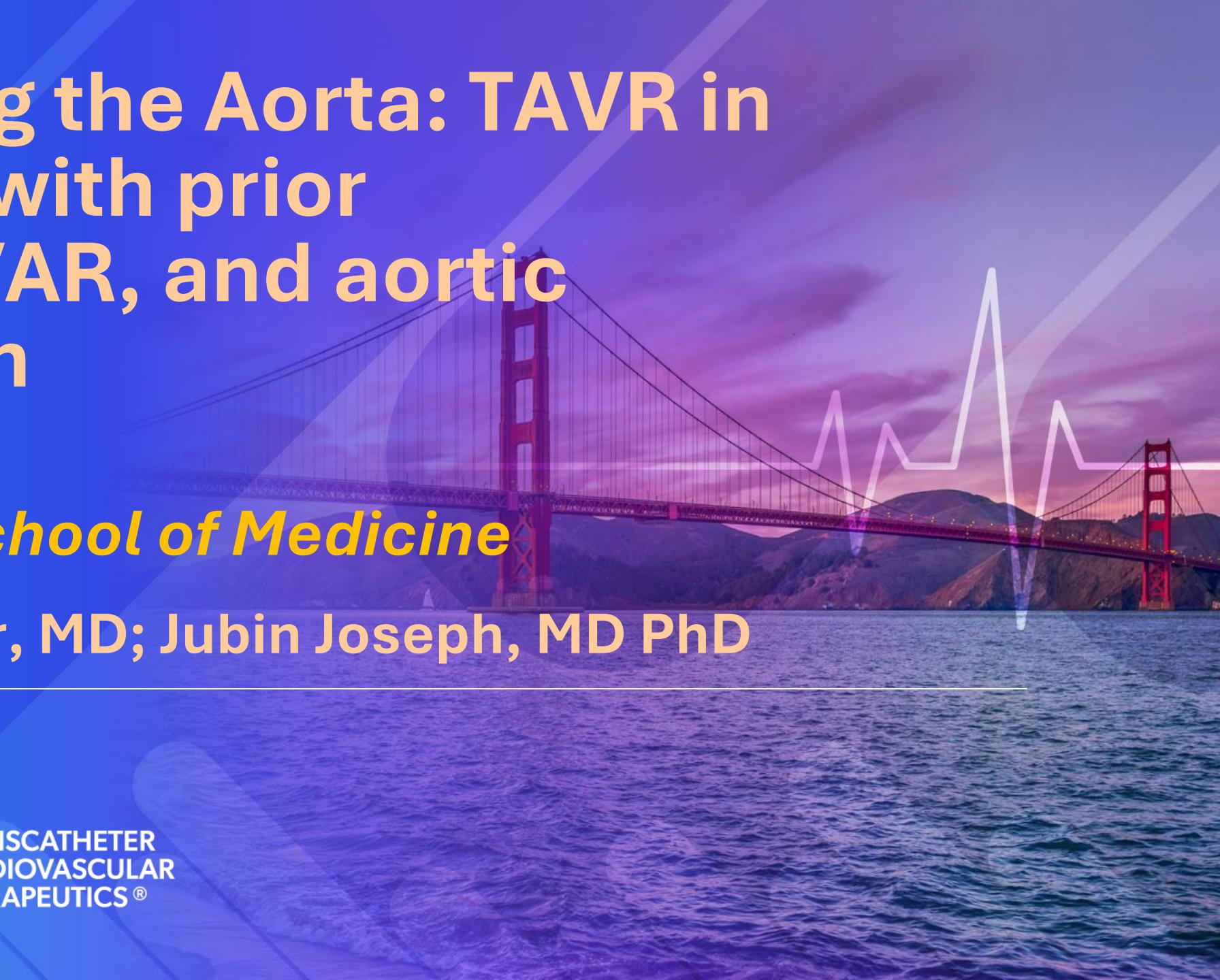


# Navigating the Aorta: TAVR in a patient with prior EVAR,FEVAR, and aortic dissection

*USC Keck School of Medicine*

Hunter Launer, MD; Jubin Joseph, MD PhD



