



B O R D E A U X

PERSPECTIVES 2019

November
Friday 29



“Le lancer de lasso”

My worst case of TAVI



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Disclosure

Speaker name: PERNOT Mathieu

I do not have any potential conflict of interest

Patient presentation



Mr A.

- Year of birth : 1966
- Tobacco weaning

Cardiac history

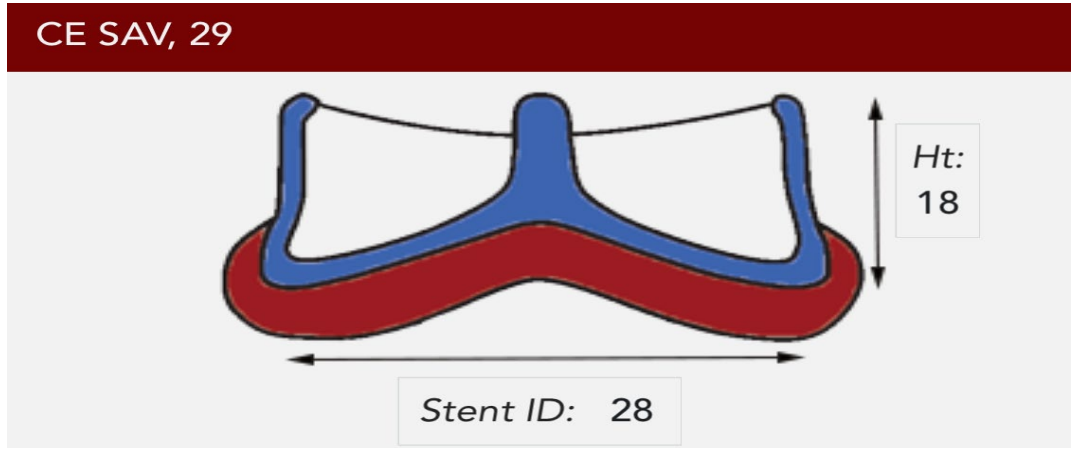
- Bicuspid aortic valve
- 2010: “Bentall” cardiac surgery, with biological valve implant, CARPENTIER EDWARDS de 29 mm and tube of Dacron
- Pacemaker, post operative AVB

Extra-cardiac history.

- Invasive epidermoid carcinoma without primary cancer diagnosed
- Nodal metastasis
- Chemoradiotherapy

Current observation

- Bioprosthetic valve degeneration
- Left heart failure
- LVEF 30%



< Valve Size

TAVI Valve Choices For:
CE SAV, 29

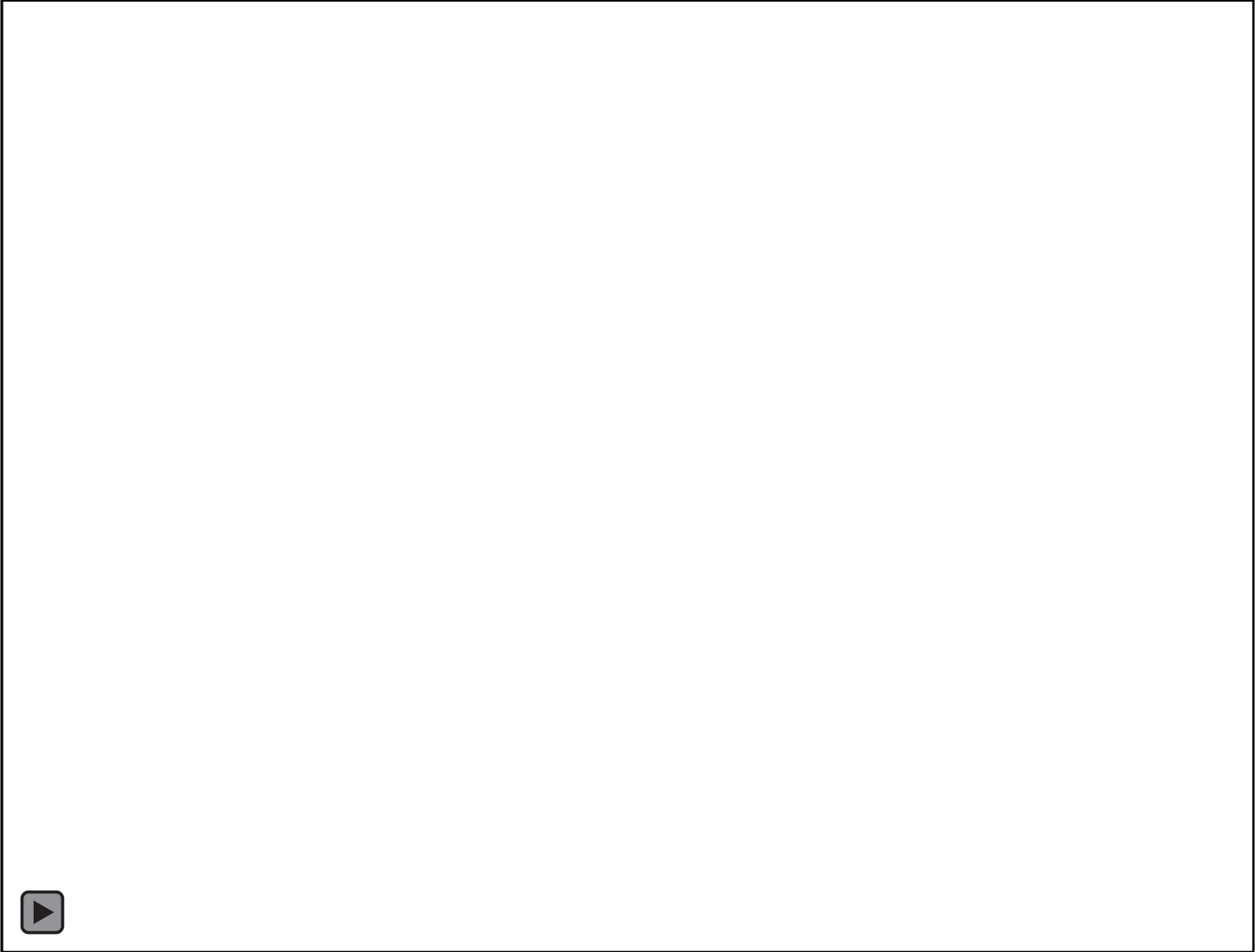
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Device choice

