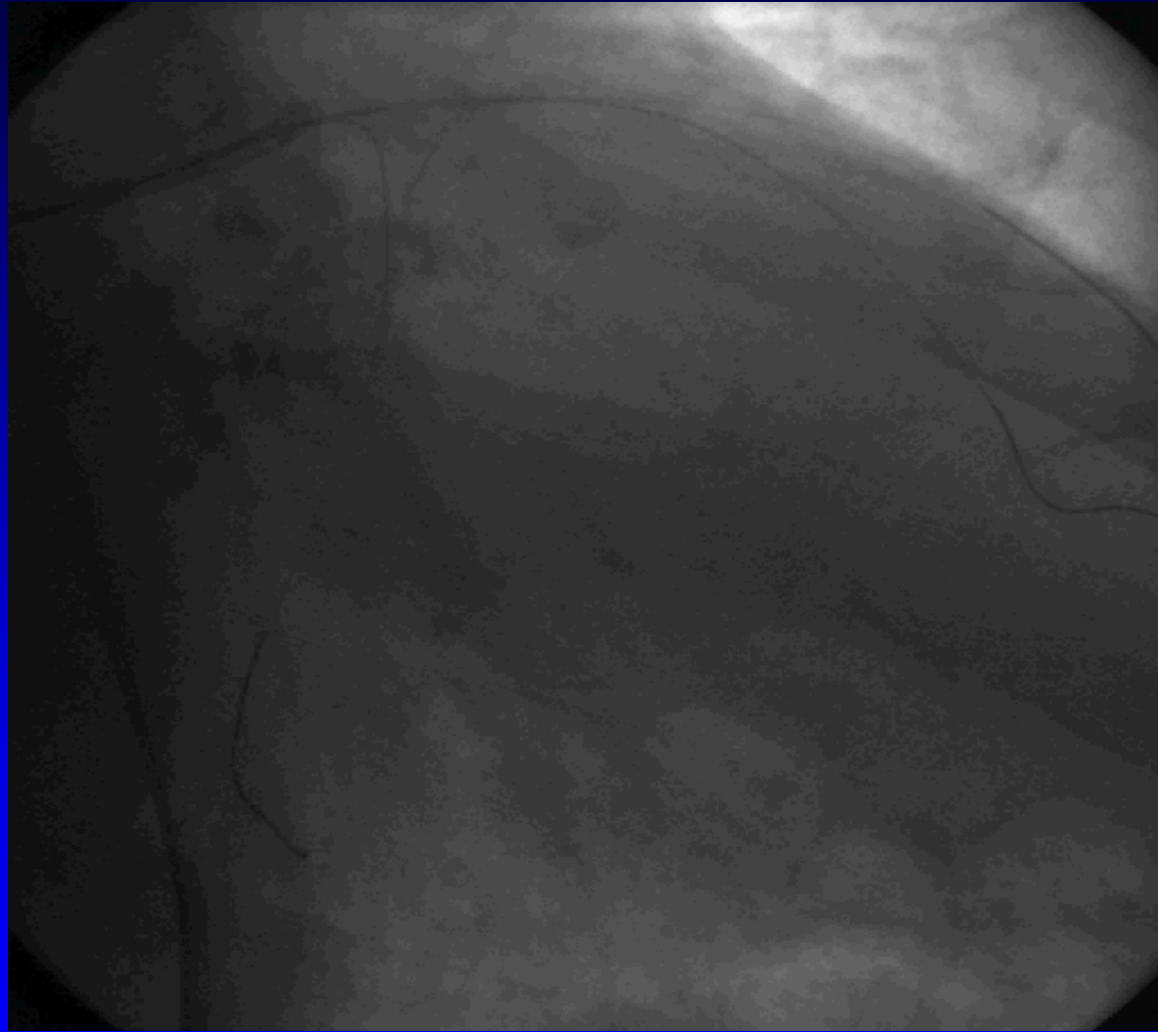


2.5x10 balloon



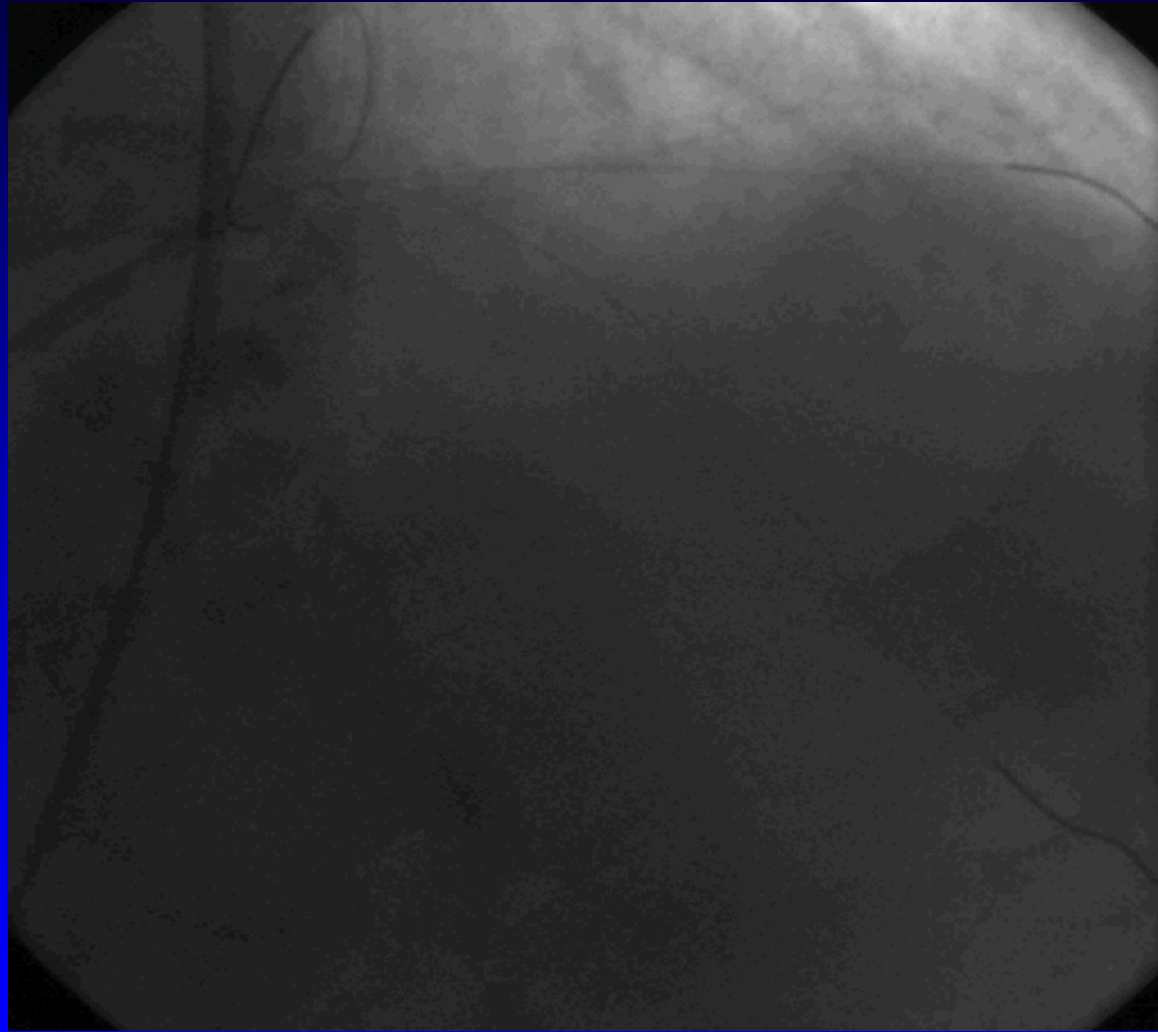
2.75x26 BMS



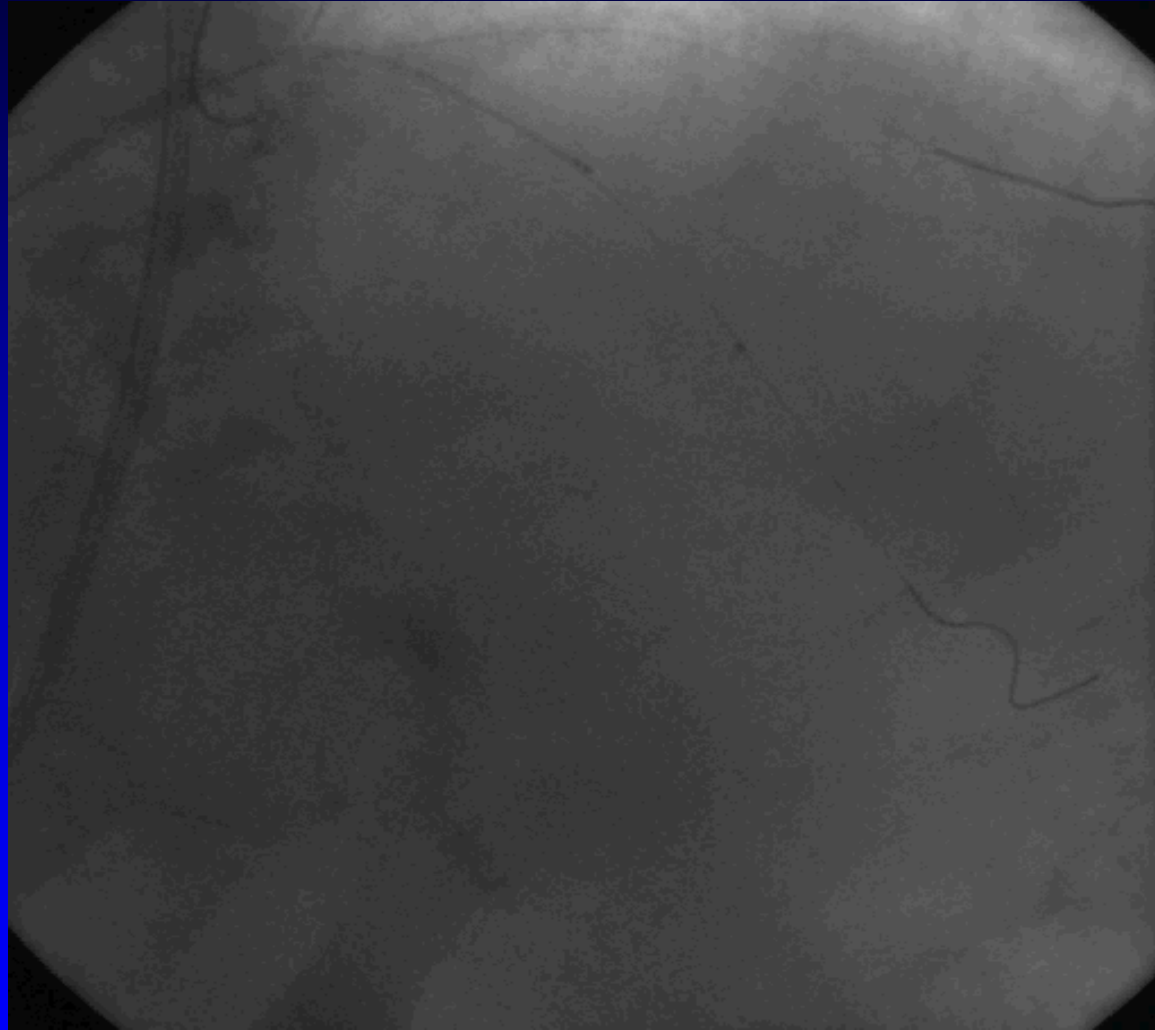


D1 direct
stenting with
3.0x12 BMS

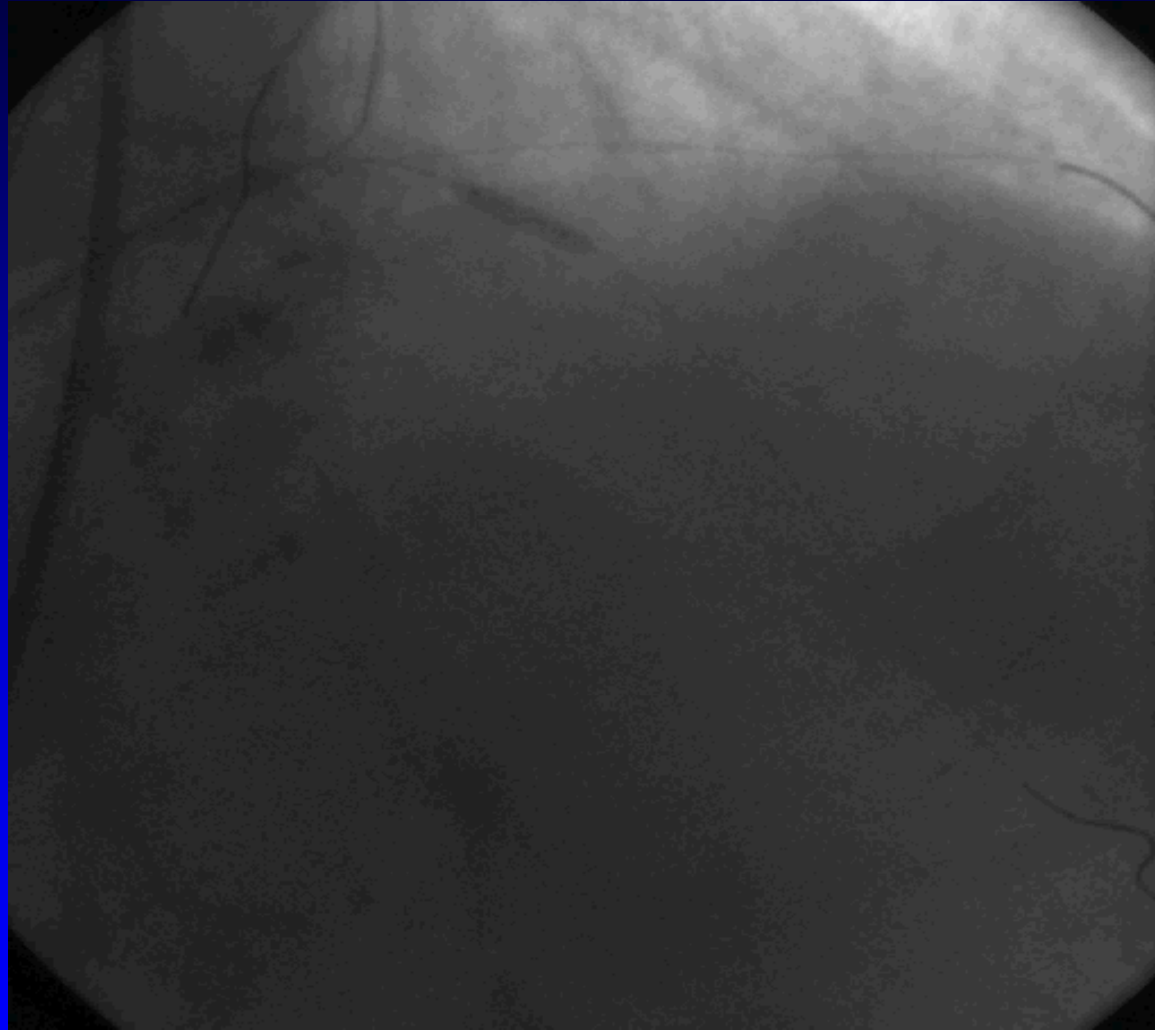




IVUS study of LAD/LMN



2.5x10 balloon

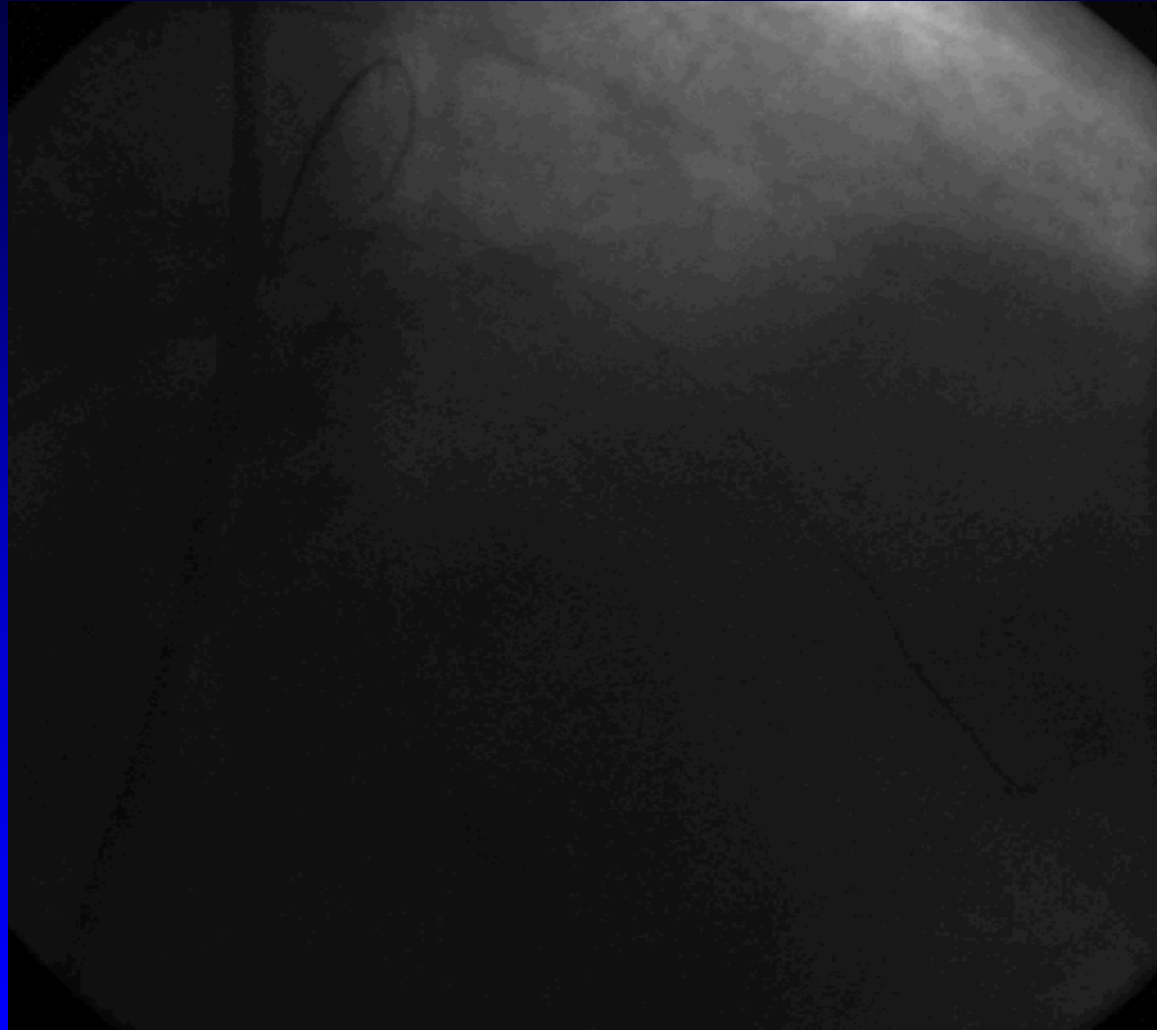


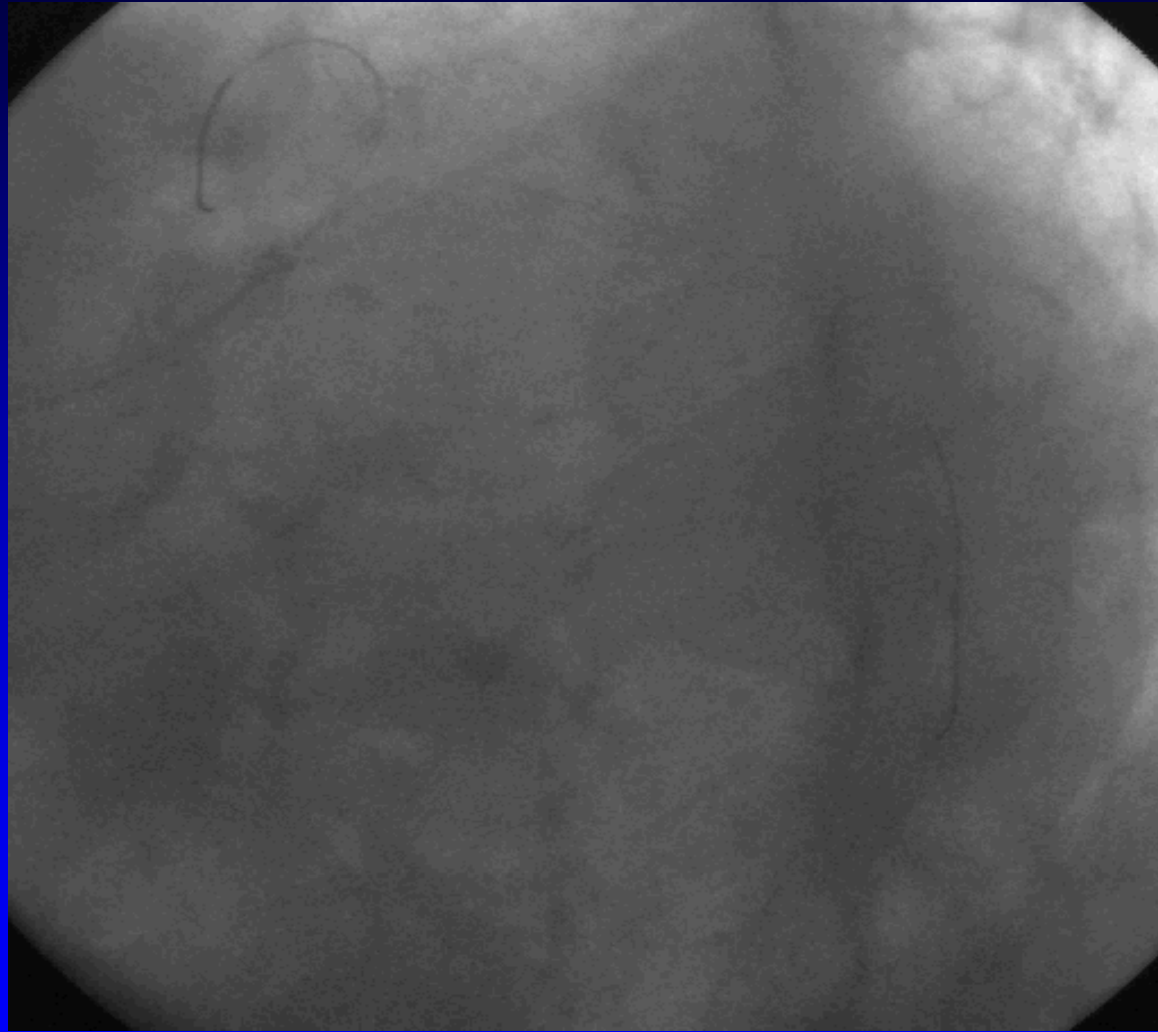
3.5x18 BMS



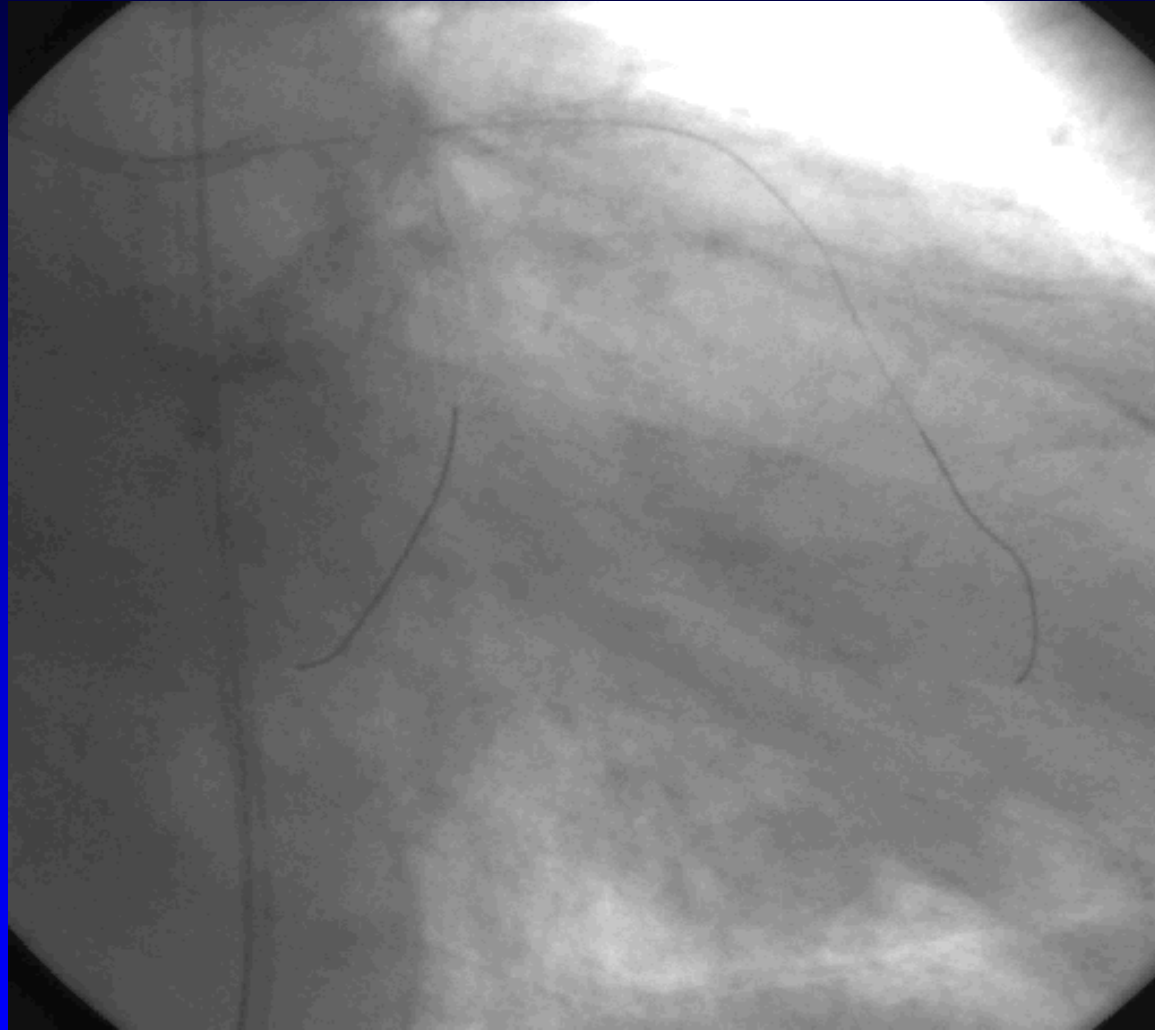
4.0x12 BMS

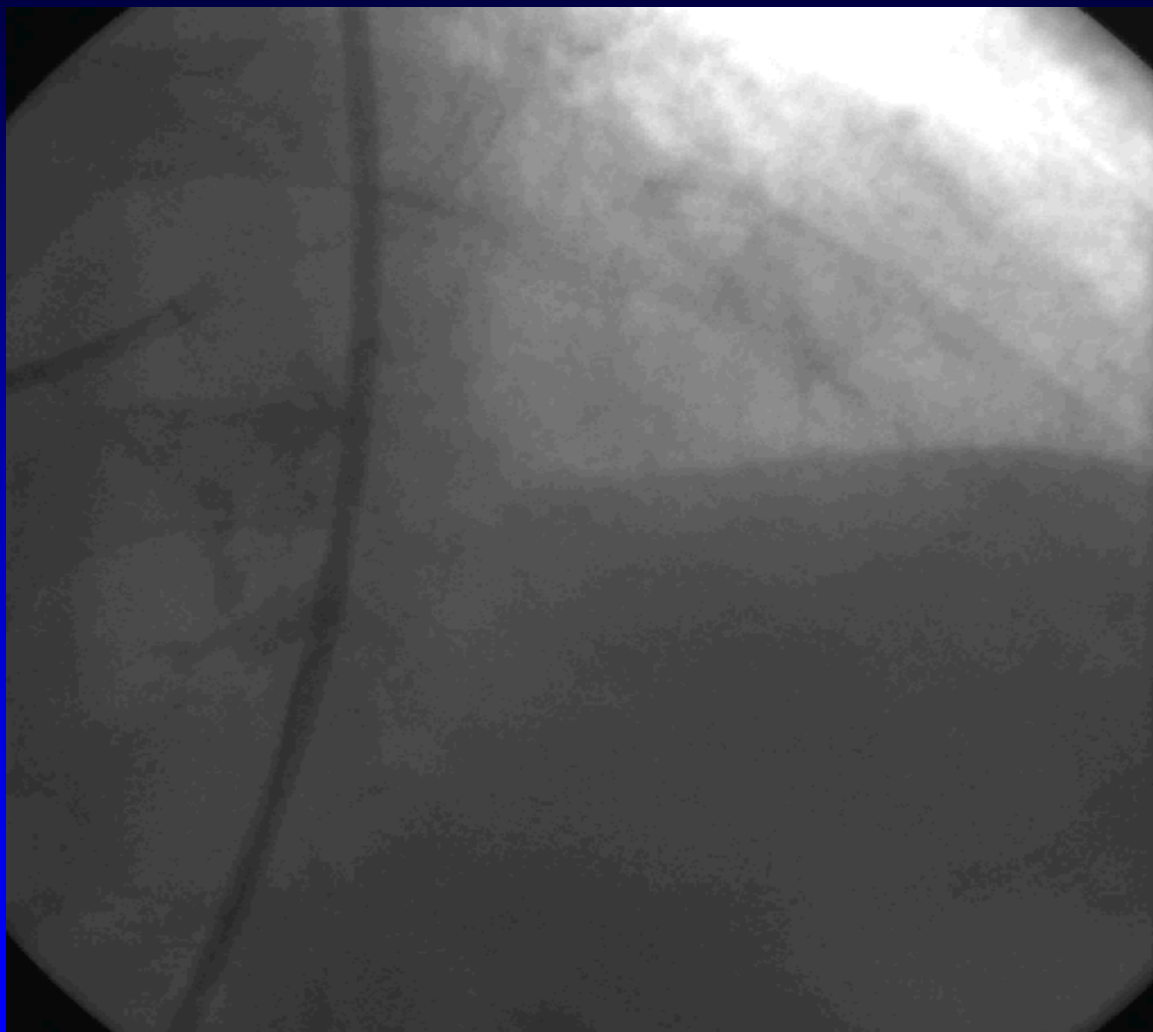


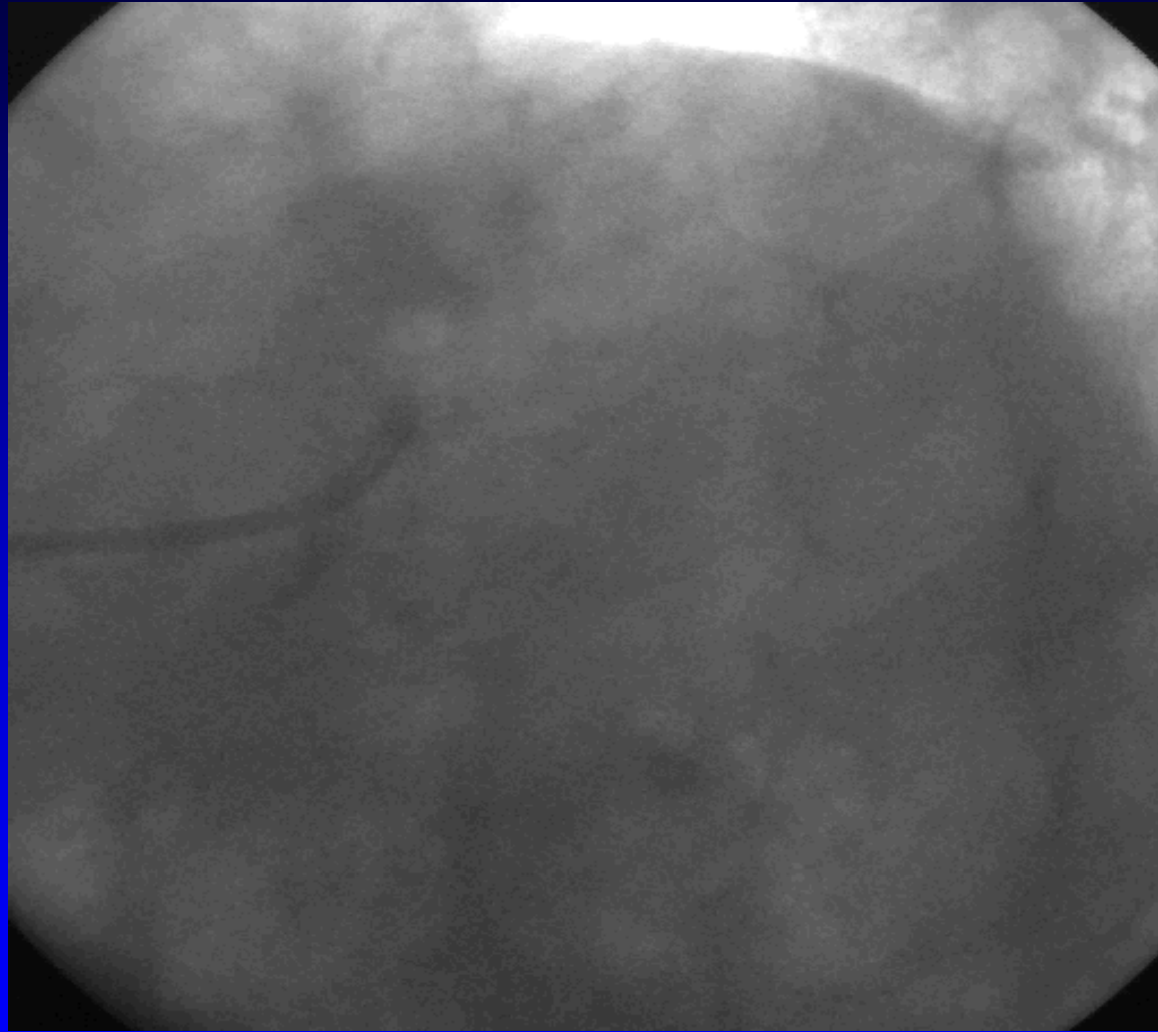




