

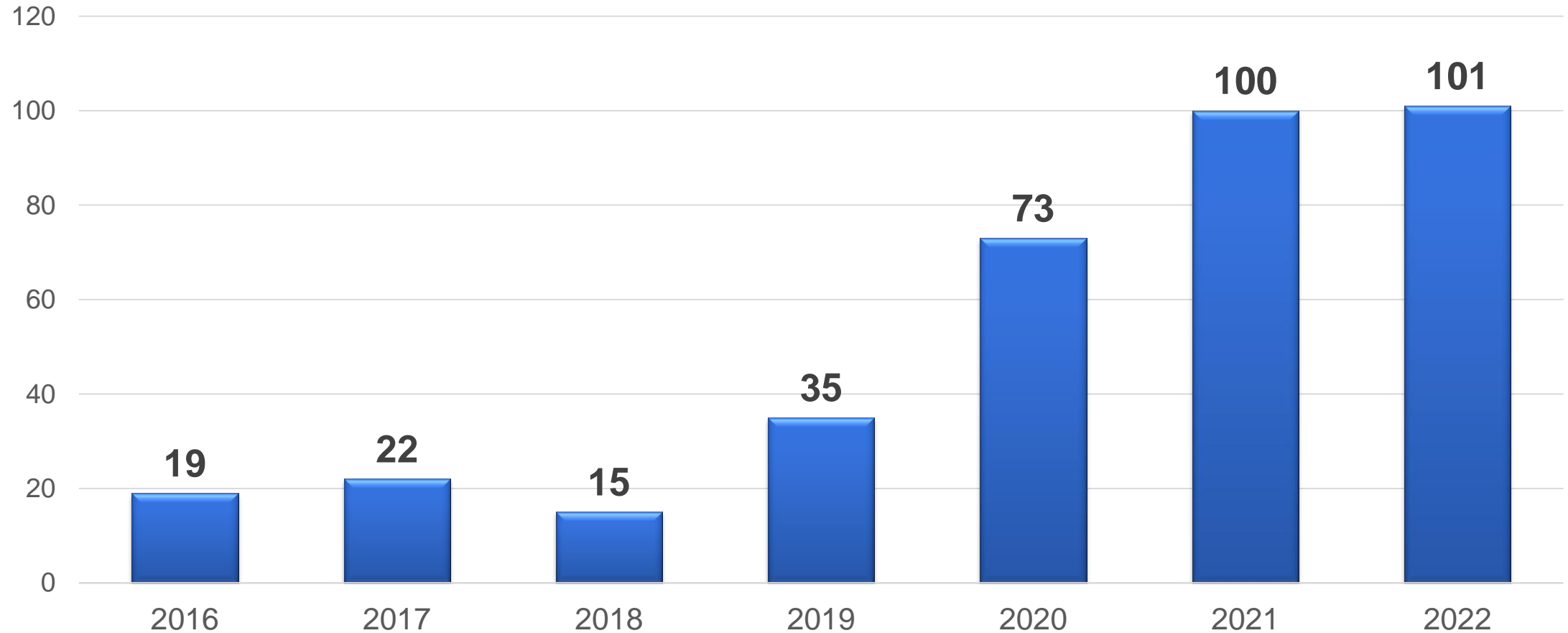


**KBC**  
**Rijeka**  
**Croatia**

Assoc. prof. Vjekoslav Tomulić, MD, PhD

# Start of the TAVI program: 10.02.2015

## Total No: 365



# PRESENTATION OF TAVI CENTER / 2022.

- Number of independent operators: four (4)
- Valve types:
  - Evolut R / Pro+: 33 / 3
  - Sapien S3: 28
  - MyVal: 21
  - Accurate NEO 2: 15
- 30-day mortality in 2021/22: 4% / 3%
- CVI 2021/22: 1% / 1%
- From 2015: 1 patient with endocarditis

