

Exact Annular Sizing TTE, TEE and CT

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Professor of Medicine

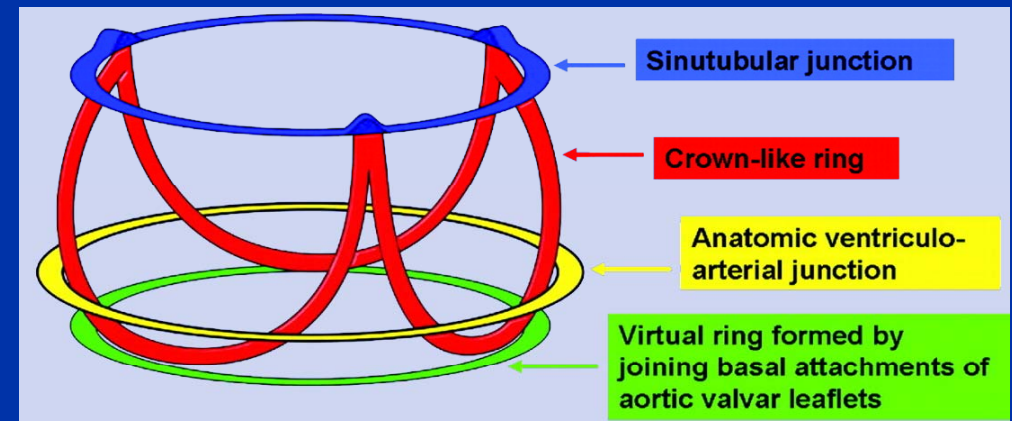
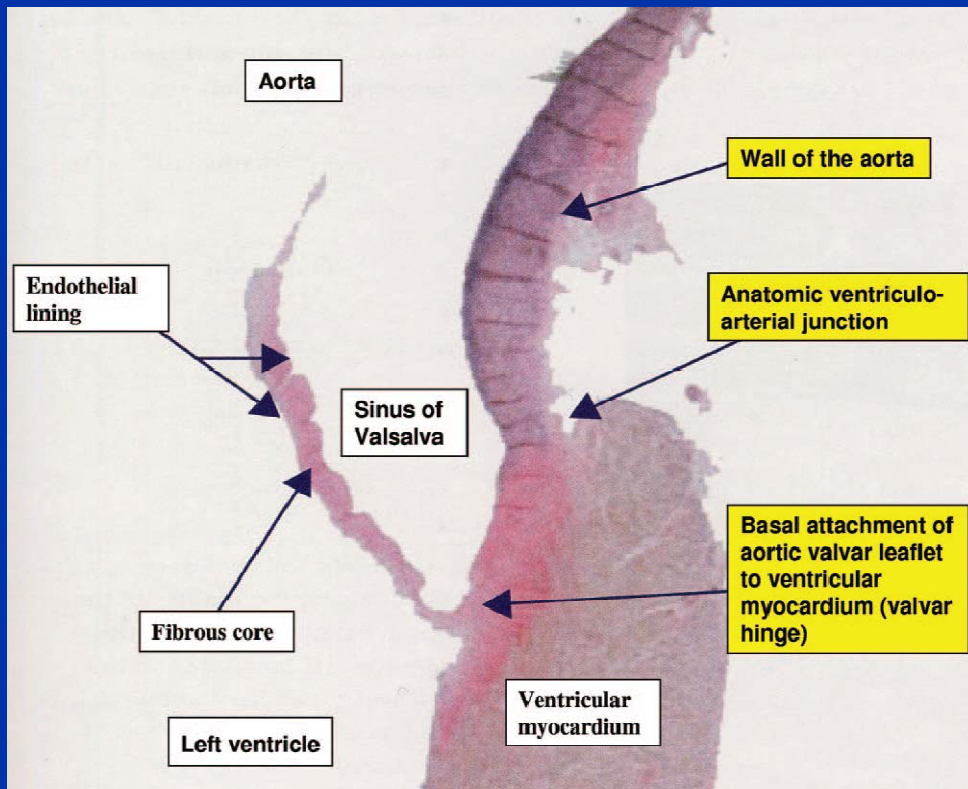
Director, Cardiac Catheterization Laboratories

Cleveland Clinic

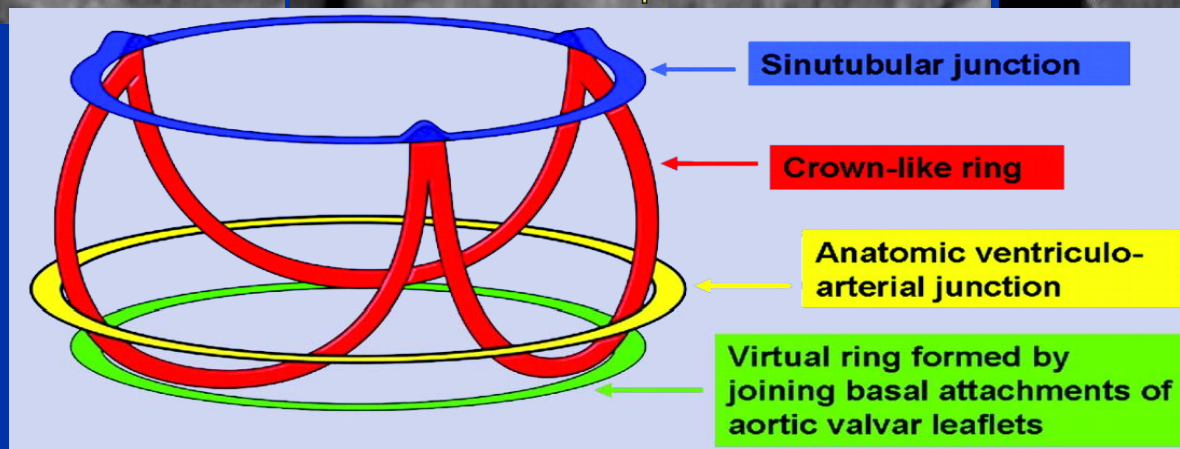
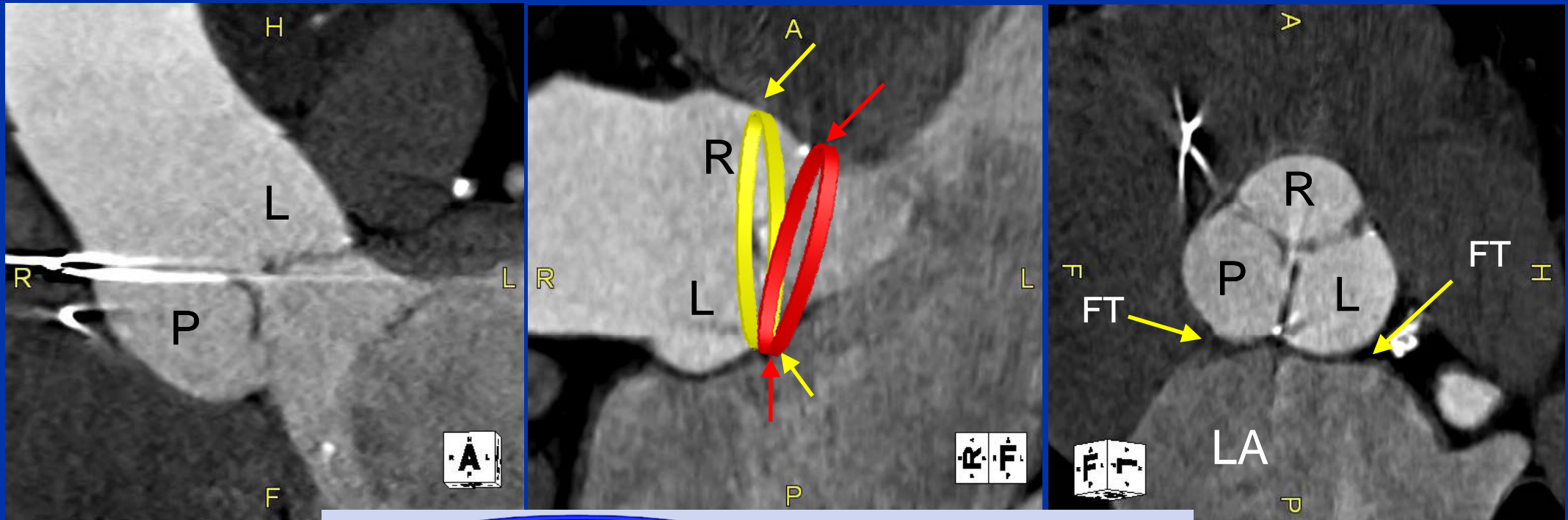
Aortic Root and Annulus