Valve in Valve procedure



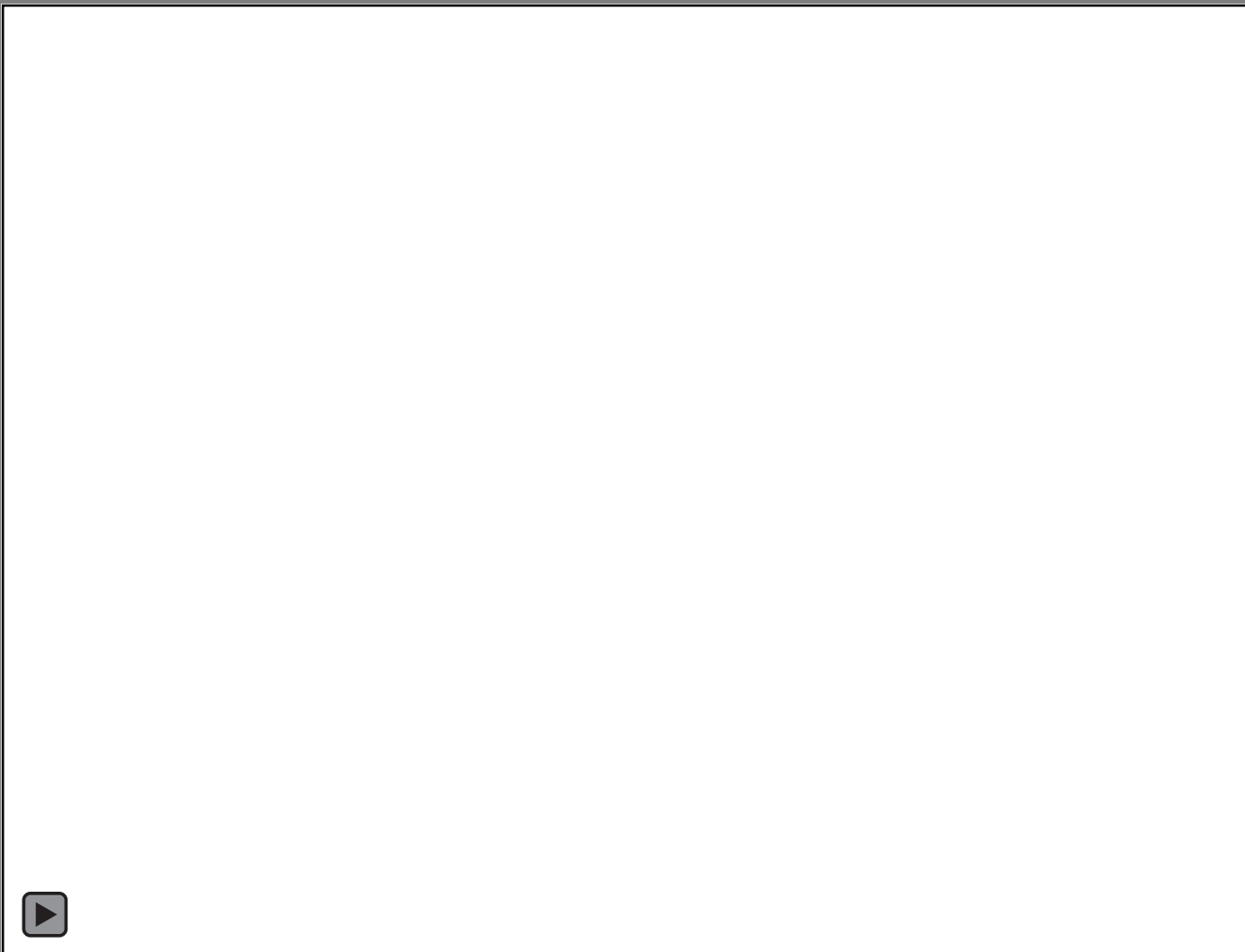
Valve Release



Aortic Insufficiency

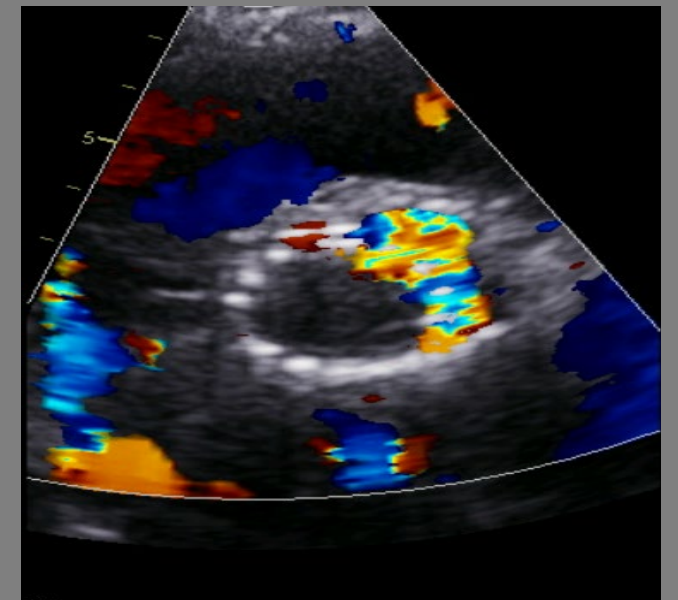
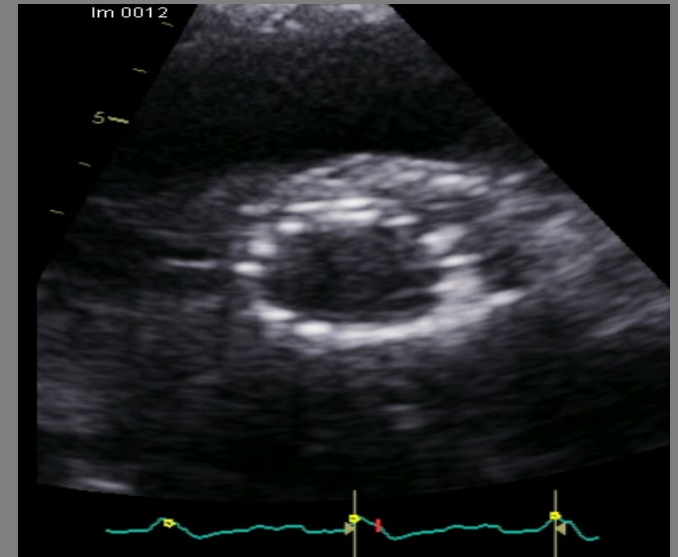


