

TAVR Off Track: Life-saving Rescue of an embolized, inverted valve in a hostile aortic arch anatomy

A Challenging Case of a Fully Deployed Embolized TAVR Valve

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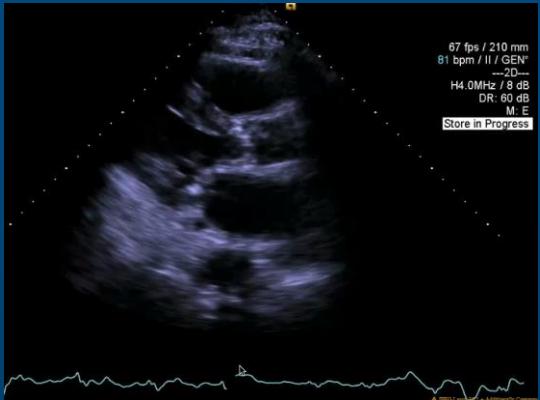
Disclosure of Relevant Financial Relationships

I, Long-Co Nguyen, DO NOT have any financial relationships to disclose.

Case Presentation

- 86 year-old male presenting to valve clinic with severe symptomatic AS.
- HPI: Progressive DOE (NYHA III) with recurrent hospitalizations for ADHF.
- Past Medical History: DM, HL, HTN, prior CVA, HFpEF, pulmonary HTN, paroxysmal atrial fibrillation, CKD stage 3a, COPD on home O₂, OSA, morbid obesity (BMI 45)

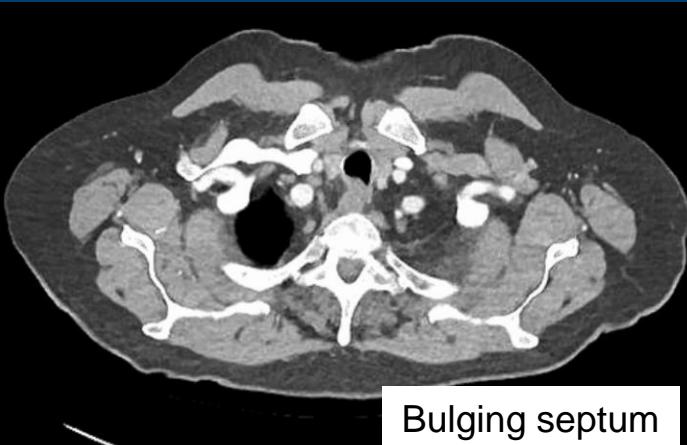
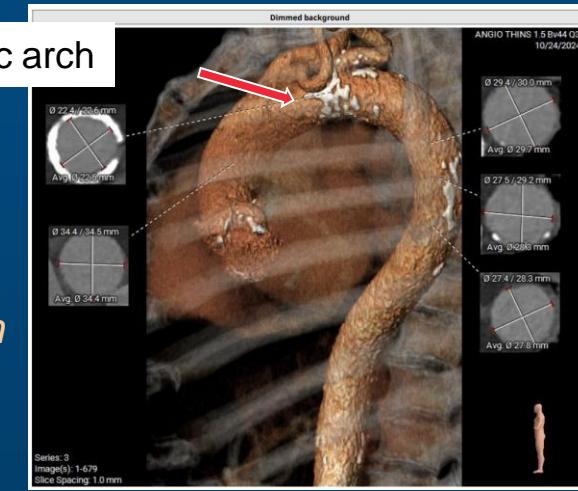
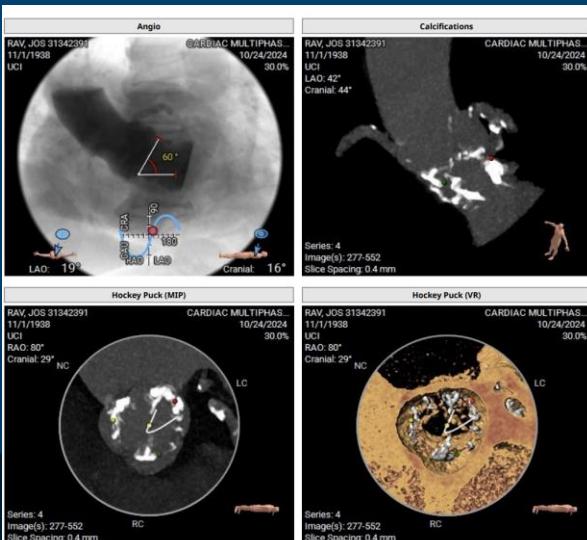
Pre-procedural Imaging and Diagnostic Studies



