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Valve-Through-Valve Bailout: Successful Sapien TAVR via Dislodged CoreValve Snared in Ascending Aorta

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Disclosure of Relevant Financial Relationships

I, *Ghulam Mujtaba Ghumman*, DO NOT have any financial relationships to disclose.

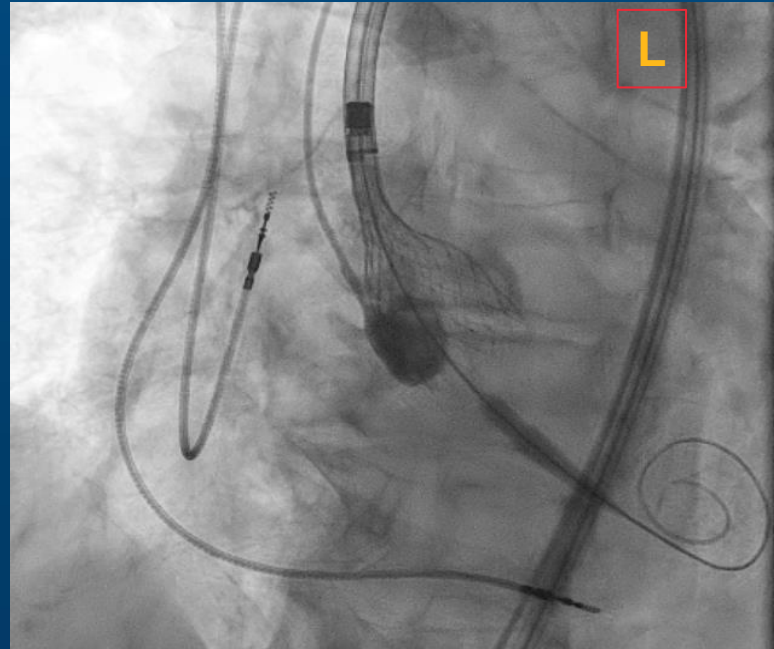
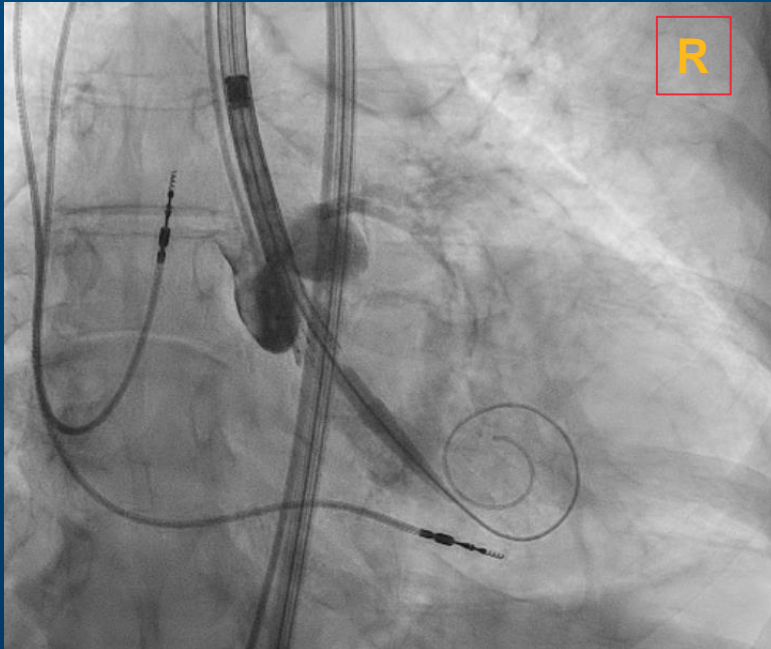
Patient Background

- 85-year-old female presented with dyspnea on exertion and limited functional capacity
- Echocardiogram showed severe aortic stenosis with a *mean gradient of 43 mmHg and an aortic valve area (AVA) of 0.9 cm² with preserved LVEF*
- Past medical history: Hypertension, paroxysmal atrial fibrillation, and permanent pacemaker for high-degree AV block
- *Clean coronary arteries* on pre-TAVR coronary angiography
- Patient was referred to us and elected for transfemoral TAVR due to high surgical risk profile