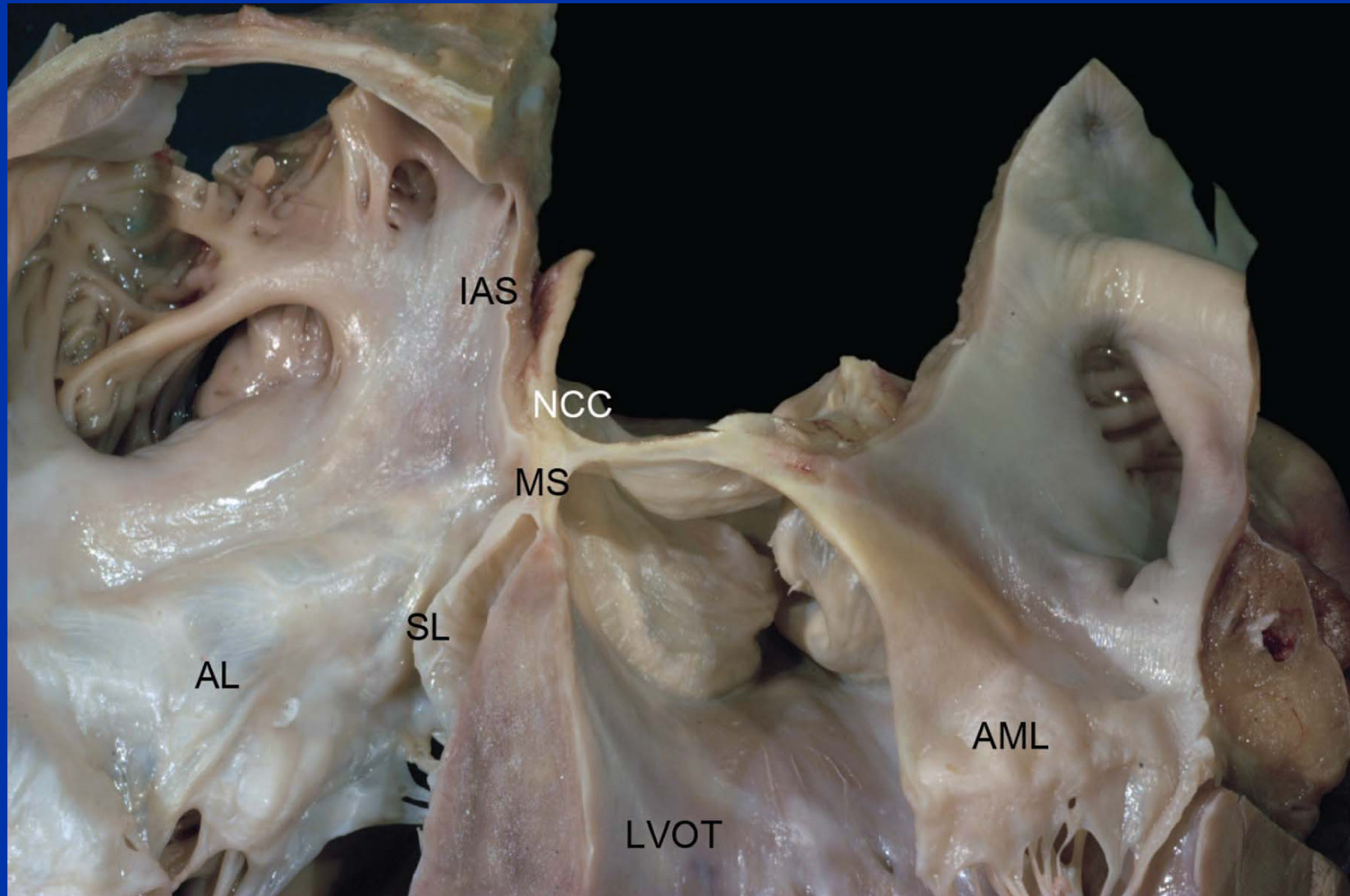
“Anulus” and V-A Junction



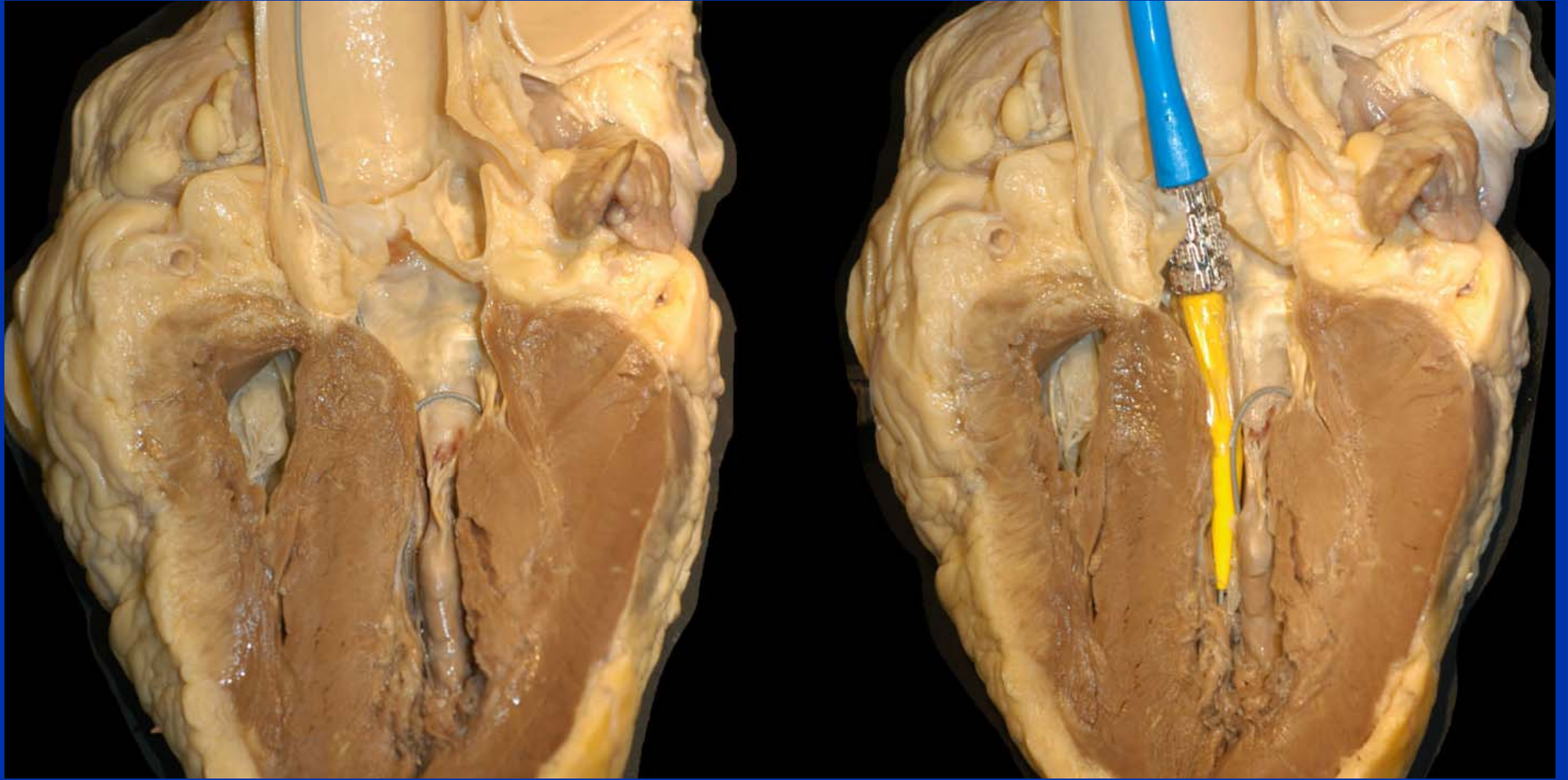
Anatomy of the Aortic Valve



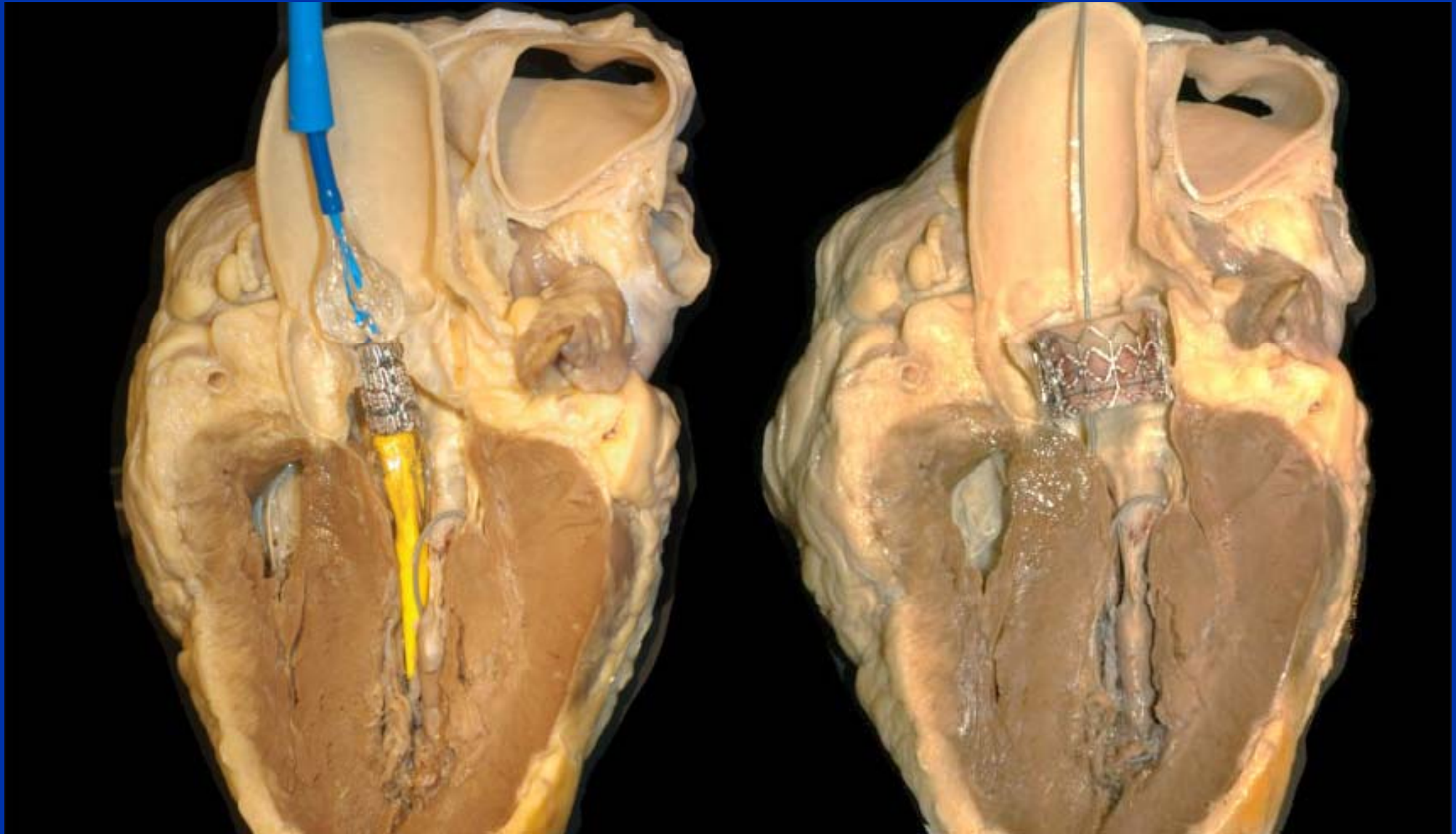
Relation of the Aortic Valve



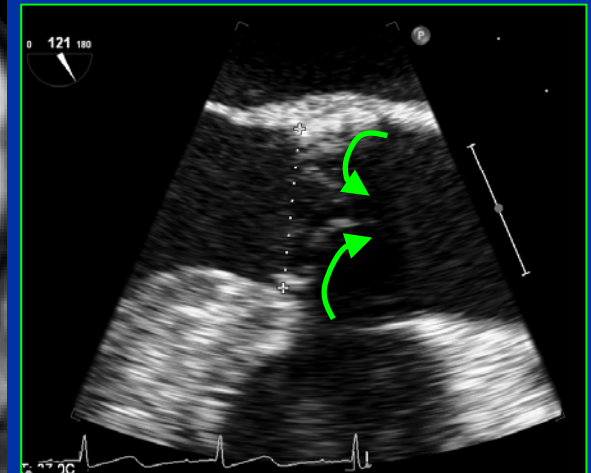
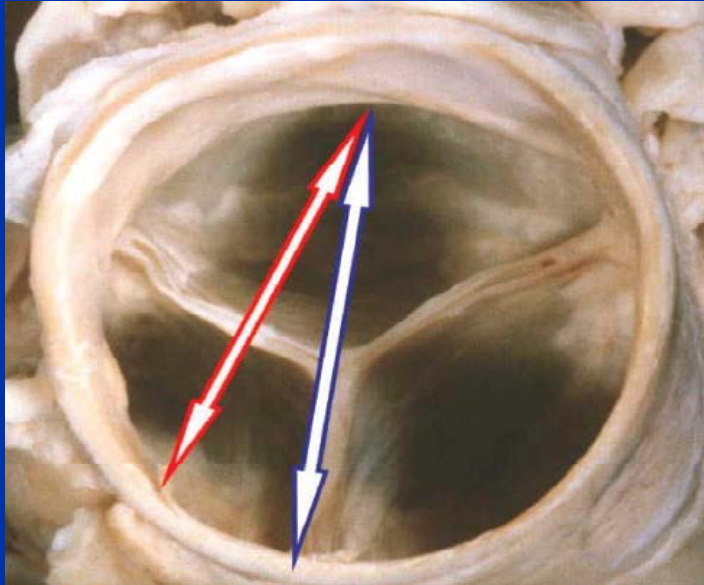
Anatomy of Deployment



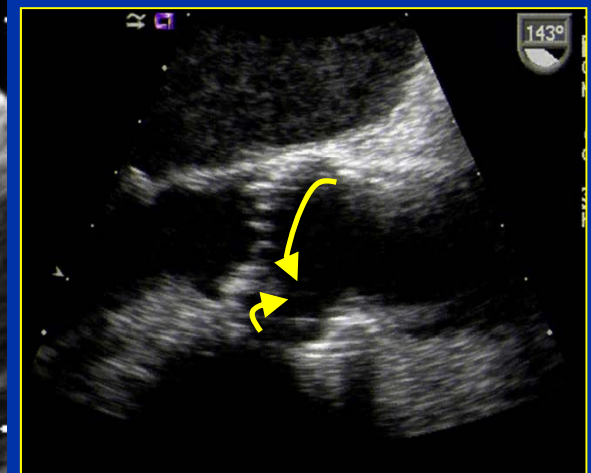
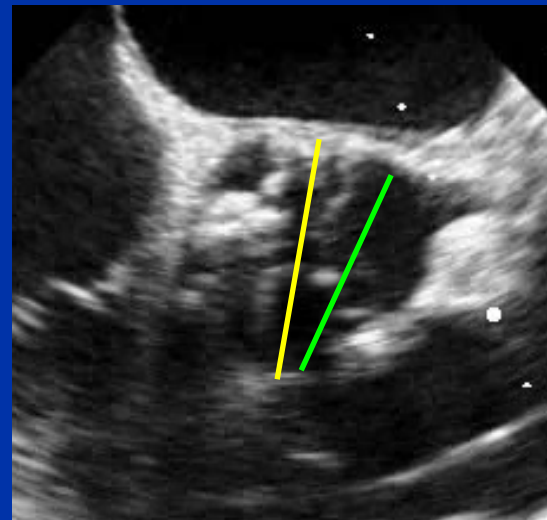
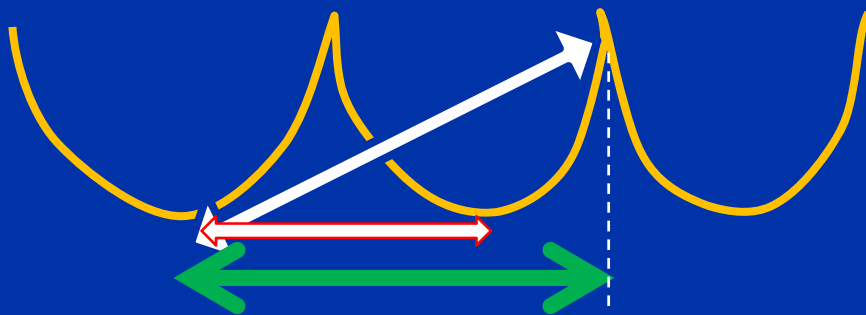
Anatomy of Deployment



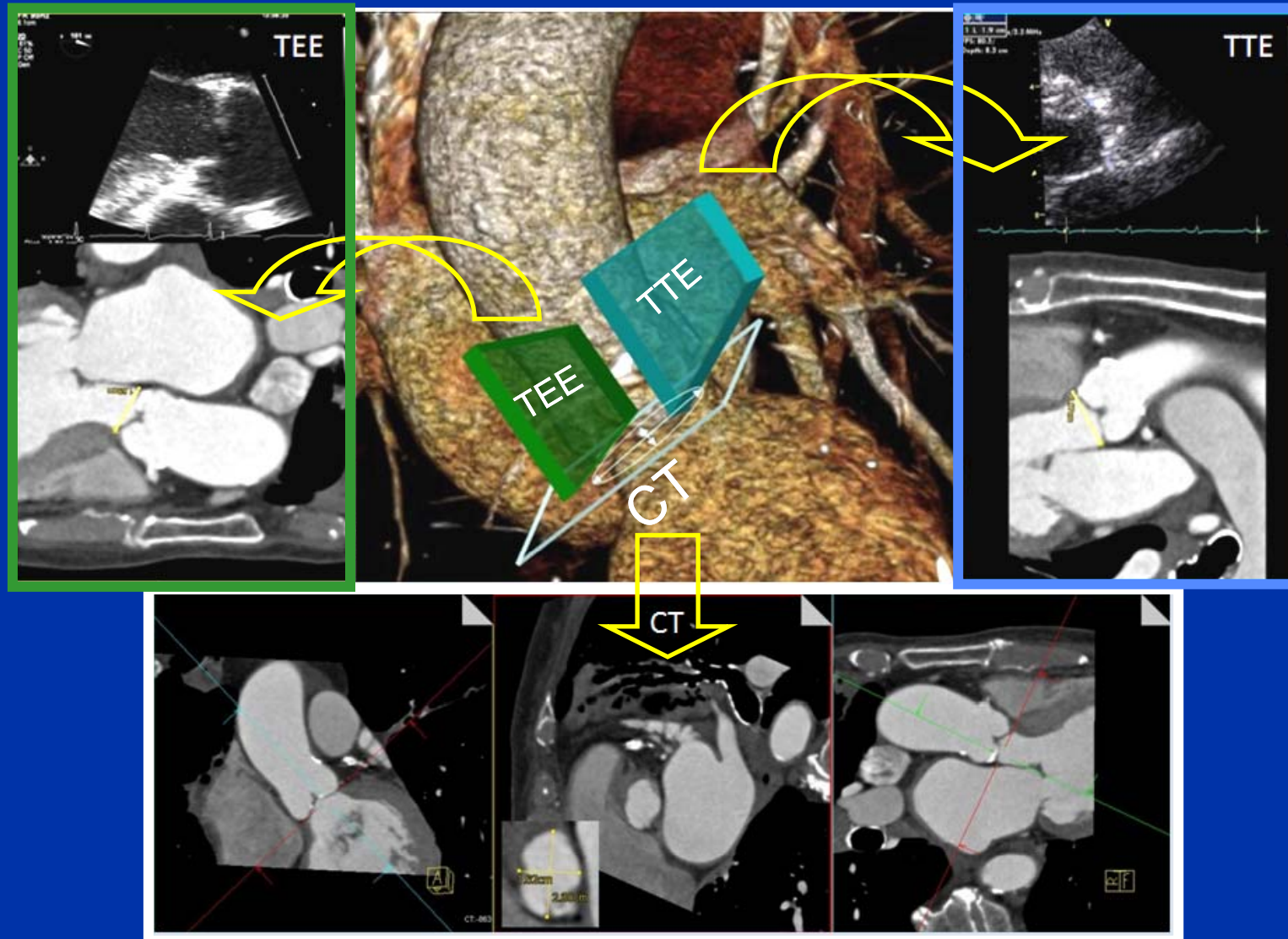
Correct Measurement by Echo



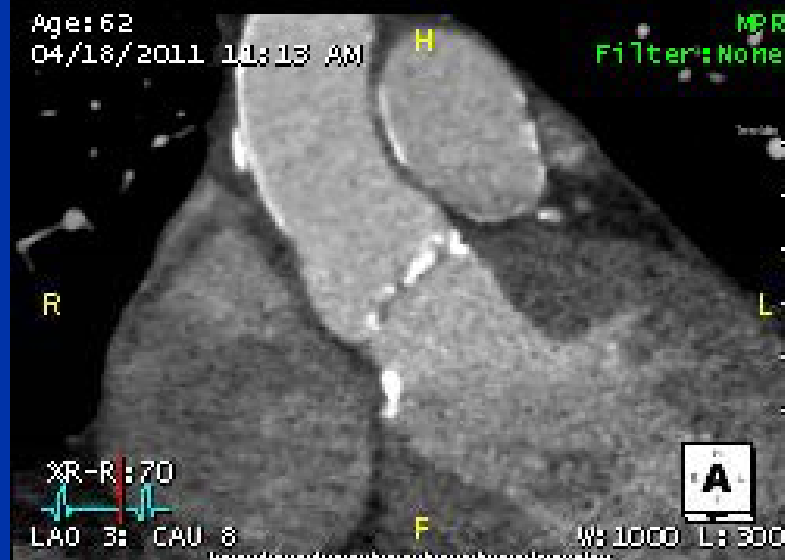
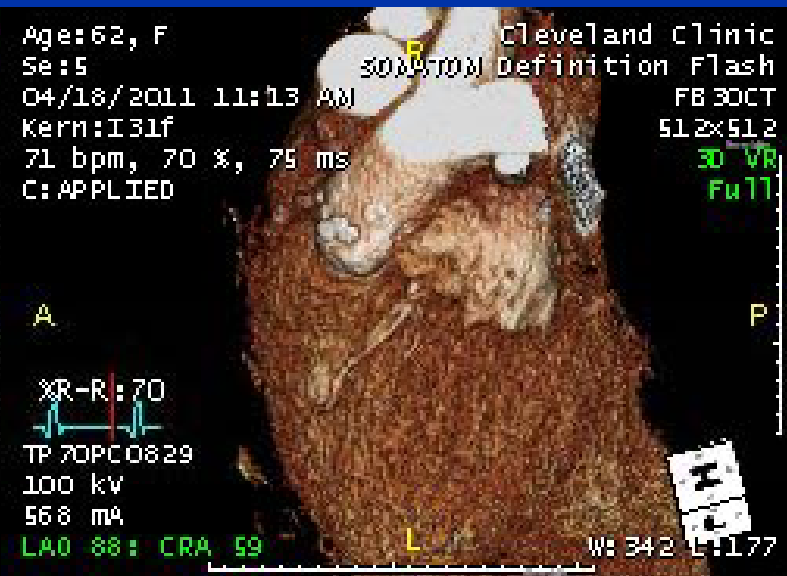
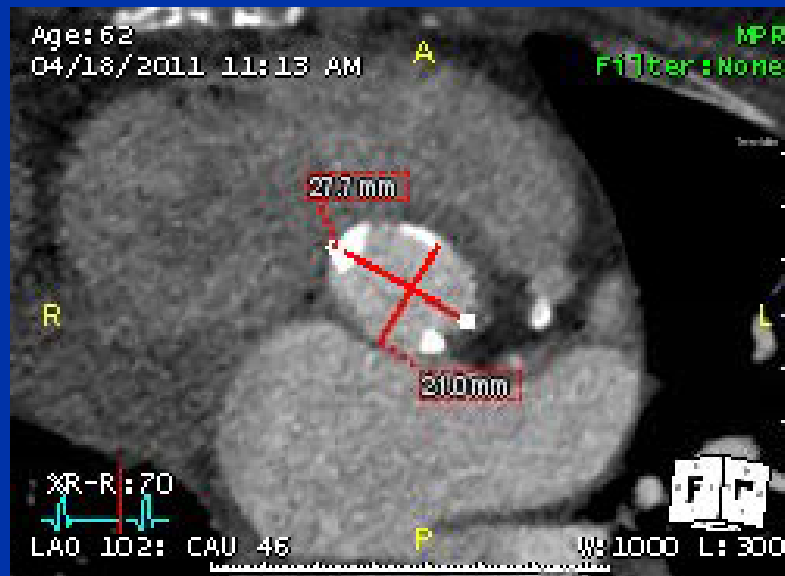
“Hinge” points are “crown shaped”



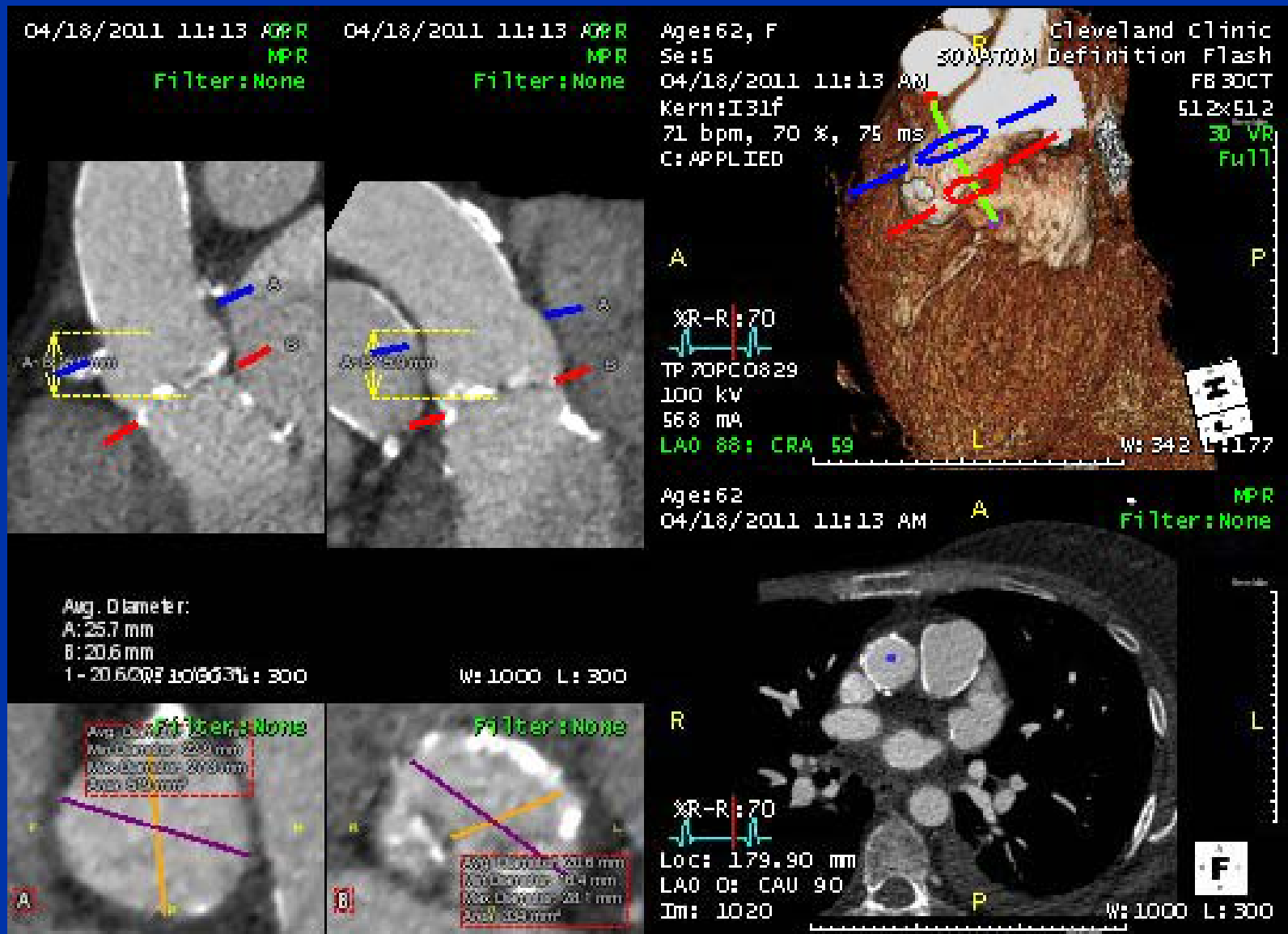
Annulus Measurement Different Imaging Modalities