# CASE REPORT-PREPROCEDURAL INFORMATION (1)

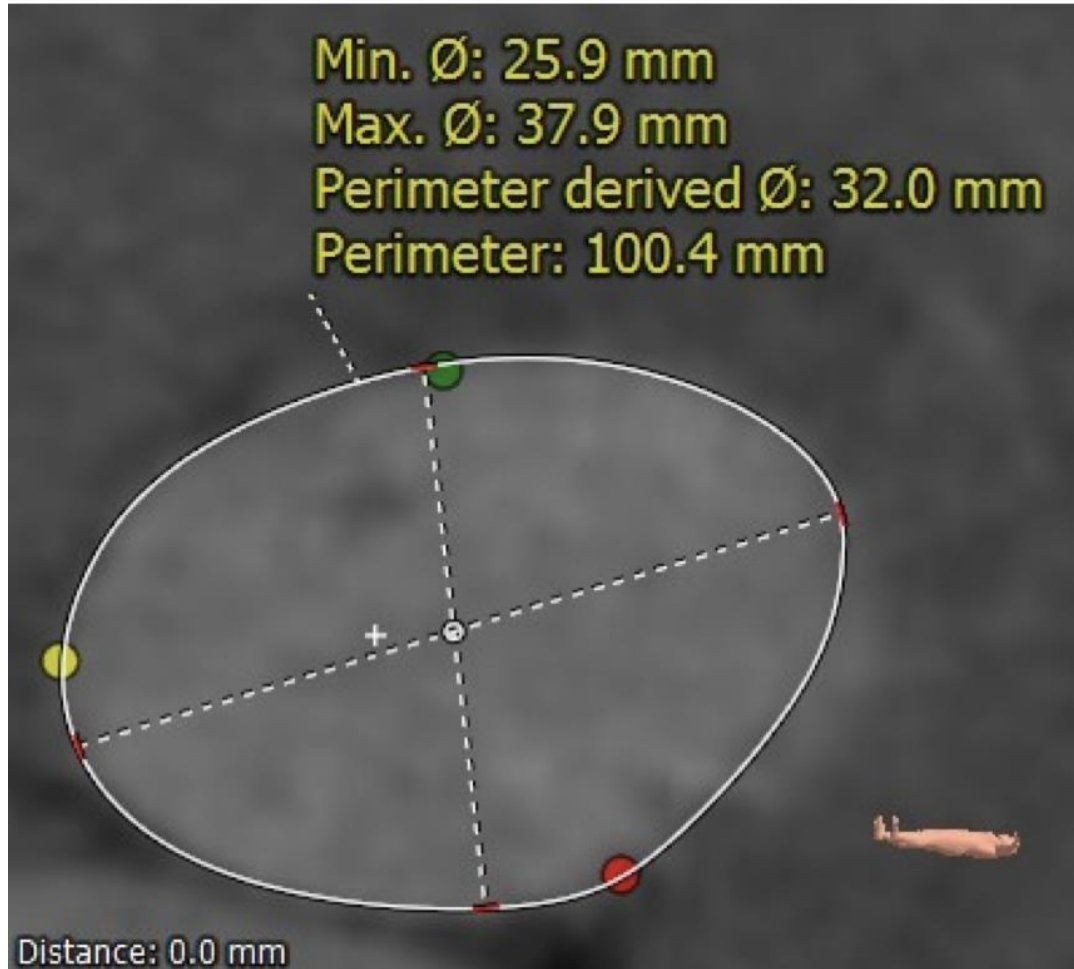
- LR, 1949, male
- Hospitalizations due to heart failure worsening since beginning of 2018
- ECHO: EF 30% (global hypokinesia); LV 70/59 mm, bicuspid AV, AVA: 1 cm<sup>2</sup>
- CAG: mild atherosclerotic disease
- Heart team: SAVR → patient declined operation

