

# A Triple TAVR Trouble.

*When Bleeding, Infection and  
Valve disease collide.*

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# Disclosure of Relevant Financial Relationships

I, Eloina Baltazar Cordero, DO NOT have any financial relationships to disclose.

# Case presentation

## Background

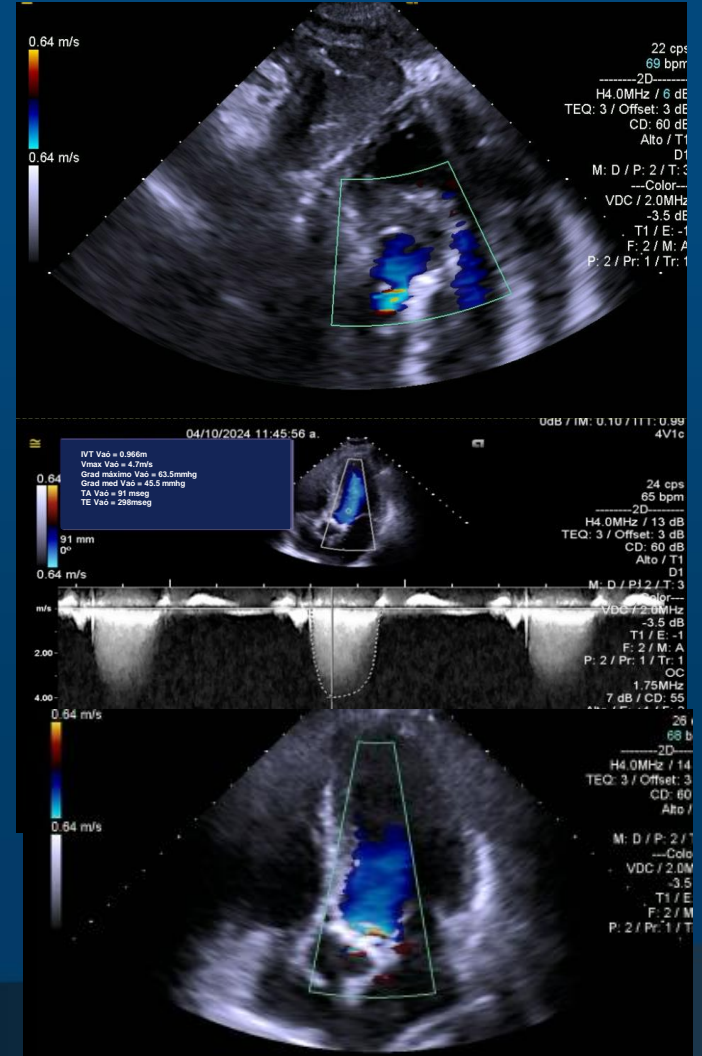
- Despite the advancements, elderly patients with additional comorbidities and valvular disease, continue to represent a therapeutic challenge due to the periprocedural and postprocedural complications.

## Case

- A 77-year-old man with a history of diabetes, dyslipidemia and Hemophilia A, presented dyspnea NYHA III and limb edema that began in September 2024. He also experienced syncope and was subsequently admitted at our centre.

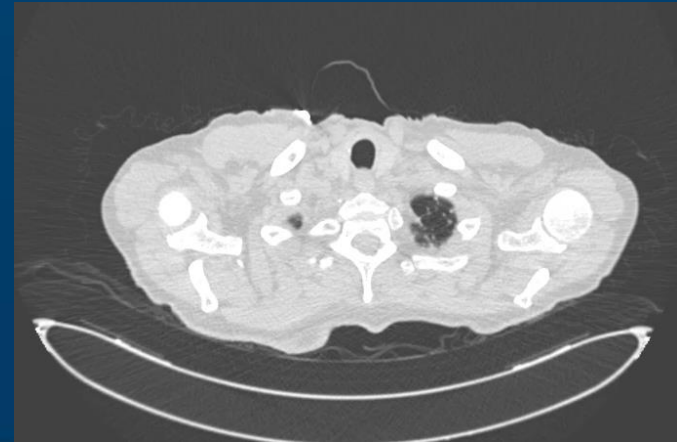
# Case summary

- Laboratory tests showed: hemoglobin 12.4 g/dL, platelet count  $299 \times 10^9/L$ , **factor VIII activity 10%** (reference > 40%), and leukocytes  $5.9 \times 10^9/L$ .
- Transthoracic echocardiogram showed a LVEF of 52%, a **bicuspid** aortic valve, **severe aortic stenosis** with mild insufficiency (Mean gradient 45.5mmHg, Vmax 4.7m/s, AVA 0.35 cm<sup>2</sup>/m<sup>2</sup>).