Multi-planar Reconstruction



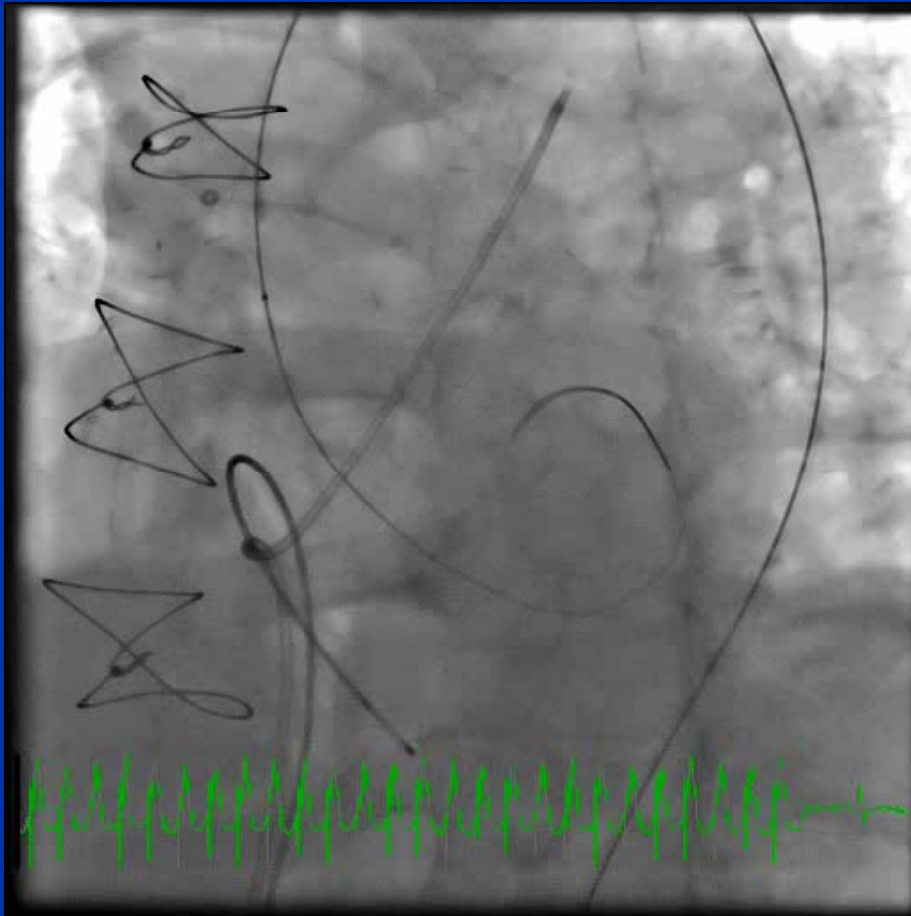
Curved multi-planer reconstruction (CPR)



Sizing with Balloon



Another Clue for the Size



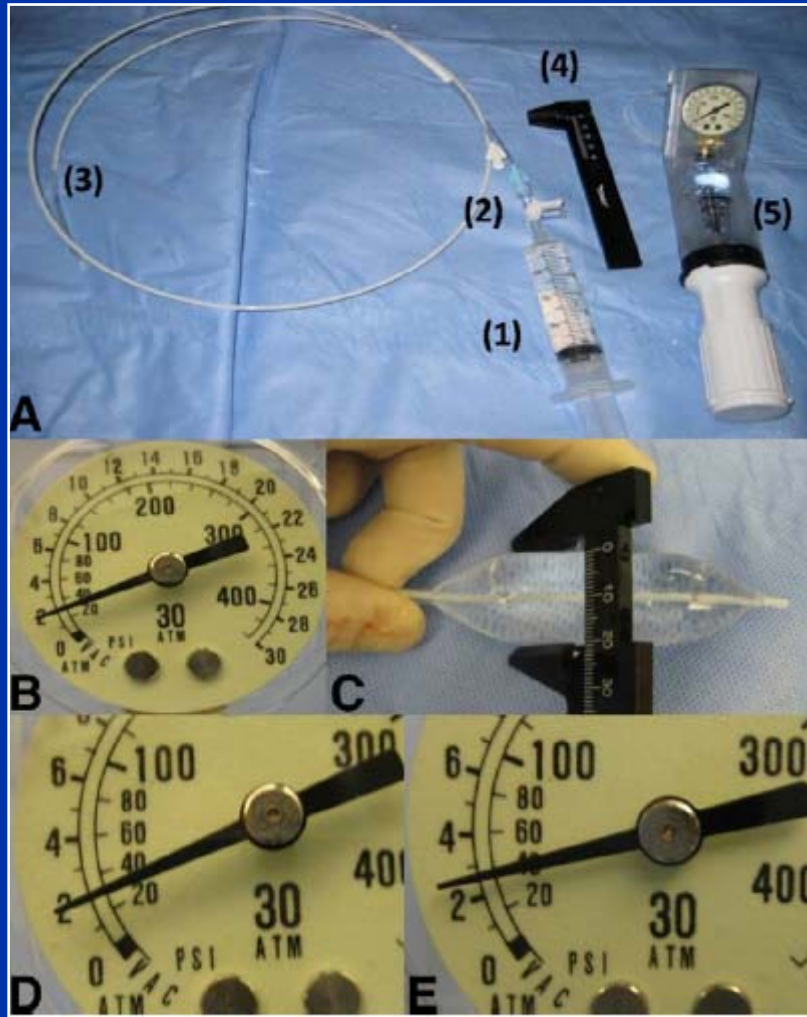
22 mm



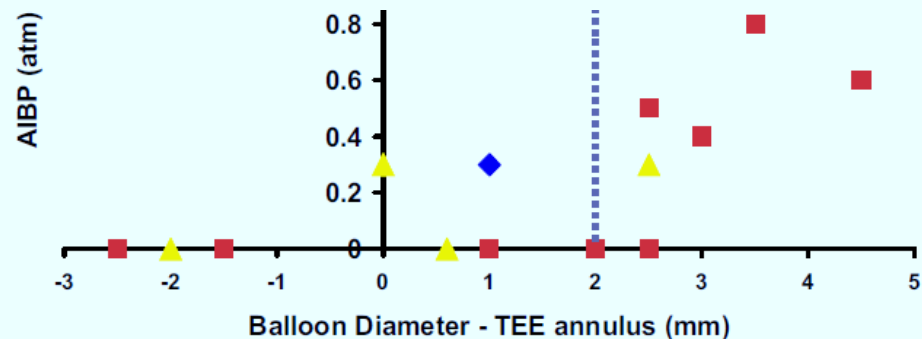
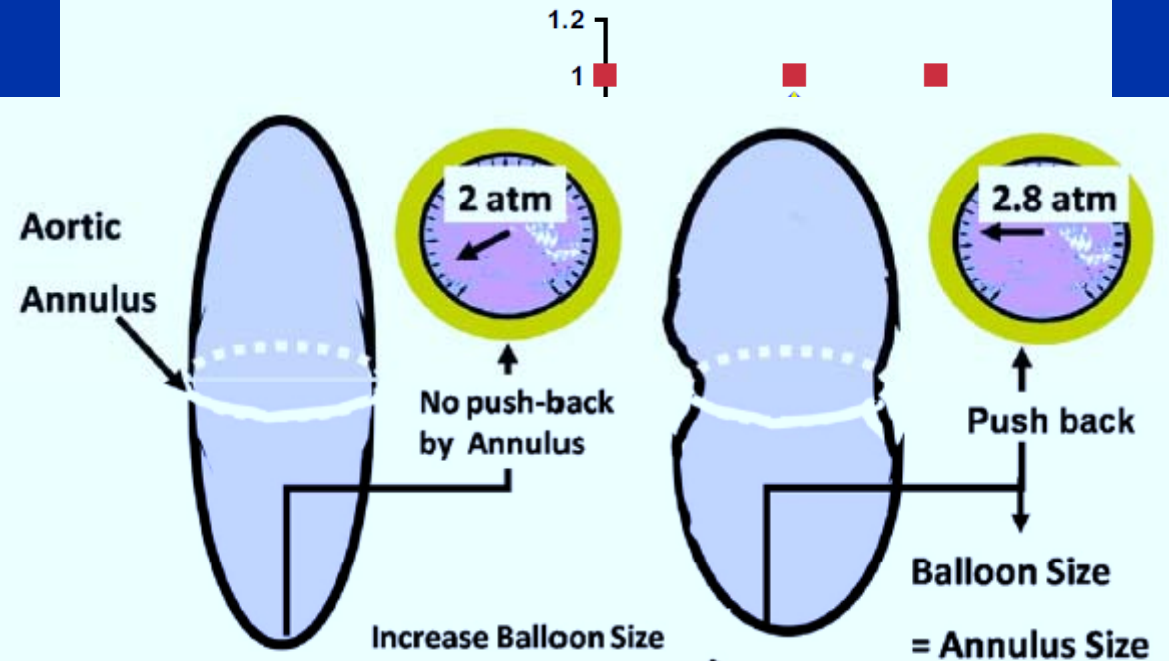
23 mm

Balloon movement with pacing cessation

Intraoperative Measurement of Annulus



A Intra-Operative Balloon Aortic Valvuloplasty in Tricuspid Aortic Valves

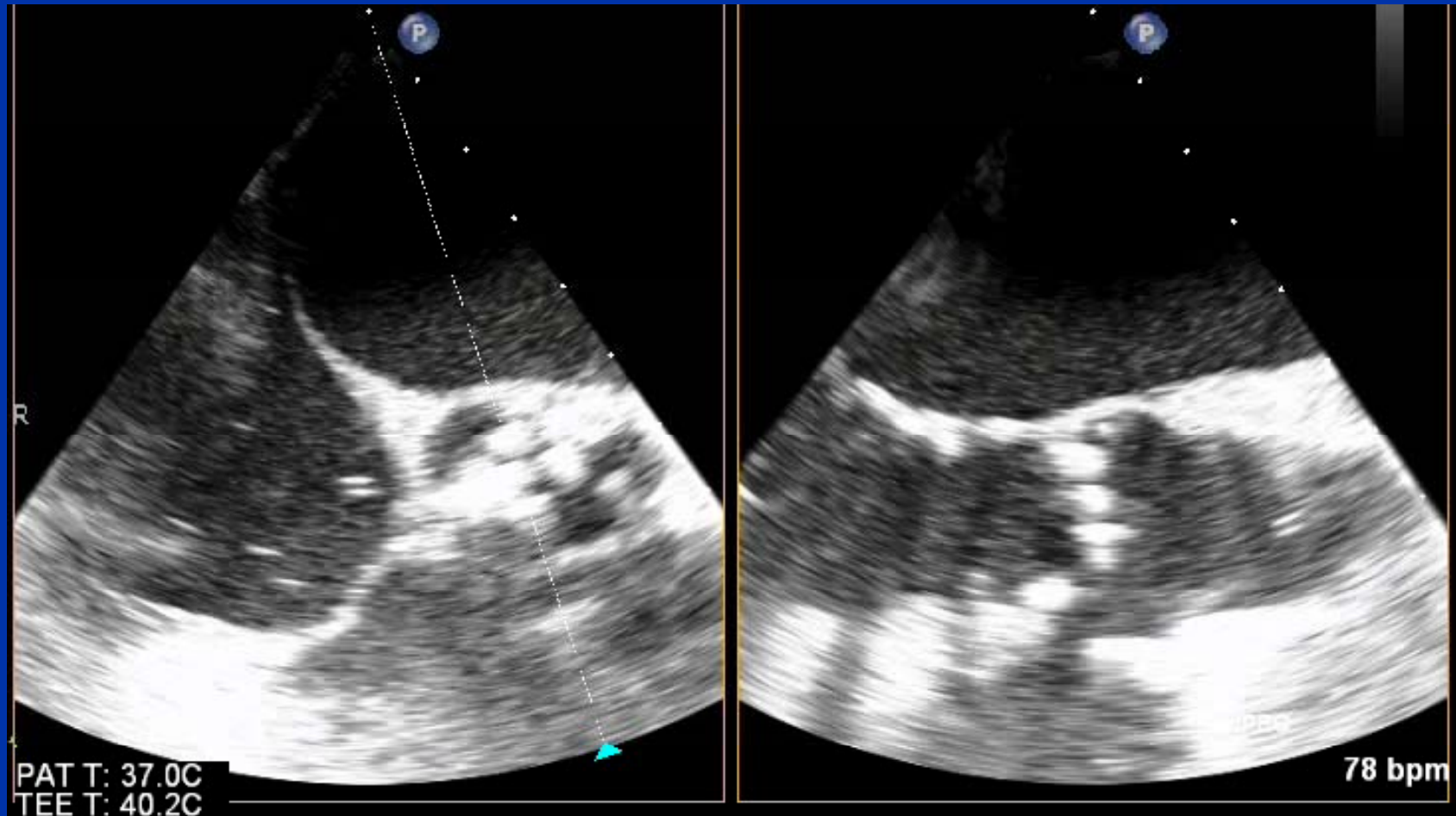


Correlation Between TTE, TEE, MDCT

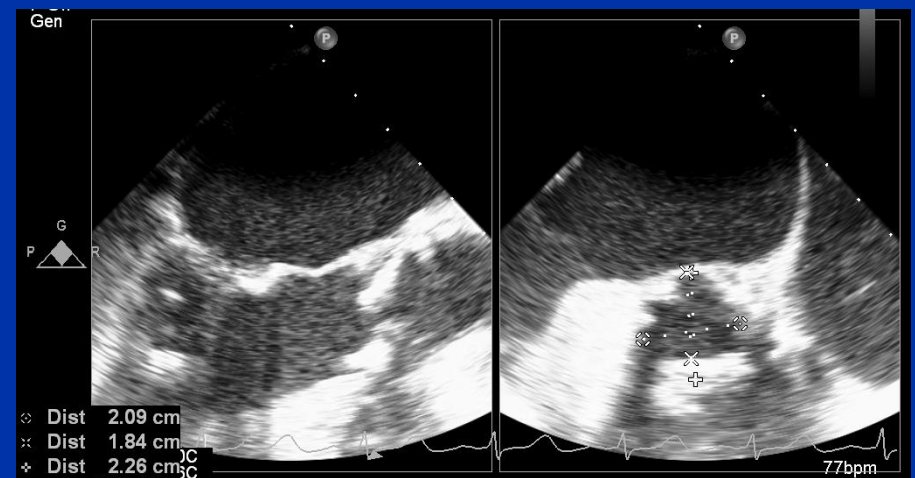
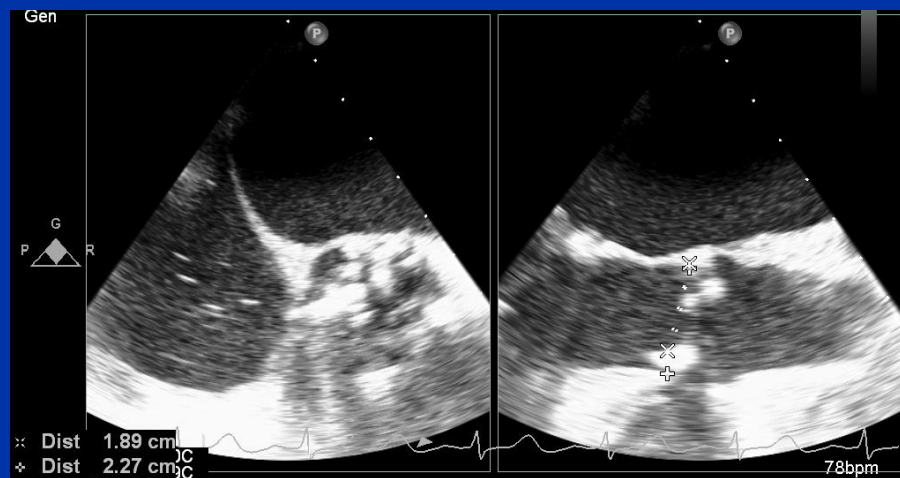
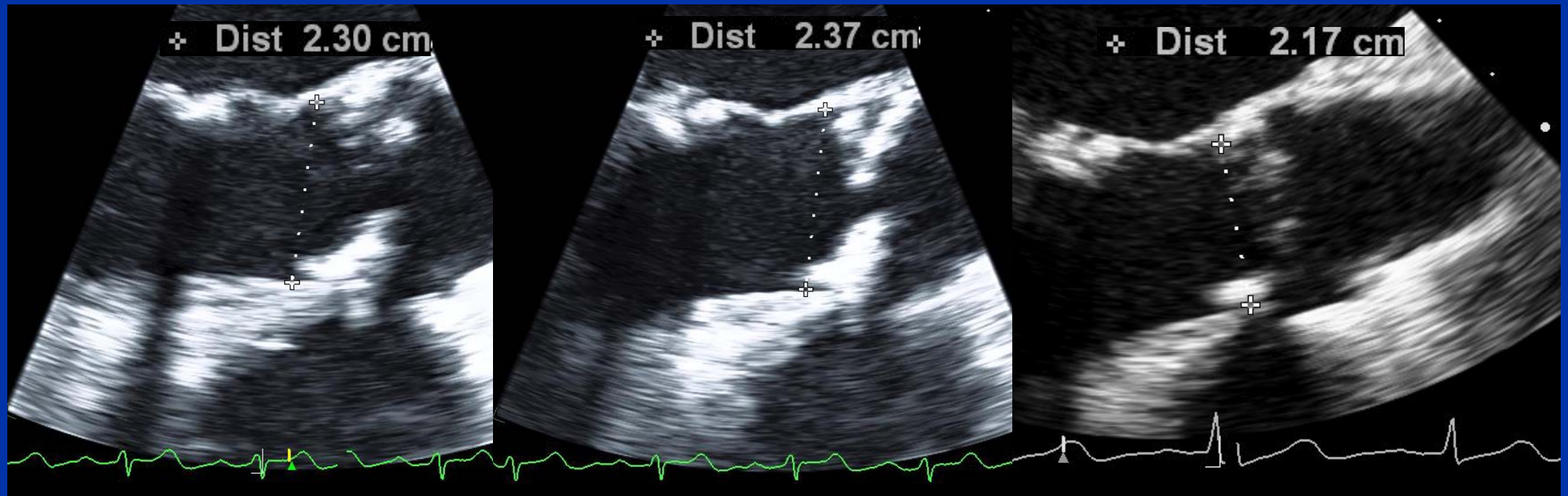
	Mean Annulus Diameter (mm) p Value vs. TEE R vs. TEE		
Echocardiographic measurements			
TTE	23.9 ± 2.1	0.13	0.89
TEE	24.1 ± 2.1	—	—
MSCT measurements			
Virtual basal ring			
Long-axis	27.5 ± 3.1	<0.0001	0.67
Short-axis	21.7 ± 2.3	<0.0001	0.69
Mean	24.6 ± 2.4	0.07	0.77
3-chamber view	23.8 ± 2.6	0.26	0.70