# CASE REPORT-PREPROCEDURAL INFORMATION (2)

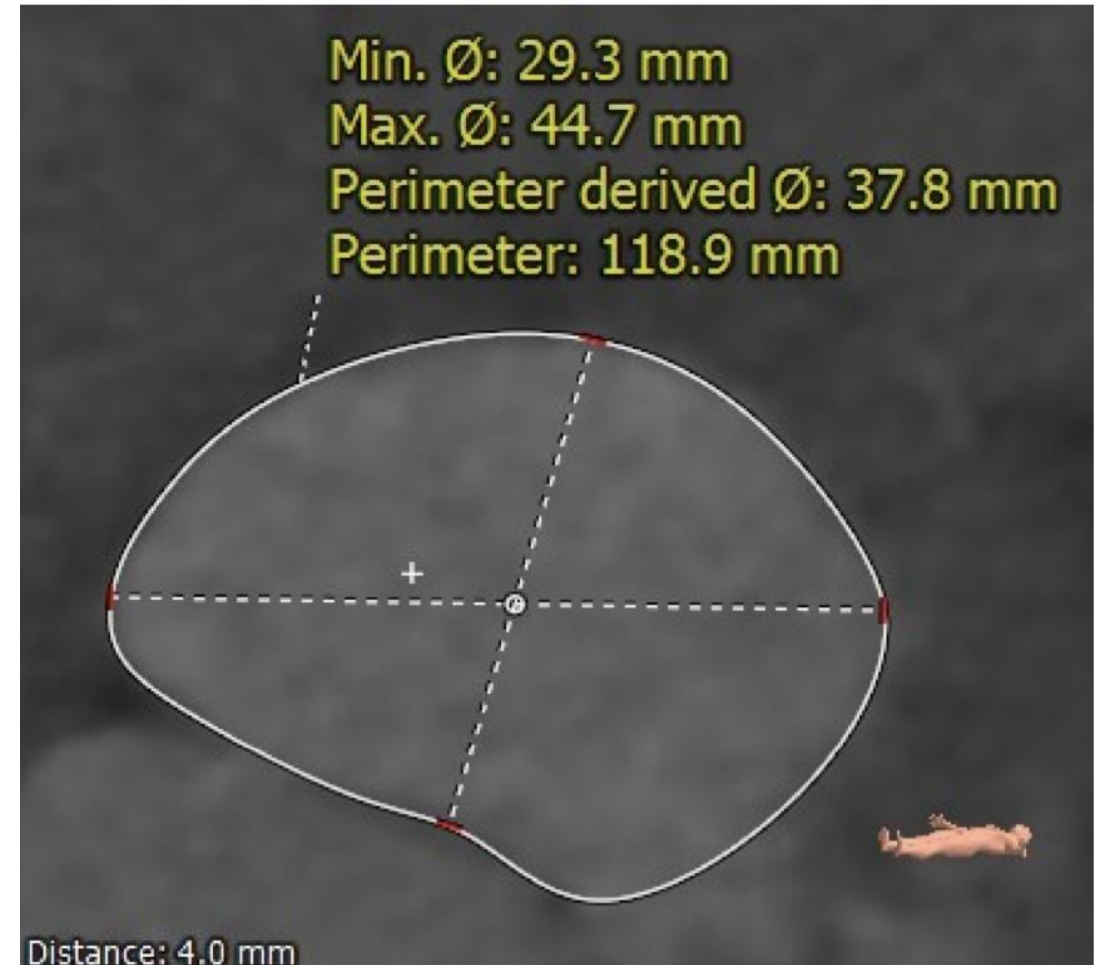
- 2019 – progression to NYHA III / IV; refractory HF
- ECHO:
  - EF 15-20%, LV 77/69 mm
  - AVA 0,9 cm<sup>2</sup>, AVAi 0,4 cm<sup>2</sup>/m<sup>2</sup>
  - sPAP: 67 mmHg
  - Dobutamine stress test: EF to 30%
- Second referral to cardiac surgery → procedure declined due to high perioperative risk
- MSCT aortography scheduled