Aortic Insufficiency

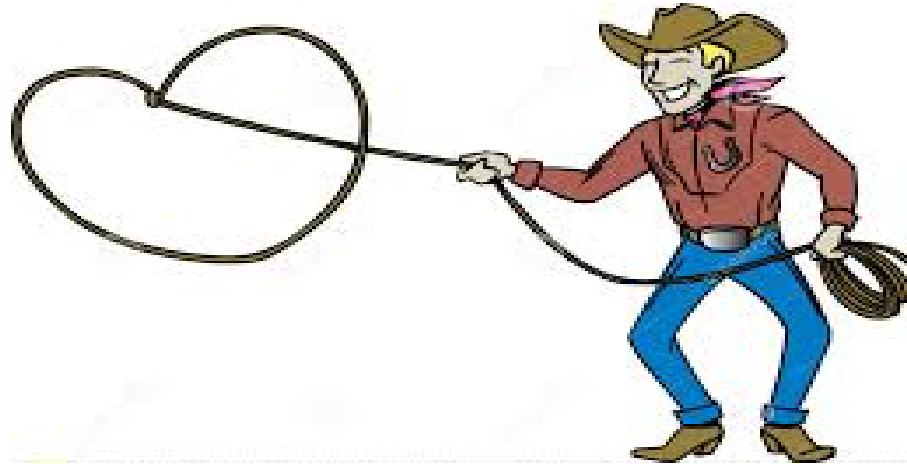


**Post-dilatation
Numed Balloon
28mm**

Aortic Insufficiency

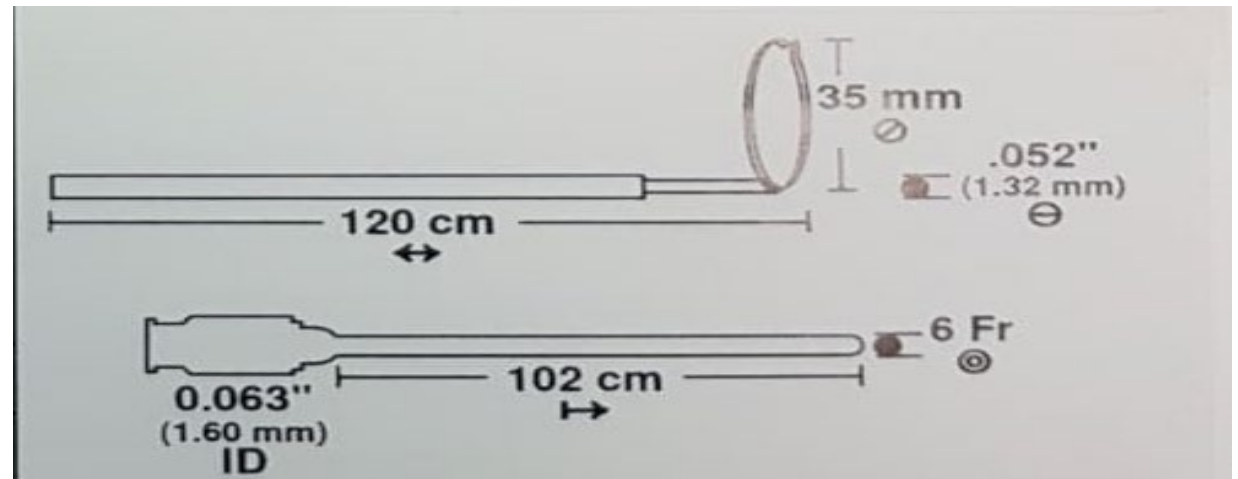


Snare Kit, "Lasso"

