

Balloon Rupture During Sapien 3 Implantation

A wide-angle photograph of a large conference hall, likely the American Heart Association's Scientific Sessions. The stage is visible at the front, with a large screen showing the letters 'TCT'. Multiple smaller screens above the stage also display the 'TCT' logo. The audience is seated in rows of chairs, facing the stage. The overall atmosphere is professional and crowded.

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Disclosure of Relevant Financial Relationships

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

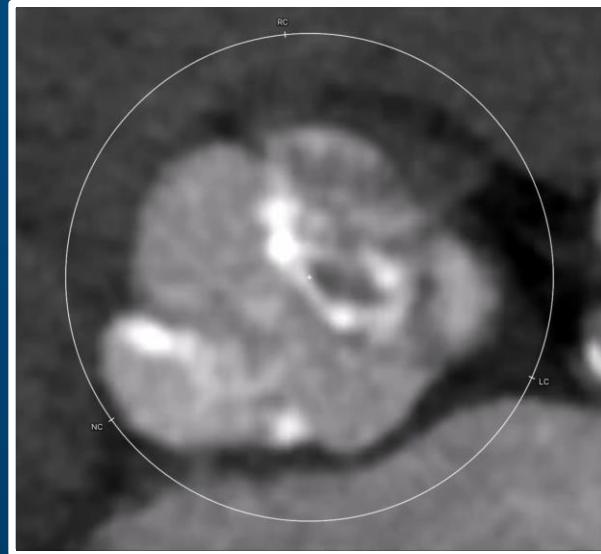
Clinical Background

88 y/o ♂, BMI 23

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

PE/ severe AS

STS score 13%



S3 29 mm + 2cc

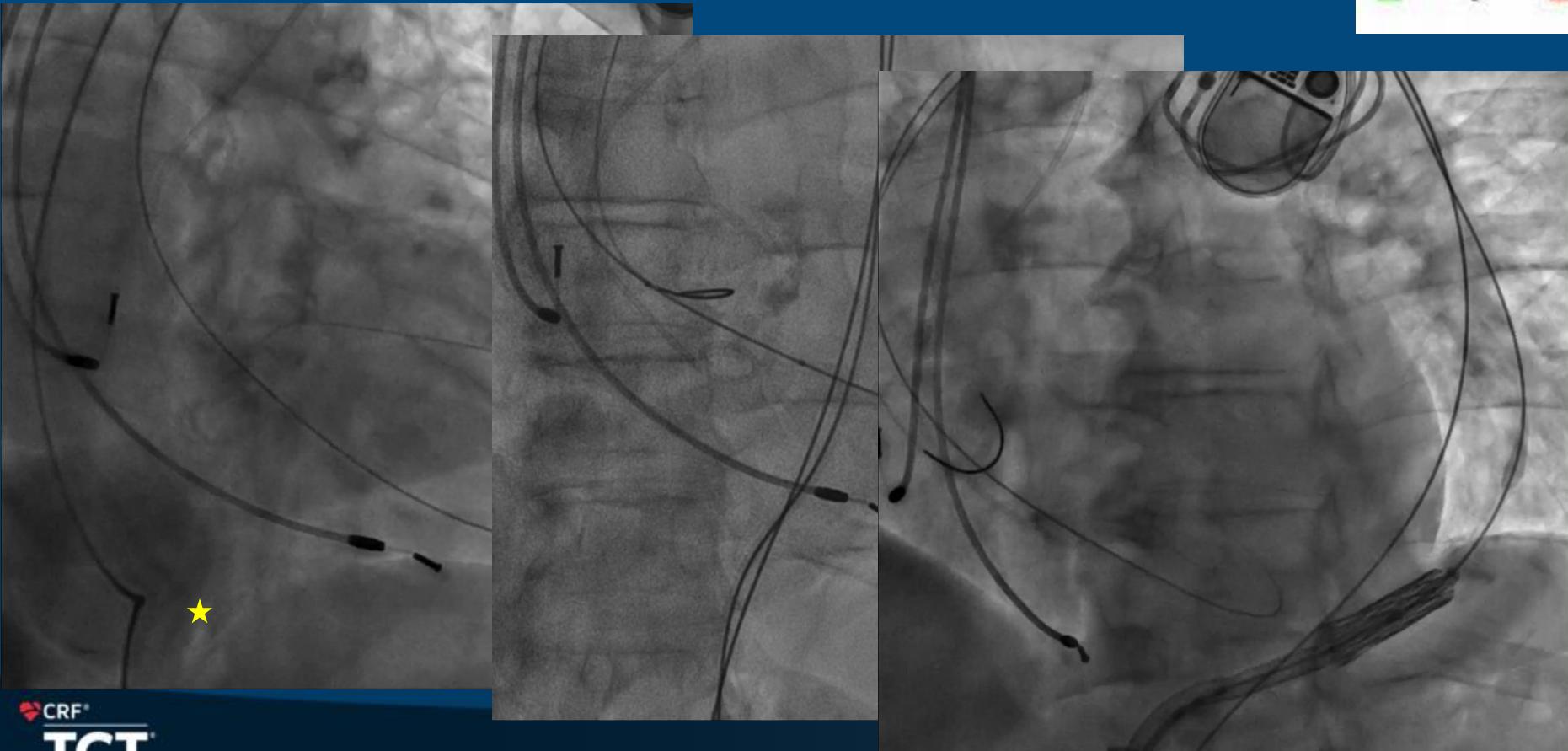


TAVR Procedure: set up

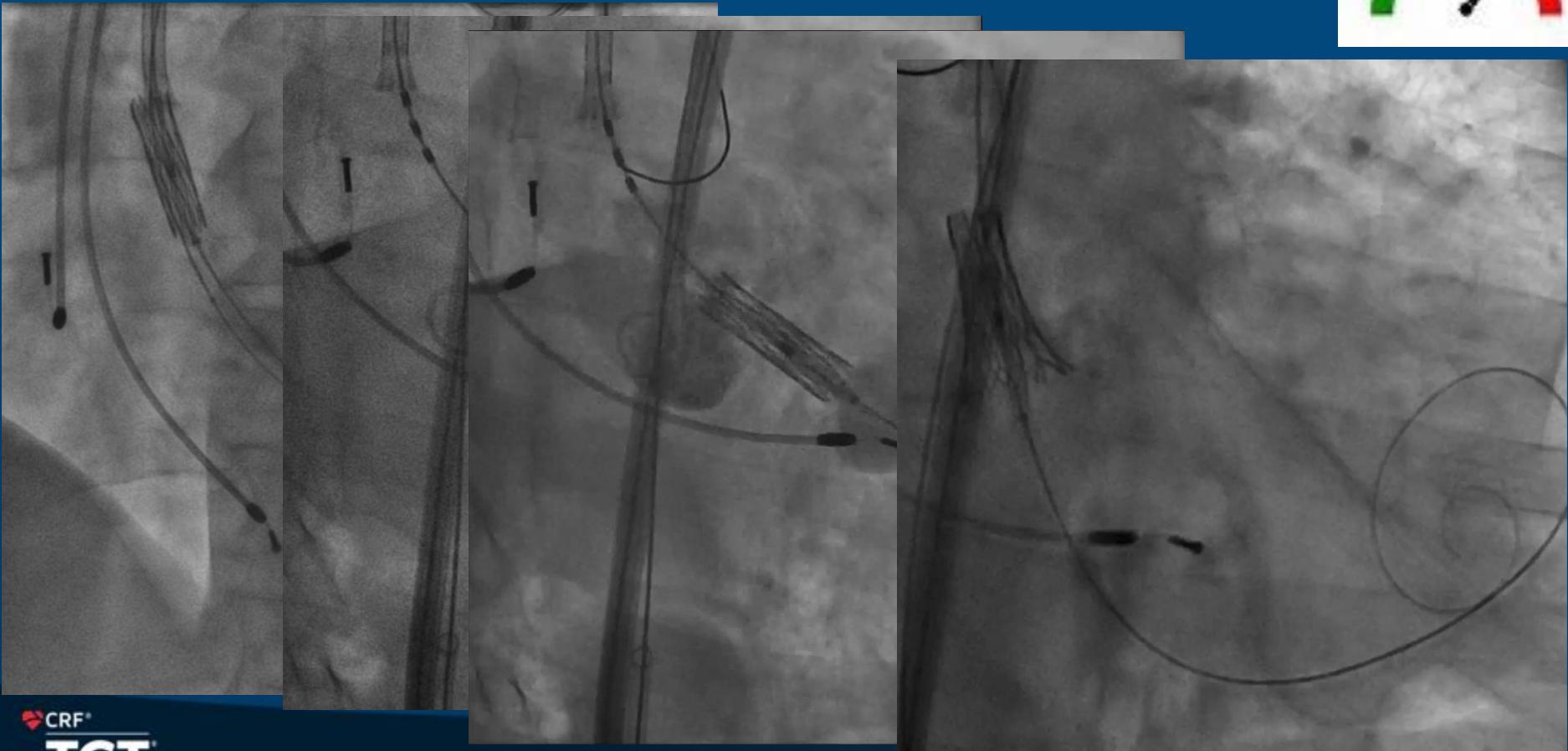


- Conscious sedation
- Secondary access : right radial arm (pigtail catheter)
- Main access : right femoral artery (US-guided puncture)
- Preclosing suture-based system (ProGlide)
- Rapid pacing via Safari wire
- Predilatation (22mm) then 29mm SAPIEN 3 THV