How do you size? – Use all information

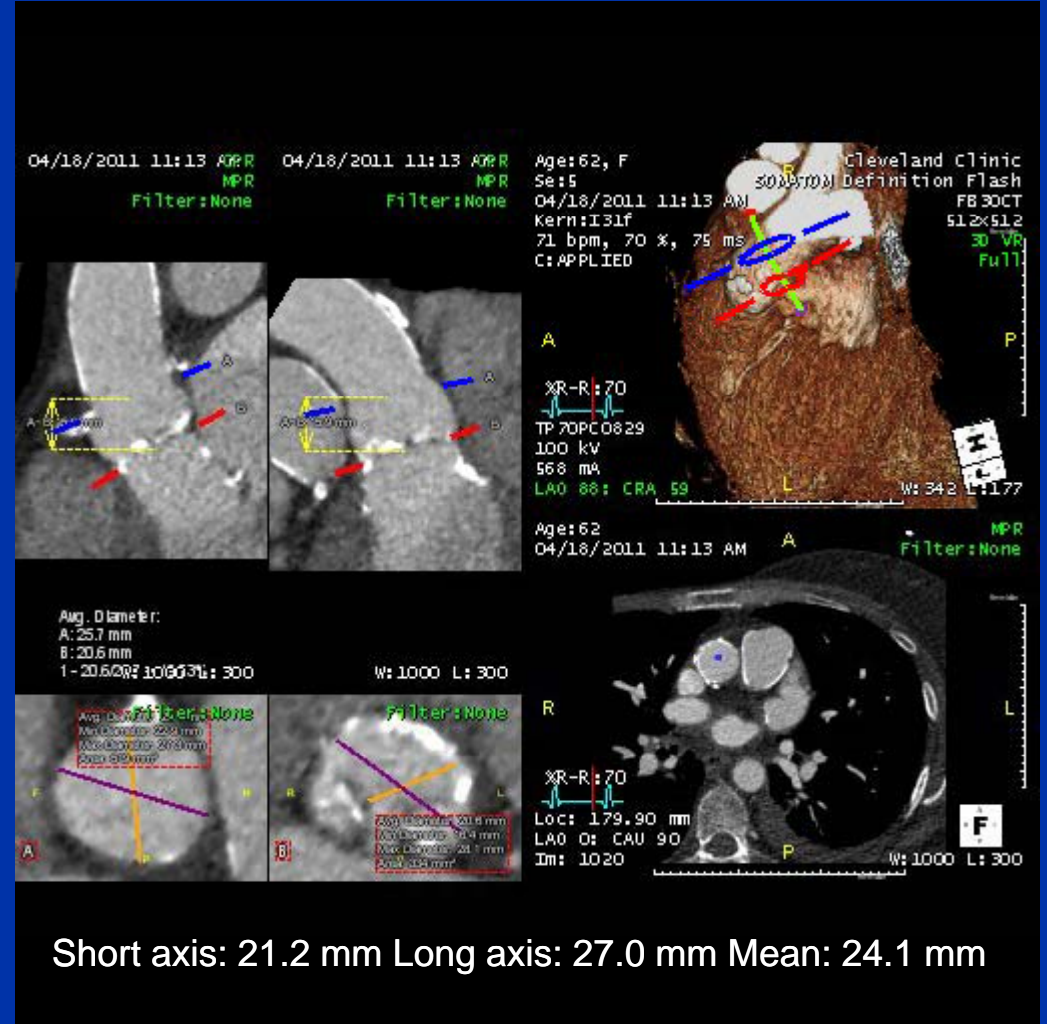
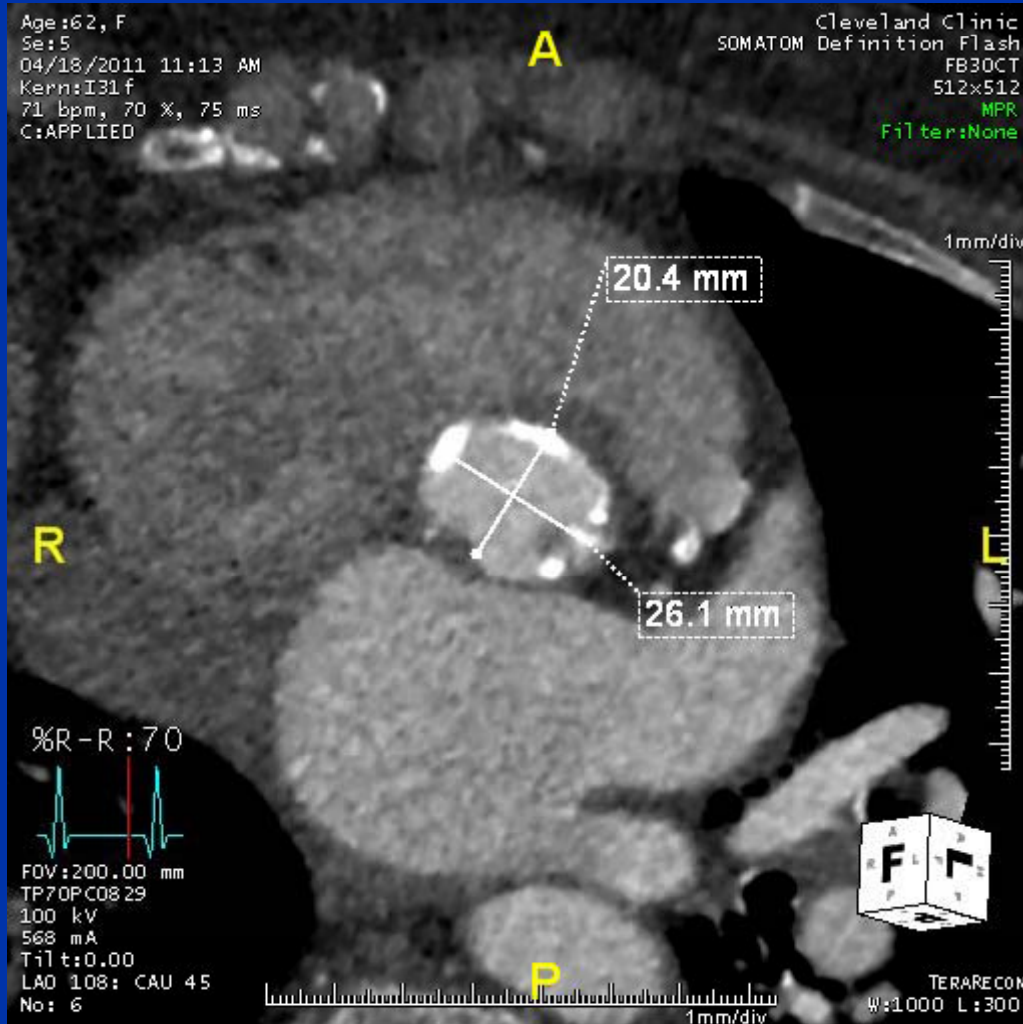
60 year old lady with radiation heart disease, referred for TAVI



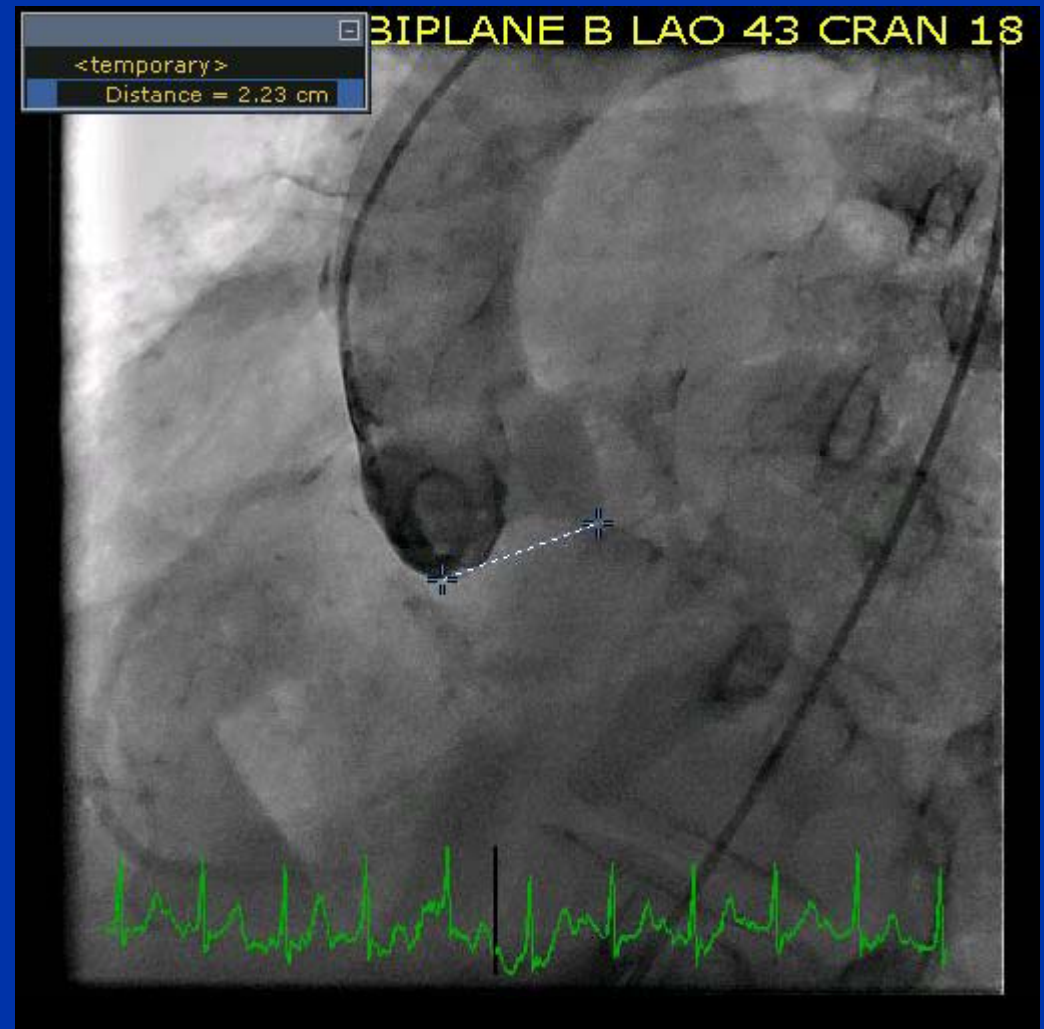
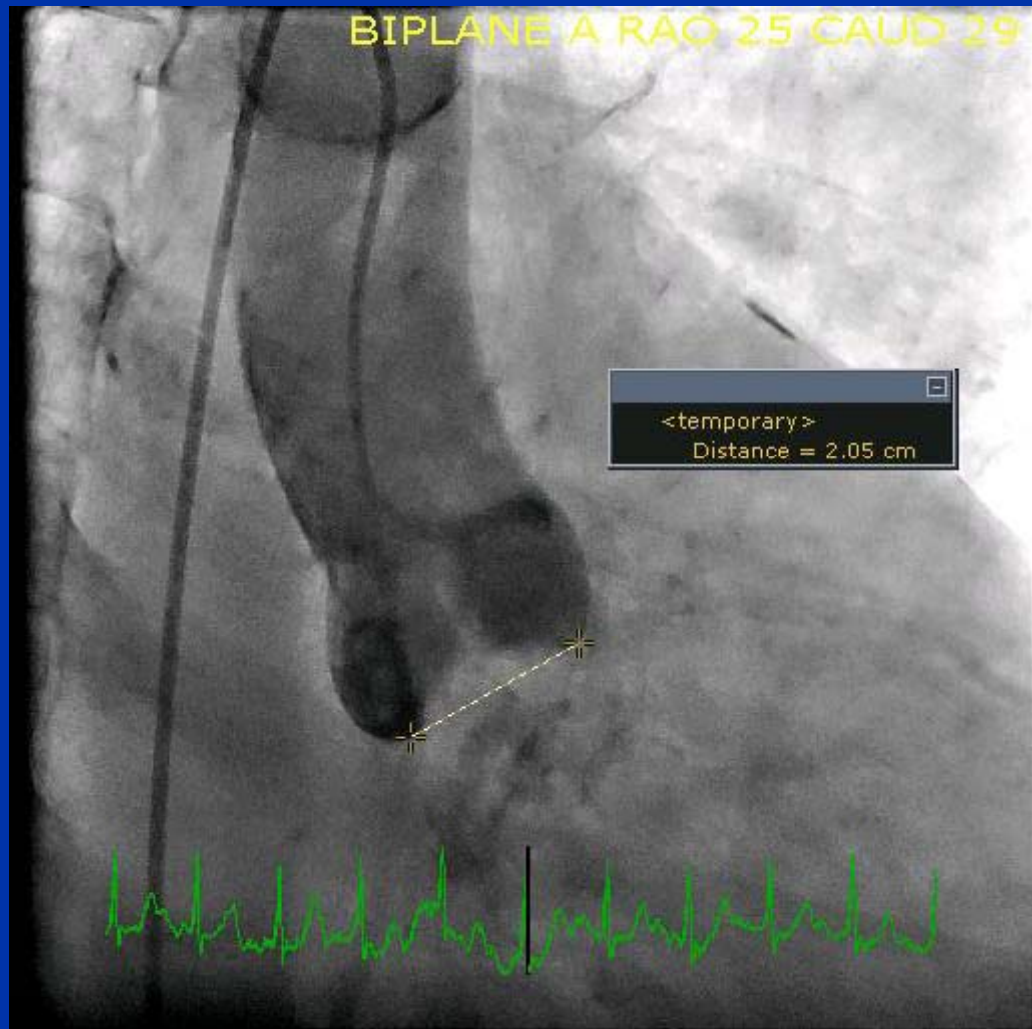
TEE measurements