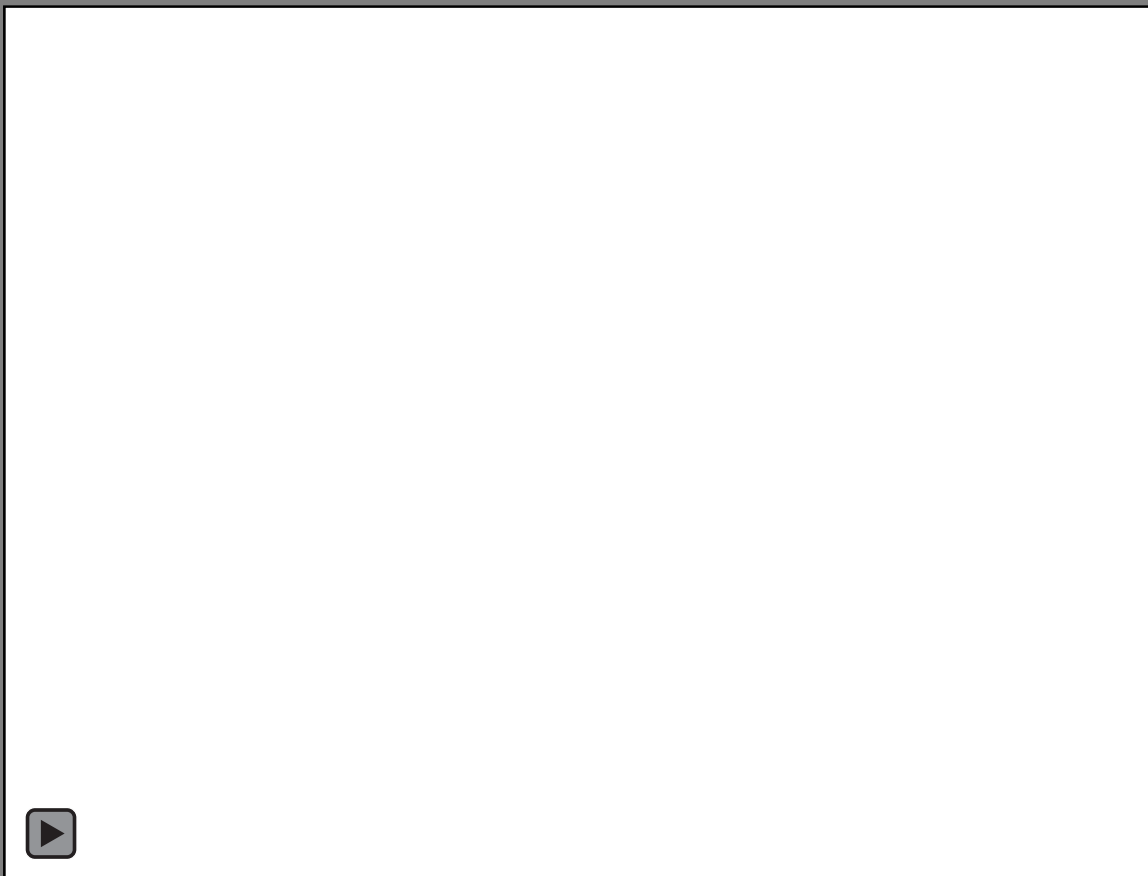


Snare Kit including Loop snare and 6.0F Snare Catheter

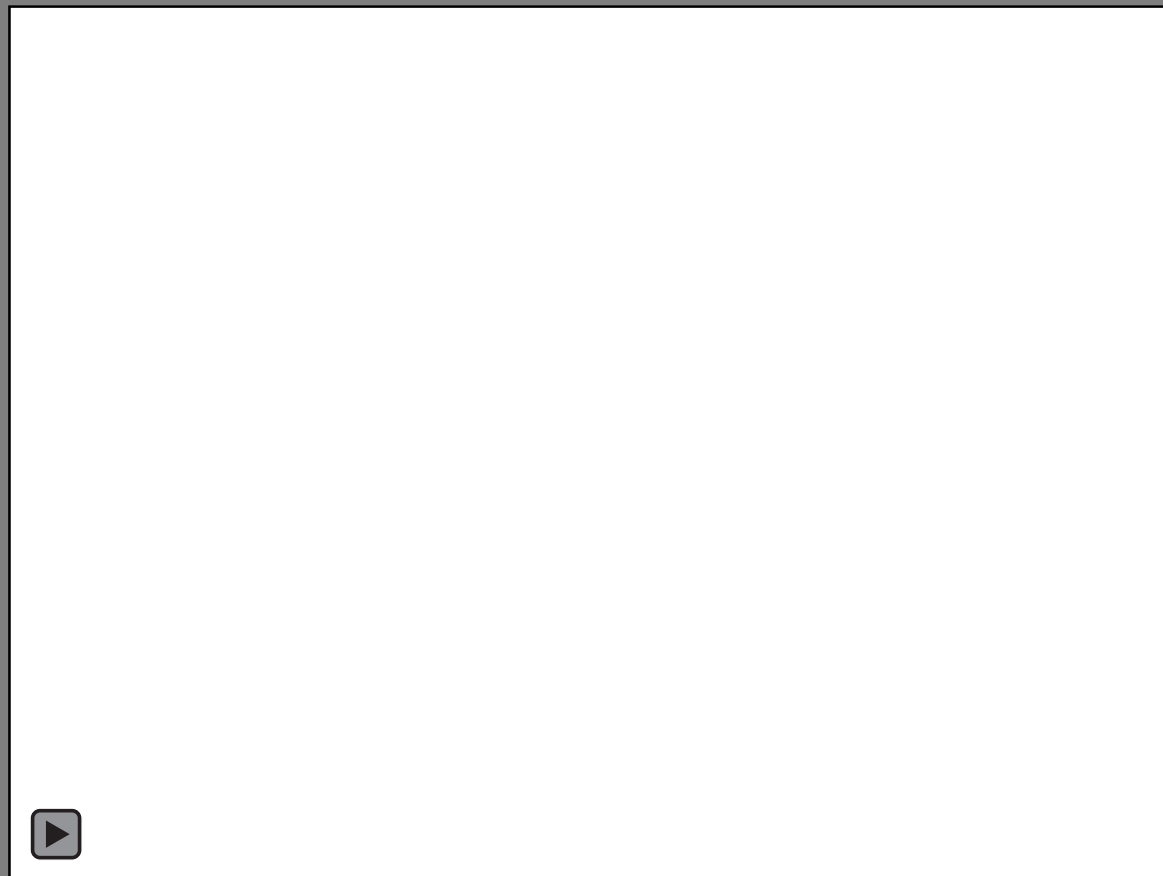
120 cm ↔	35 mm ∅	.052" 1.32 mm ⊖
102 cm →	6 Fr ⊙	.063" 1.60 mm ID



« lasso »