# CASE REPORT-PREPROCEDURAL INFORMATION (3)

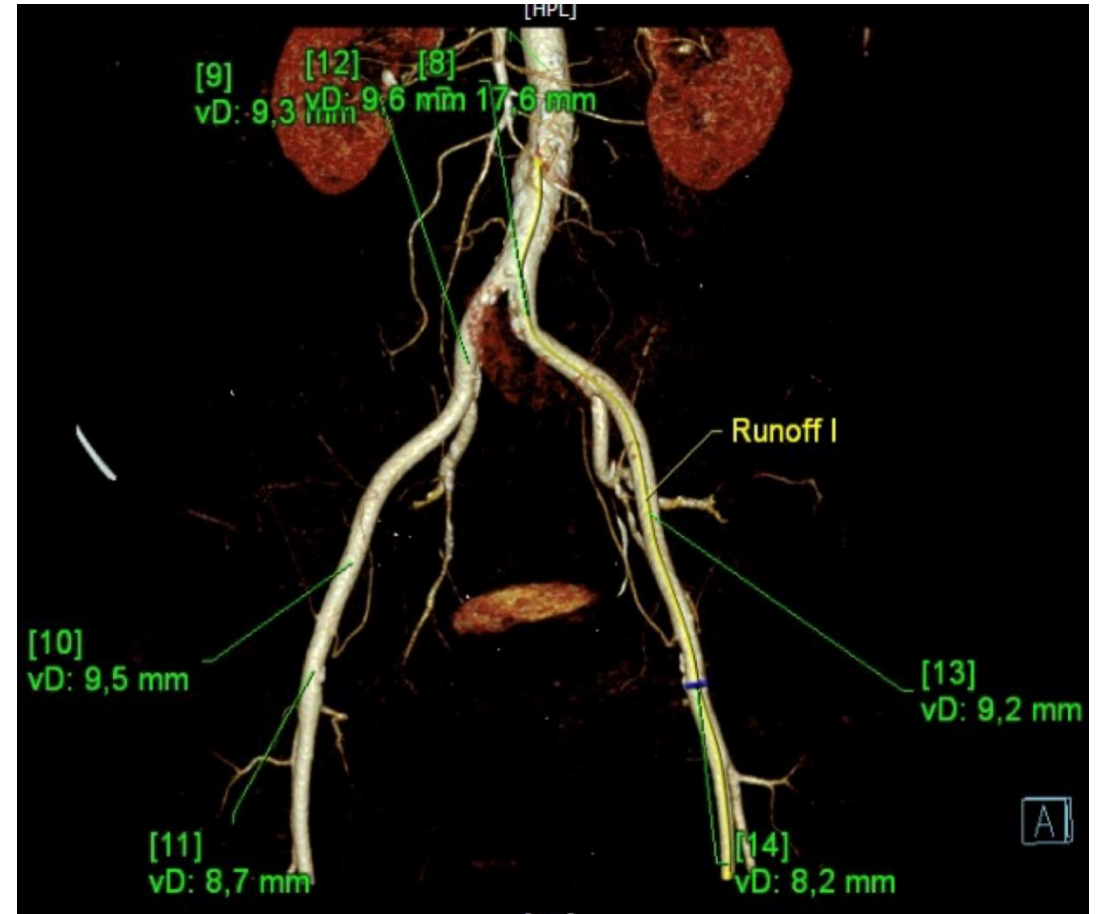