LCx
FFR=0.97
with IV
Adenosine







Coro and PCI in 11/2010

- Coro: TVD + dLMN trifurcation lesion
- PCI done on 29/11/2010 (BMS PDA, LAD, D1, LCX and dLMN to ostial LAD)
- Horizontal aorta
- Sinus height: 18.5mm
- Sinus width: 43.3mm
- Ascending aorta: 43.5mm
- Abd aorta: 14.2mm
- Right femoral artery: 6-7mm
- Left femoral artery: 6.5mm
- Left subclavian: 5-6mm



CT aortogram

- Suspected LAA thrombus
- Annulus: 30x23mm
- Ascending aorta: 37x40mm
- Right and left femoral: 7mm (both very tortuous)



- TAVI was withheld in 12/2010 as LAA clot confirmed in TOE
- Warfarin started since 12/2010



TOE in 01/2011

- 1 month after warfarin
- LAA clot disappeared
- EF 40%
- Re-look coro in 1/2011: no significant ISR



Plan

- Summary
- Severe AS (EF 40%, AVA: 0.88cm², mean grad: 42mmHg)
- dLMN + TVD with PCI in 11/2010
- LAA clot resolved, AF on warfarin
- Horizontal aorta
- Tortuous femoral arteries
- Refused AVR
- Combined meeting: for TAVI
- GA
- CoreValve: 29mm
- Left femoral or left subcalvian approach

