

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.

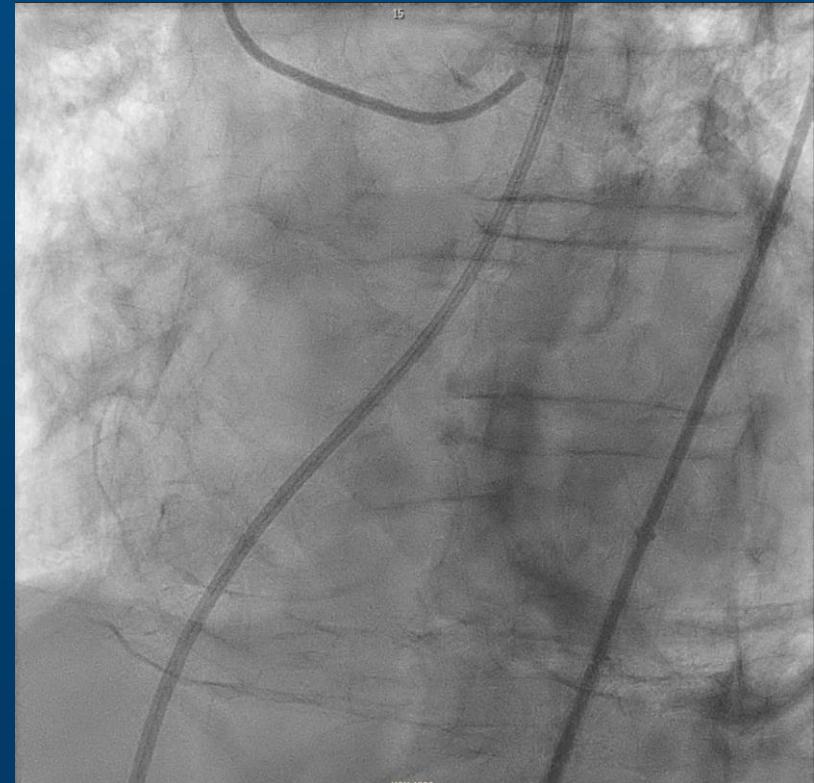
Treat One, Both, or all Three?

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

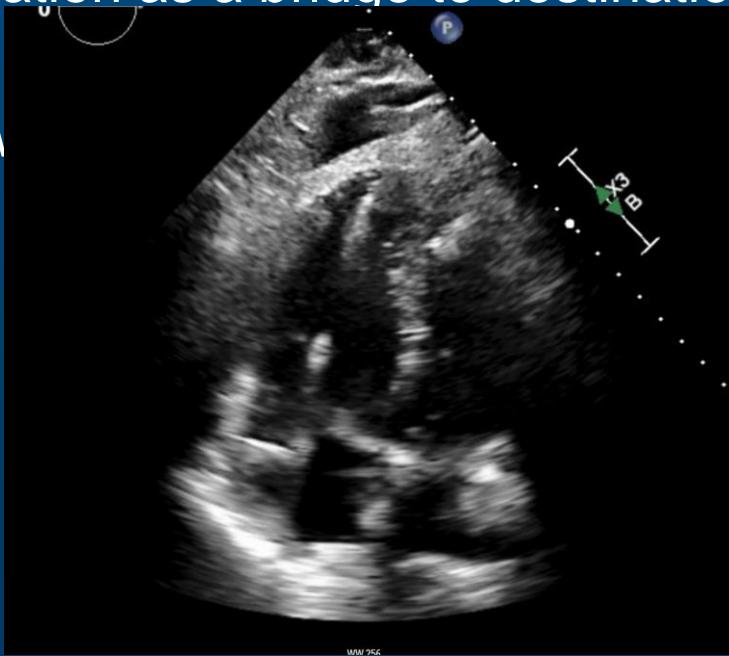


What is most optimal care sequence?