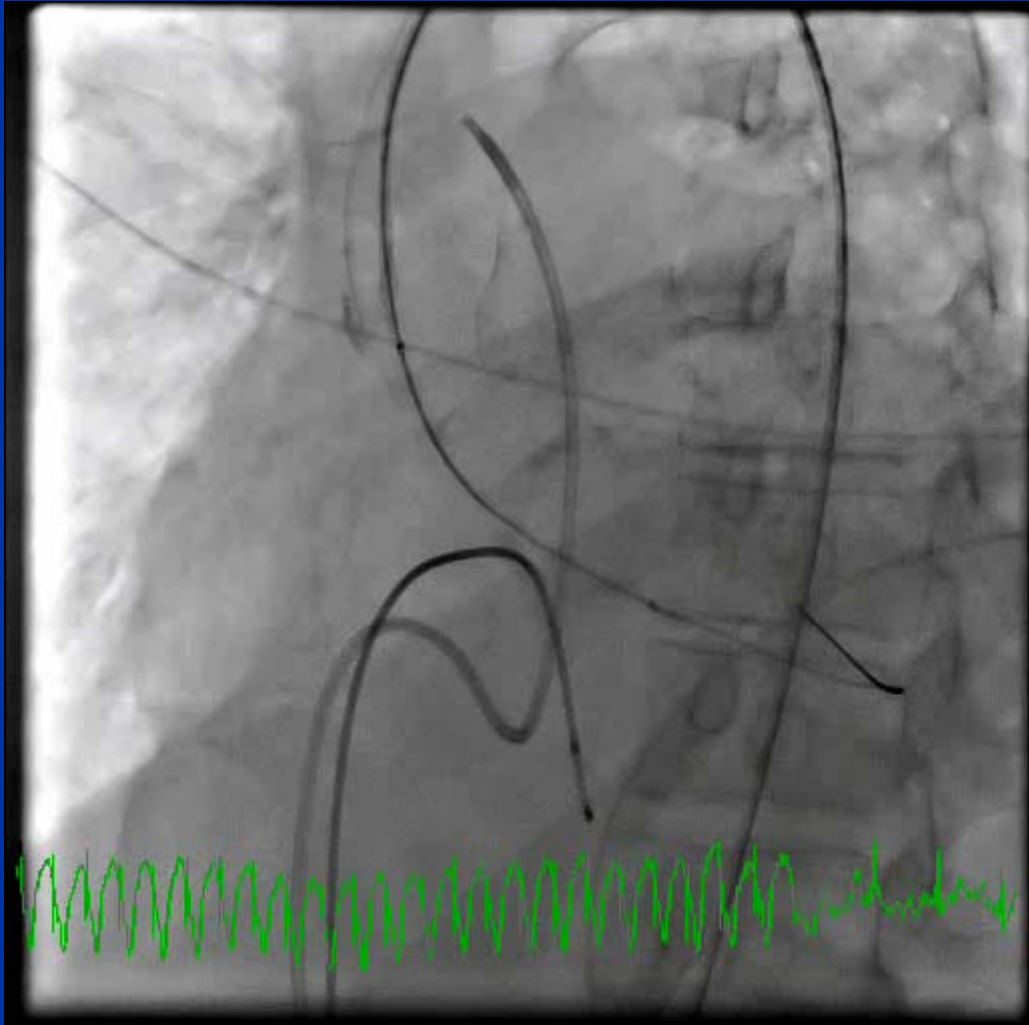
CT Measurements



Angiography



Balloon Valvuloplasty



Data Synthesis

- TEE

- 20.9 to 23.7 mm

- CT

- Short axis : 20 to 21 mm

- Long axis : 26 to 27 mm

- Mean: 23 to 24 mm

- Angio

- Coronal : 22.5 mm

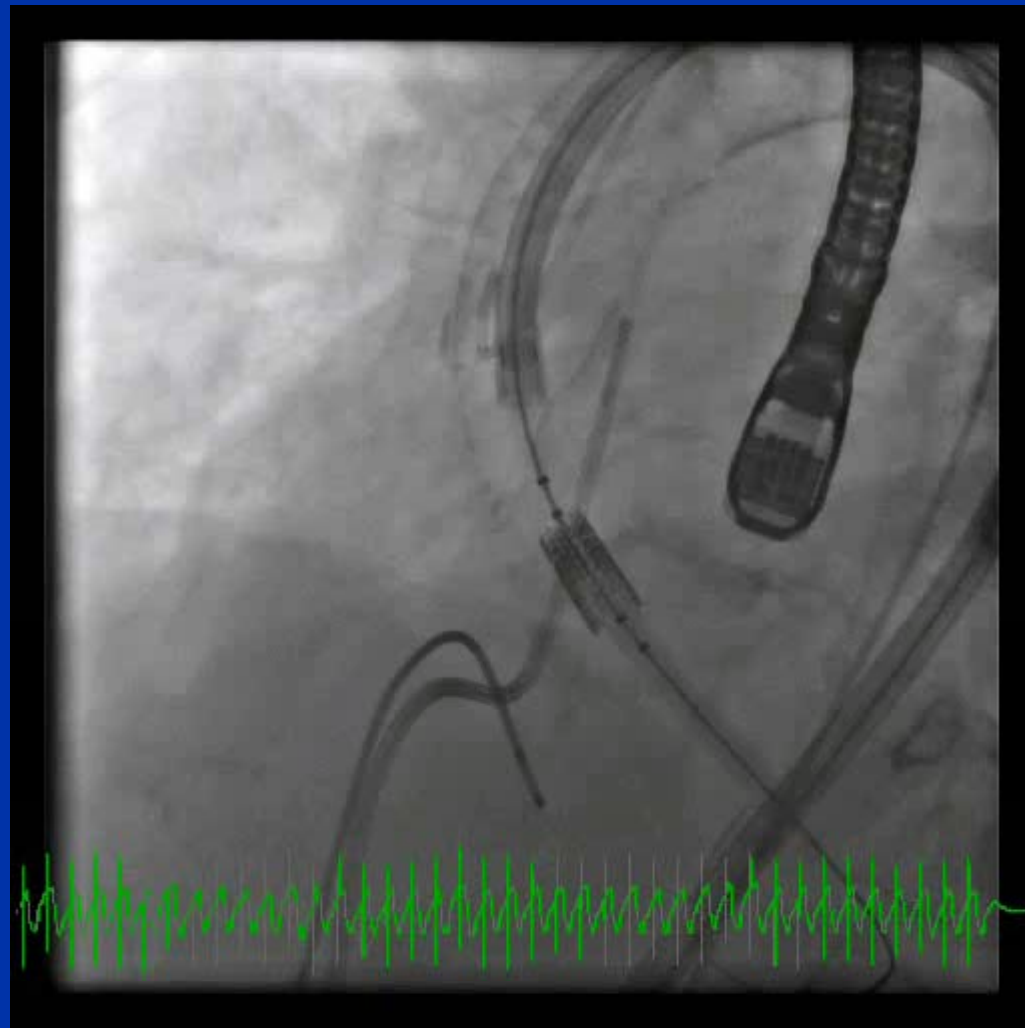
- Sagittal : 20.5 mm

- Mean: 21.5 mm

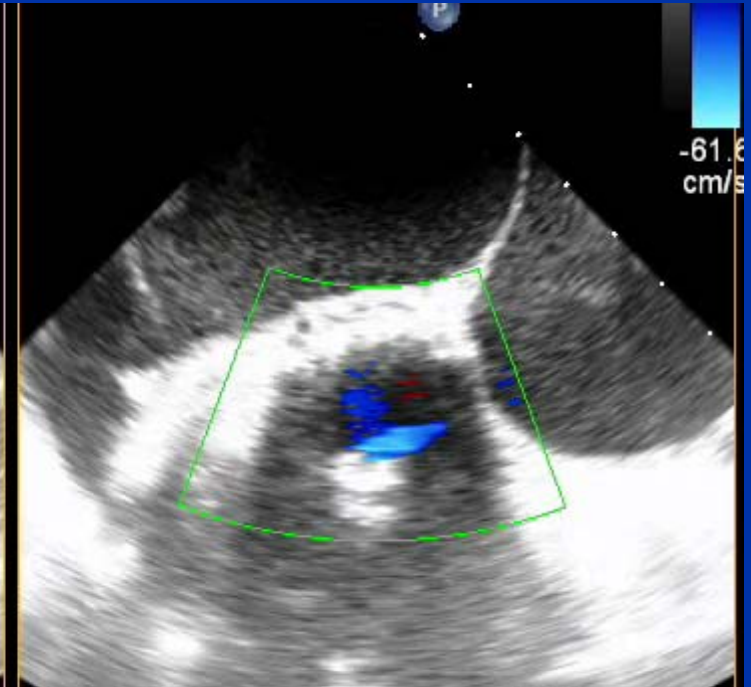
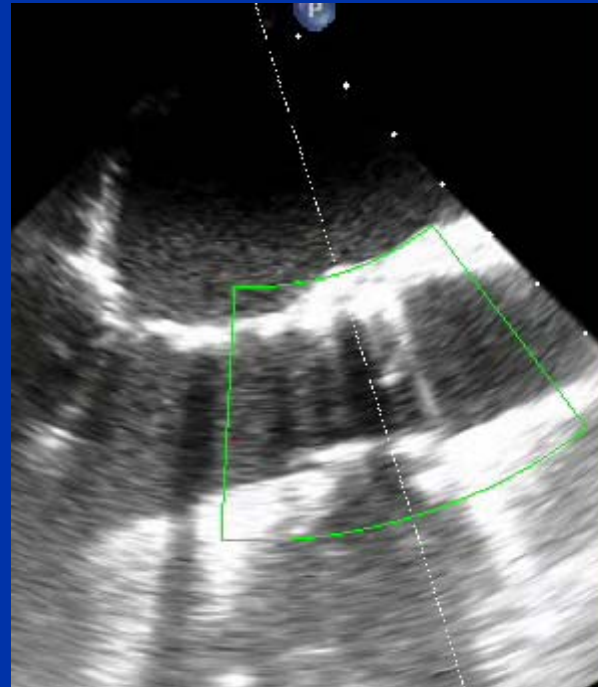
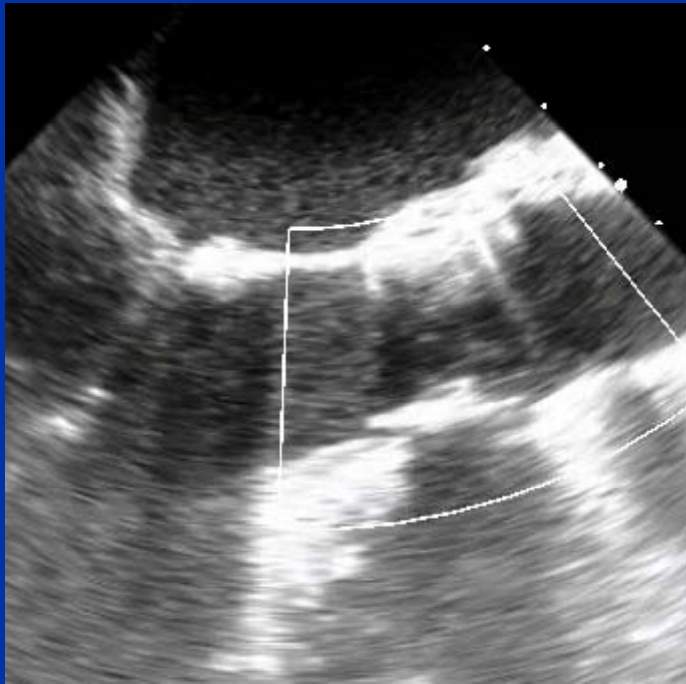
- Balloon

- 23 mm tight fit

Procedure with 23 mm Sapien valve

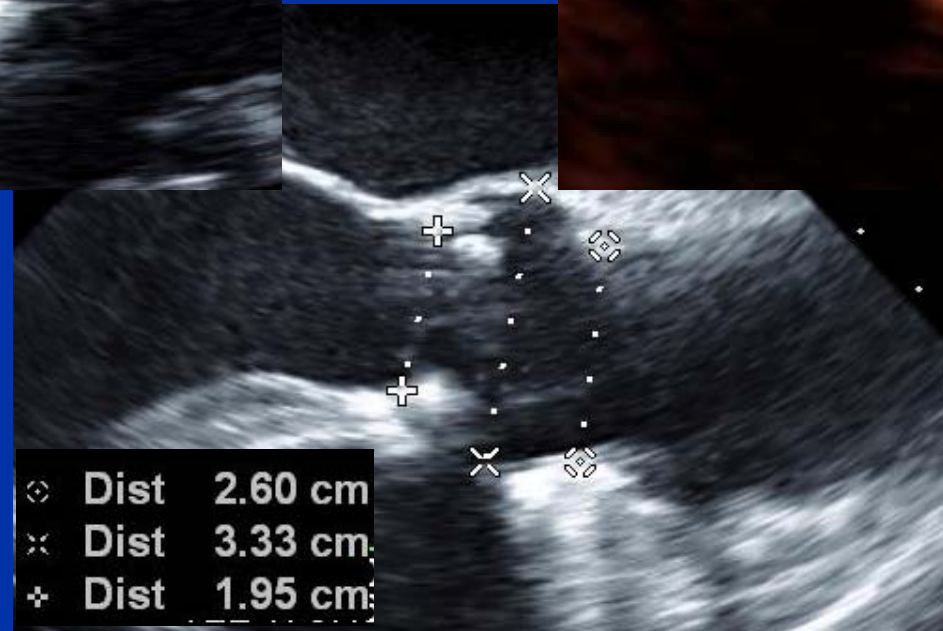
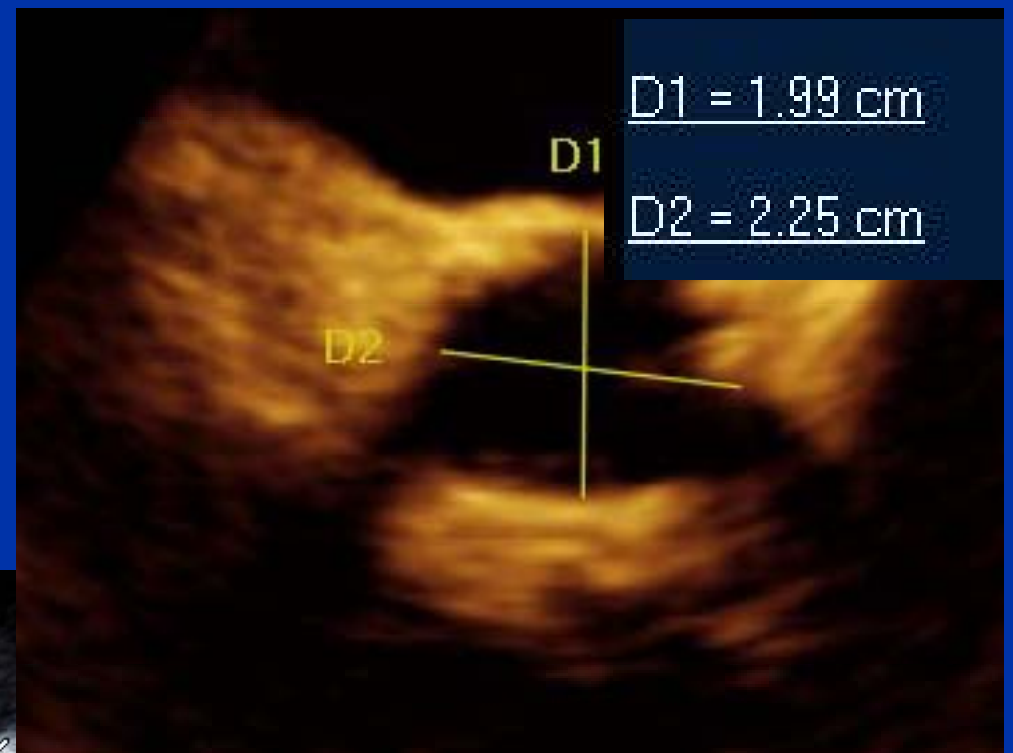


Result

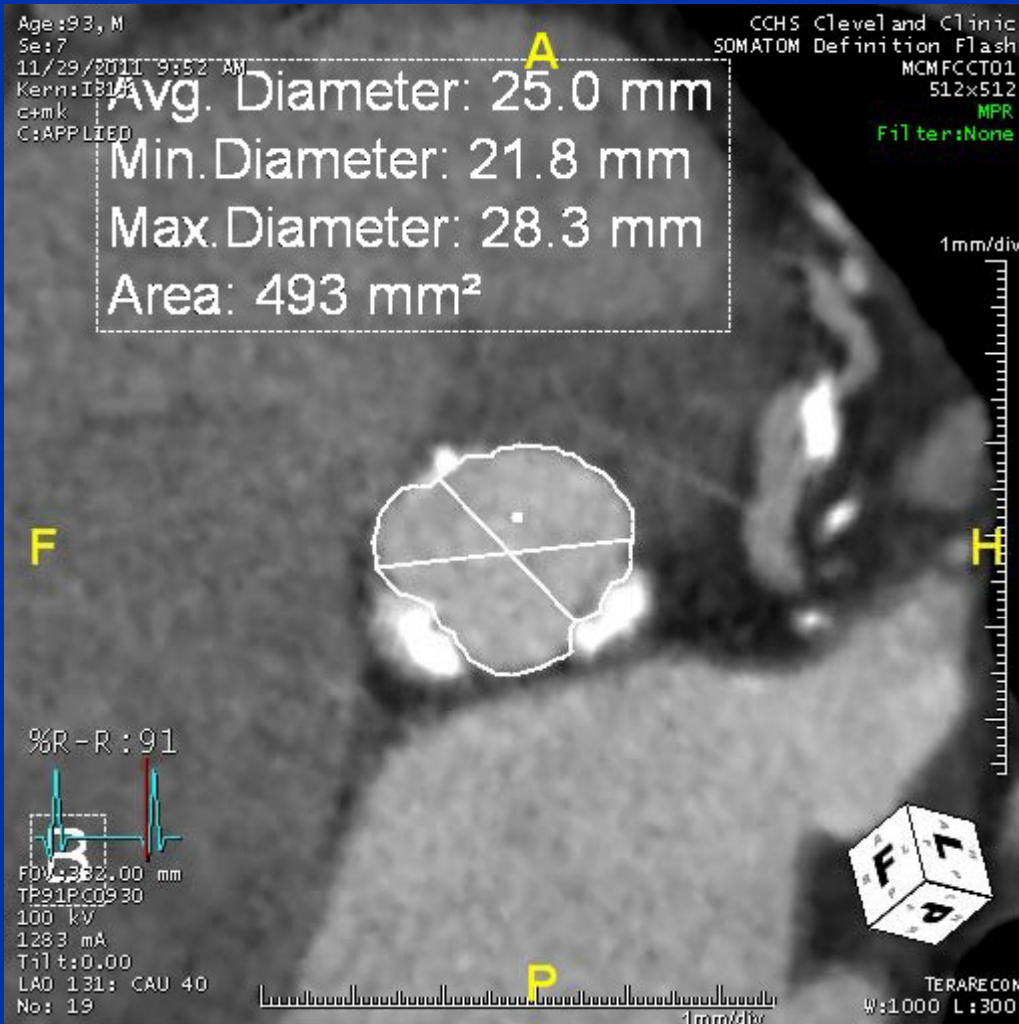
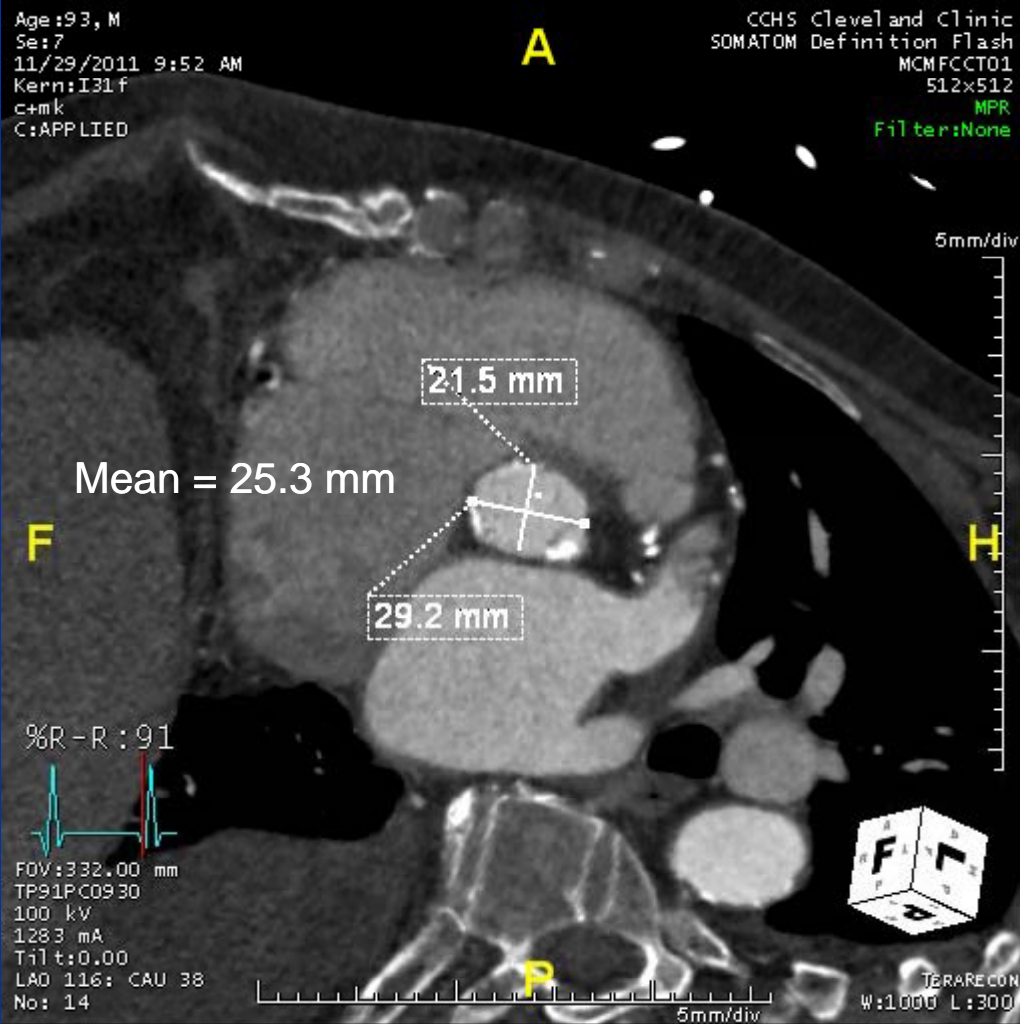