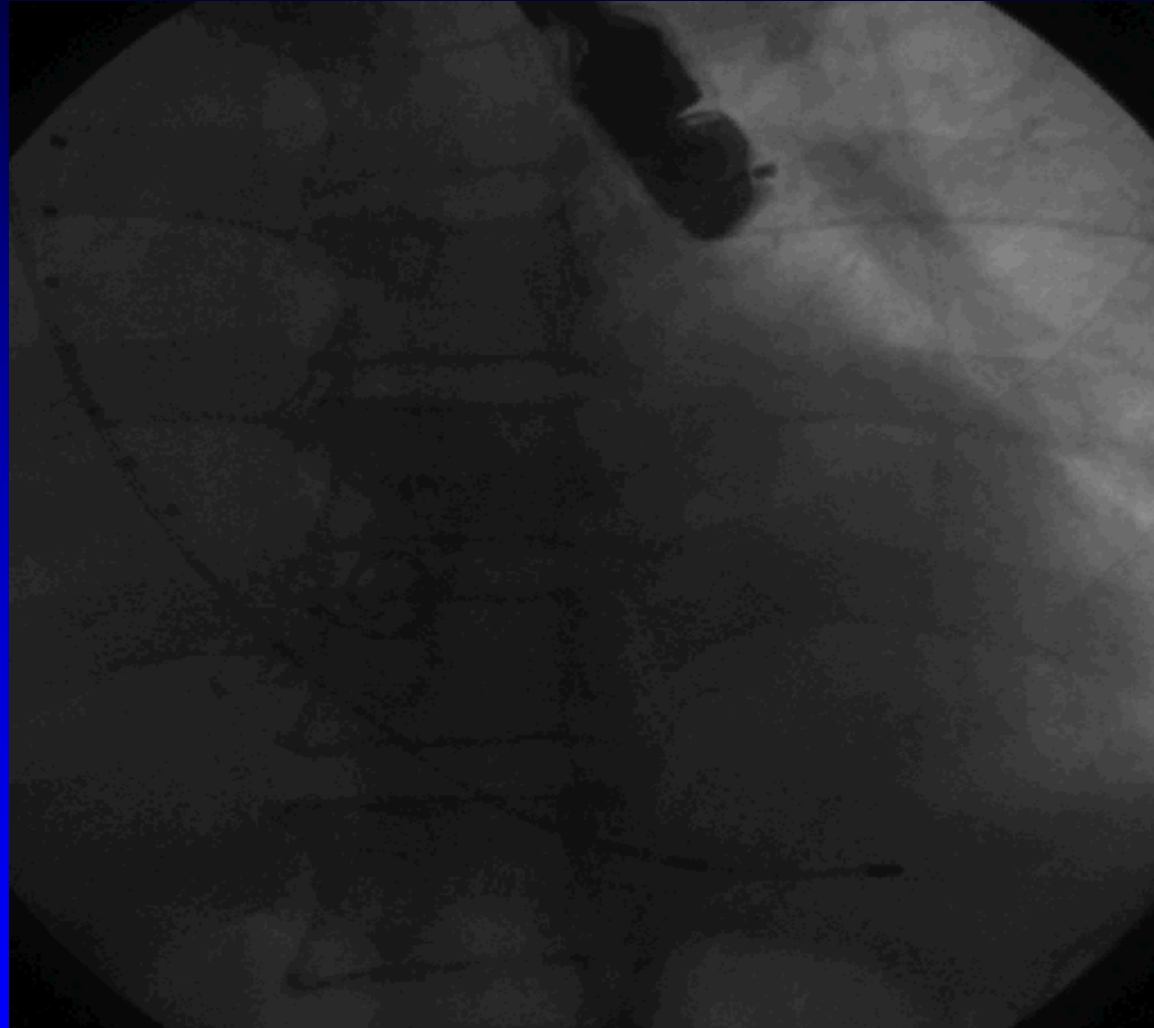


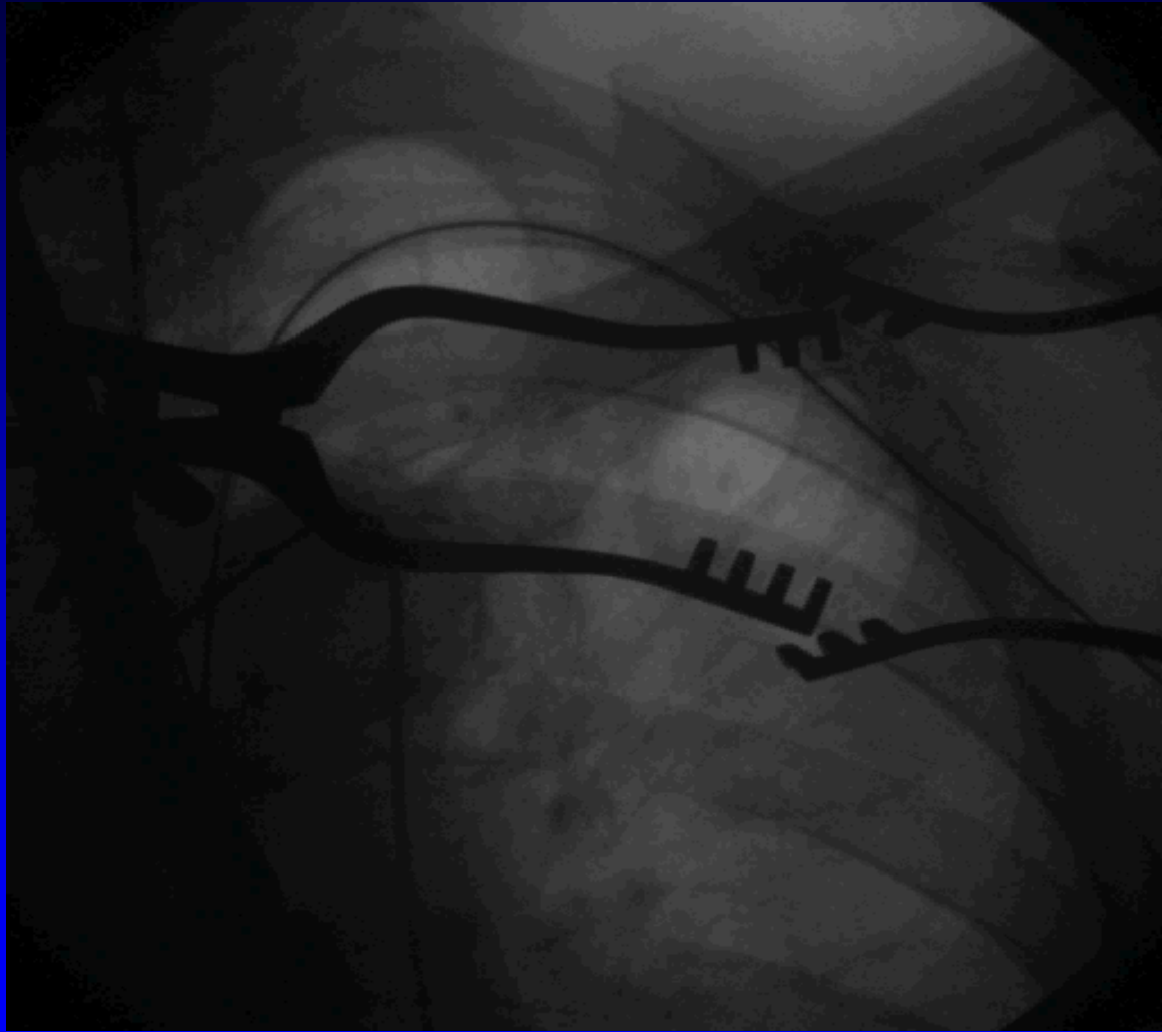


Temp wire

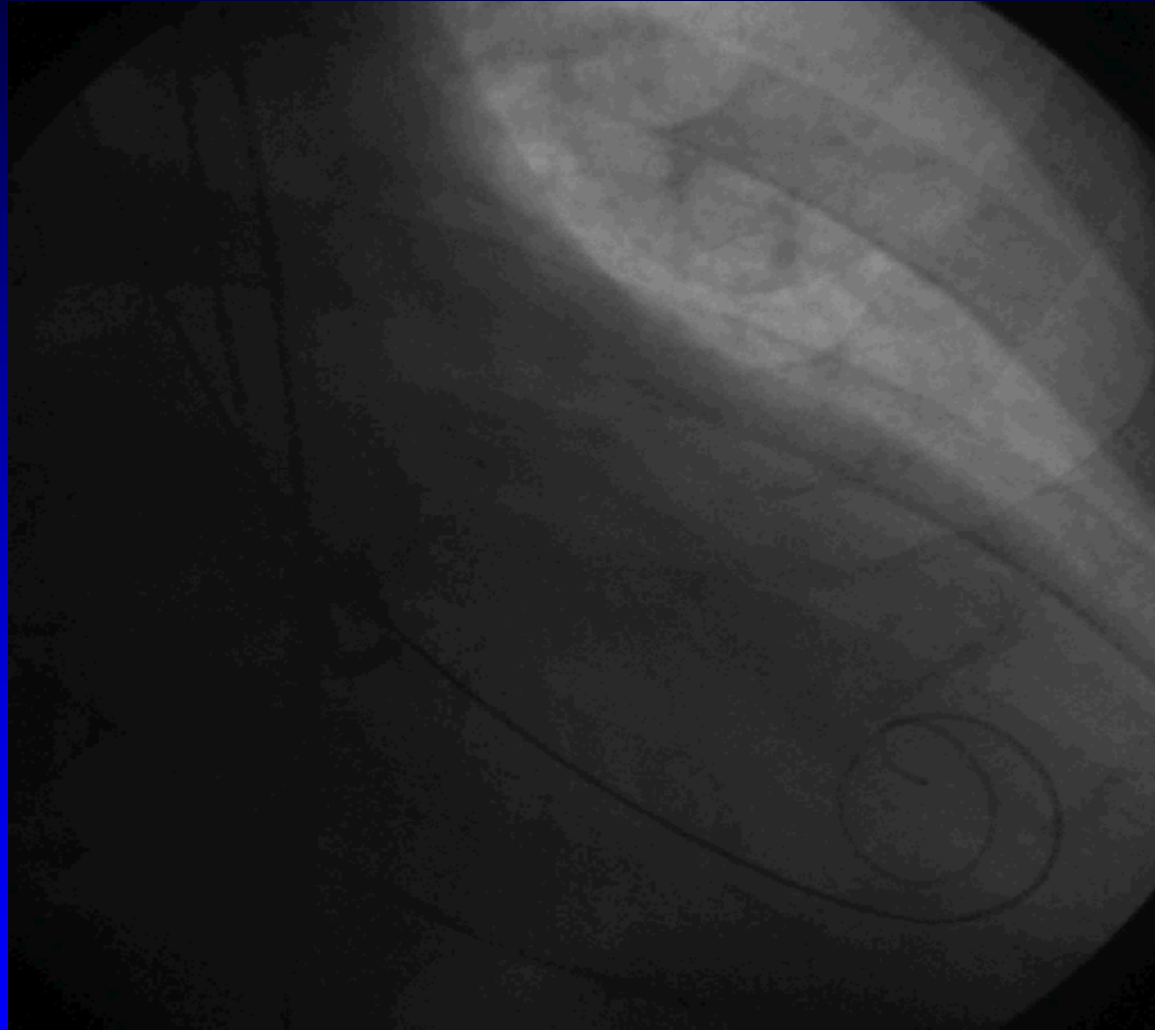
Graded Pigtail

GA with TEE

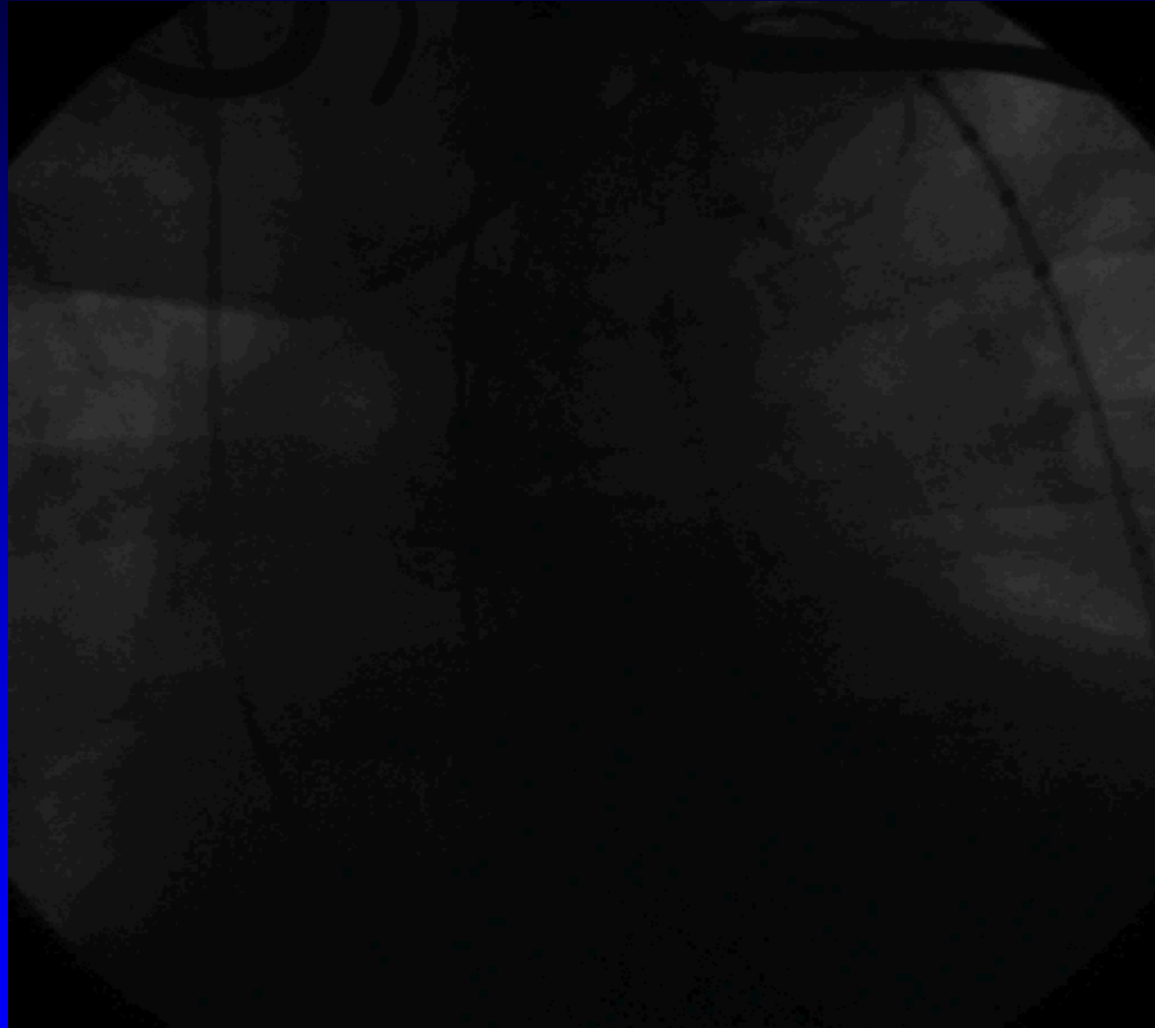




Superstiff GW in LV