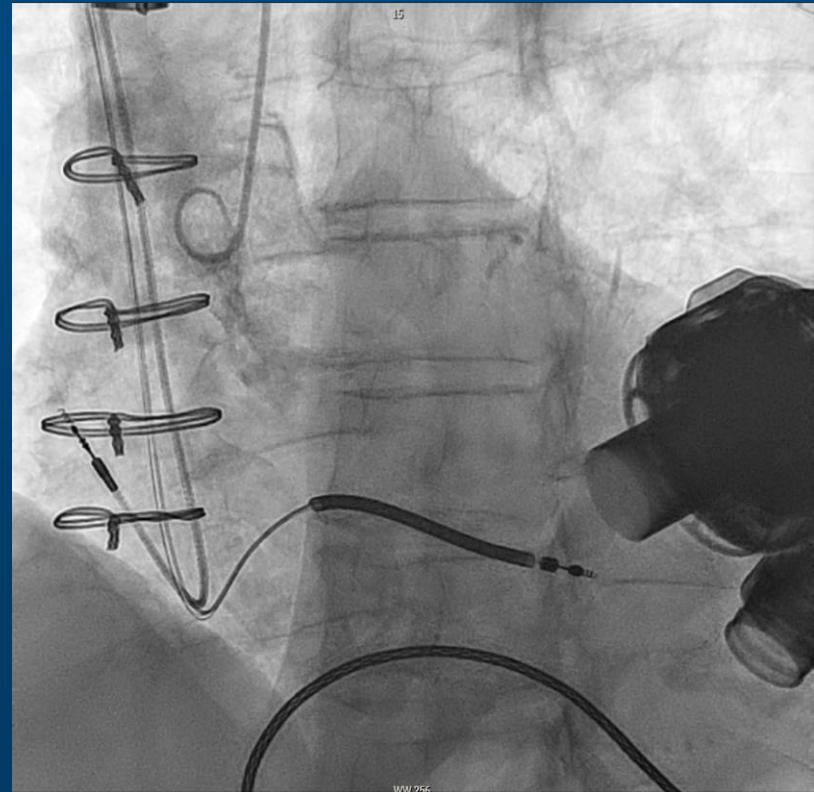
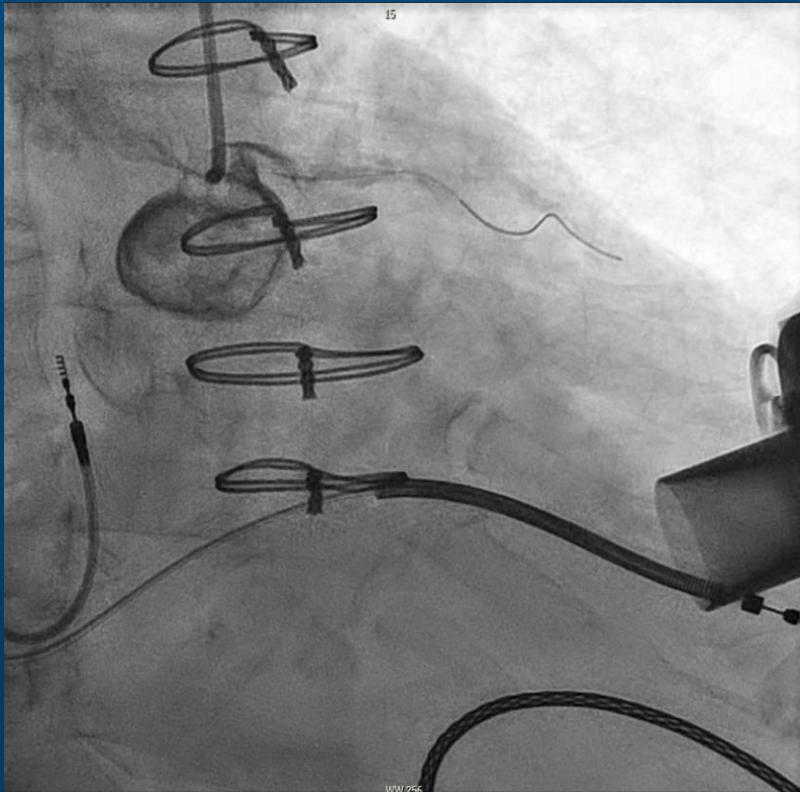
- Is LV dysfunction a result of AS or CAD?
- What resulted in acute presentation?
- Does CI of 1.9 represent myocardial “reserve”?
- Mechanically supported PCI?
- Palliate AS with valvuloplasty as bridge?
- Advanced therapies?