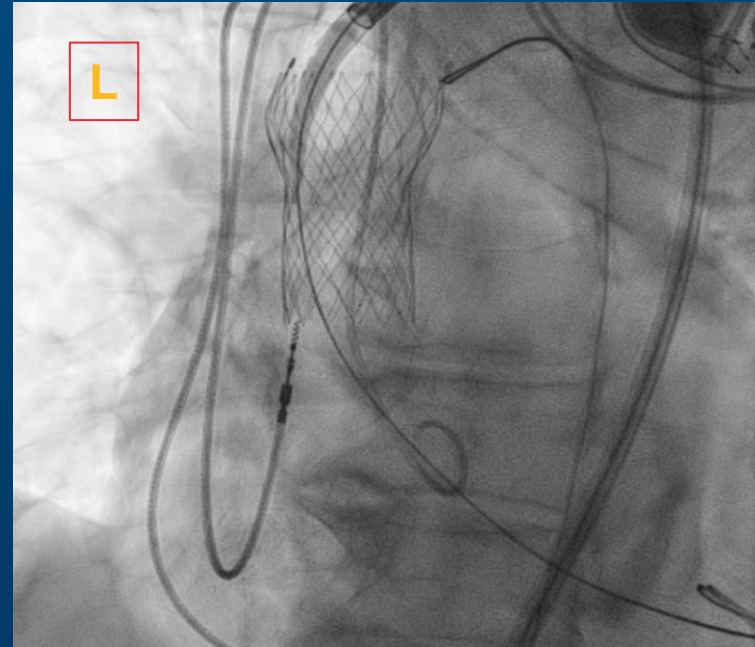
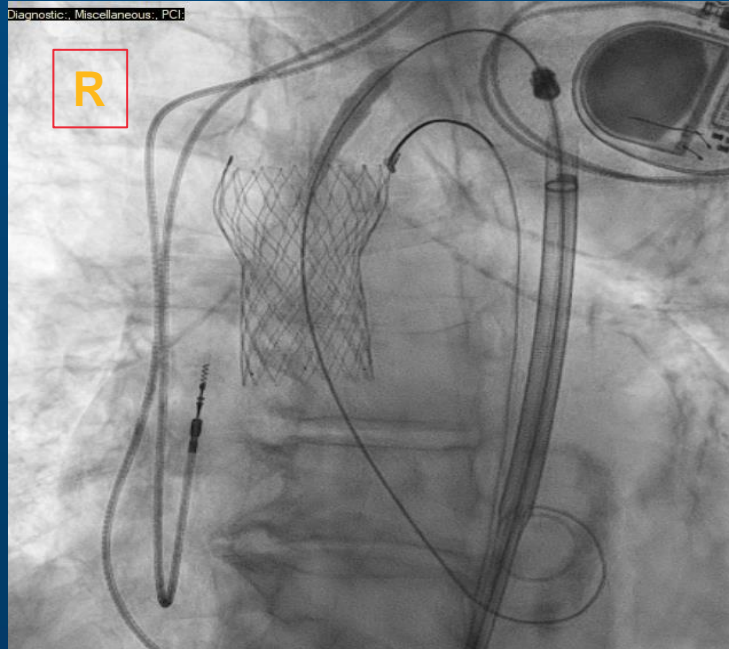
Initial TAVR and Complication

- Underwent standard transfemoral TAVR with a 26 mm Medtronic Evolut™ FX (self-expanding) valve
- Immediately after deployment, valve embolized above the aortic root
- Valve was successfully snared and stabilized in the ascending aorta close to the aortic arch

R: TAVR delivery system positioned across the native valve
L: 26 mm Evolut FX valve being deployed