# Disclosure of Relevant Financial Relationships

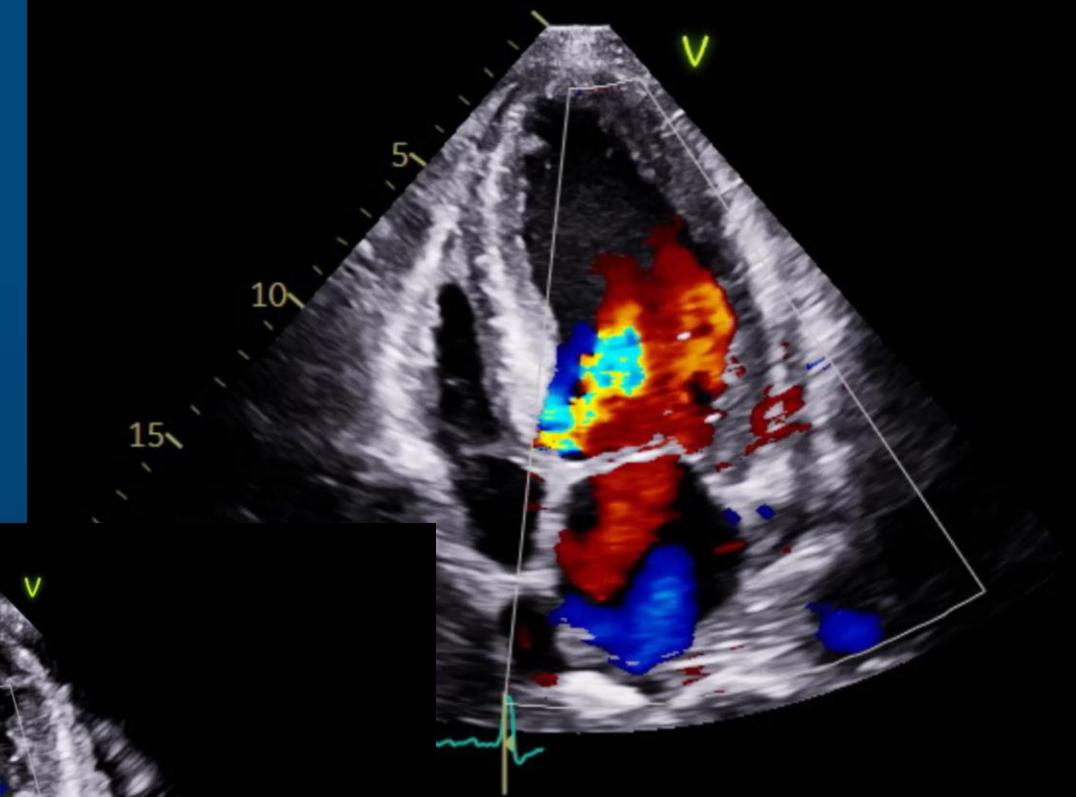
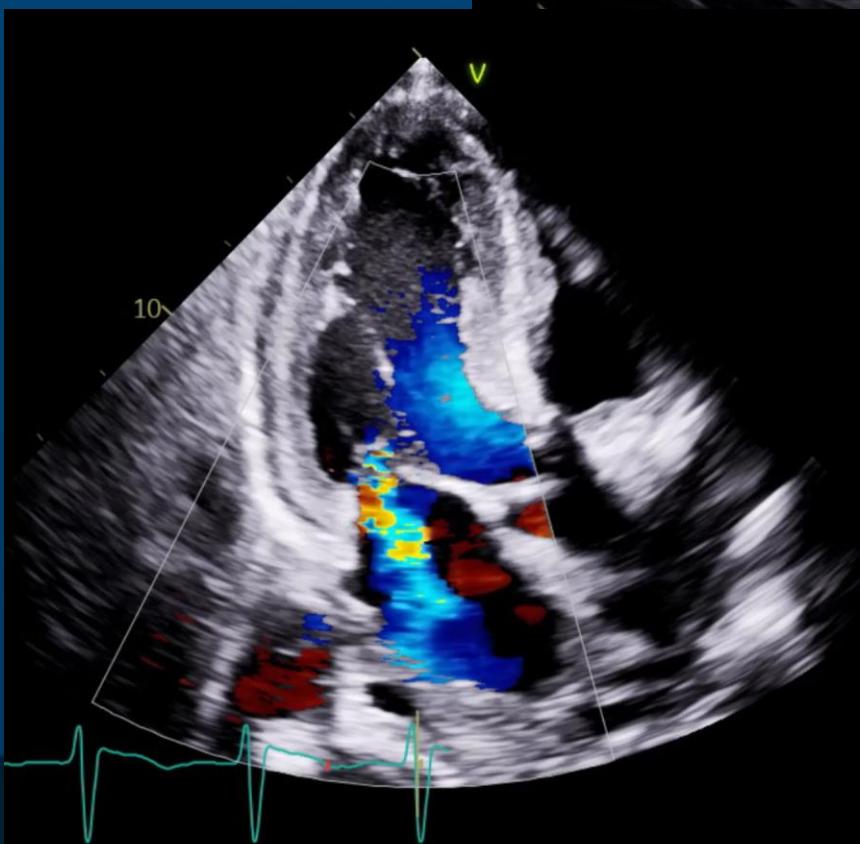
*I, Hunter Launer, DO NOT have any financial relationships to disclose.*