Femoral access

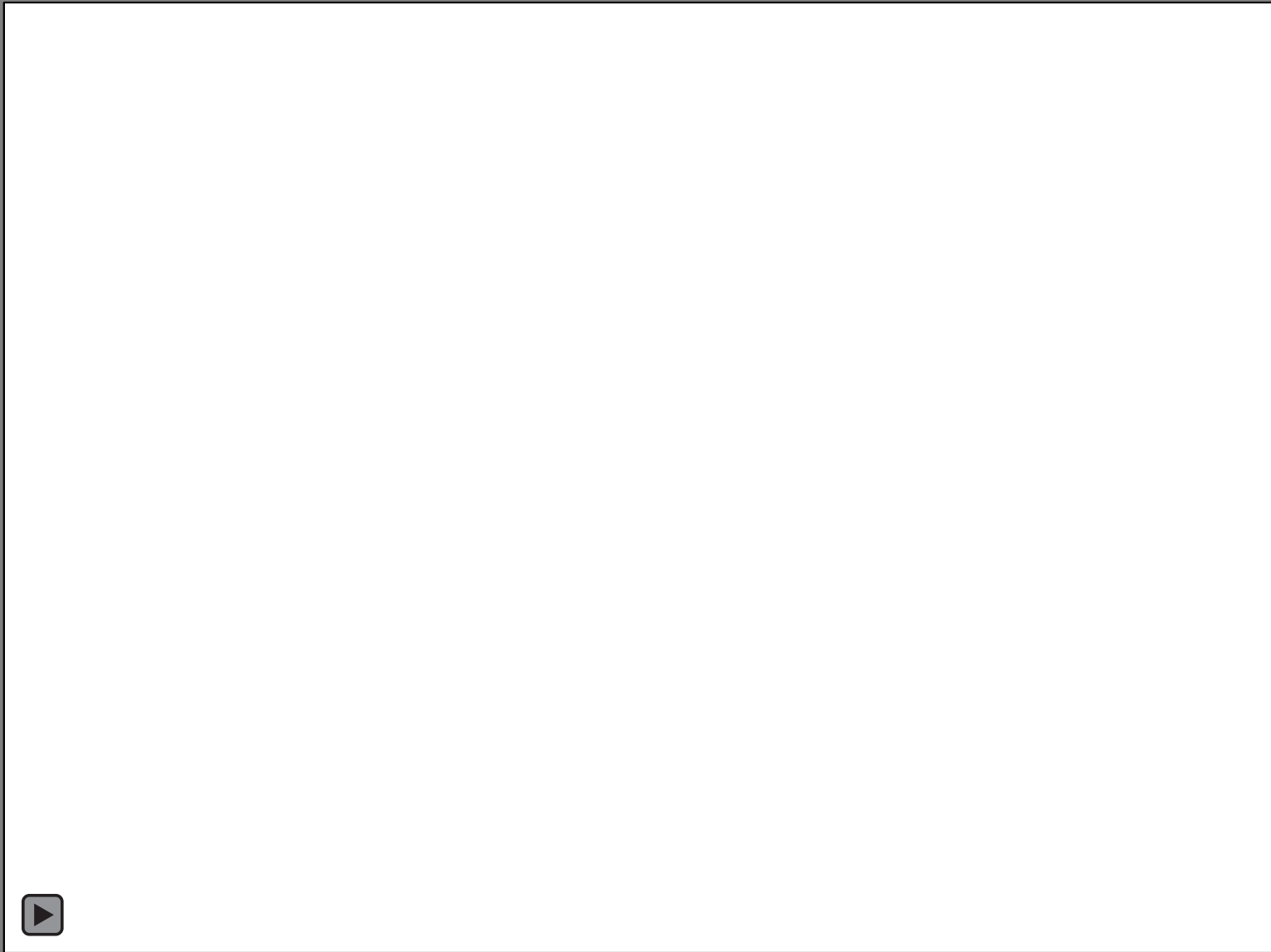


Radial access

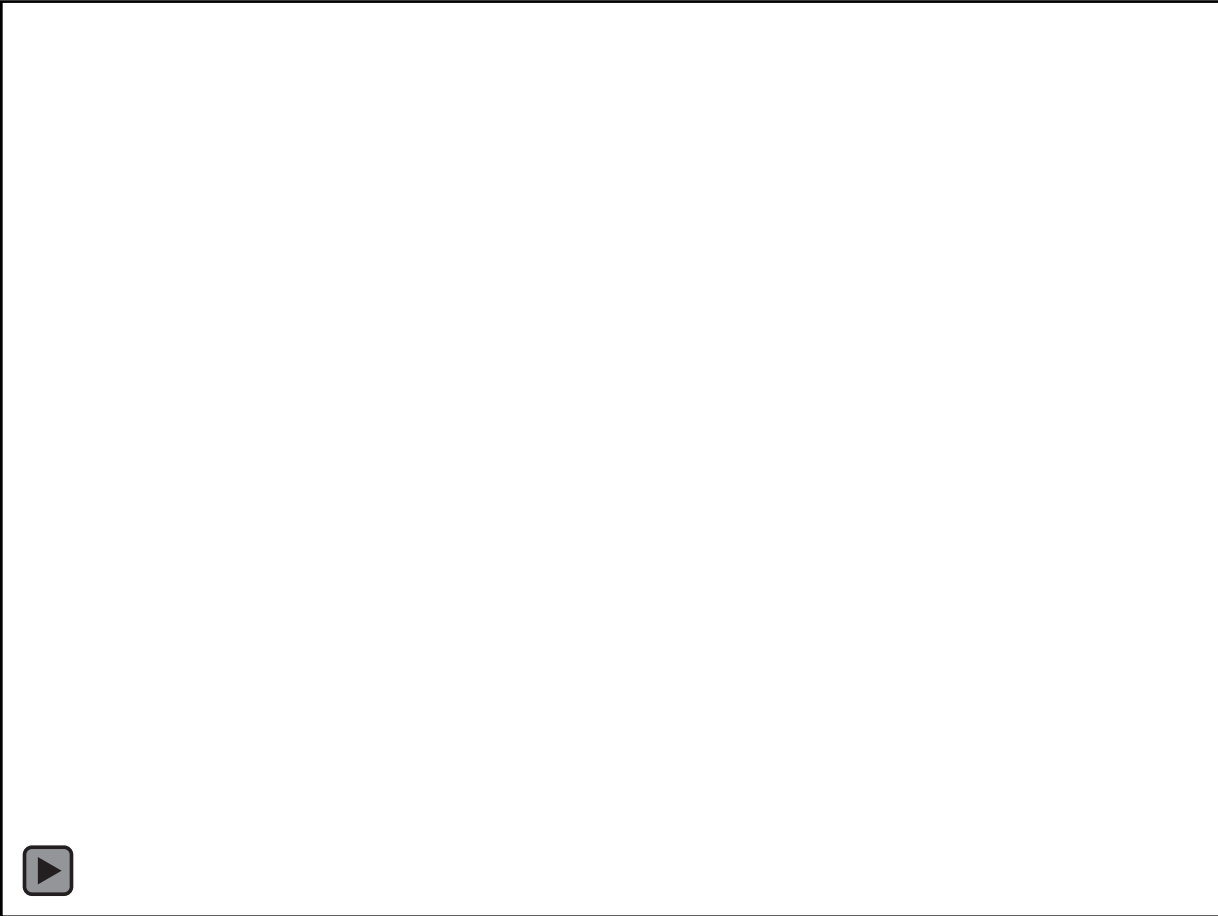
« lasso » by radial access and valve jump