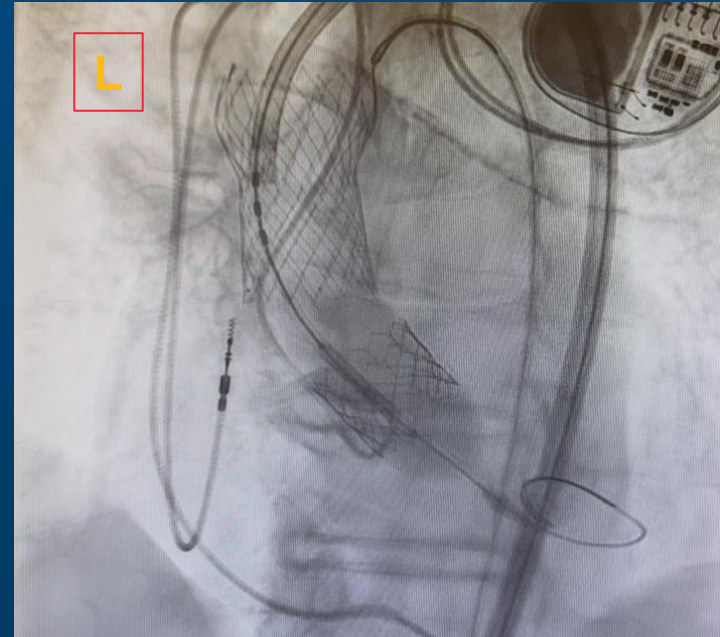
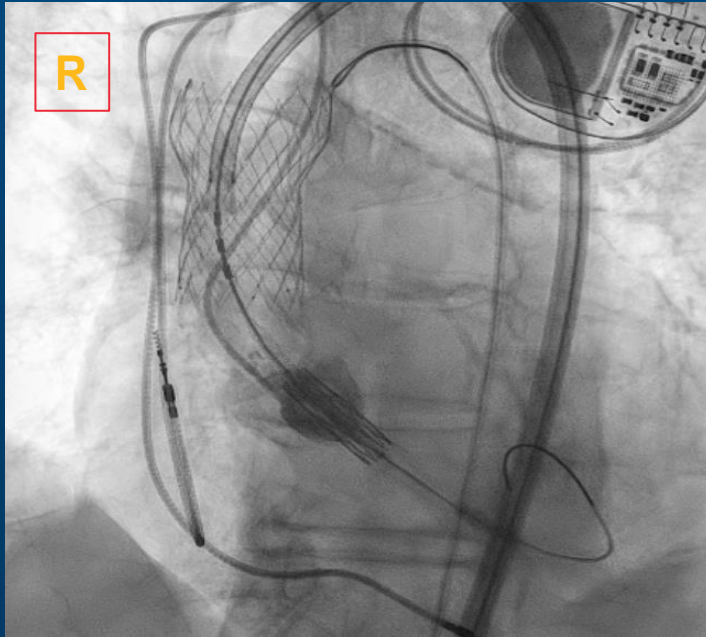
R: Embolization of Evolut FX above the aortic root
L: Embolized valve snared and parked in the ascending aorta



Bailout Strategy with Edwards Sapien

- Attempt to pass a second Medtronic valve through the dislodged valve was unsuccessful
- Given the fully expanded state of the valve and patient's hemodynamic stability, surgical retrieval was deferred.
- Decision made to use a 23 mm Edwards Sapien 3 Ultra Resilia valve
- Sapien valve carefully advanced through the dislodged CoreValve frame without any resistance
- Successfully deployed at the native annulus with excellent positioning

**R: 23 mm Sapien Ultra Resilia valve advanced through the frame of
dislodged valve and positioned across the native annulus**
L: Successful deployment of Sapien valve



Post-Procedure and Follow-Up

- Patient tolerated the procedure well.
- *Day 1 echocardiogram:* Sapien valve well-seated, mean AV gradient 12 mmHg, no regurgitation. Dislodged Evolut FX valve remained visualized in ascending aorta
- *2 weeks follow up:* Patient denied any symptoms and reported feeling better day by day with significantly recovered functional capacity.
- *Follow-up TTE in 2 months:* Sapien valve well-seated, mean AV gradient 9 mmHg, no regurgitation

Learning Objectives

- Understand management of TAVR valve embolization and role of snaring
- Appreciate challenges of cross-platform valve delivery in bailout scenarios
- Highlight feasibility of valve-through-valve approach using Sapien via dislodged CoreValve
- This case underscores the importance of procedural adaptability in managing complex TAVR complications.