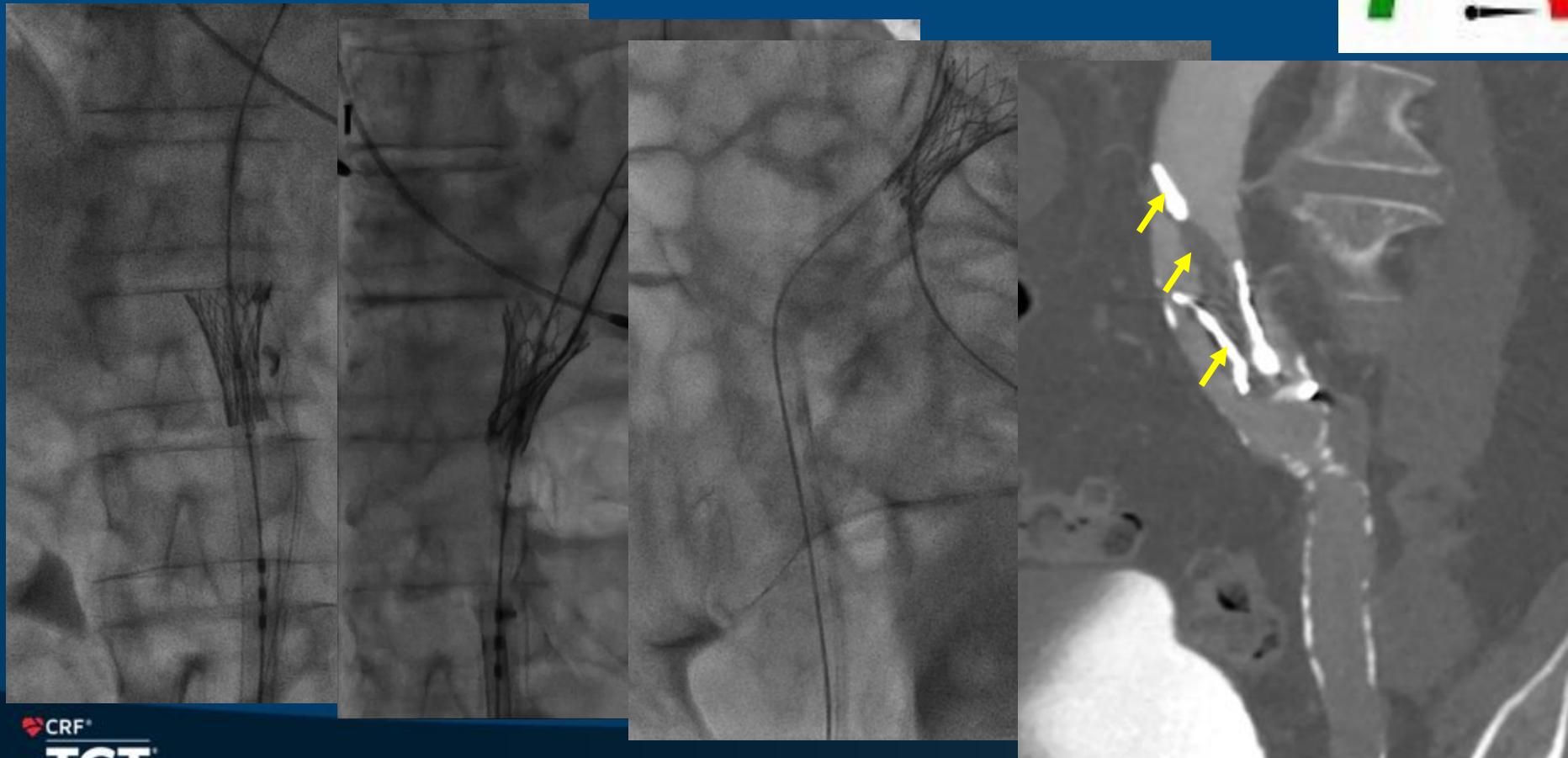
TAVR Procedure 1/3



TAVR Procedure 2/3

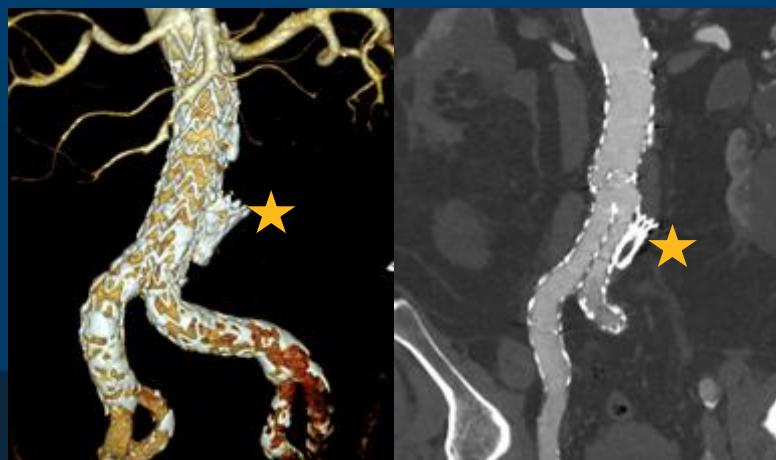


TAVR Procedure 3/3



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.