# Case summary

- The CTA for TAVR planning was performed, which revealed interstitial nodular opacities with a **miliary pattern**.
- A bronchoalveolar lavage was performed, which reported **positive acid-fast bacilli (AFB)**. With a **positive MCT culture**.
- Following the recommendation of the infectious diseases department, the patient received **tuberculosis treatment for 5 months** and **was subsequently cleared**.

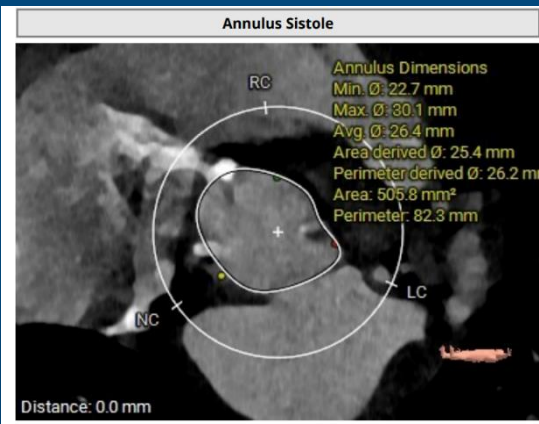


# Patient's clinical course

- Factor VIII was administered by indication of hematology department, before and after procedure.
- Maintaining factor VIII levels between 80–100% prior to the procedure and around 50% during the first 10 days after the intervention.



# Pre procedure CTA



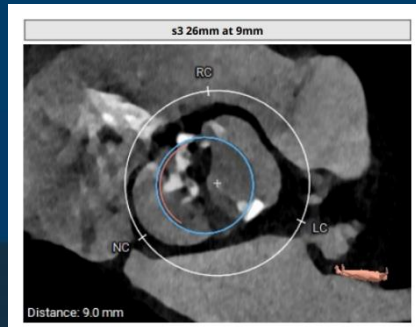
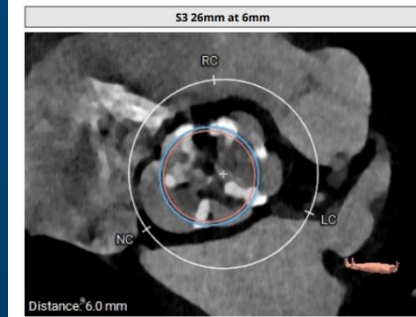
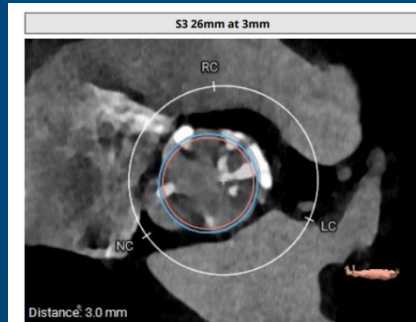
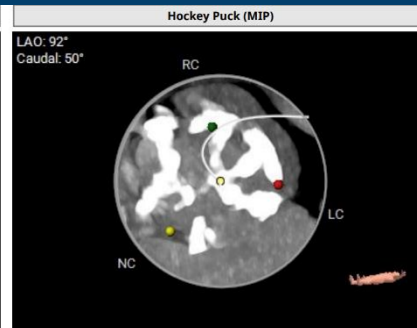
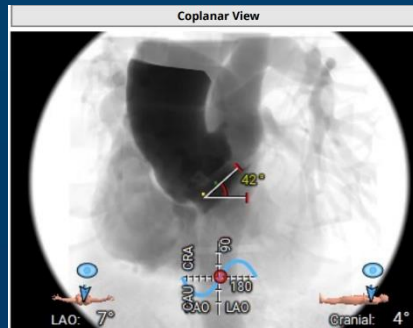
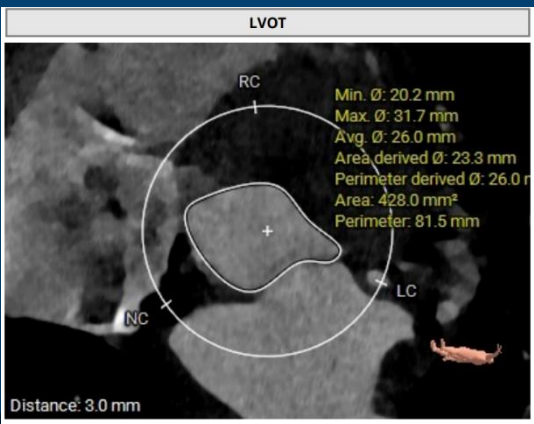
## Aortic Valve

Annulus Area	505.8 mm <sup>2</sup>
Area Derived Diameter	25.4 mm
Annulus Perimeter	82.3 mm
Perimeter Derived Diameter	26.2 mm
Annulus Min Diameter	22.7 mm
Annulus Max Diameter	30.1 mm

Sinus of Valsalva Diameter	
Sinotubular Junction Diameter	32.2 mm
LCA Height	13.9 mm
RCA Height	19.1 mm
Sinotubular Junction Height	26.0 mm