*Special thanks to Dr. Jubin P. Joseph, MD PhD.*

# Case Presentation

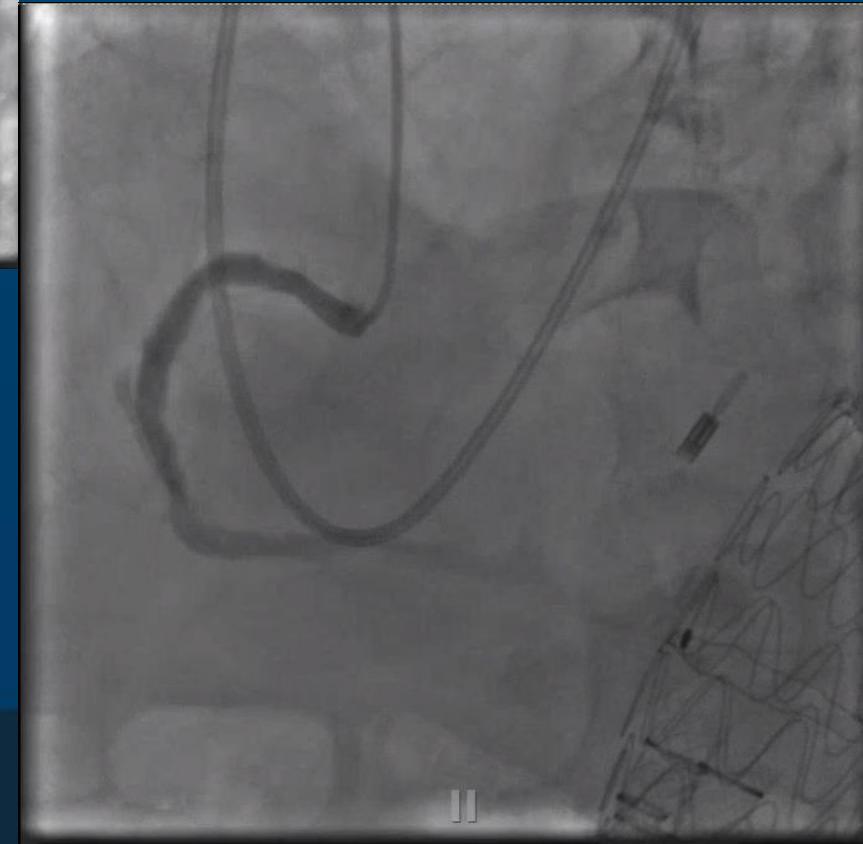
An 88-year-old male with **severe aortic regurgitation**, CAD, HTN, HLD, and extensive aortic pathology presented with upper GIB and progressive dyspnea.

- 6/2023: infrarenal abdominal aortic aneurysm w/ dissection s/p FEVAR
- 2/2024: Type II endoleak coil embolization of IMA
- 9/2024: FEVAR w/ TAMBE and splenic embolization complicated by type B (Zones 3/5) aortic dissection