Angiography

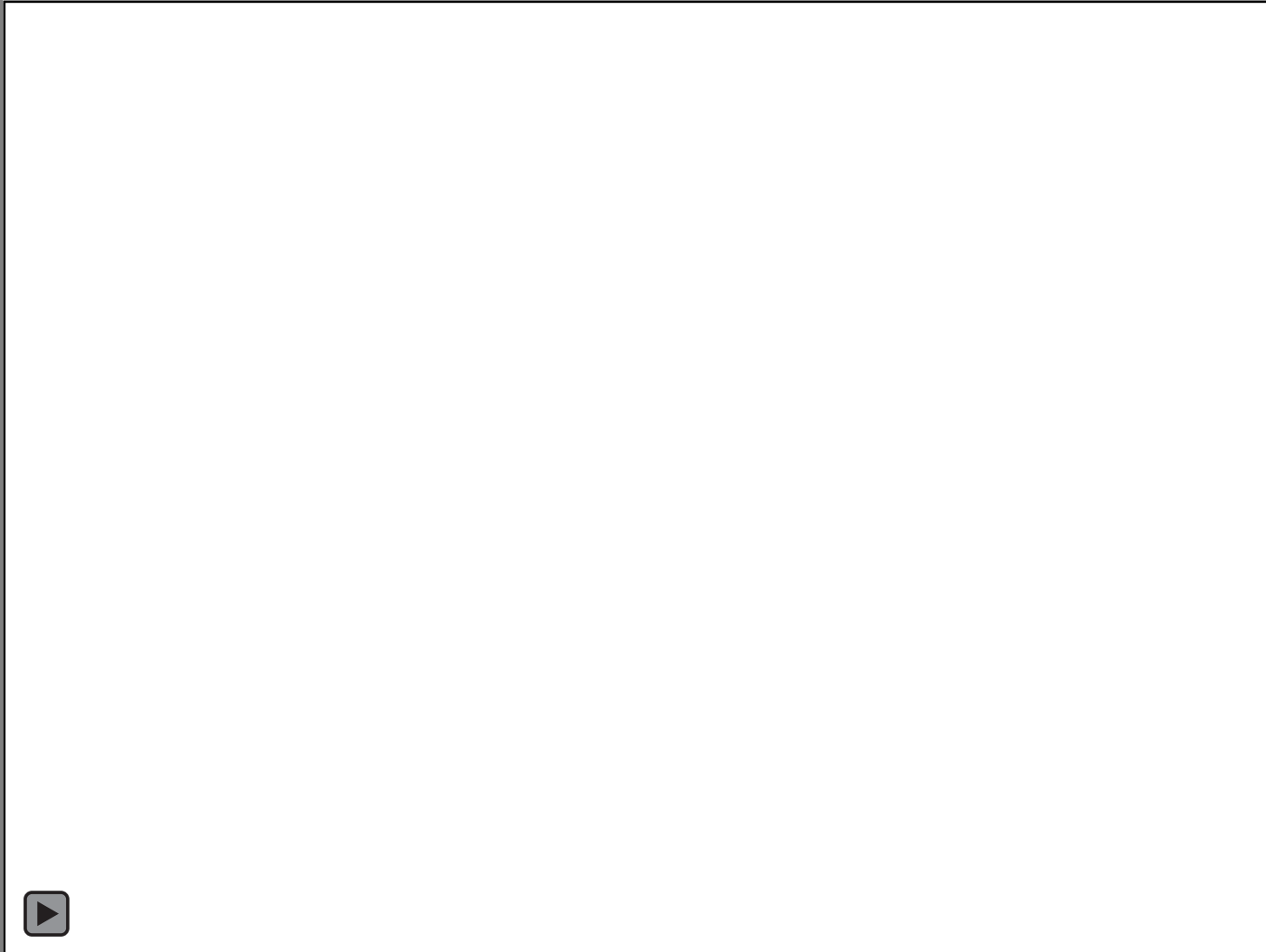


Second Valve Release



Edwards Sapien3 29

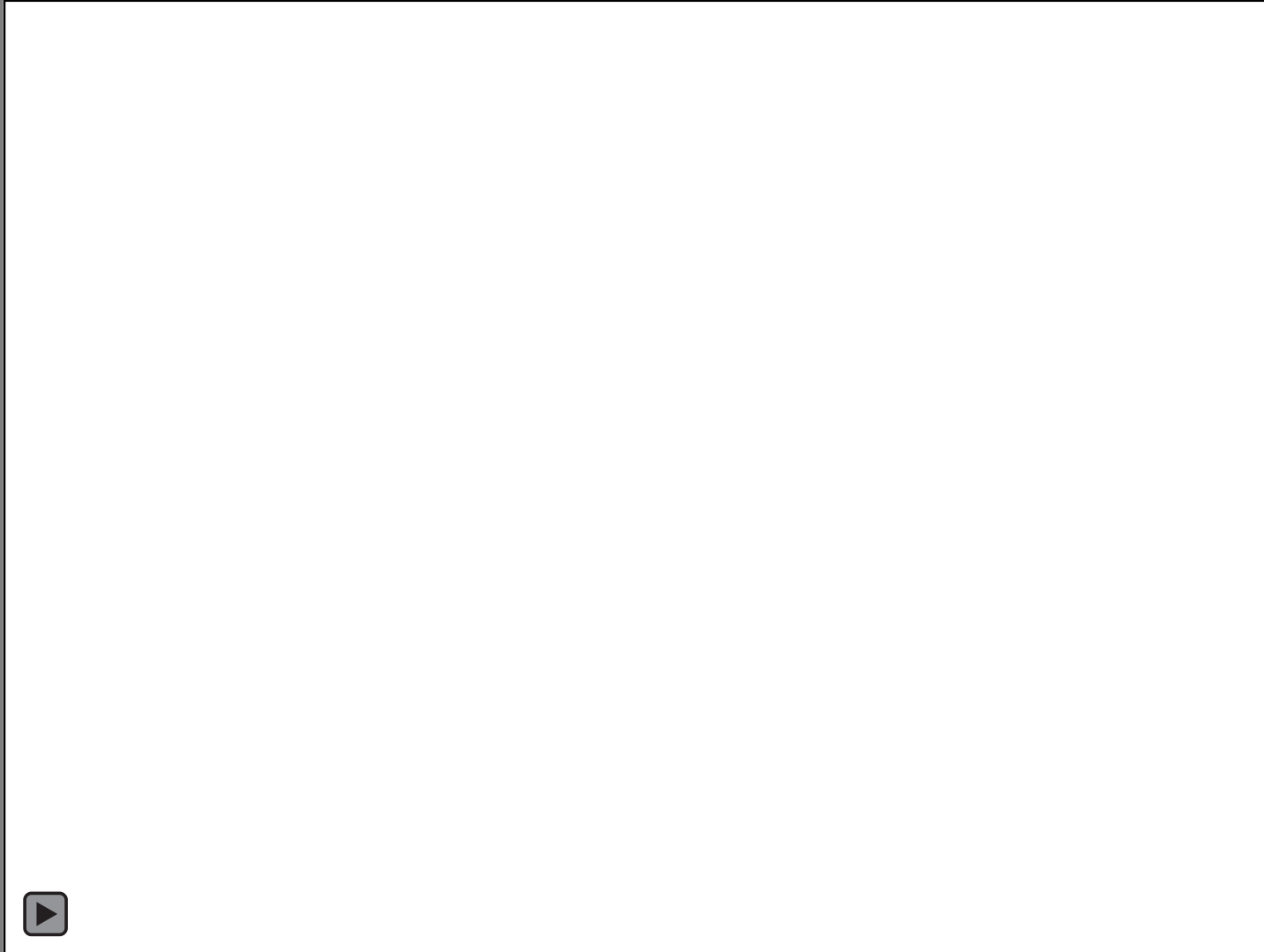
Second Valve Release



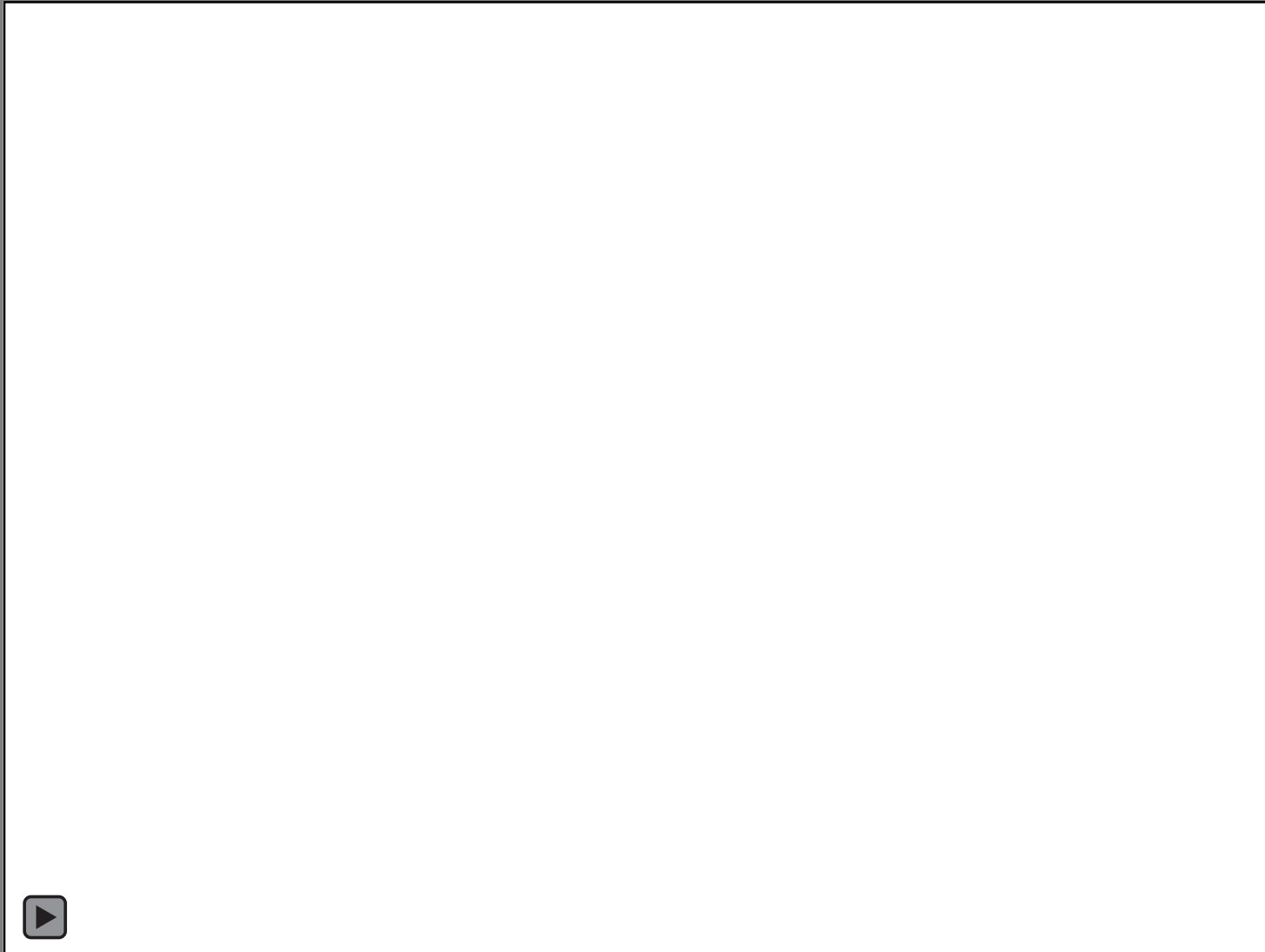
