

# Balloon Rupture During Sapien 3 Implantation

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# Disclosure of Relevant Financial Relationships

I, [S.NDAO] DO NOT have any financial relationships to disclose.

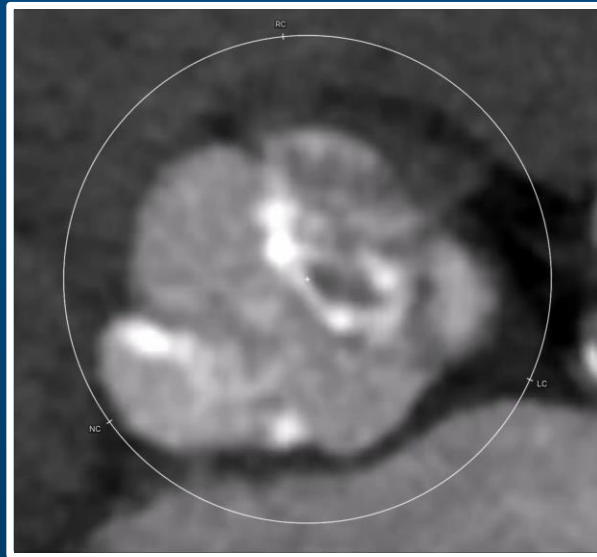
# Clinical Background

88 y/o ♂, BMI 23

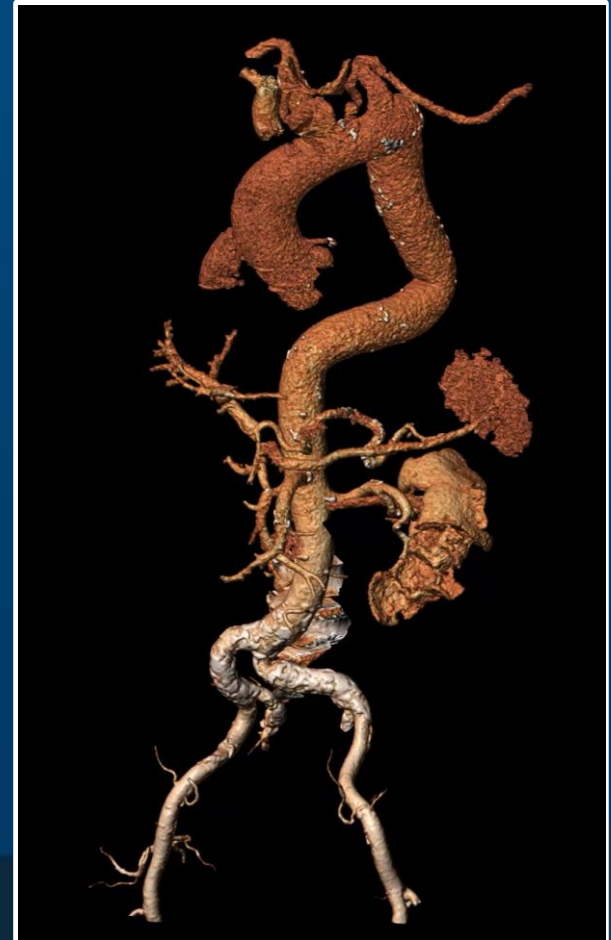
- Hypertension
- Permanent AF
- Ischemic stroke
- CKD
- Pacemaker