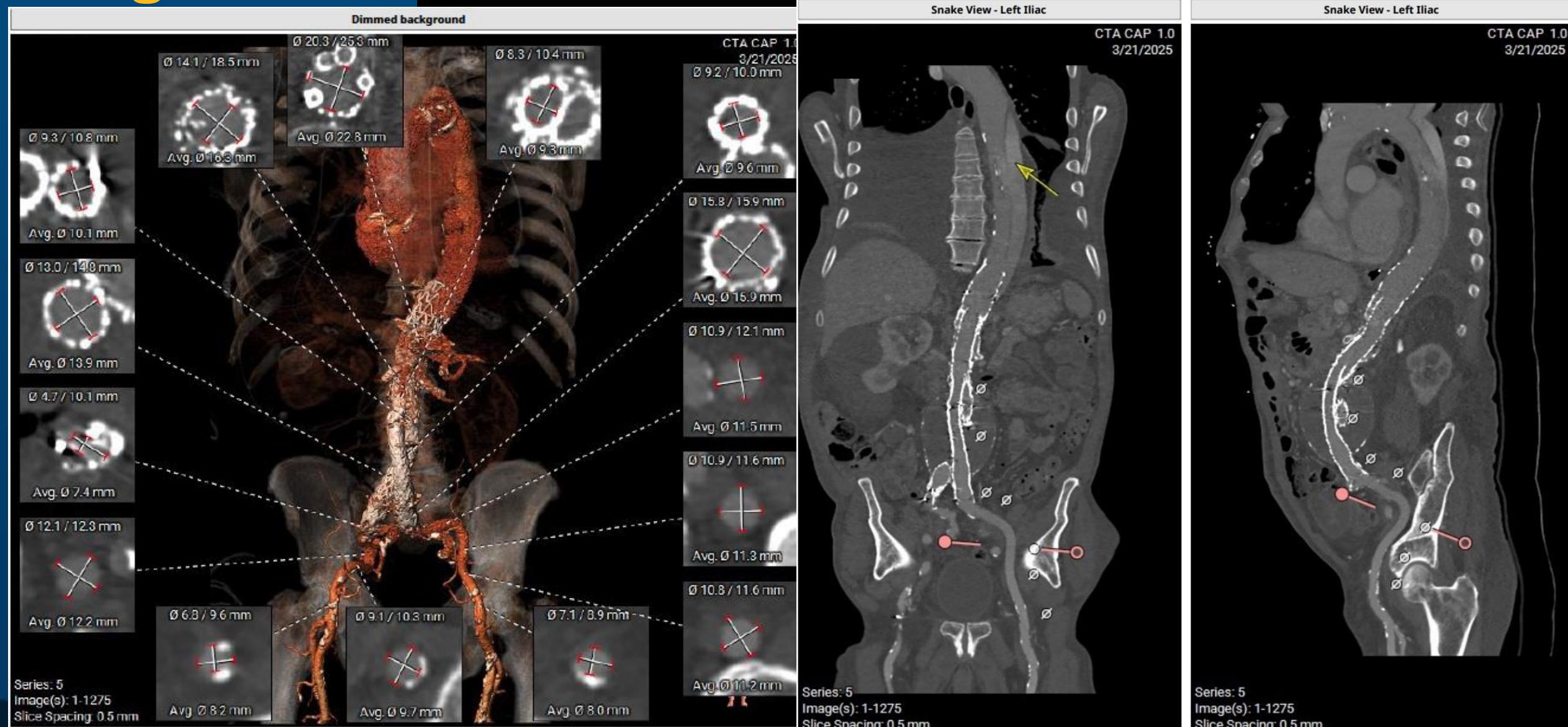
# Clinical Course

Patient evaluated by Structural Heart team. Given recent UGIB and comorbid conditions the patient deemed not an operative candidate and recommended evaluation for TAVR.



INTERNAL

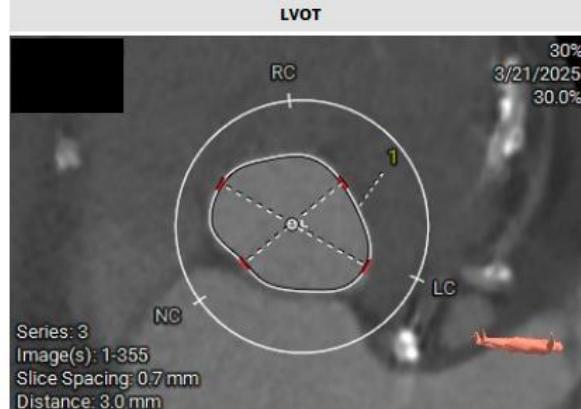
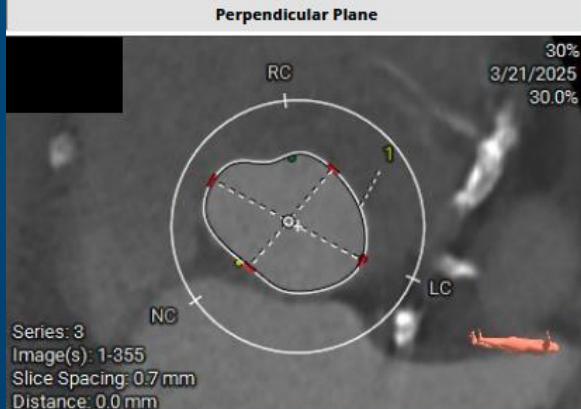
# Diagnostics