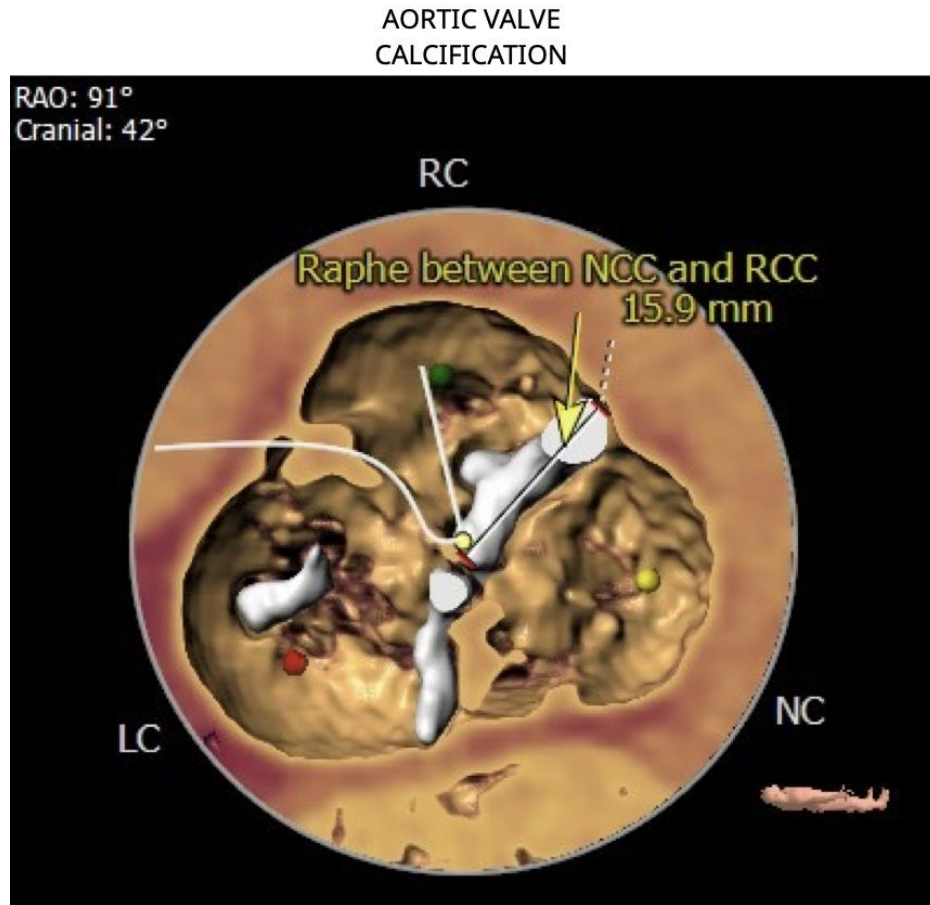
ANNULUS