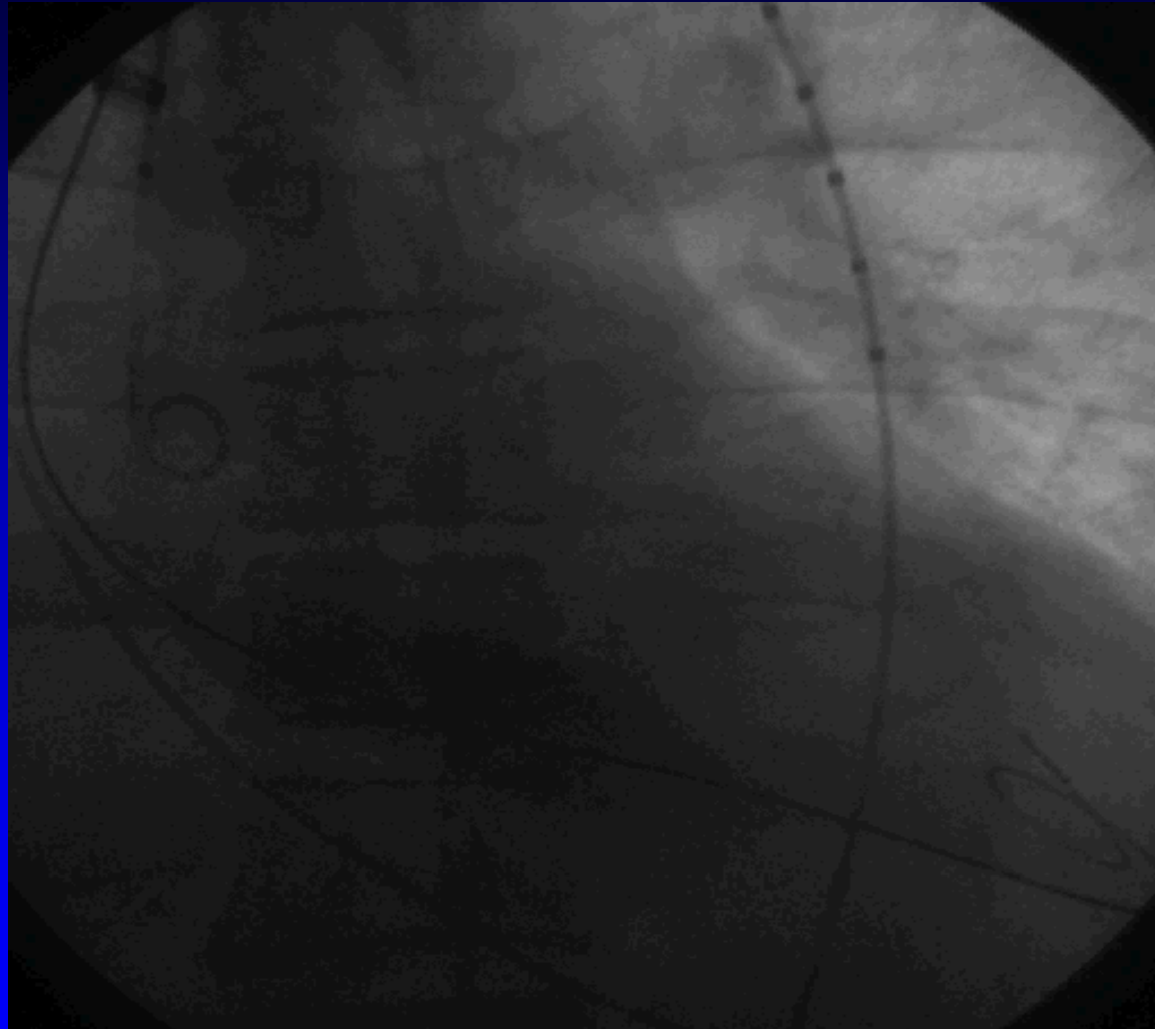


18F sheath
through left
subclavian
artery

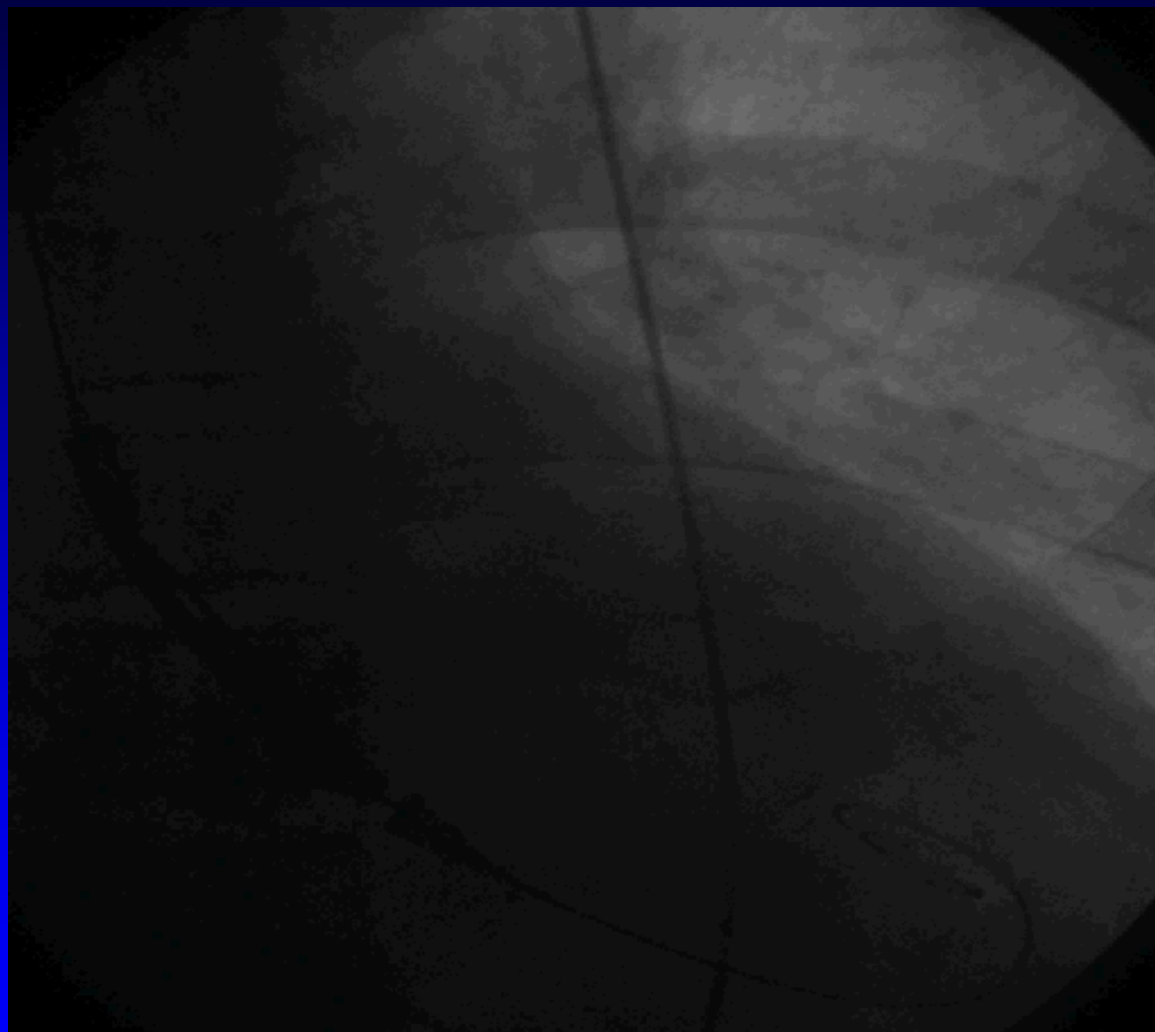


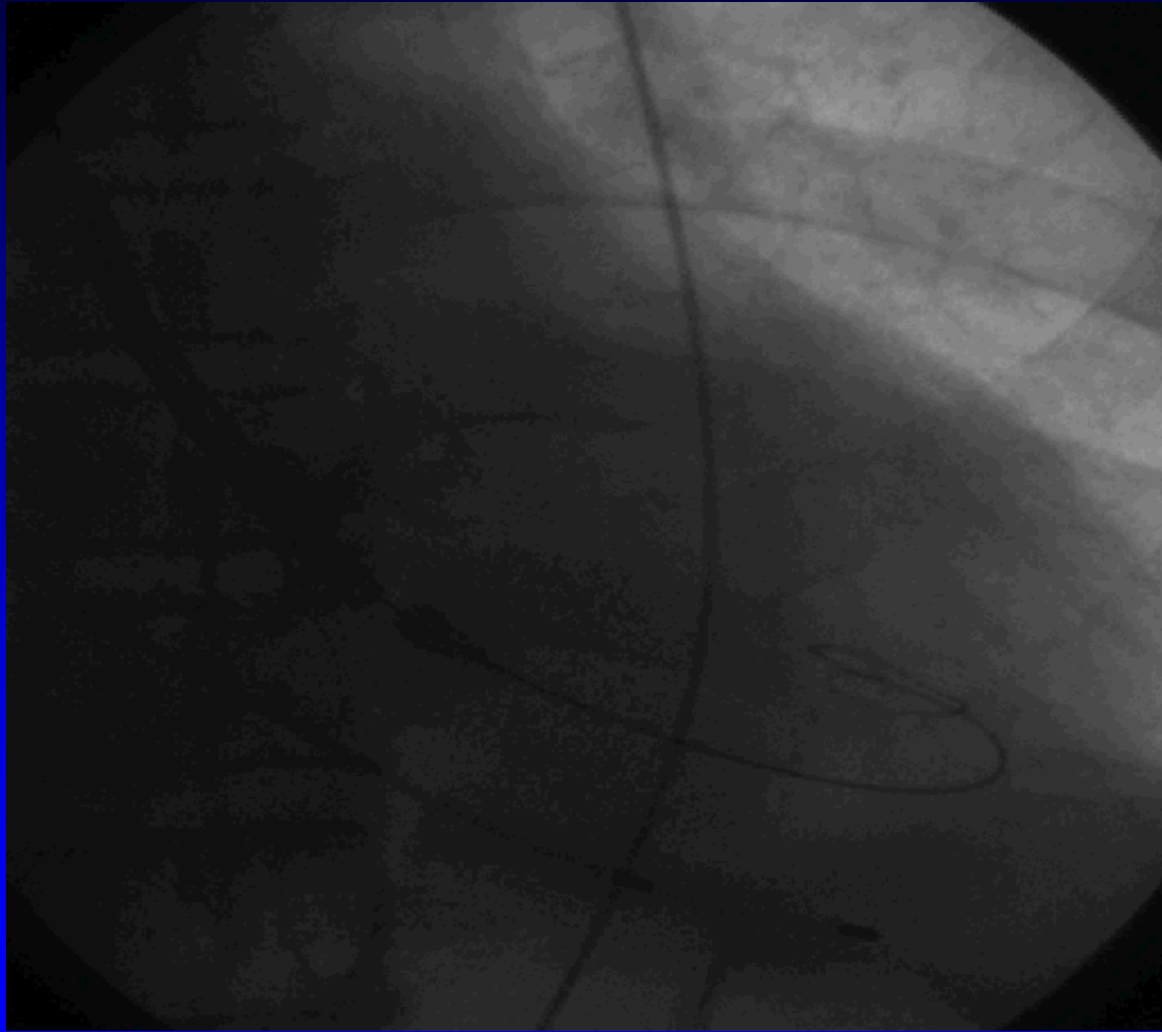
25mm Nucleus
balloon

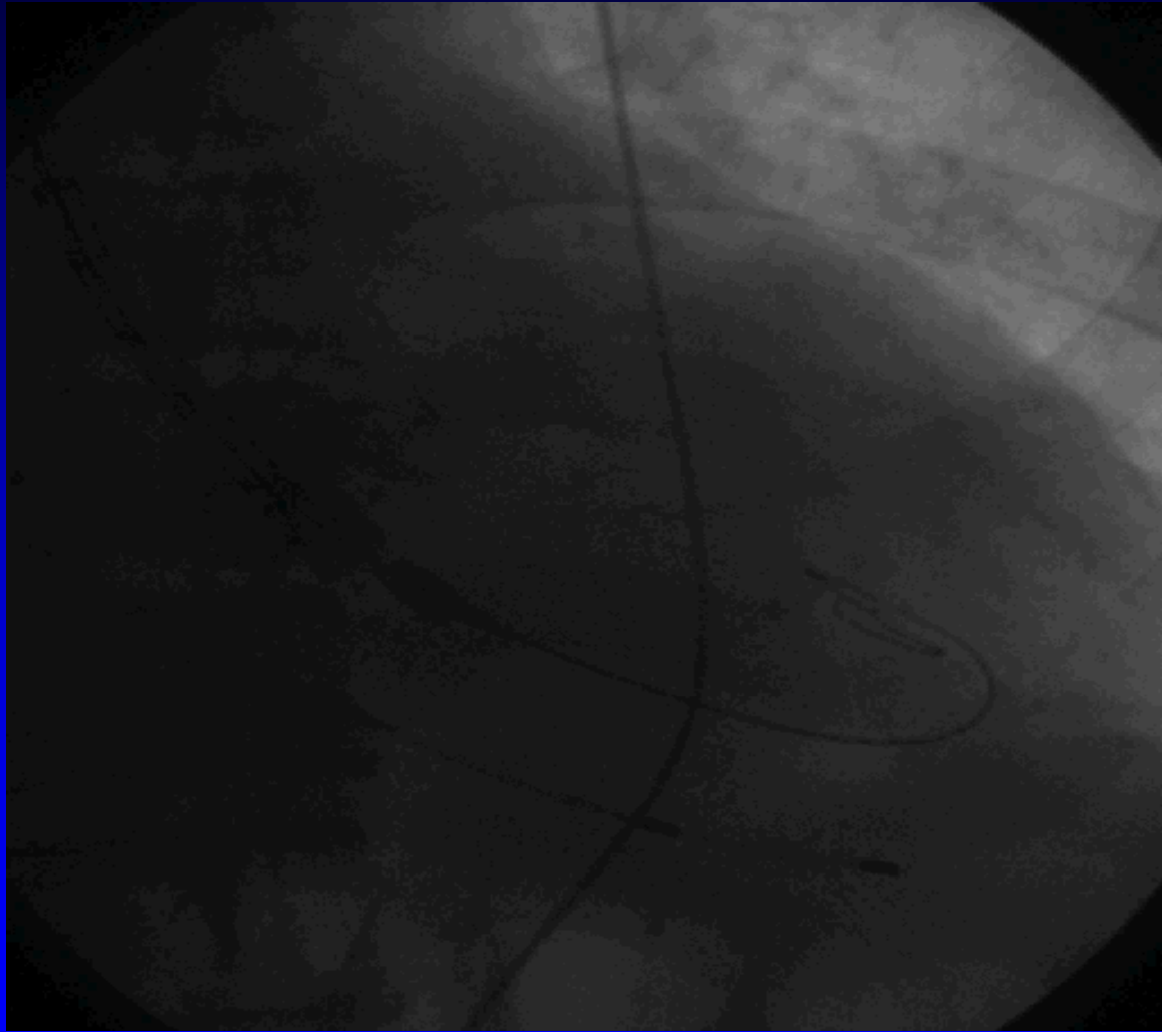
Rapid
