

# Aortic Root Thrombosis with Embolization to the Left Main Artery

*Complication of a complex clinical scenario*

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# Disclosure of Relevant Financial Relationships

I, Sam Robertson, DO NOT have any financial relationships to disclose.

**Treat One, Both, or all Three?**

# The Patient

- **76yo**
- **PMHx:** CAD (RCA CTO 1990)  
PAD, AAA s/p EVAR 2020  
Carotid Stenoses  
Active smoker with COPD  
HTN, HLD
- **Px:** Acute onset severe dyspnea and chest heaviness

# The Patient

- **TTE:**

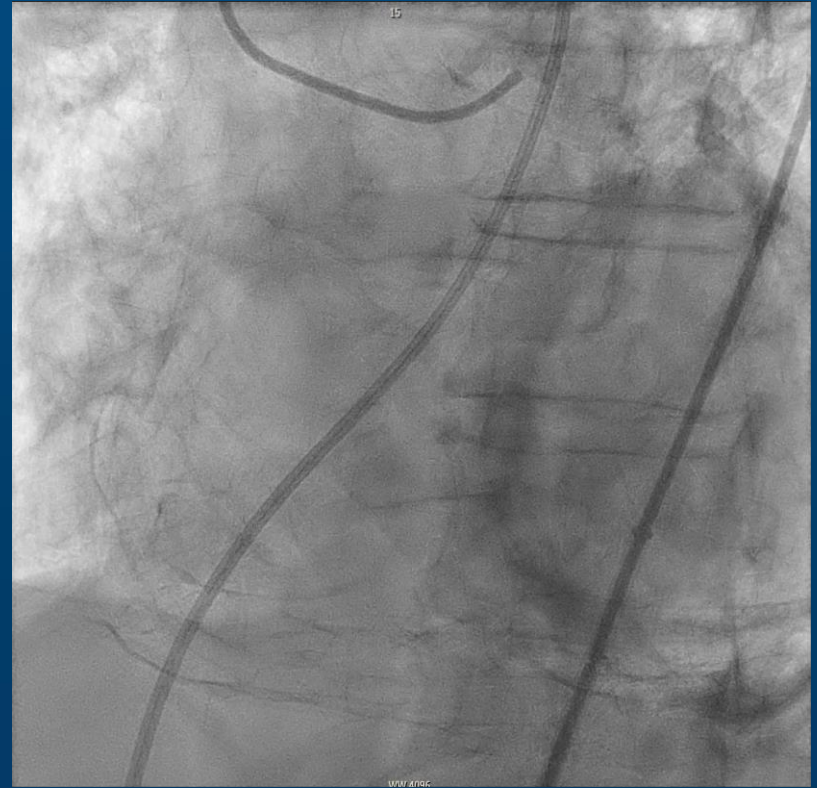
- EF 15% with akinetic LAD territory
- Calcified aortic valve with low-flow-low-gradient stenosis