## THV Oversize/Undersize (%) Calculation

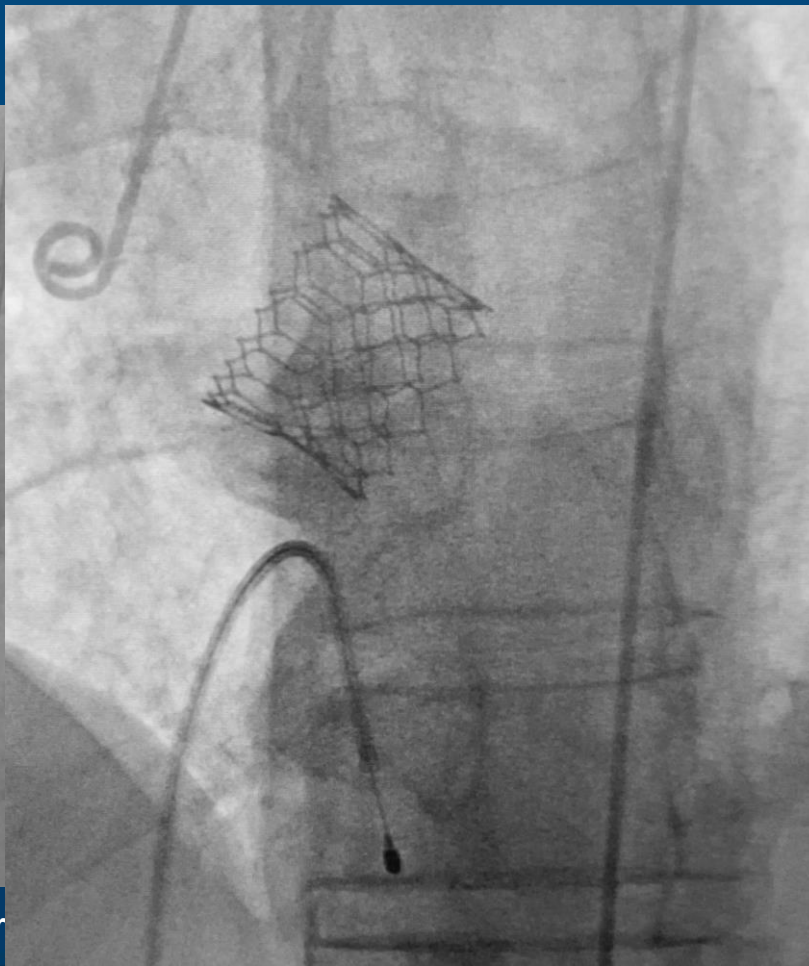
Annular Area	505.8 mm <sup>2</sup>			
THV Size	20 mm	23 mm	26 mm	29 mm
% THV Over (+)/Under(-)			2.6 %	28.3 %
Annular Area by 3D CT				



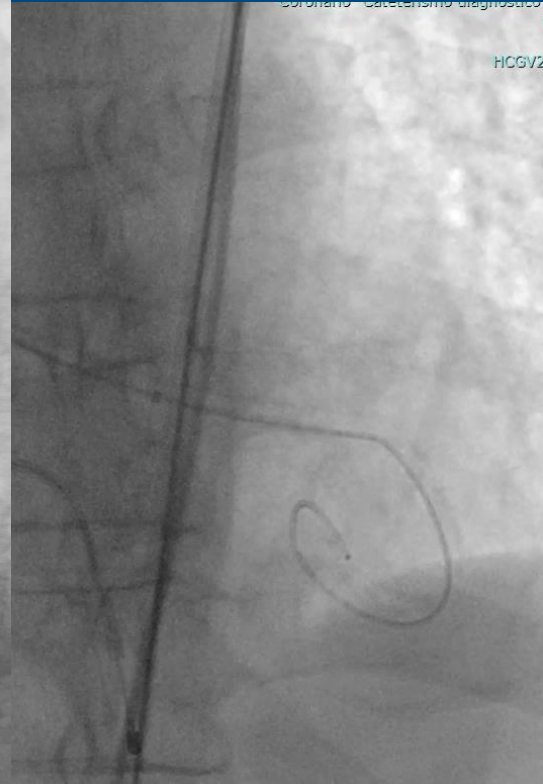
# TAVR



- Initial Aortogram



- BEV 26mm +1cc.



- with 23cc + 1cc balloon.



# Take-home Messages

- Currently, the life expectancy of elderly patients is increasing, leading to the emergence of **additional comorbidities** alongside degenerative valvular disease.
- There is a **growing need for clearer recommendations** regarding the optimal management of these patients, as they will undoubtedly represent the majority in the near future.
- A **multidisciplinary approach and strong teamwork** are essential to ensure appropriate management and treatment of these complex conditions.