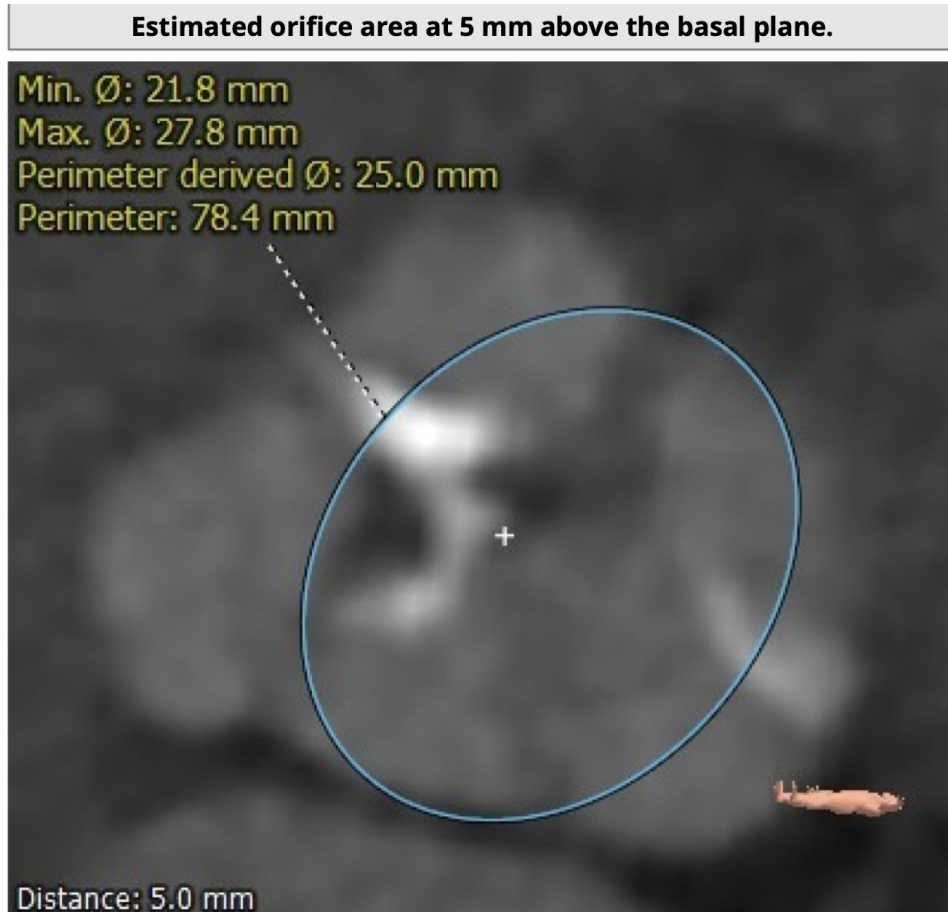
LVOT



# CASE REPORT-PREPROCEDURAL INFORMATION (4)



# CASE REPORT-PREPROCEDURAL INFORMATION (5)



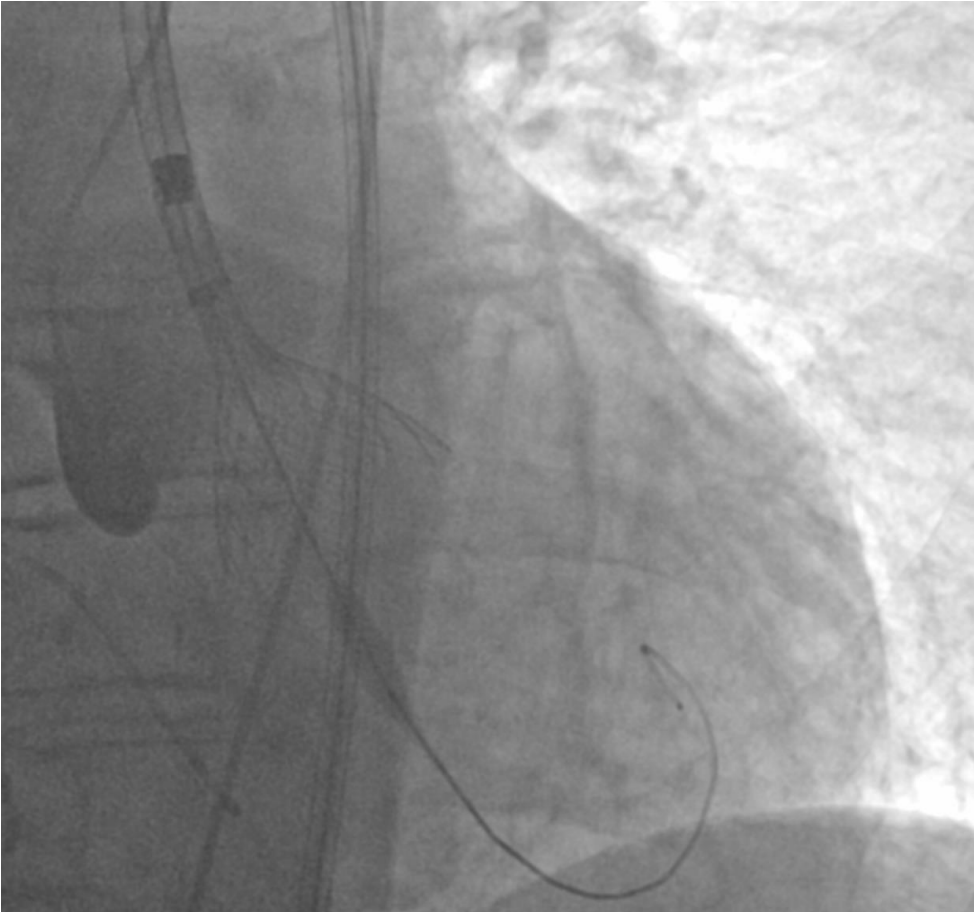
- Heart team discussion:
  - Proceed with high-risk TAVI
- Evolut R 34 mm chosen
  - Out of IFU
- Standard setup:
  - Conscious sedation
  - Manta VCD