- **RHC:**

- RA: 16, PW 33, mPA 33
- CO/CI by THD: 3.5 / 1.9
- PAPI 1.7

- **PET:**

- Viable LAD/LCx territories

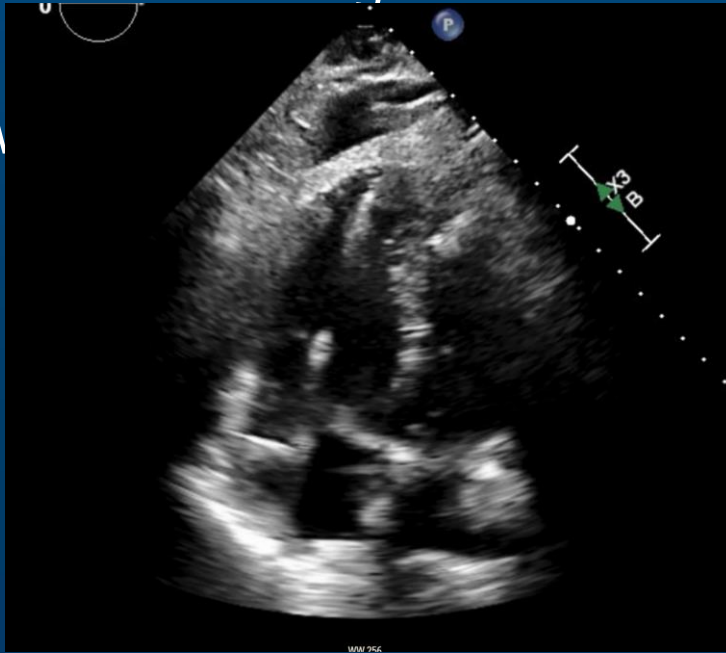


# What is most optimal care sequence?

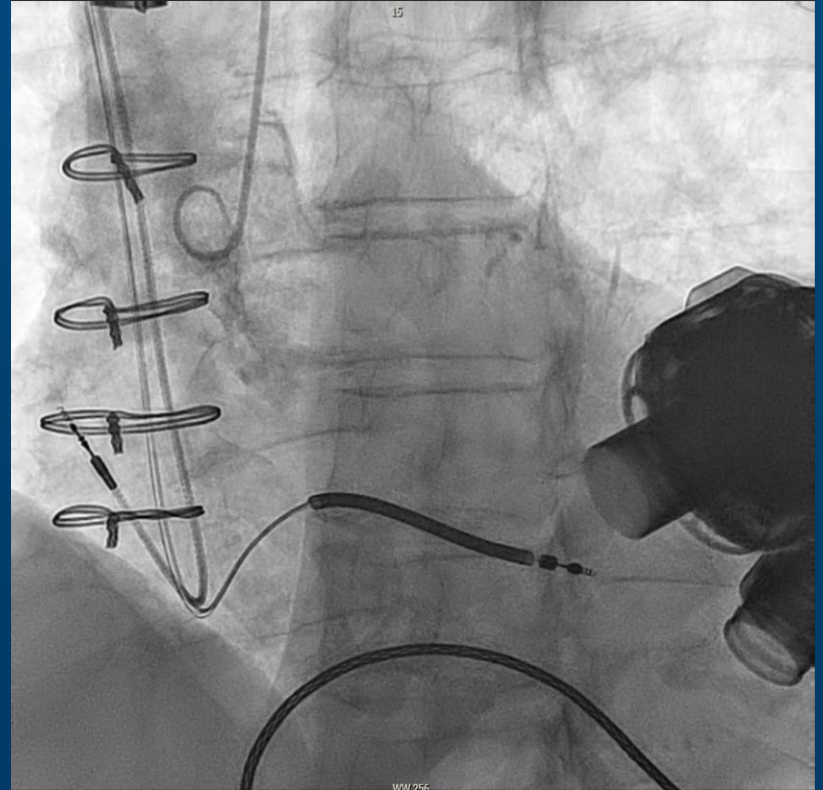
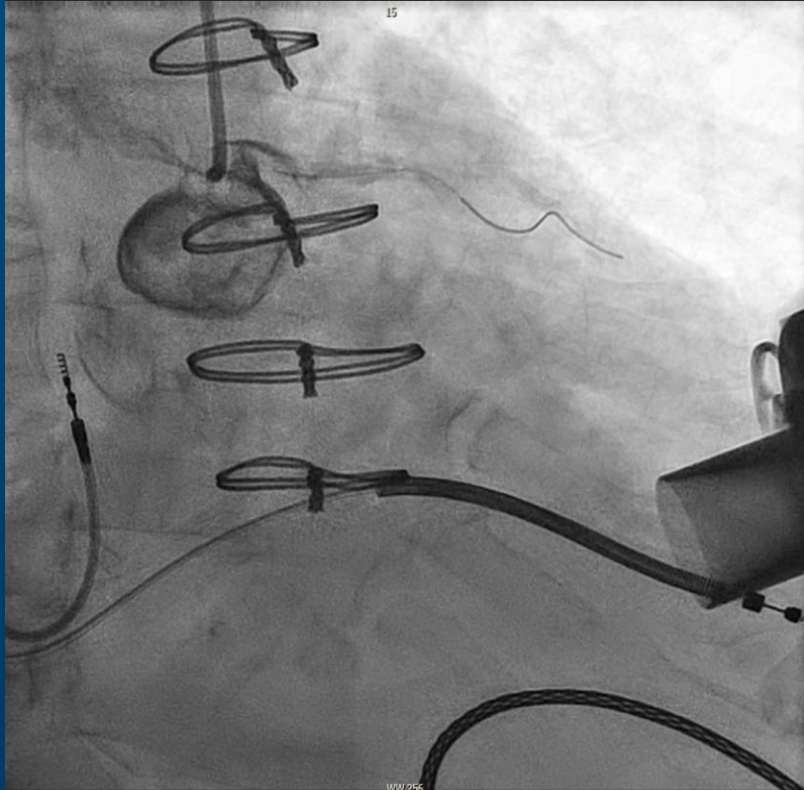
- Is LV dysfunction a result of AS or CAD?
- What resulted in acute presentation?
- Does CI of 1.9 represent myocardial “reserve”?
- Mechanically supported PCI?
- Palliate AS with valvuloplasty as bridge?
- Advanced therapies?