Angiography



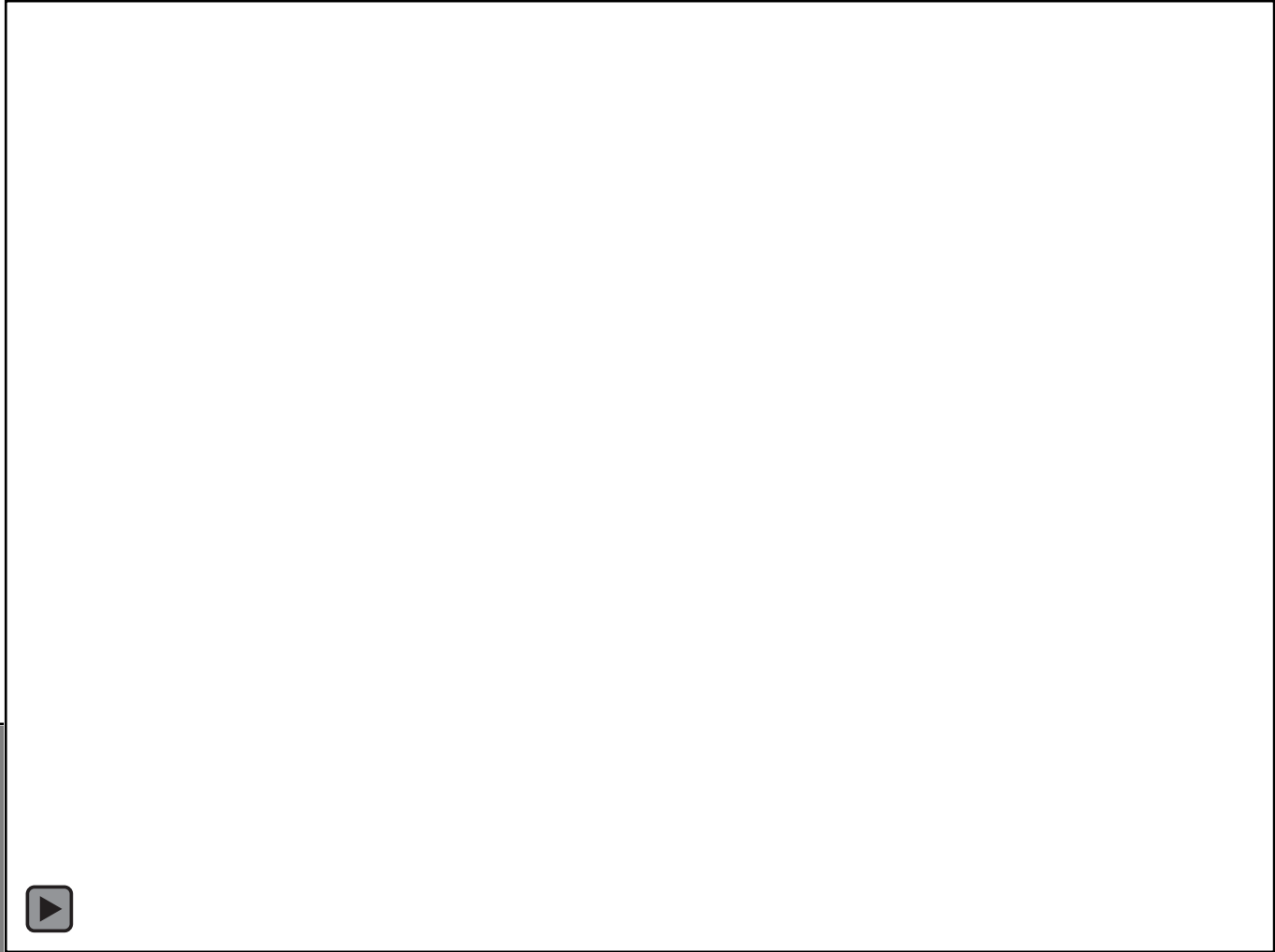
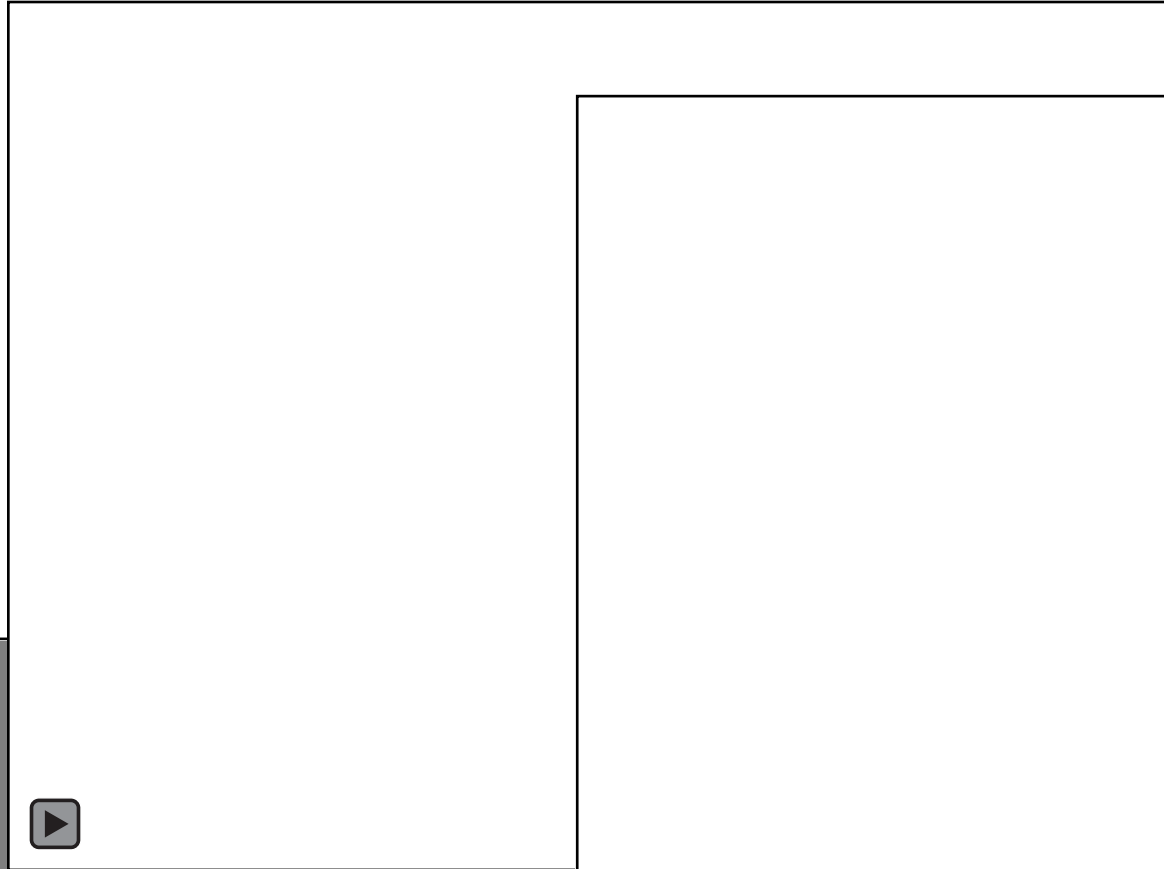
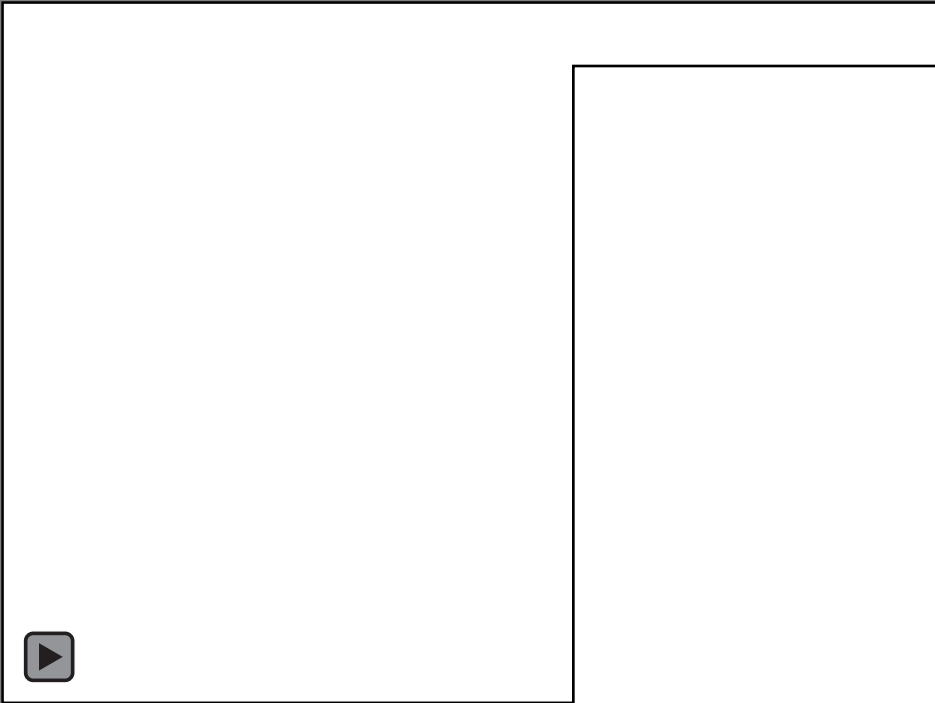
Loop Snare too low : bad move !!