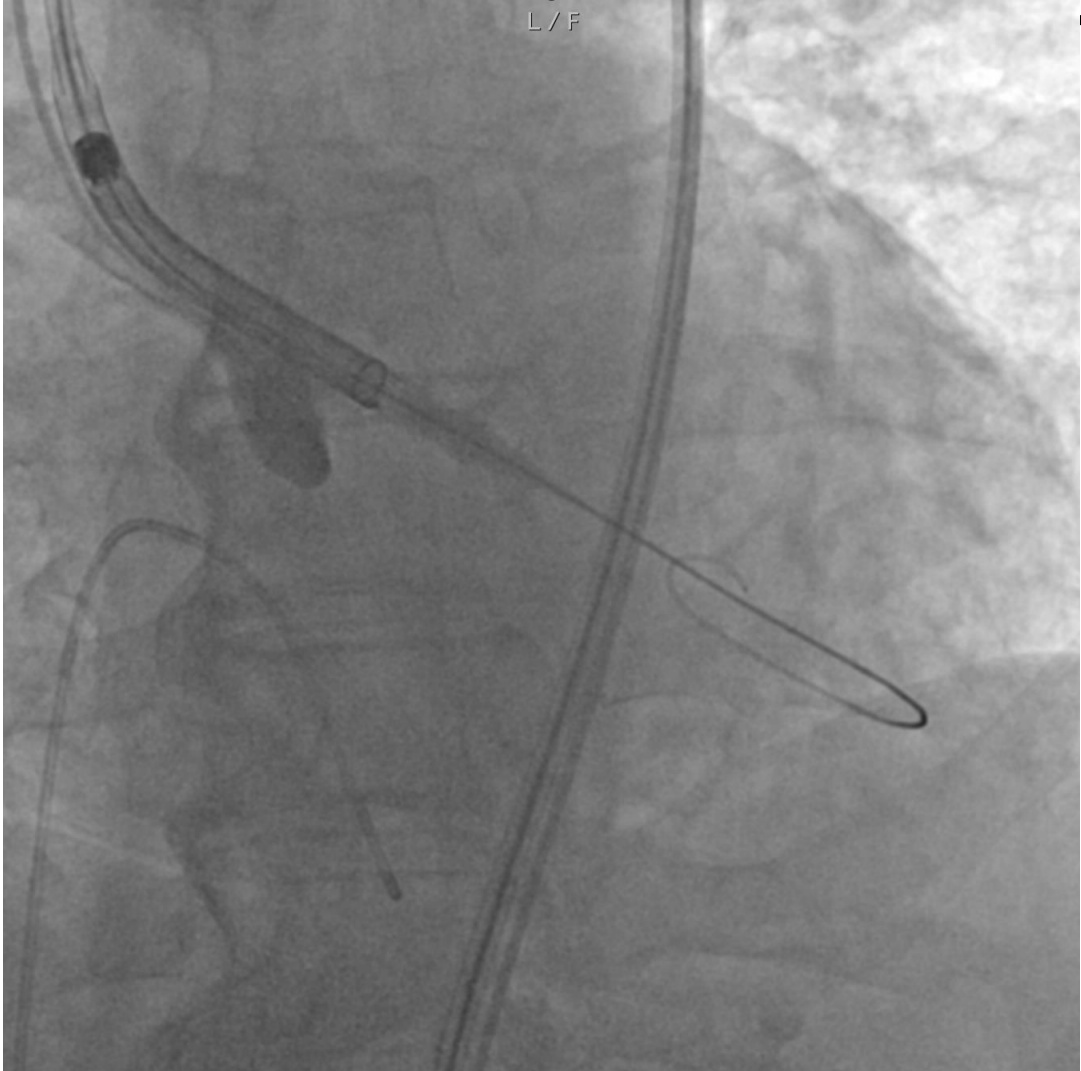
# CASE REPORT-KEY PROCEDURAL STEPS (1)