# Decision Made

- ECMO Cannulation as a bridge to destination Left Ventricular Assist Device
- Re-presents two weeks of treatment for severe heart failure and respiratory distress syndrome

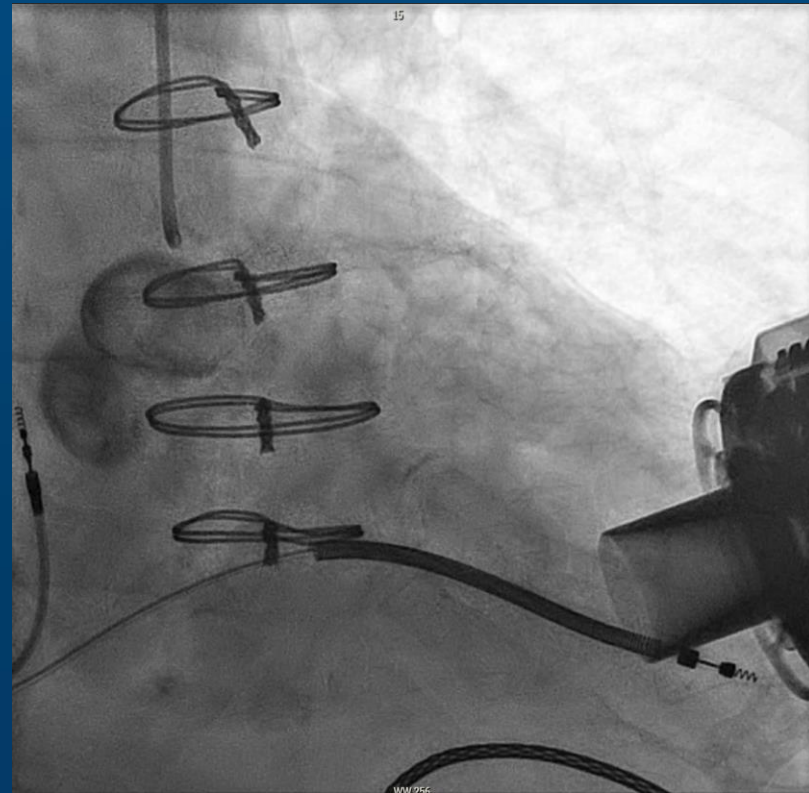
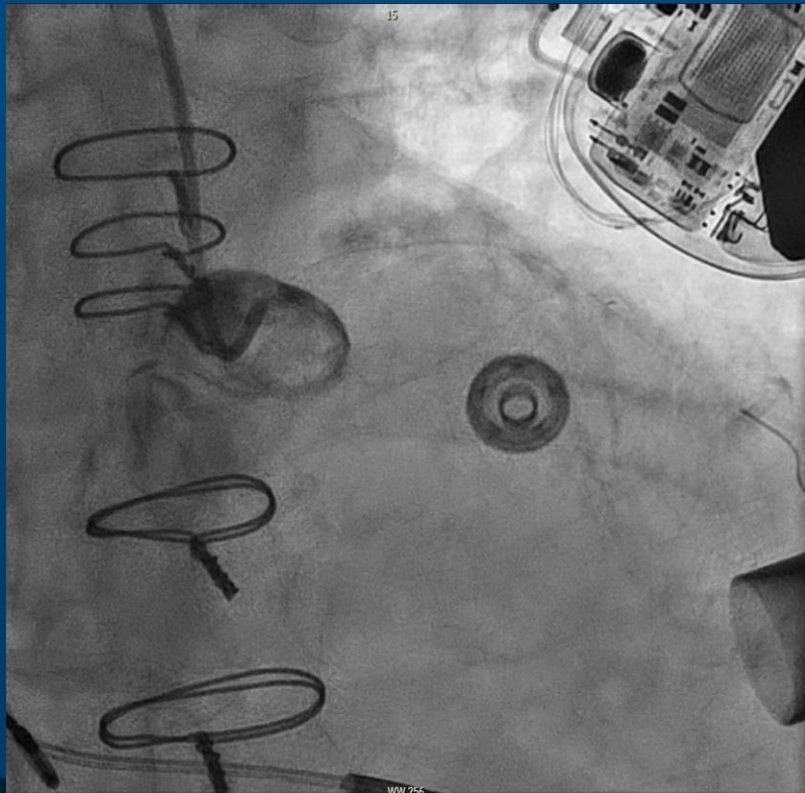


# Complication





# Complication



# Summary

- Aortic root thrombosis (ART) is a known complication of LVAD implants
  - Cited in up to ~5% of patients
  - Median time to thrombus from implant was 22 days
  - ~28% of those with ART present with MI
  - No firm guidelines in regard to management
- *We must commit patients to meaningful care pathway in the acute phase understanding no decision is without risk*