PE/ severe AS

**STS score 13%**



**S3 29 mm + 2cc**

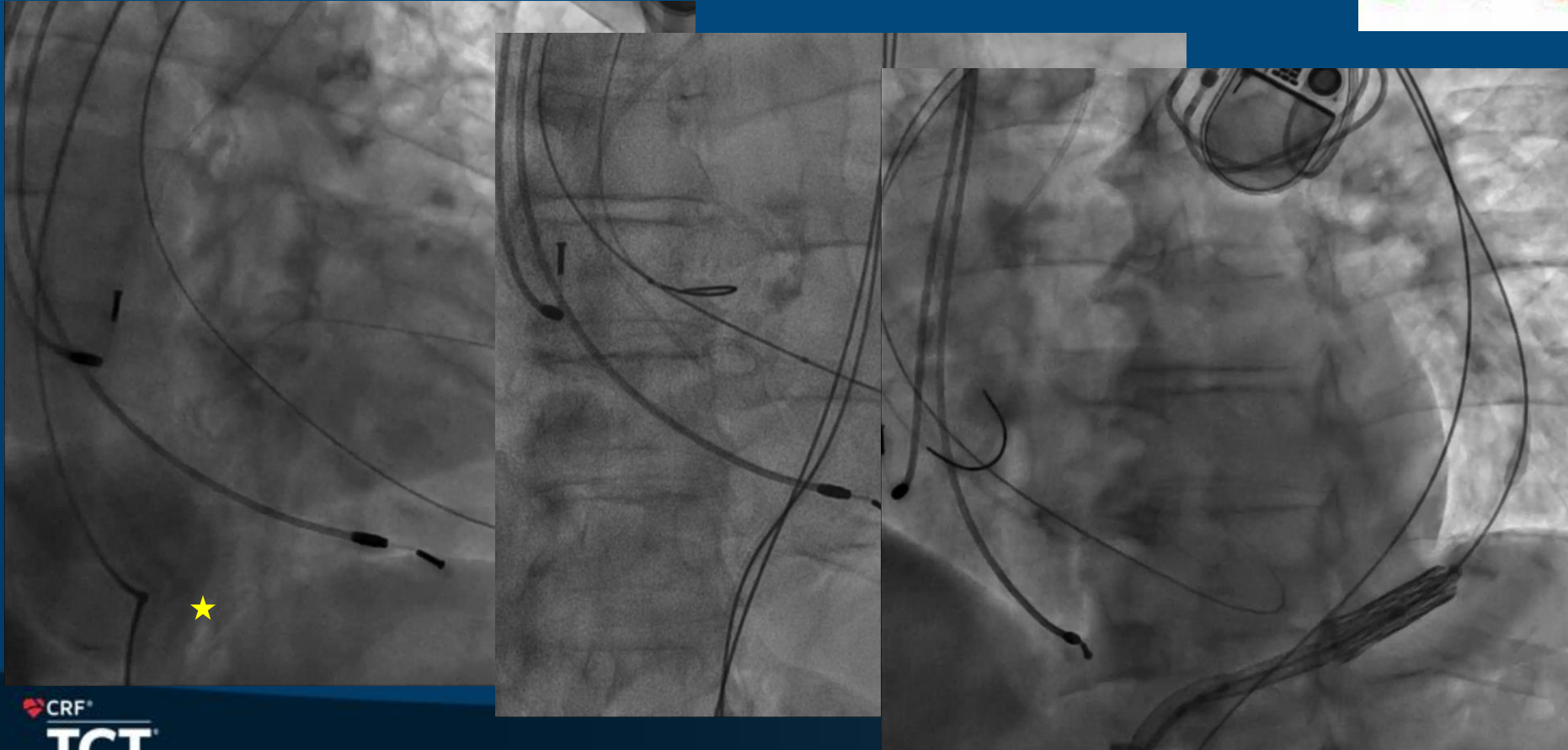


# TAVR Procedure: set up



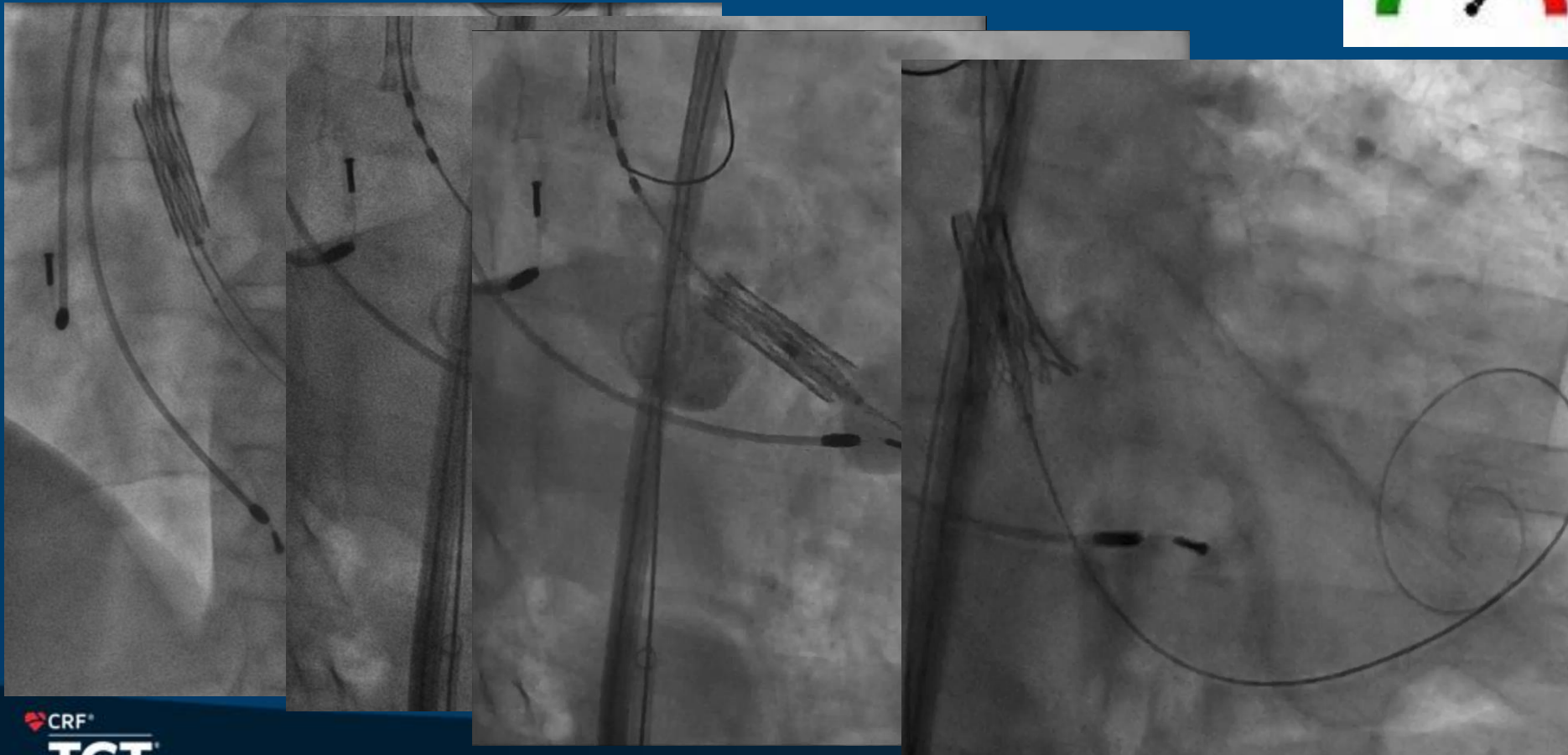
- Conscious sedation
- Secondary access : right radial arm (pigtail catheter)
- Main access : right femoral artery (US-guided puncture)
- Preclosing suture-based system (ProGlide)
- Rapid pacing via Safari wire
- Predilatation (22mm) then 29mm SAPIEN 3 THV