Calcified 22 mm narrowing at aortic arch

Annular area: 487 (3Mensio) by CT. Diameter = 23.4 x 26.8 Annular calcification: severe
Device: SAPIEN 3 Ultra Resilia, 26 mm

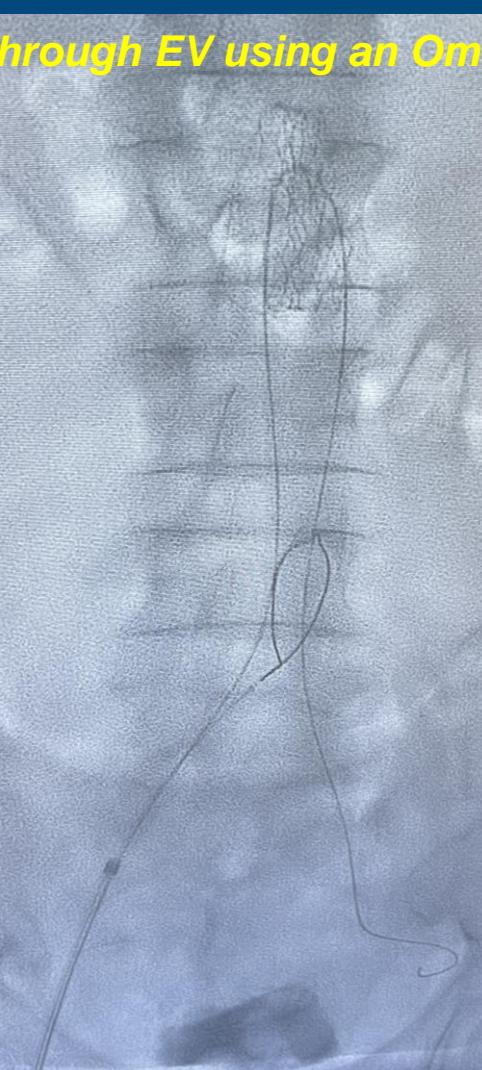
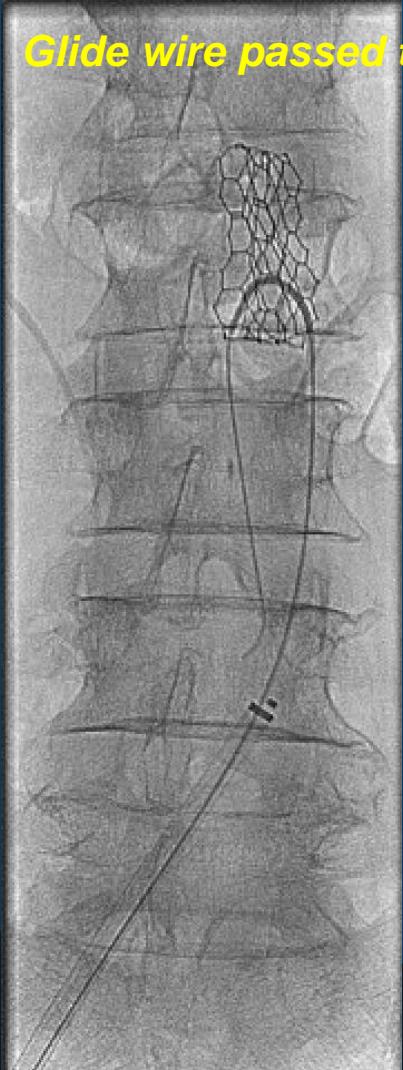
AVA index 0.48 cm²/m², Vmax 4.22 m/s, mean gradient 41 mm Hg; hyperdynamic LV, LVH, EF>70% Aortic valve calcium score 3050