ventricular
pacing at
160/min

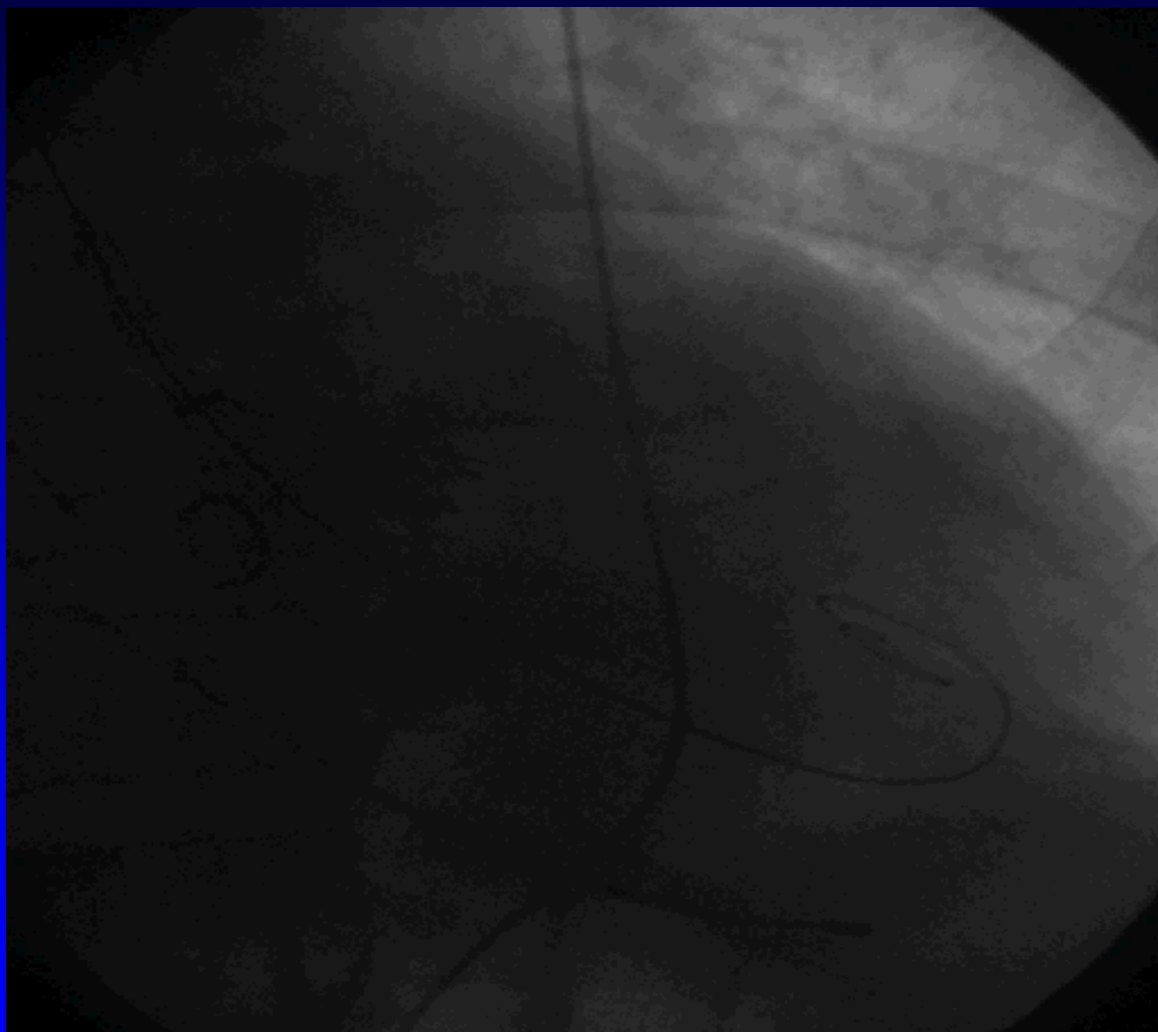


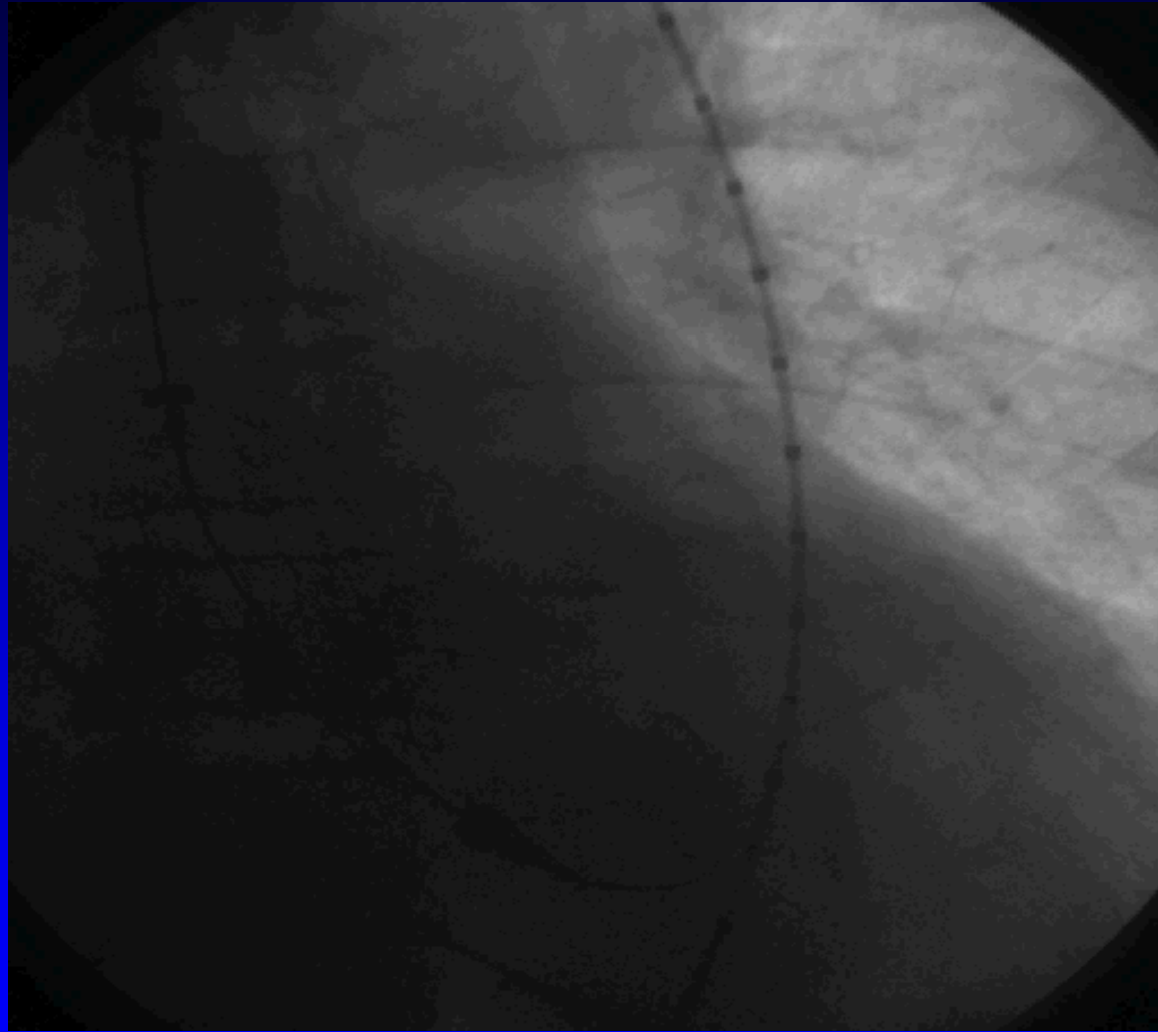
29mm
CoreValve

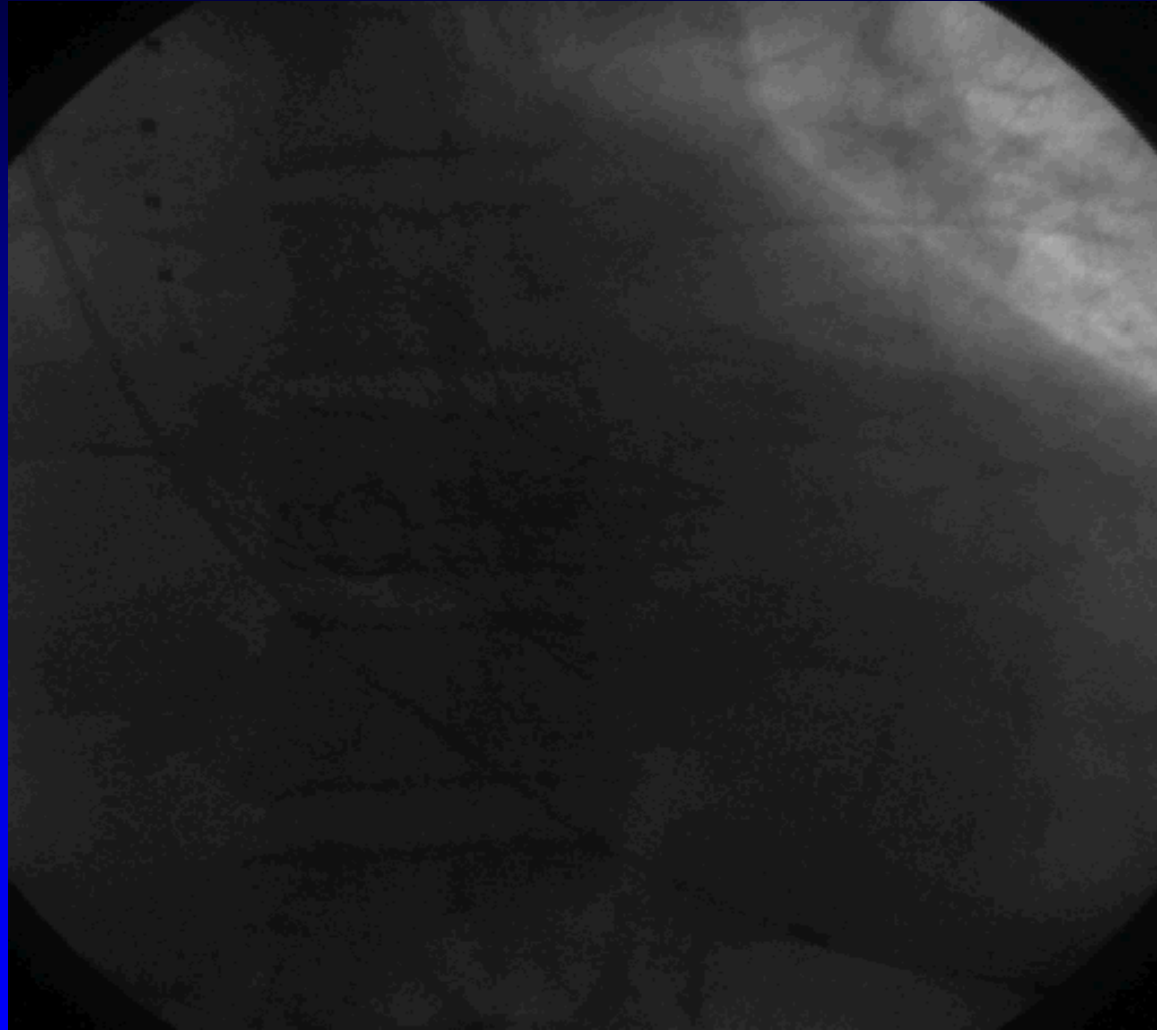


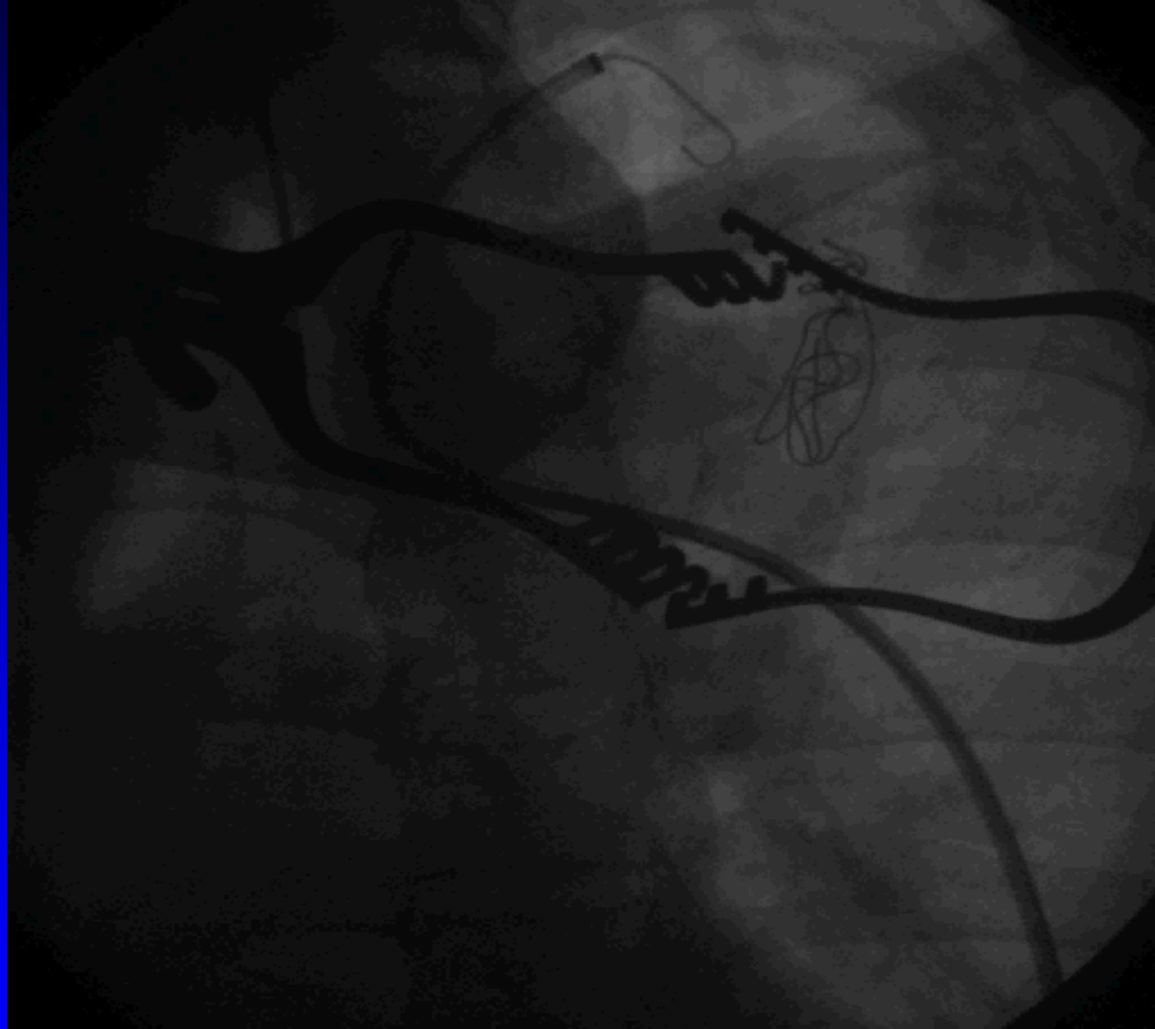




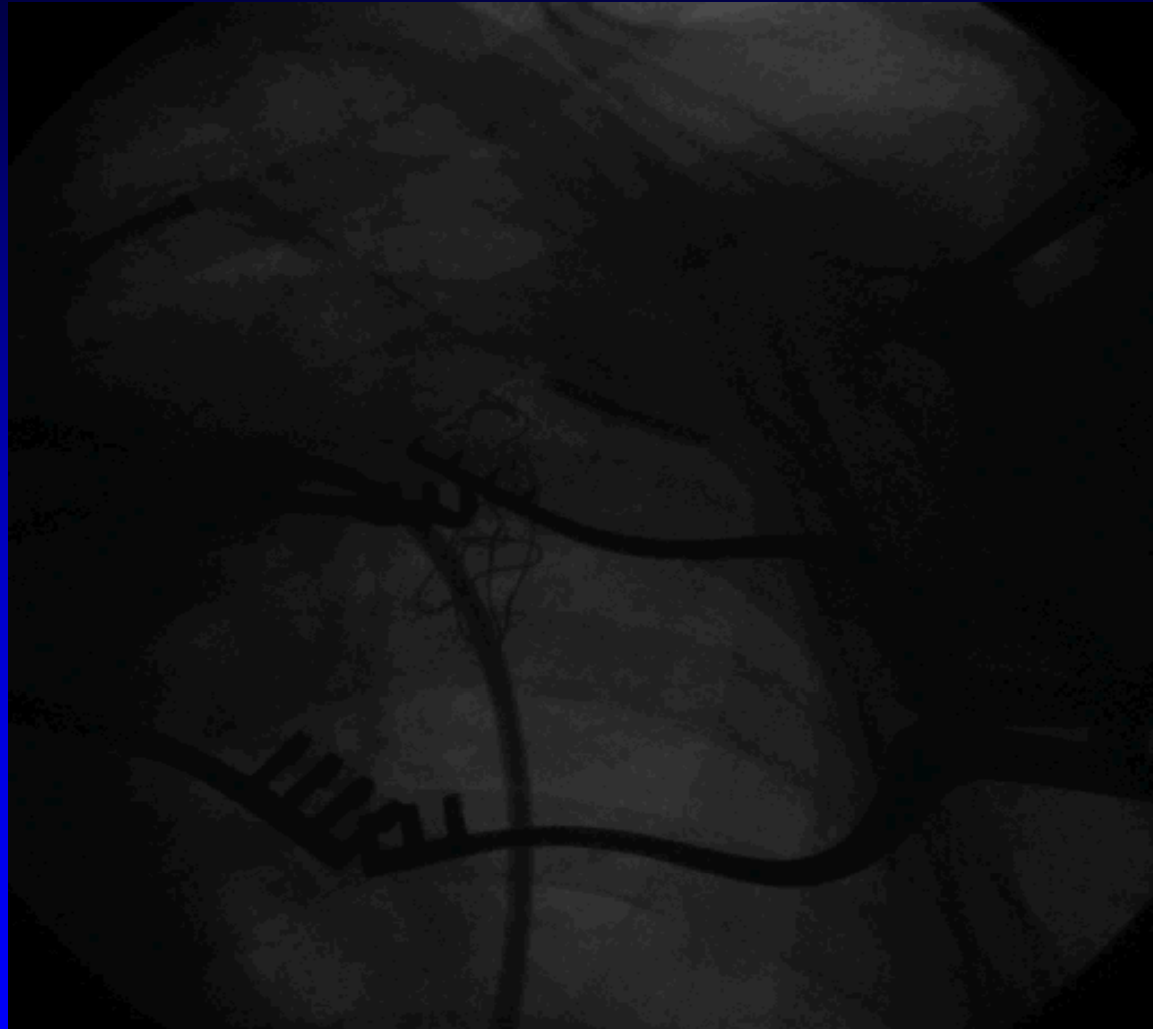