# CASE REPORT-KEY PROCEDURAL STEPS (2)



# CASE REPORT-KEY PROCEDURAL STEPS (3)

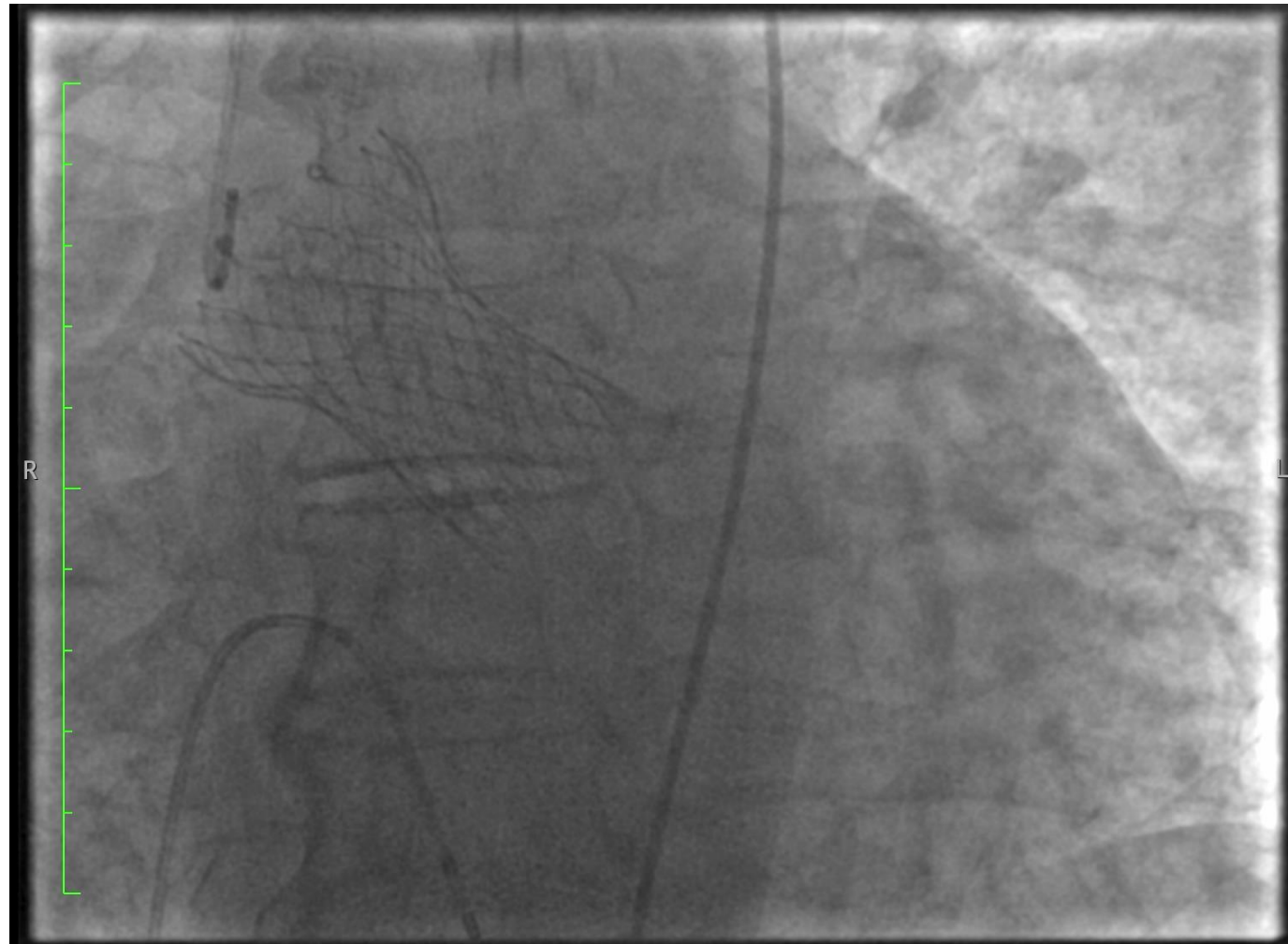


# CASE REPORT-KEY PROCEDURAL STEPS (4)





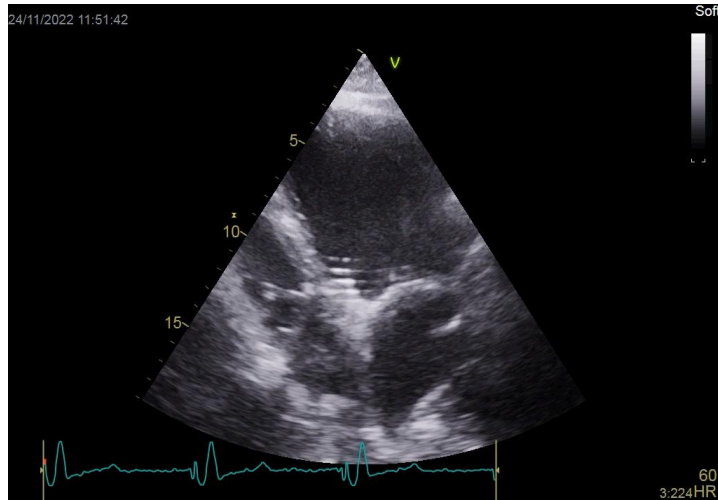
# CASE REPORT-KEY PROCEDURAL STEPS (5)



# CLINICAL OUTCOME

- Discharged on 6th day
  - ECHO: EF 20-25%, MR 3+, TR 3/4+
- First control after 3 months:
  - NYHA 2
  - Holter: NSVT → ICD implantation scheduled
- CRT-D implanted 8 months after TAVI
- Last control 11/22 (3 ½ years after TAVI):
  - NYHA 1!
  - ECHO:
    - EF 40%, LV 61/49 mm
    - AV: Vmax 1,7 m/s, PGmax 20 mmHg; MR 1+, TR 1+

# WHY DID I SHOW THIS CASE?



- TAVI can be a solution for patients with demanding (large bicuspid) anatomy
- Mid-term follow up shows excellent clinical results even in high risk patient population