Another Patient

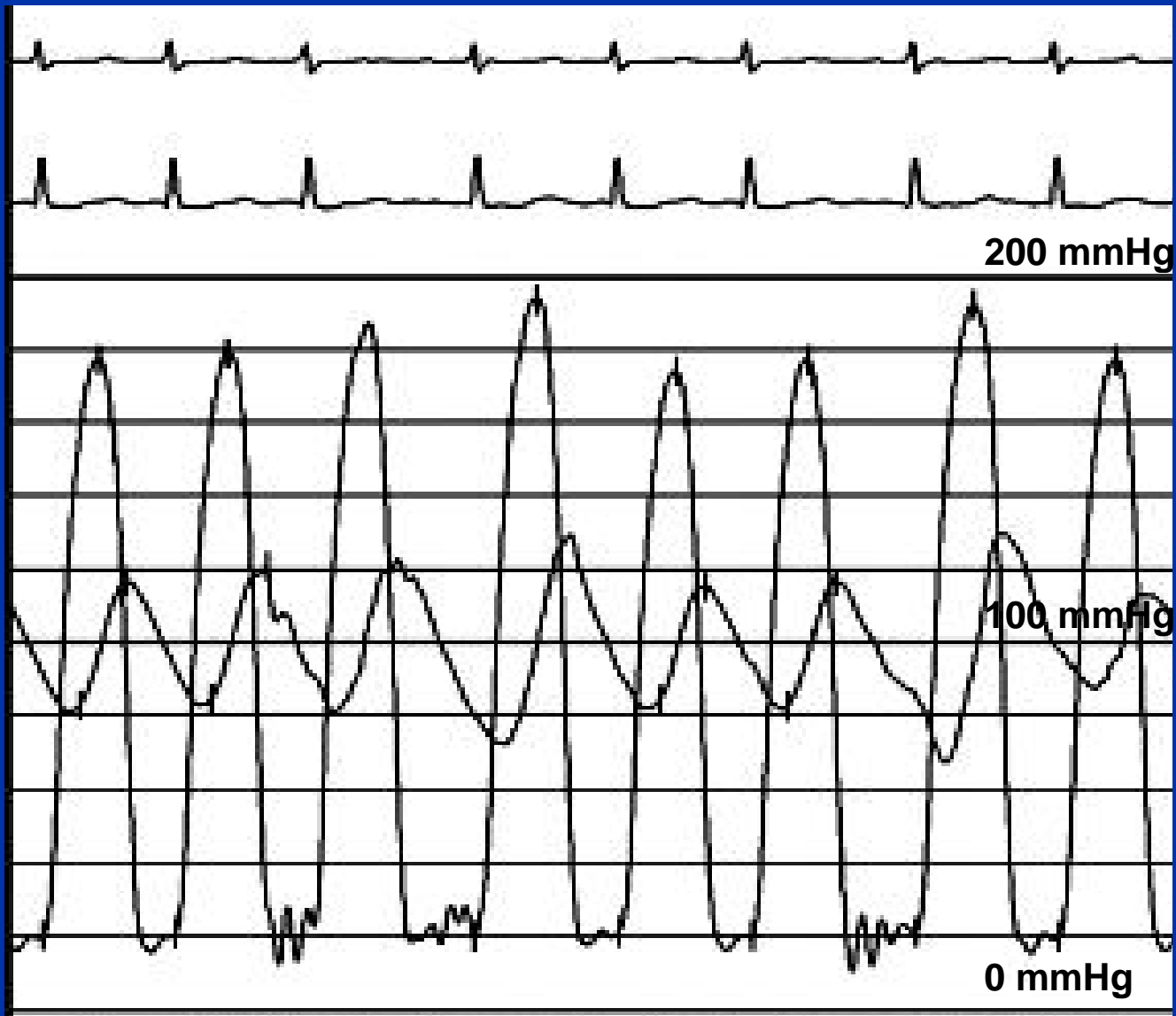
95 year old man, 5' 3" tall



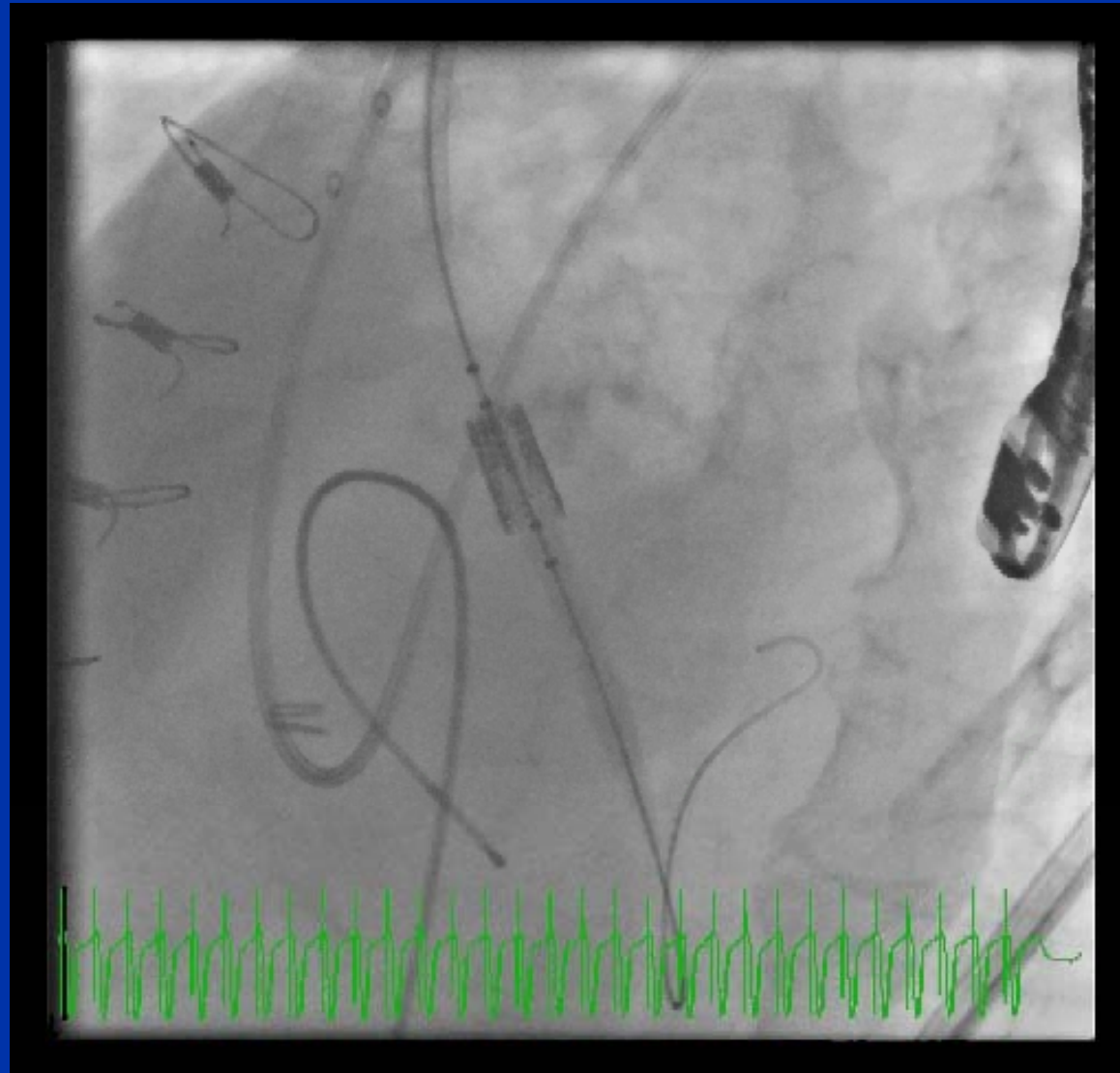
Another Patient



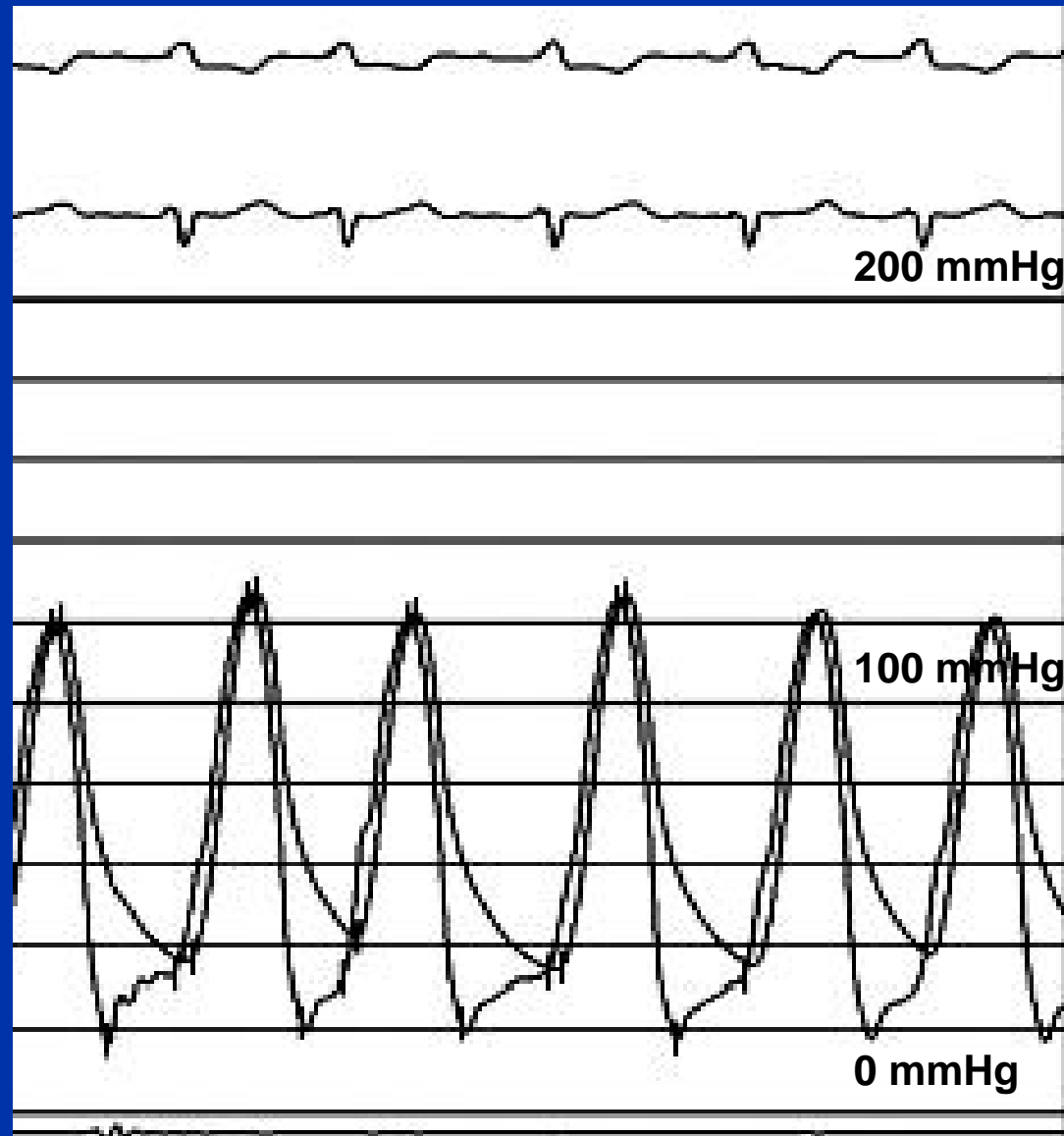
Initial Hemodynamics



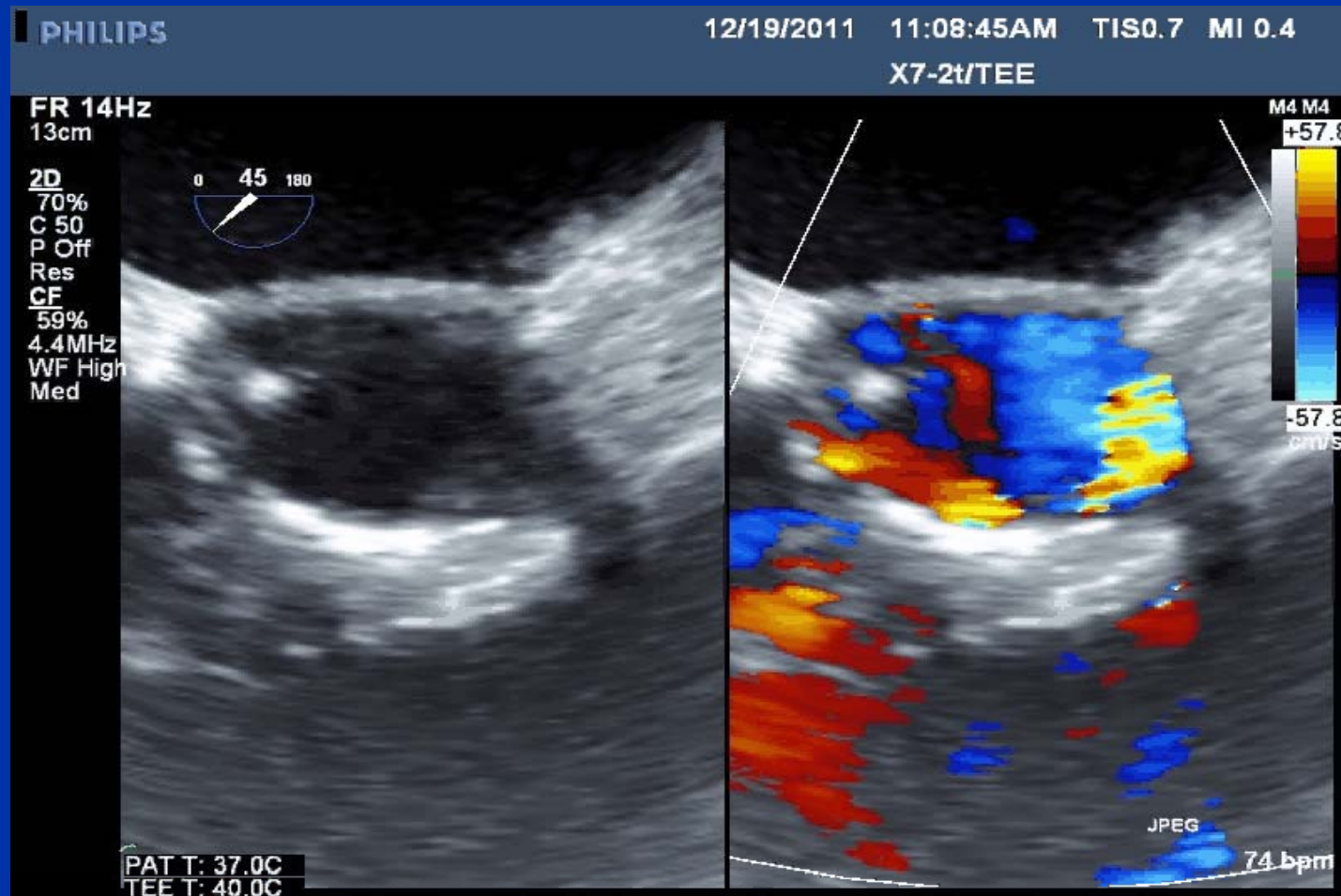
23mm SAPIEN



Hemodynamics After Valve Deployment



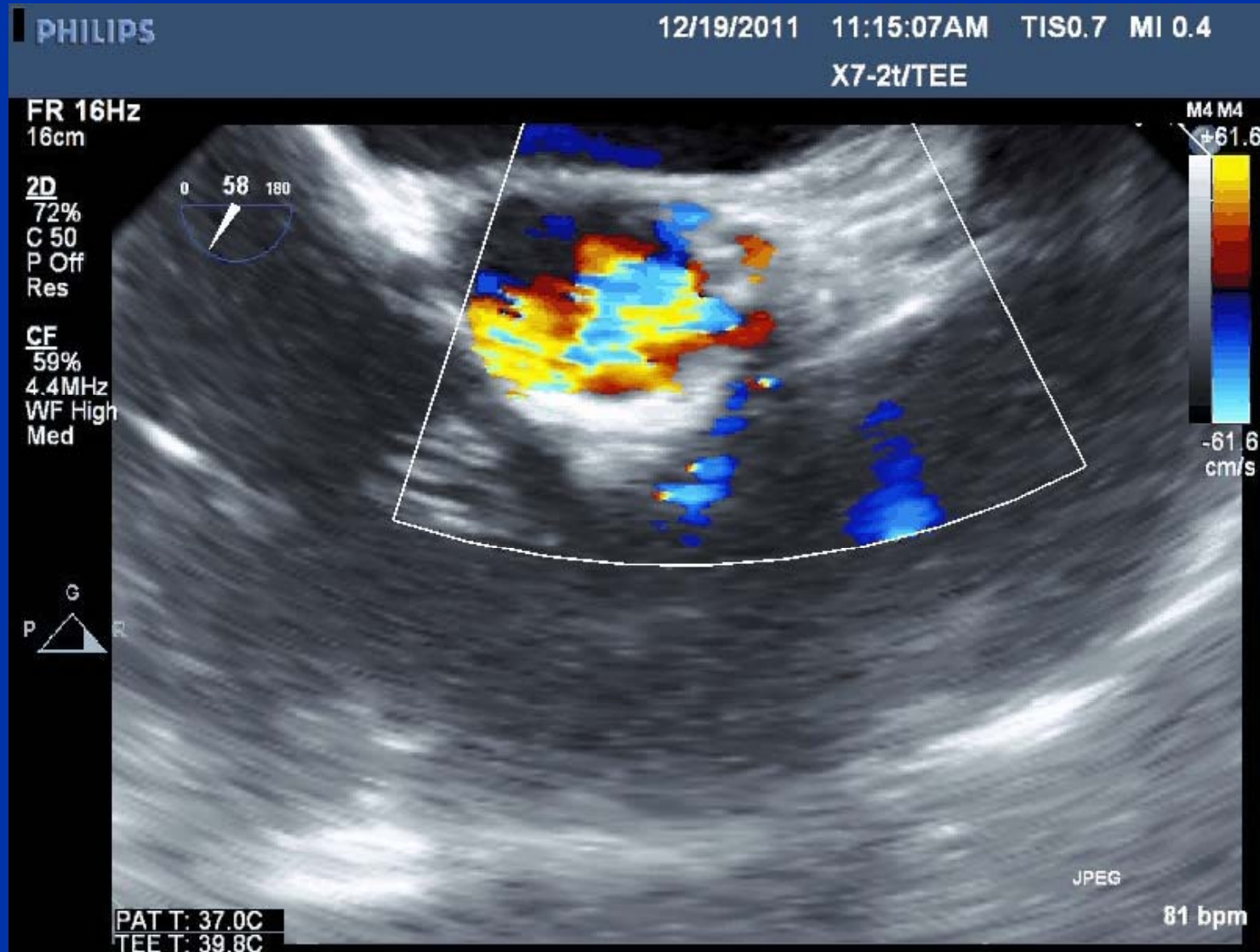
Severe Central and Paravalvular AR



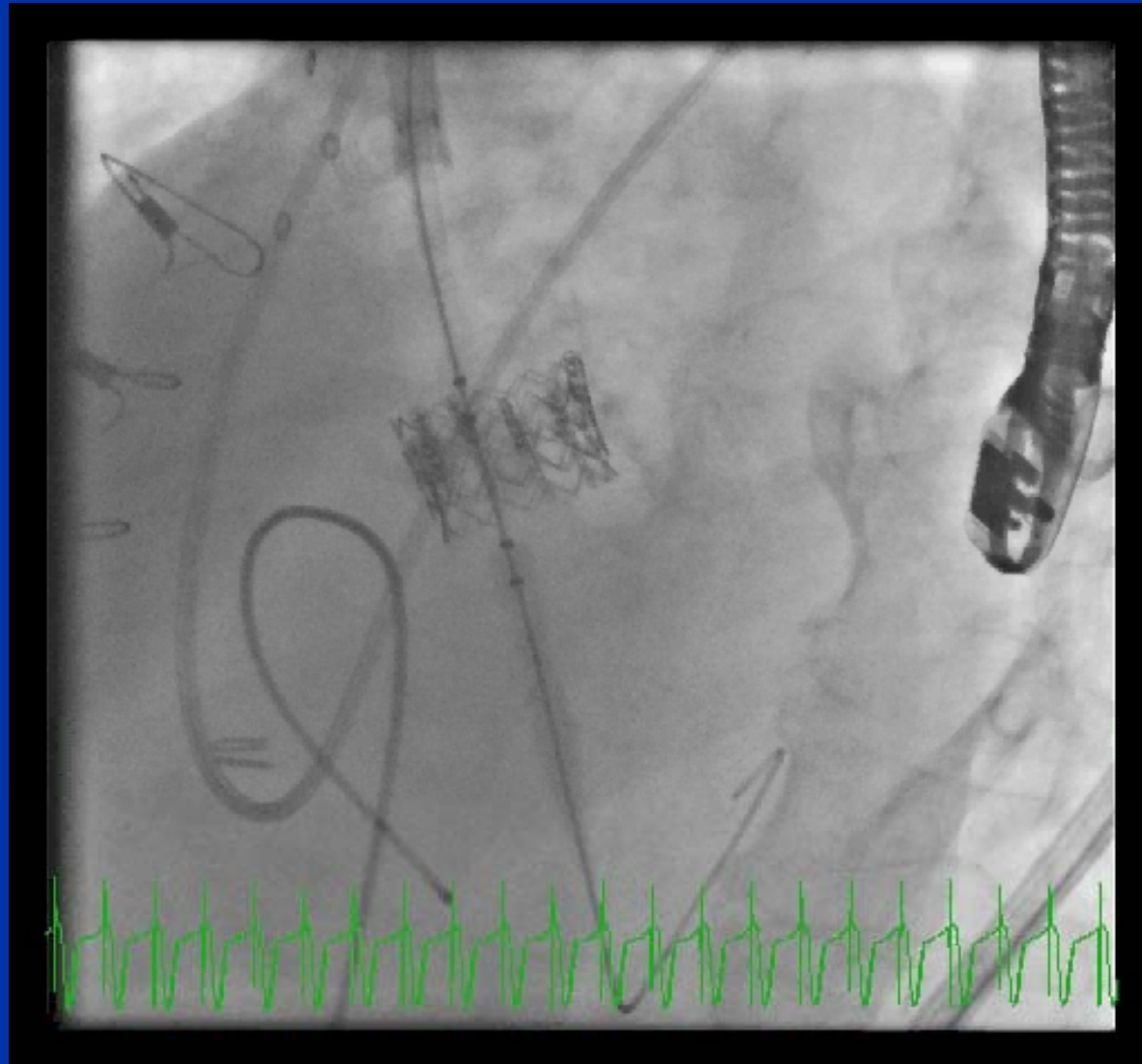
Second 23mm SAPIEN