Decision Made

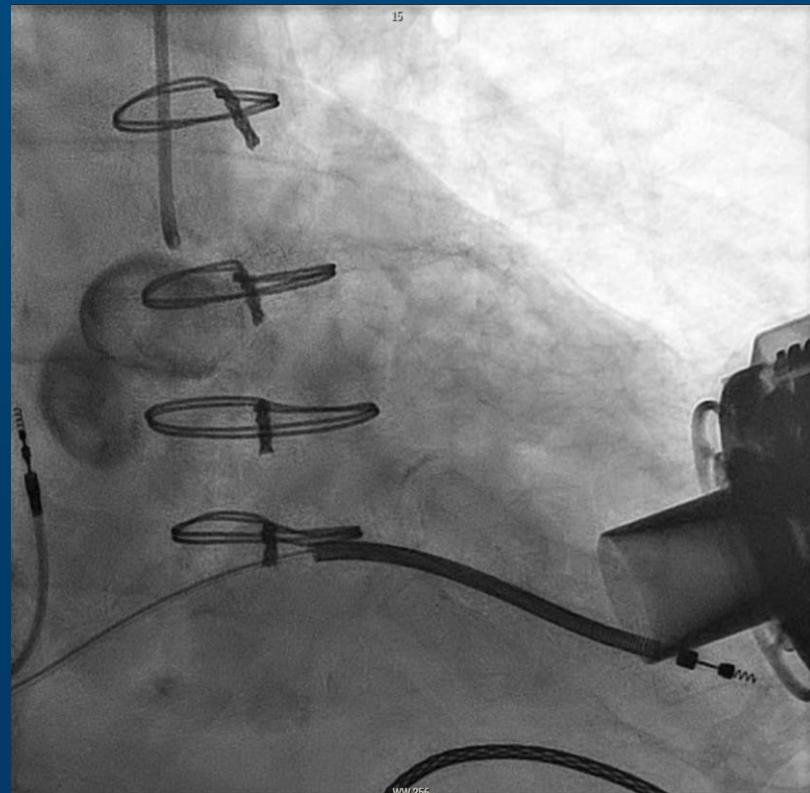
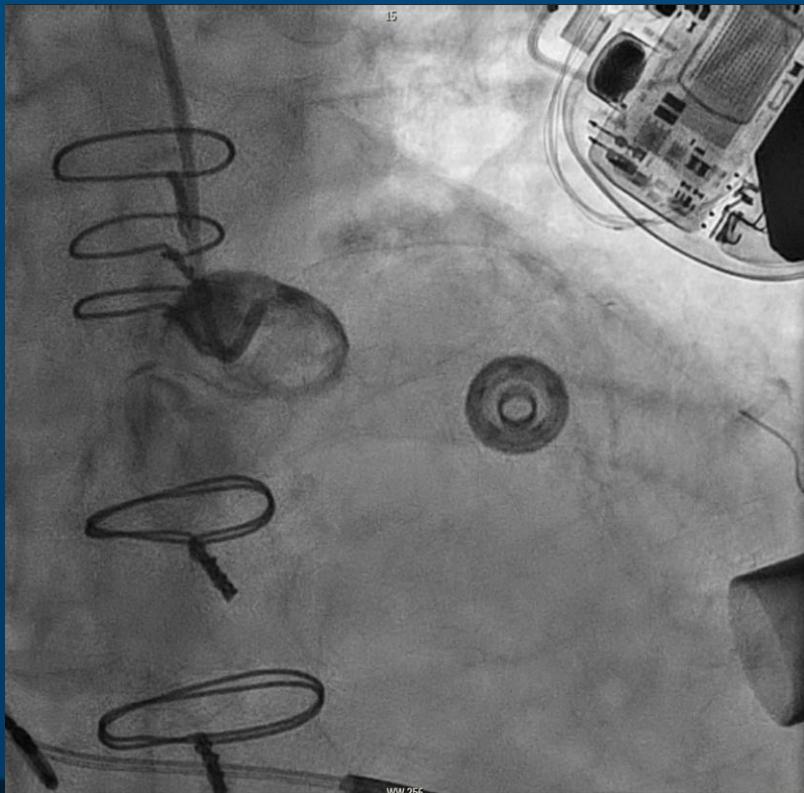
- ECMO Cannulation as a bridge to destination Left Ventricular Assist Device
- Re-presents two days later with new onset dyspnea...



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*