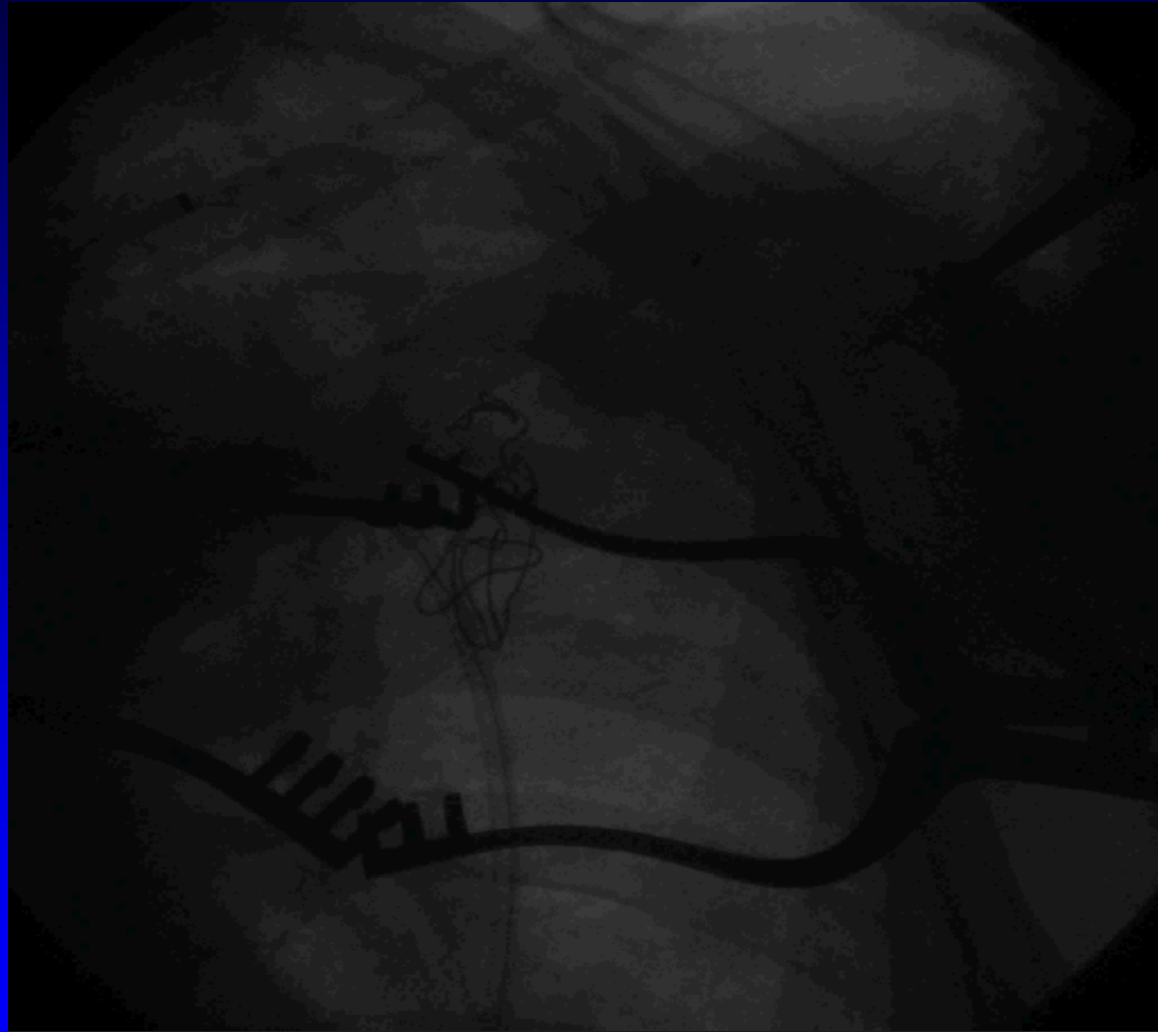




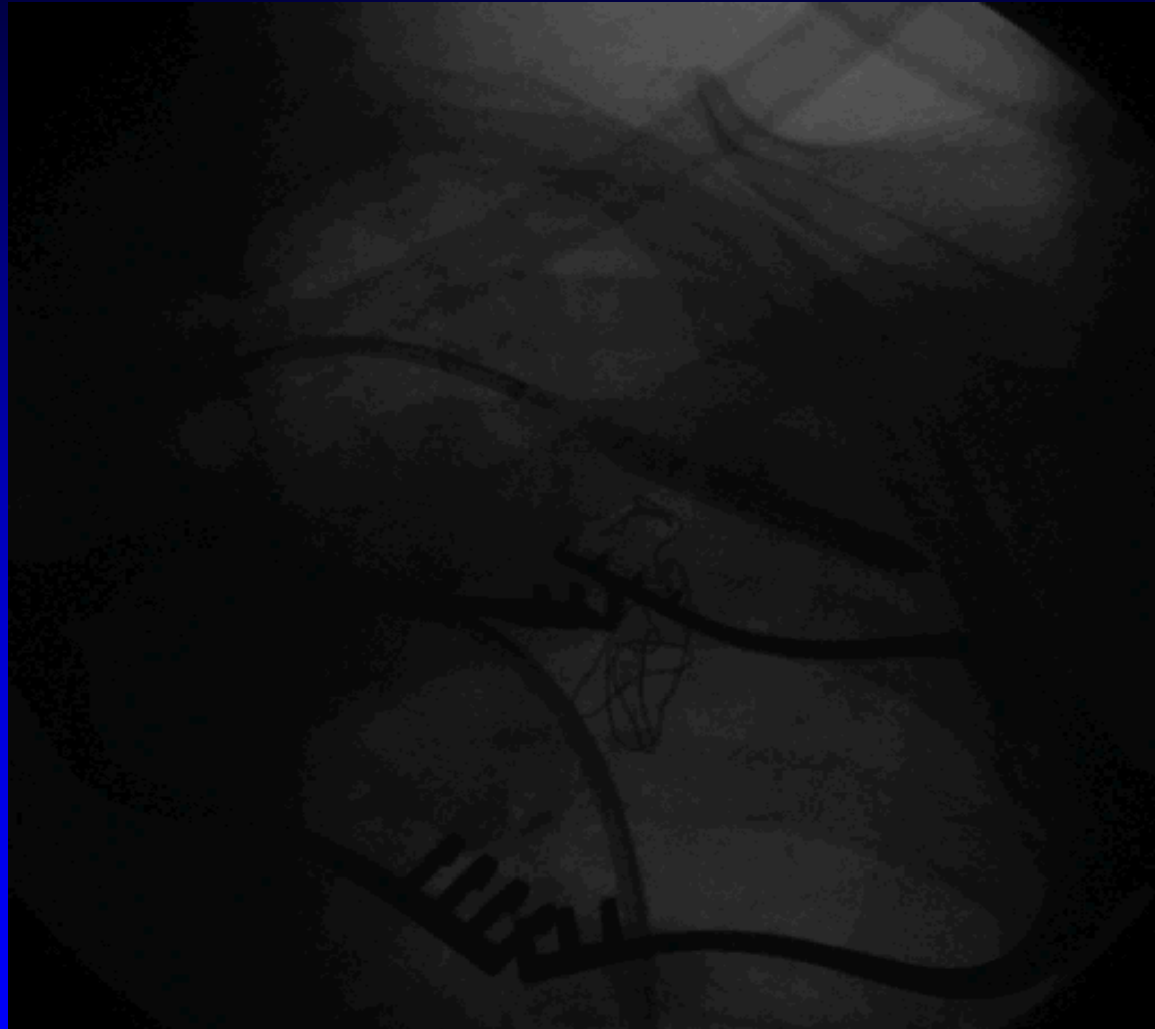


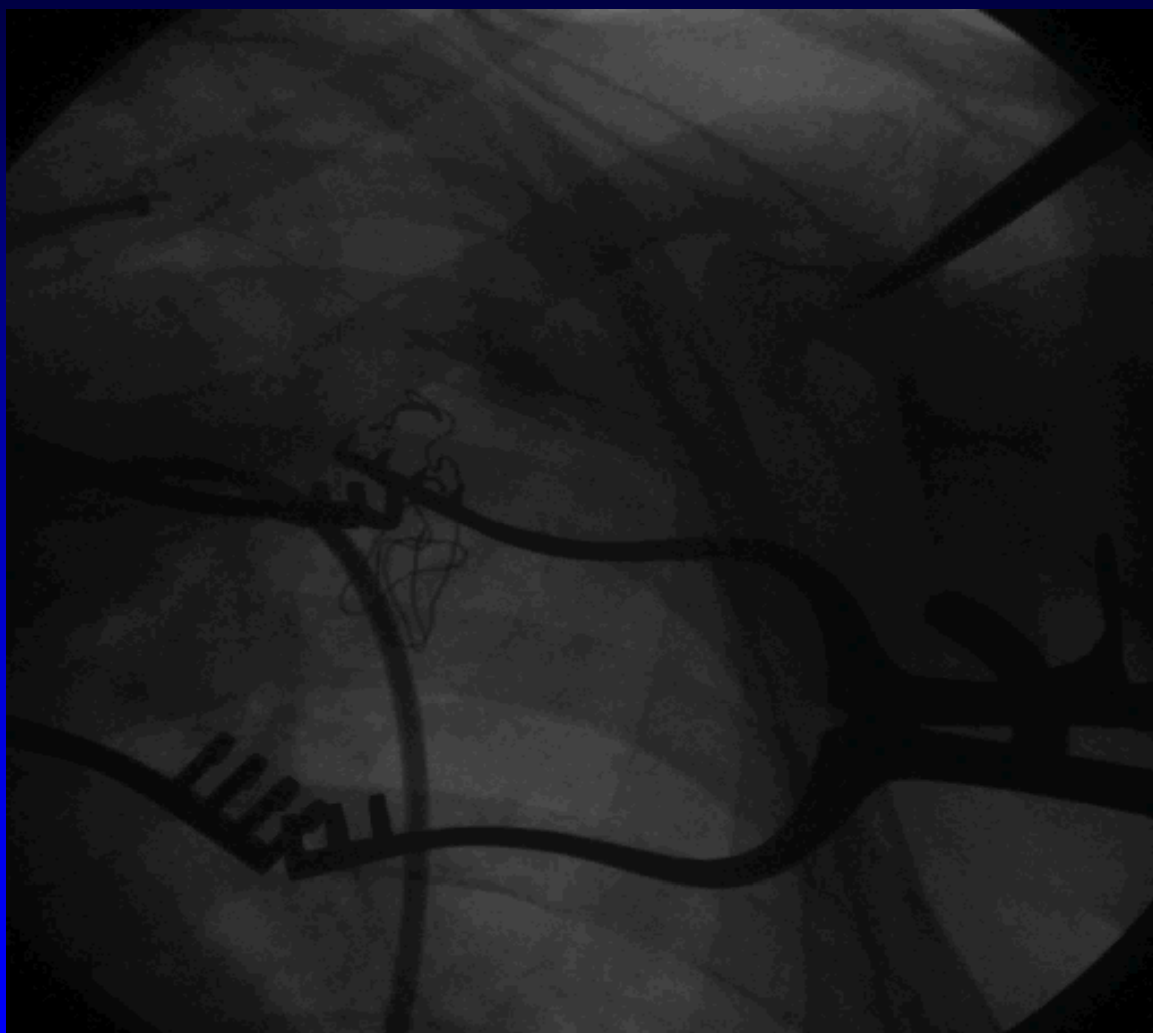
4.0x20
peripheral
balloon through
a 7F Shuttle
sheath





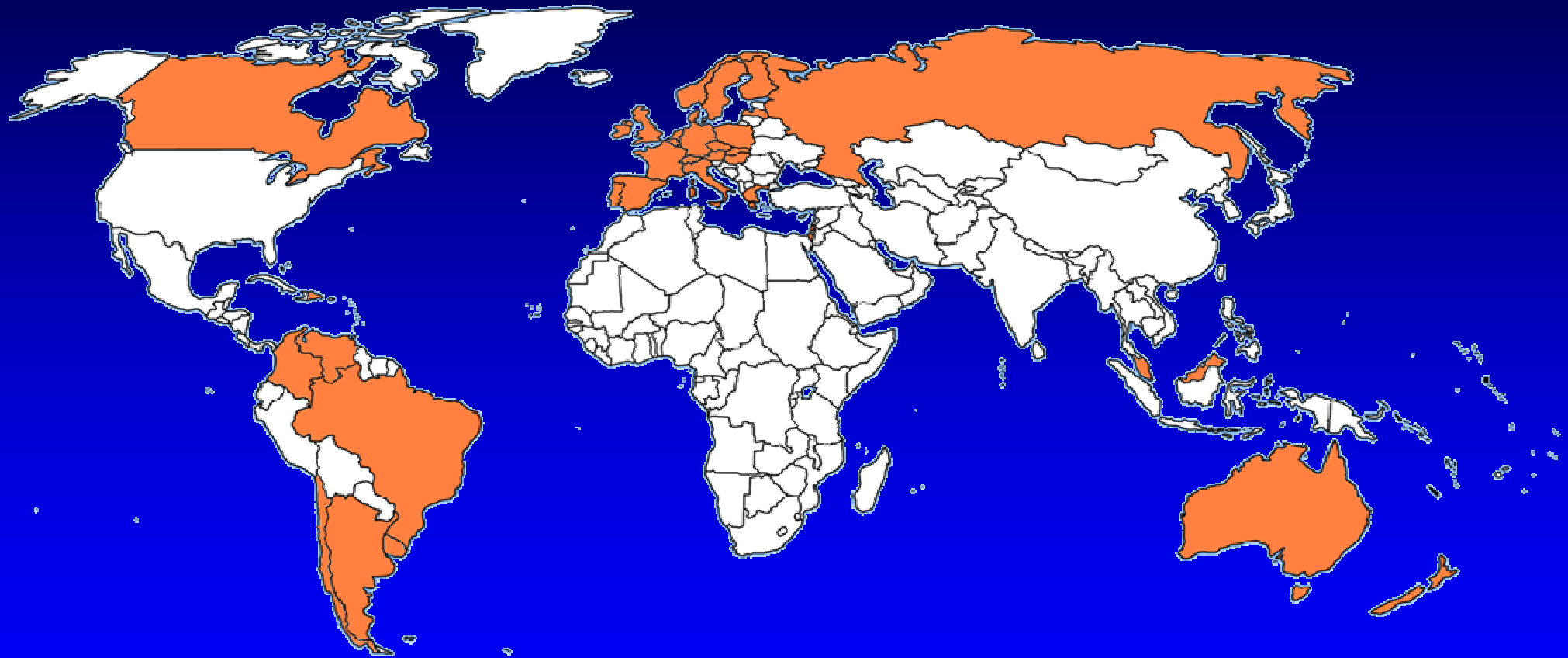
6.0x30
Peripheral stent
graft







CoreValve Experience



More than 12,000 CoreValve System implants in more than 35 countries.

Experimental Device in the United States and Limited by Federal Law to Investigational Use.