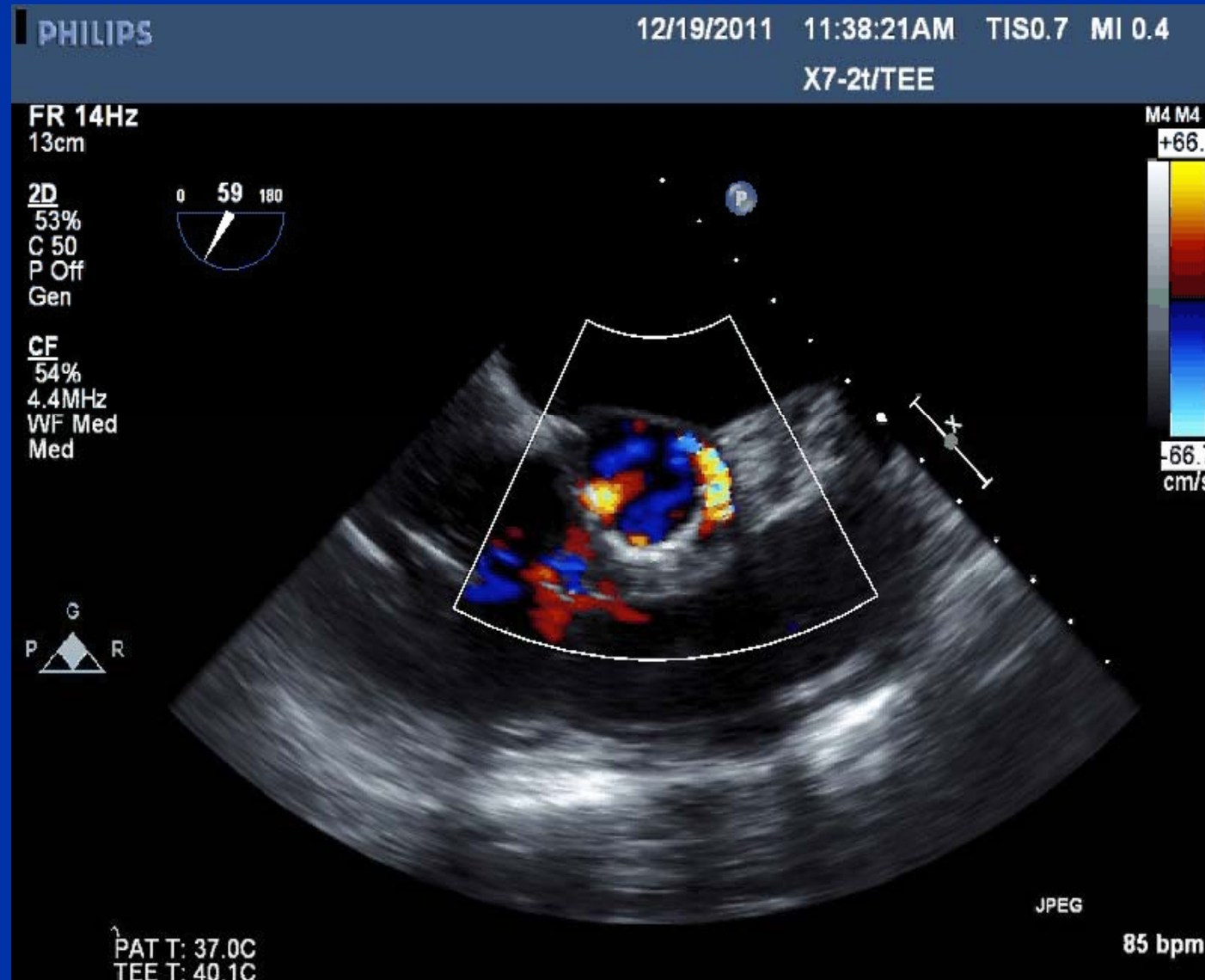
Central better but Still Severe Paravalvular AR



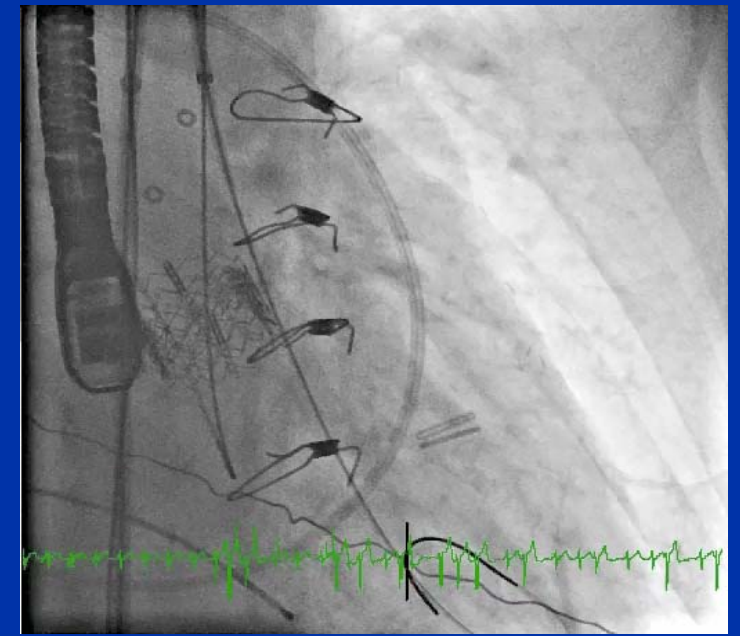
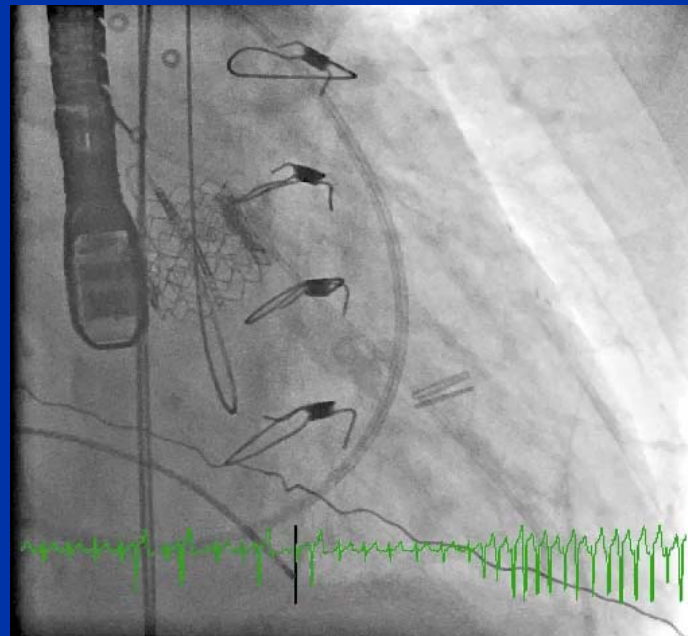
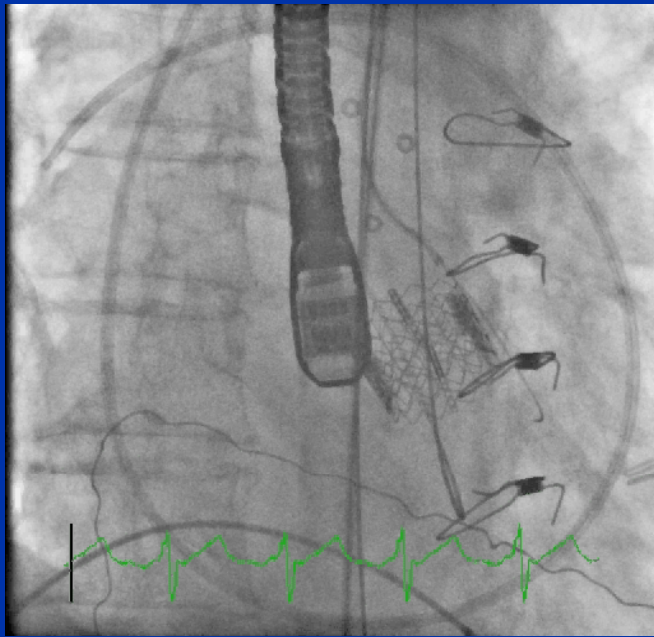
Balloon Post Dilatation



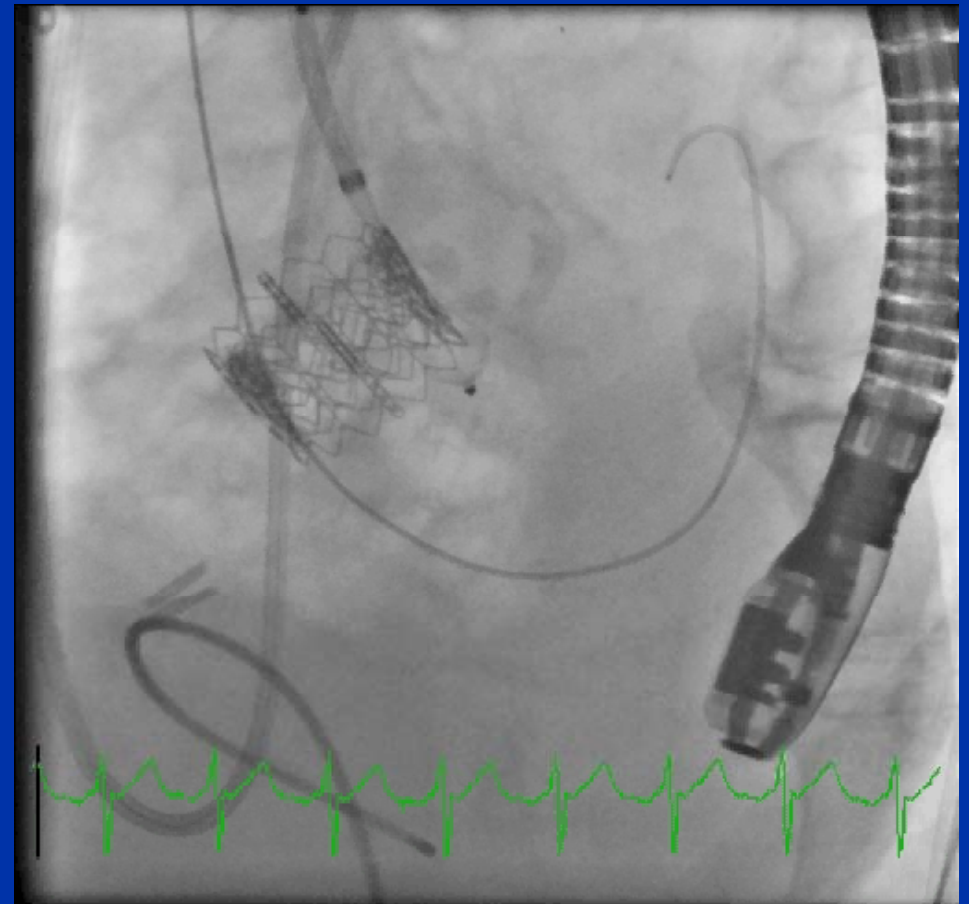
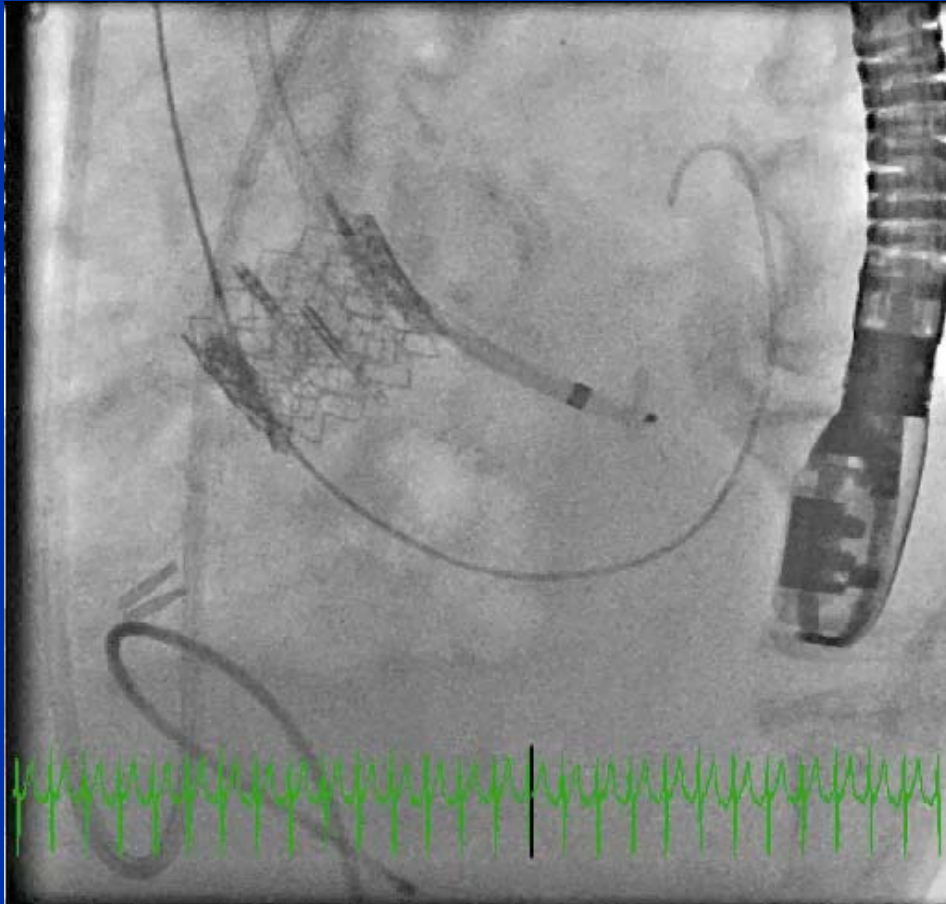
Persistent Severe Paravalvular AR after Balloon



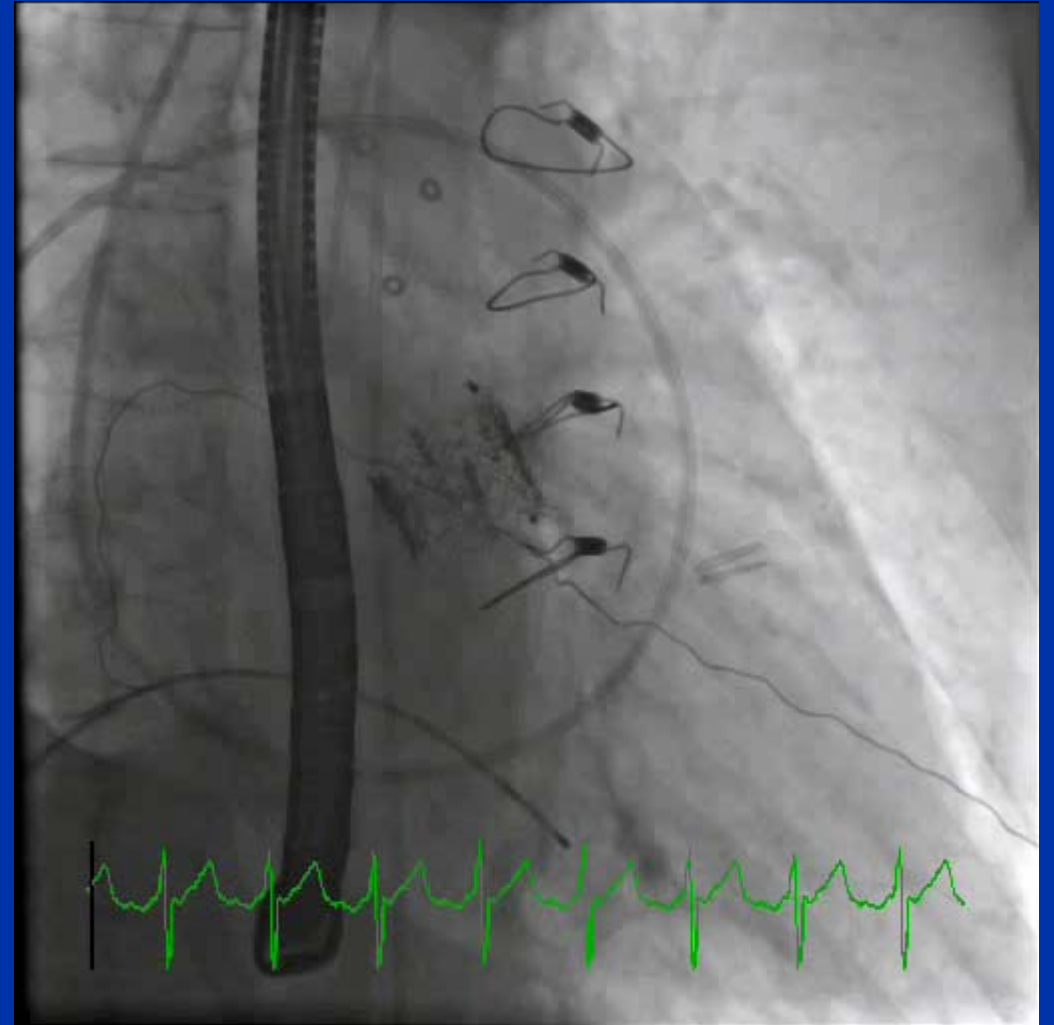
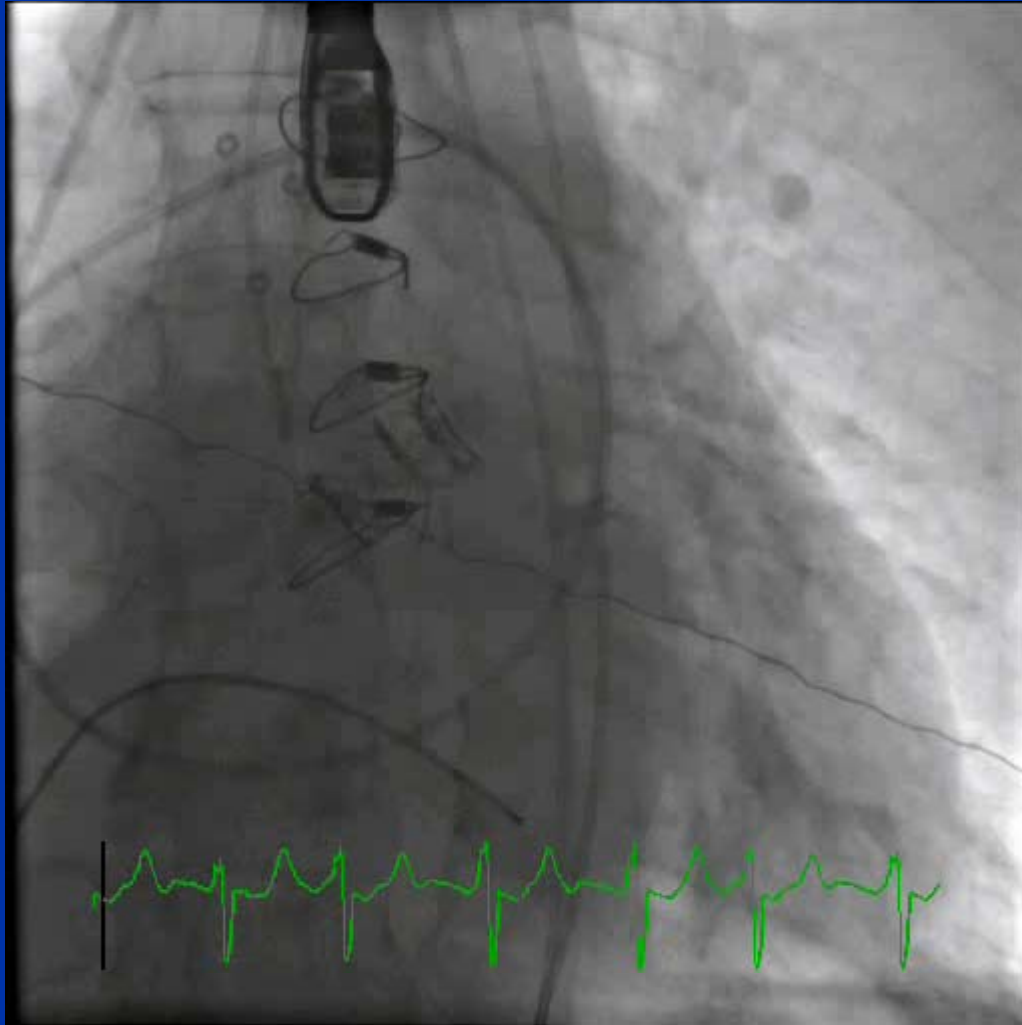
Closure of Paravalvular Leak