CRF®

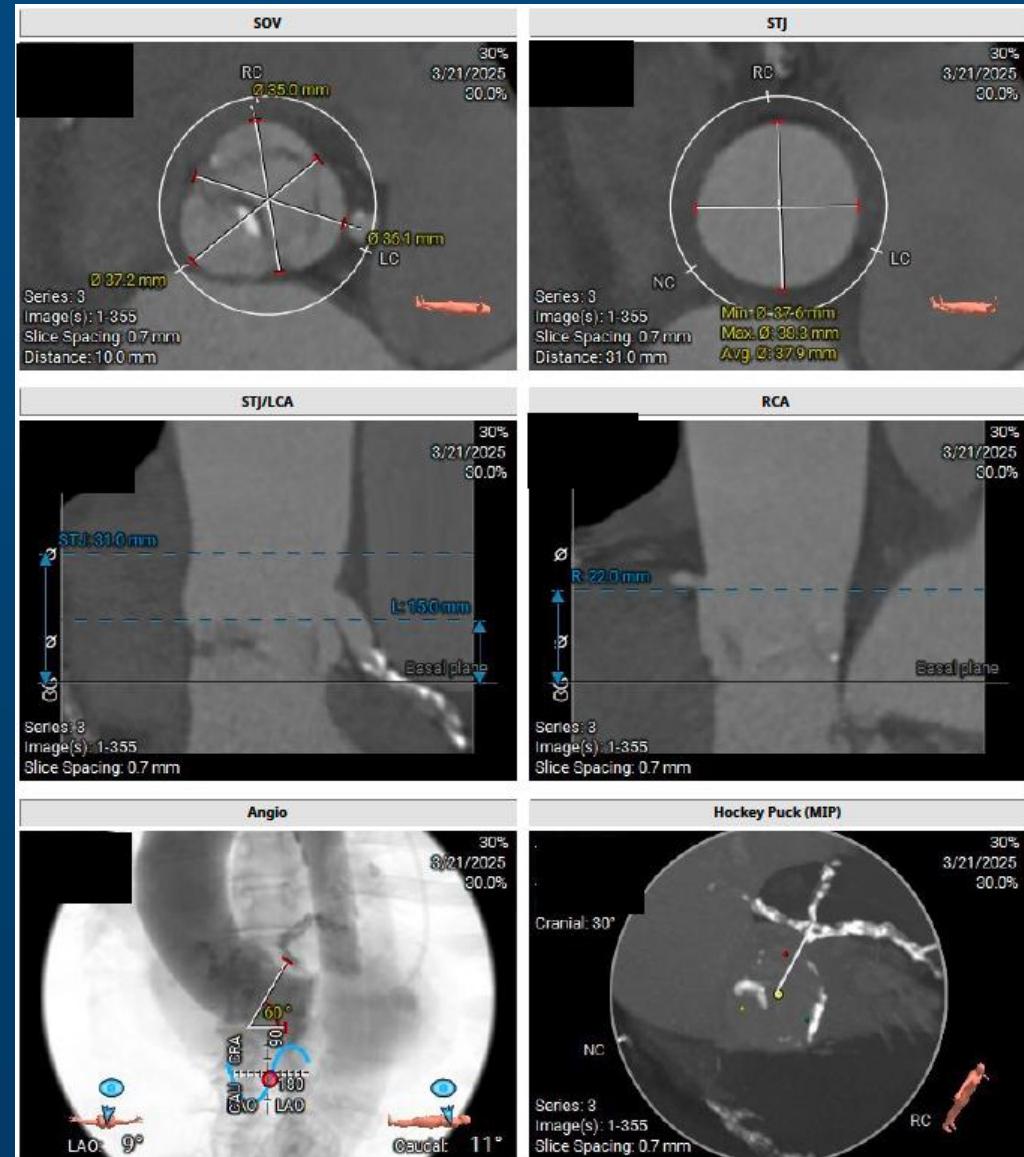
TCT®

# Diagnostics



ID Type	Label	Value
1	Polygon Min. Ø	25.5 mm
	Max. Ø	33.7 mm
	Avg. Ø	29.6 mm
	Area derived Ø	29.1 mm
	Perimeter derived Ø	29.9 mm
	Area	664.7 mm <sup>2</sup>
	Perimeter	94.1 mm