# TAVR Procedure 1/3

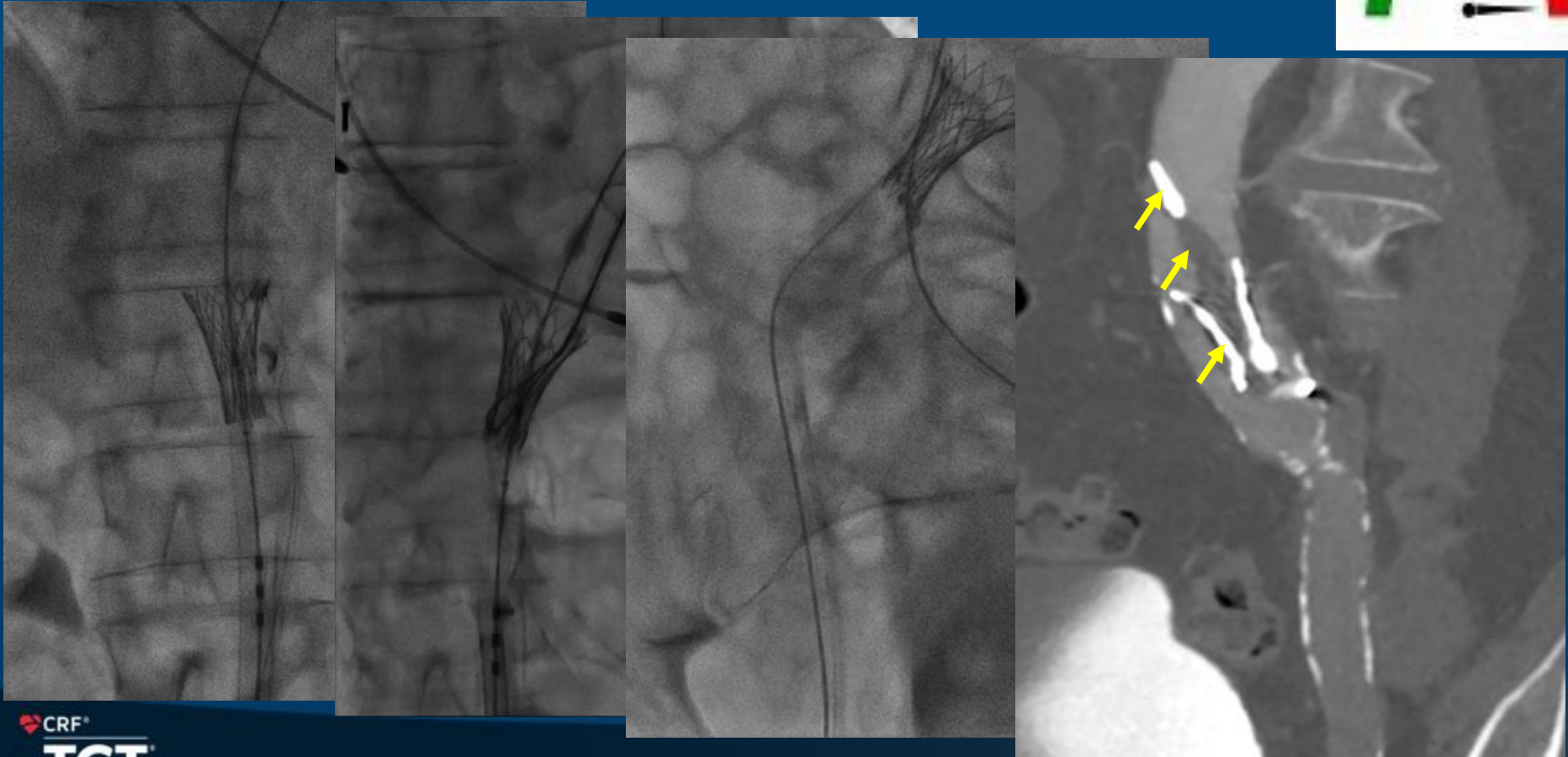




# TAVR Procedure 2/3

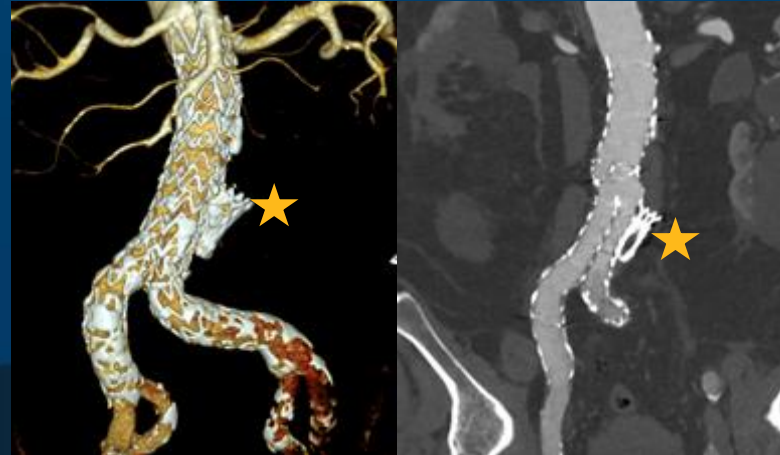
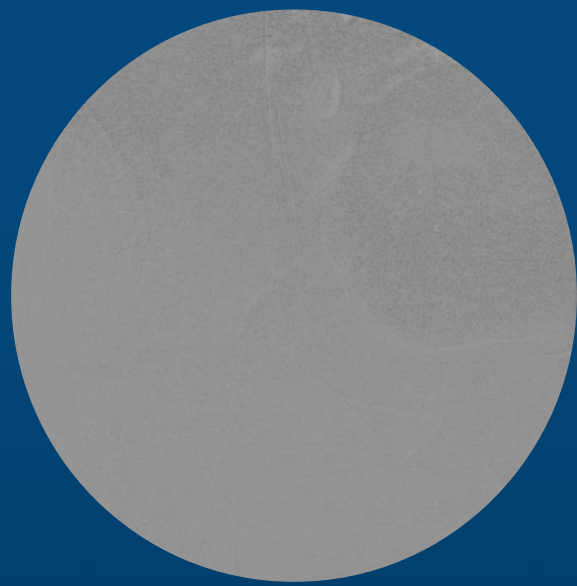


# TAVR Procedure 3/3



# Follow up

- Stable in the cathlab but...
- Main route bleeding → Cover stent
- ICU stay (hemorrhagic + cardiogenic shock)
- SAVR Epic N° 27 St Jude Medical 1 week later
- Endovascular abdominal Ao (aortic stentgraft) repair 2 months later





## Key takeaway

- Unusual resistance during balloon alignment should lead to close examination of the balloon inside the THV on fluoroscopy.
- Tortuous iliofemoral arteries and heavy calcified bicuspid valve should raise awareness about balloon misalignment and dislodgment risk.