Amplatzer Vascular Plug



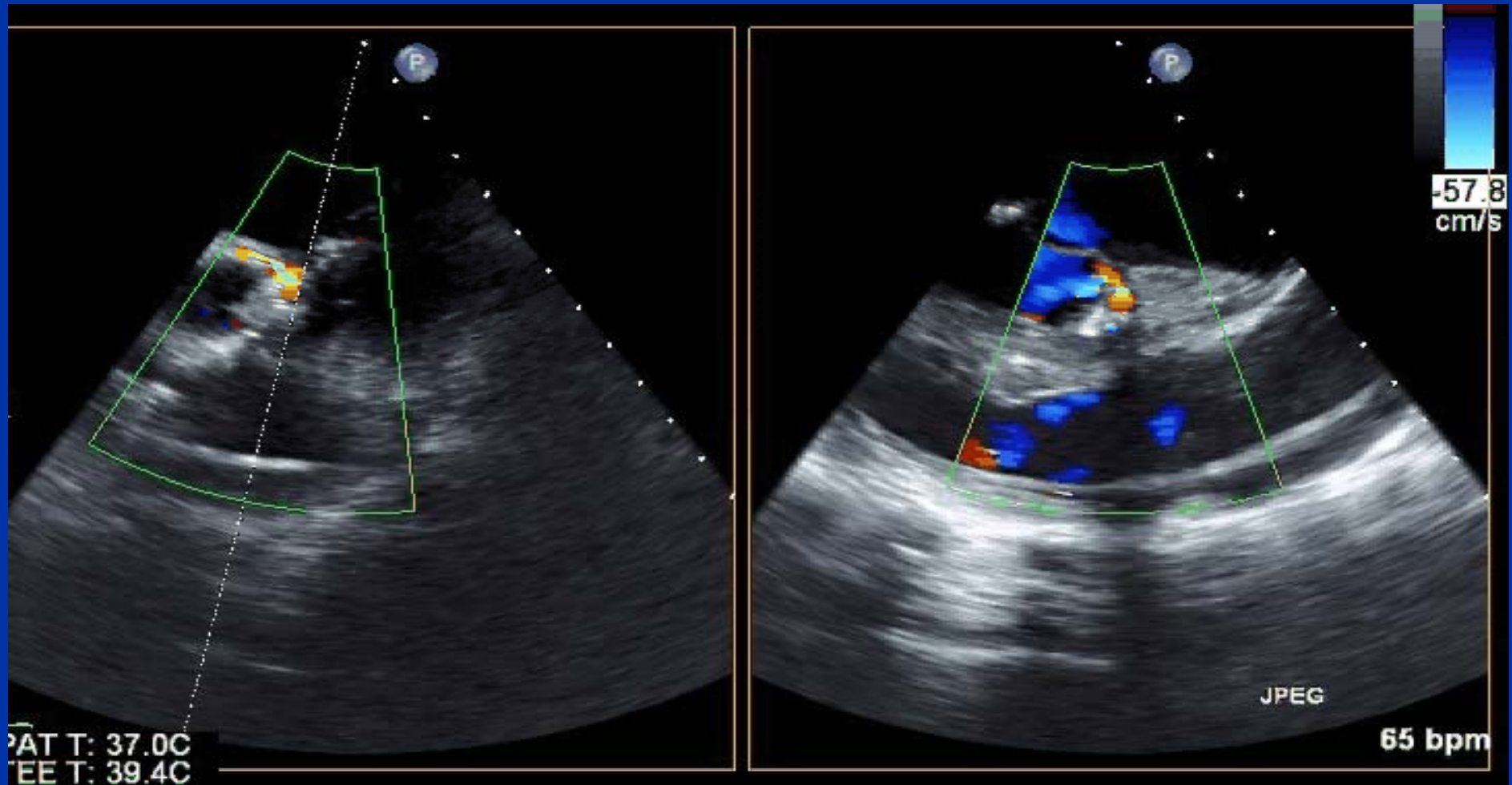
AR: Before and After



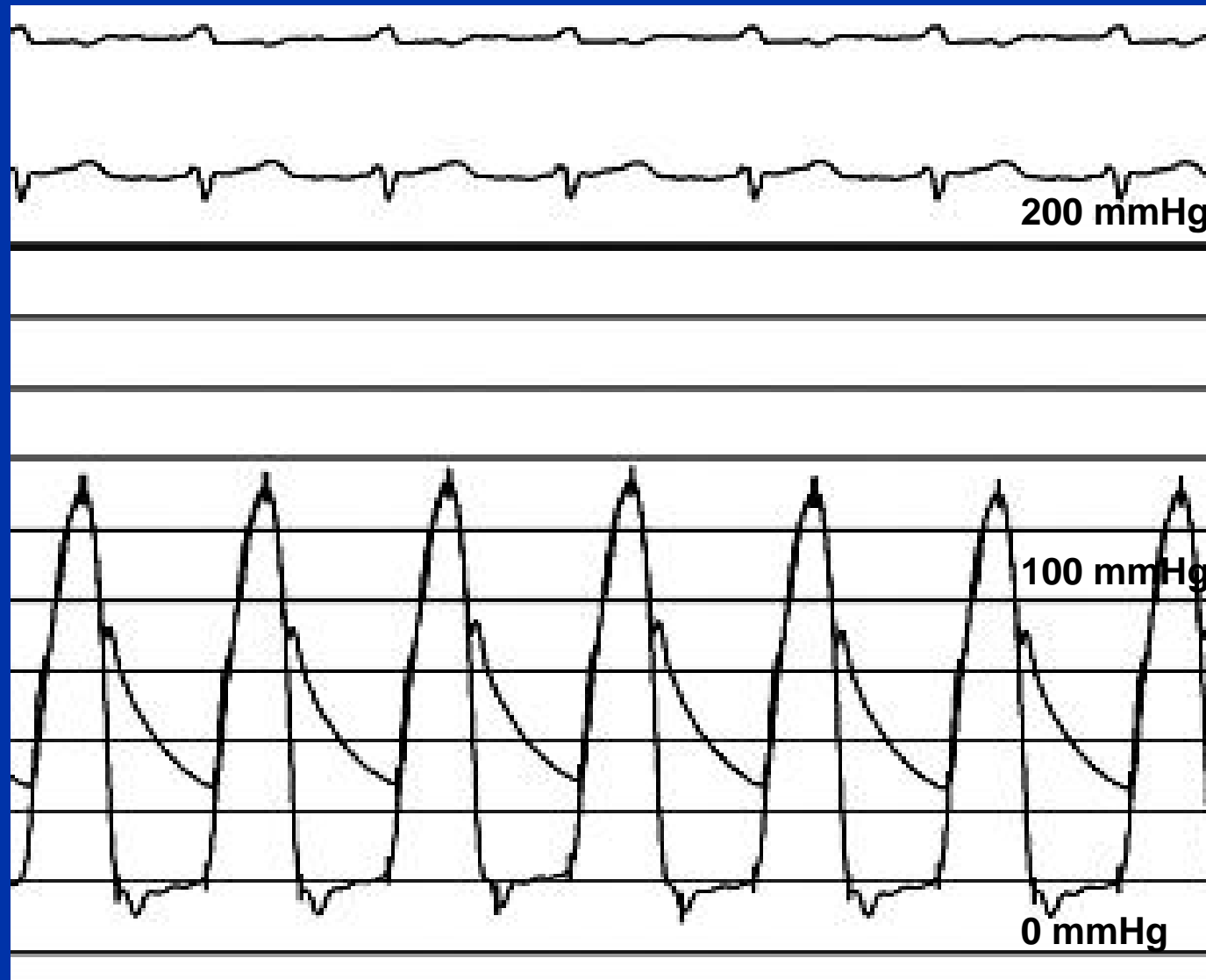
Aortogram Before and After Closure



Significantly Less AR

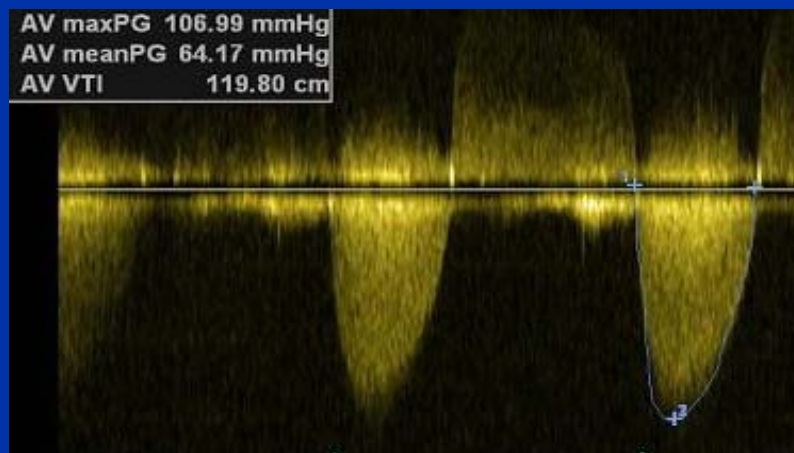


Hemodynamics at Completion



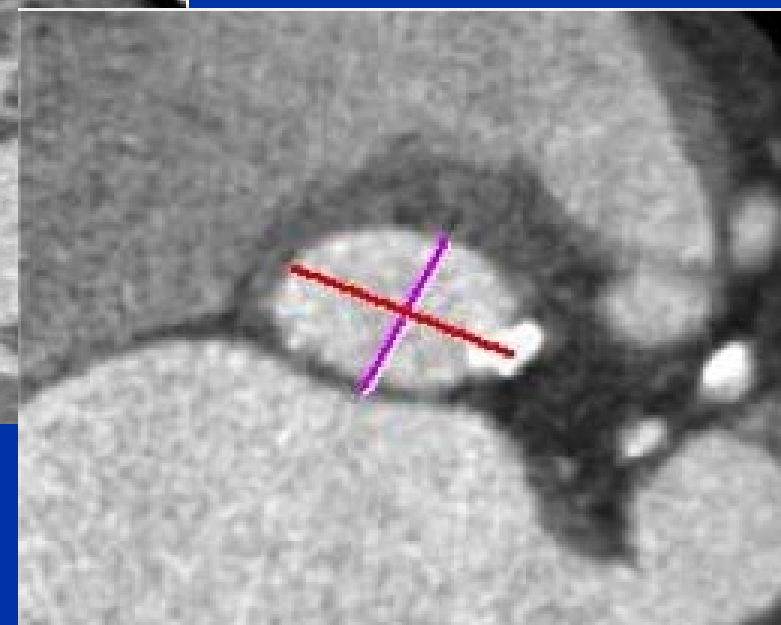
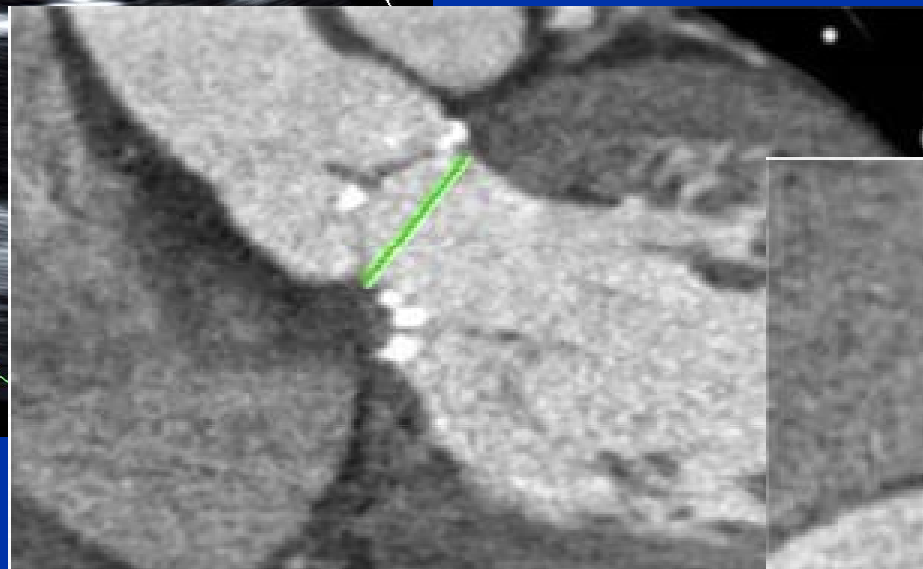
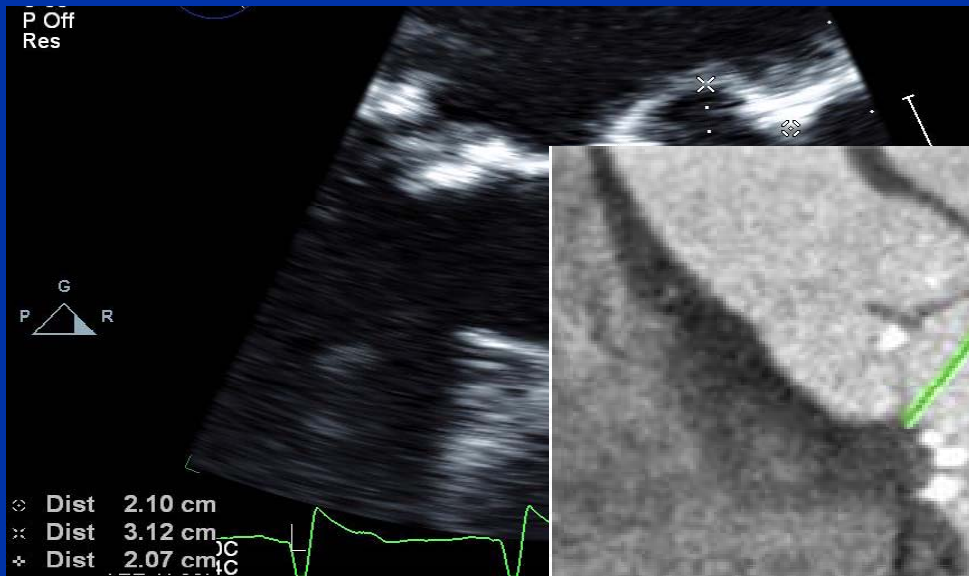
Yet Another Patient

90 year old female



Normal LVEF 55%
Moderate Concentric LVH
Severe Aortic Stenosis

Assessment of Annular Size



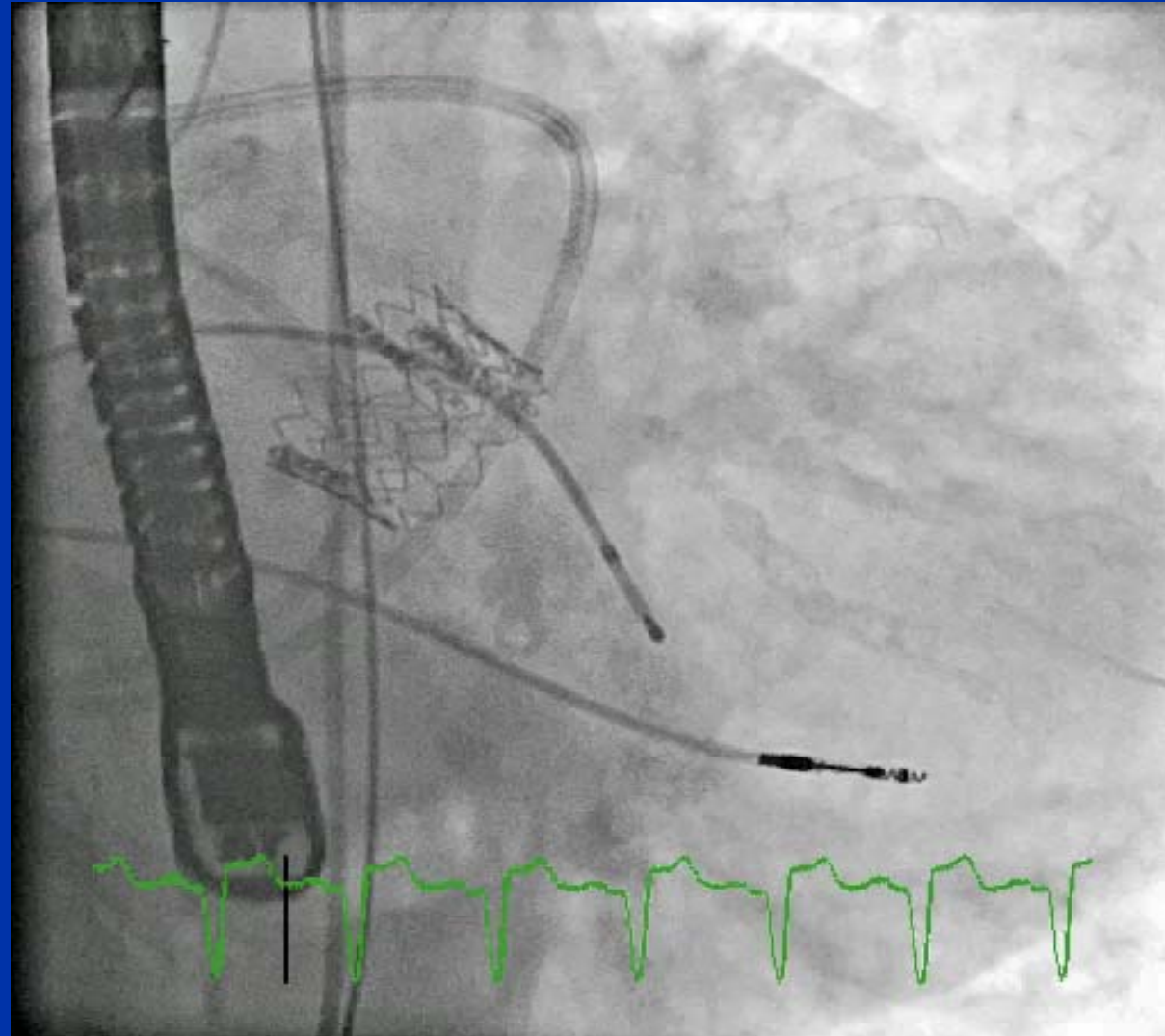
Valve Deployment – 23mm Sapien



TEE Post Deployment



Aortogram Post Deployment



Summary

- Measurement of “annulus” is very critical for successful TAVR
- 3D data set provides the most useful information because the “annulus” is not circular
- Decision making is evolving with increasing experience and availability of different sizes