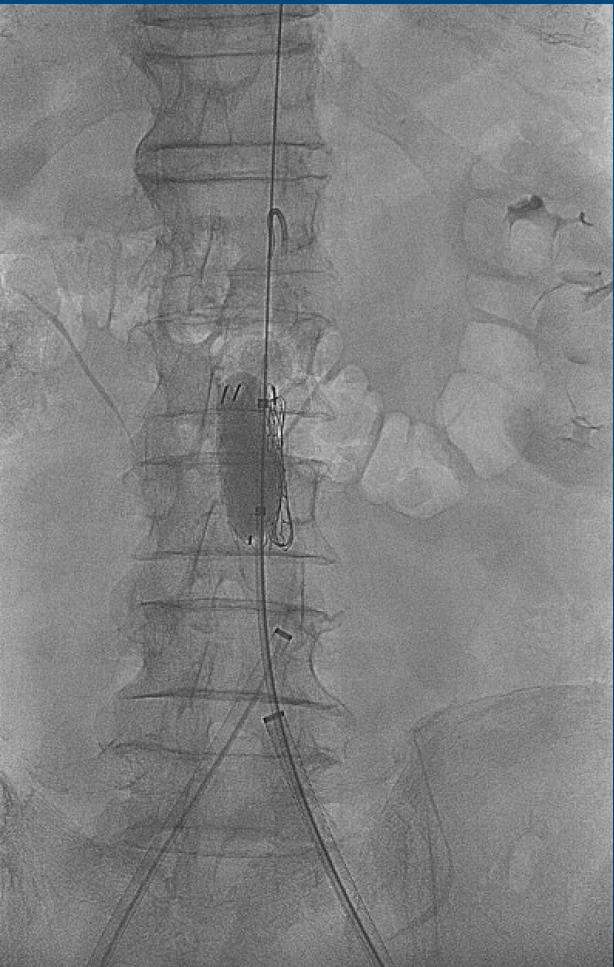


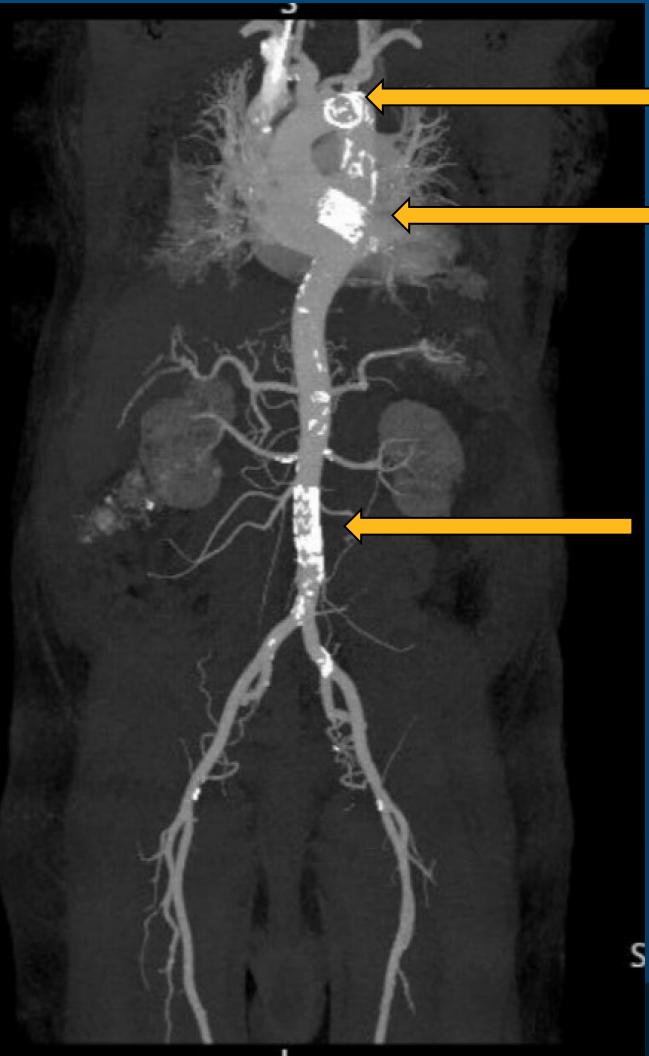
Procedure



Glide wire passed through EV using an Omni Flush Catheter and snared with 6 Fr Snare







Calcified narrowing

*26 mm SAPIEN 3 Ultra
Resilia valve*

*20 x 4.5 cm Gore Cuff
Stent Graft fully
excluding the
embolized TAVR
valve.*



Summary

- VE is a rare but devastating complication.
- Identify patient risk factors.
- Accurate guidewire positioning is crucial.
- In case of VE, can reposition and fully deploy it into ascending or descending aorta. Coaxial guidewire position must be maintained to avoid valve inversion and consequent flow obstruction.
- If valve inversion occurs, bailout strategies include balloon crushing, embolization to the abdominal aorta, and exclusion with stent grafts.

Embolized THV During TAVR