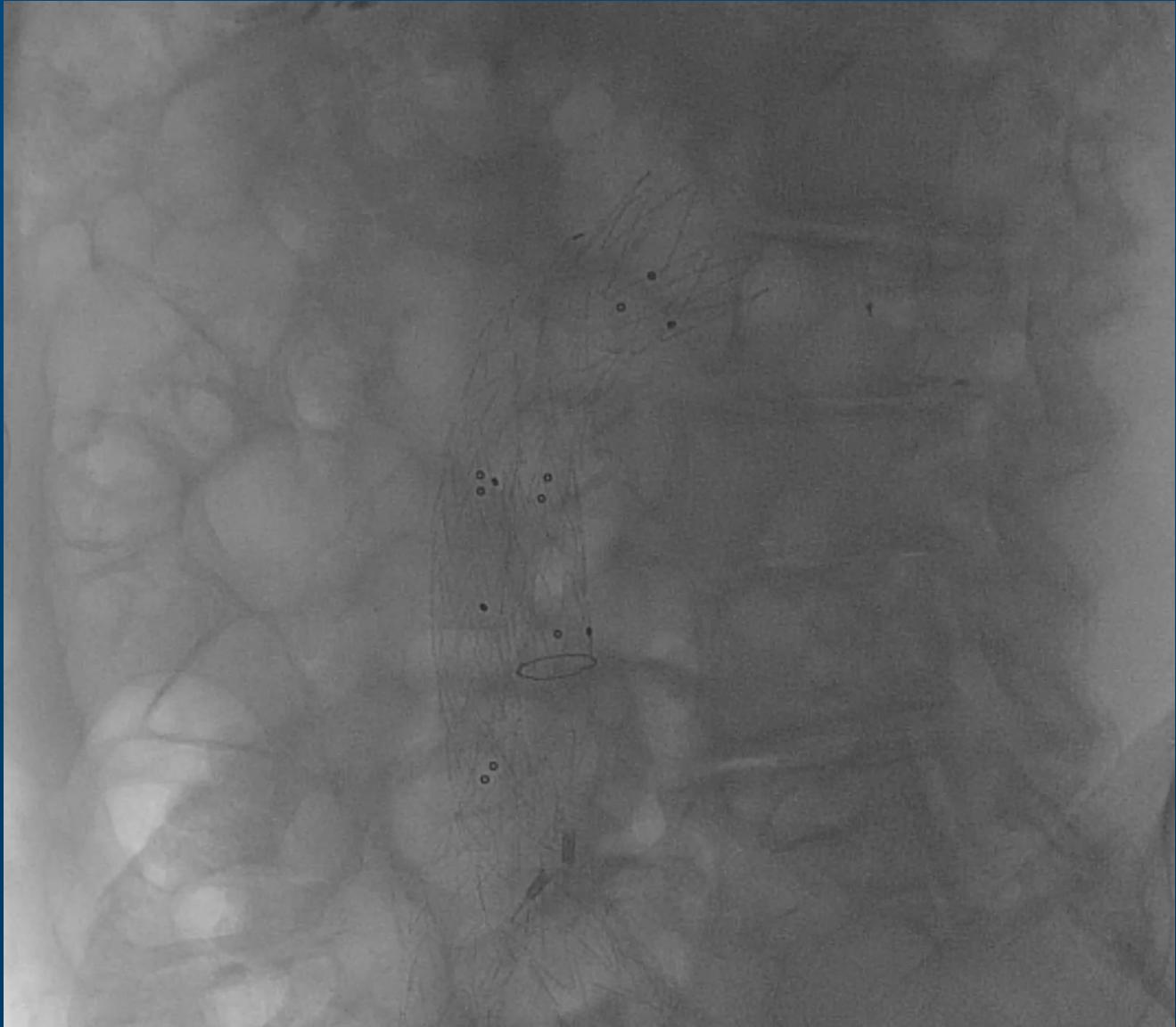
ID Type	Label	Value
1	Polygon Min. Ø	25.3 mm
	Max. Ø	33.1 mm
	Avg. Ø	29.2 mm
	Area derived Ø	28.8 mm
	Perimeter derived Ø	29.5 mm
	Area	650.9 mm <sup>2</sup>
	Perimeter	92.5 mm



**29-mm balloon-expandable  
Sapien 3 Ultra Resilia valve**

# Procedure

- 16 Fr e Sheath in LFA after serial dilation of 14/16/18Fr over a Lunderquist wire
- An 18fr dilator advanced within the 16Fr sheath to pre-dilate
- A 29-mm balloon-expandable Sapien 3 Ultra Resilia valve



INTERNAL

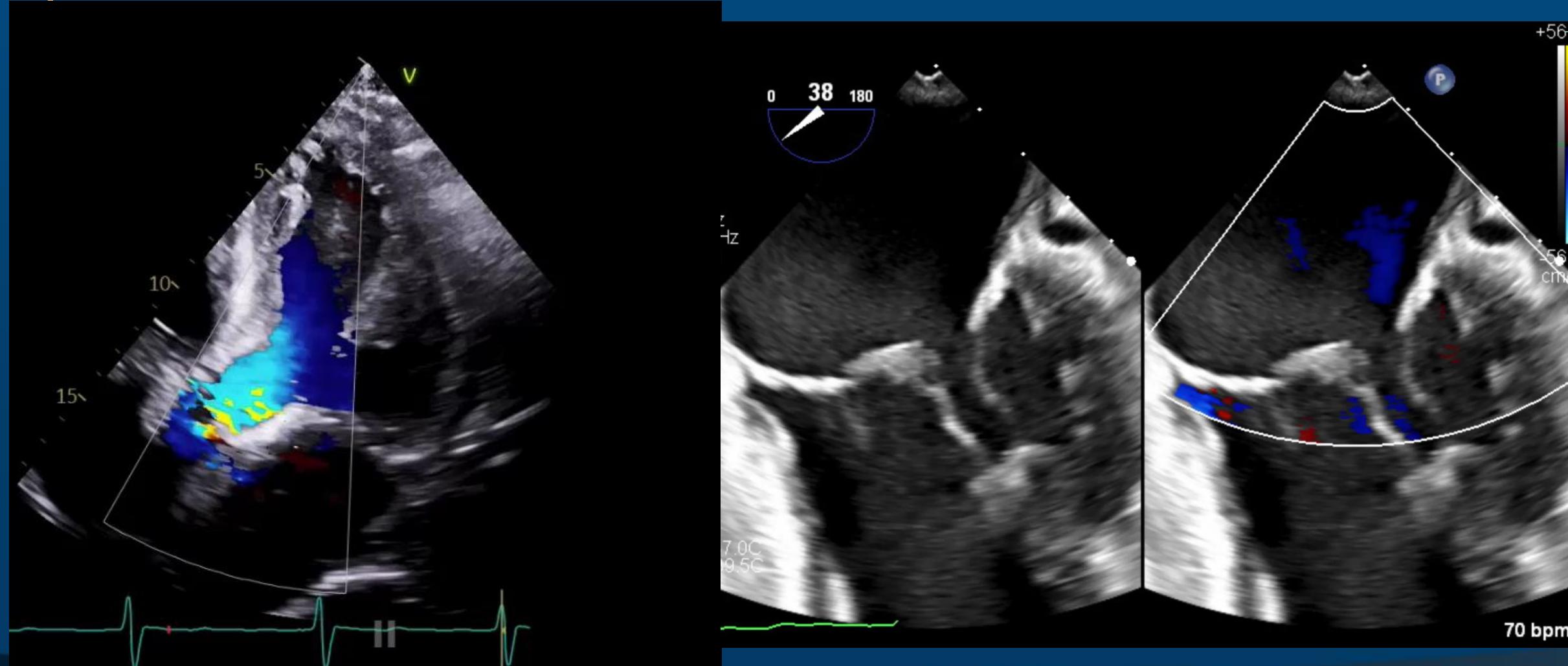
# Procedure



INTERNAL

# Conclusion

Successful TAVR with a 29-mm balloon-expandable Sapien 3 Ultra Resilia bioprosthetic valve



# Conclusion

- Off-label TAVR successfully treated severe aortic regurgitation despite hostile aortic anatomy and absence of annular calcification
- Lack of aortic root calcification required meticulous procedural planning and device selection to ensure adequate anchoring
- Correction of severe AR led to significant functional MR improvement at 7-month follow-up
- Conservative CAD management strategy pursued given high bleeding risk and recent GI bleed.