Loop Snare trapped



Try of Loop Snare deliverance

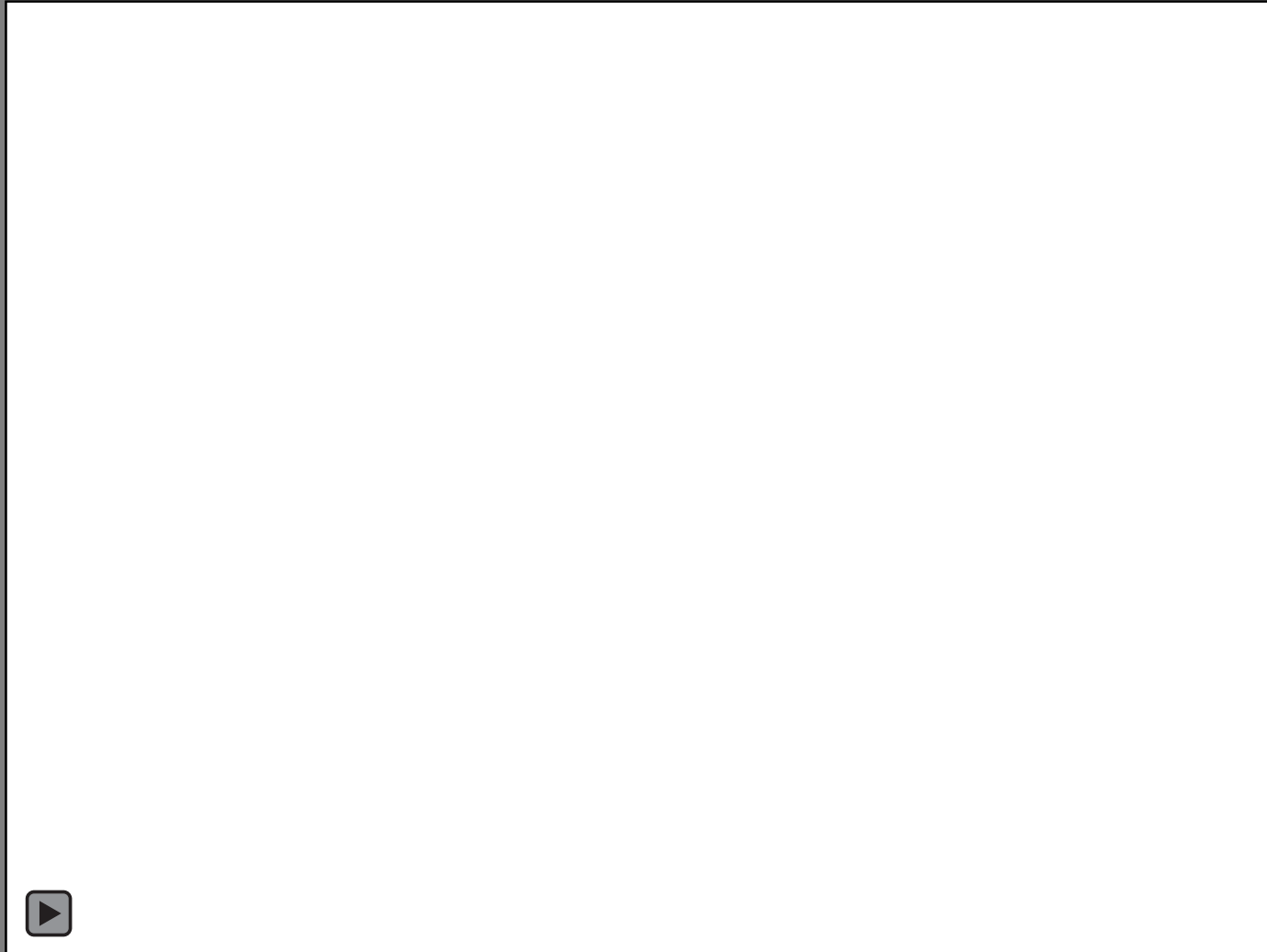


Failure of Loop Snare deliverance

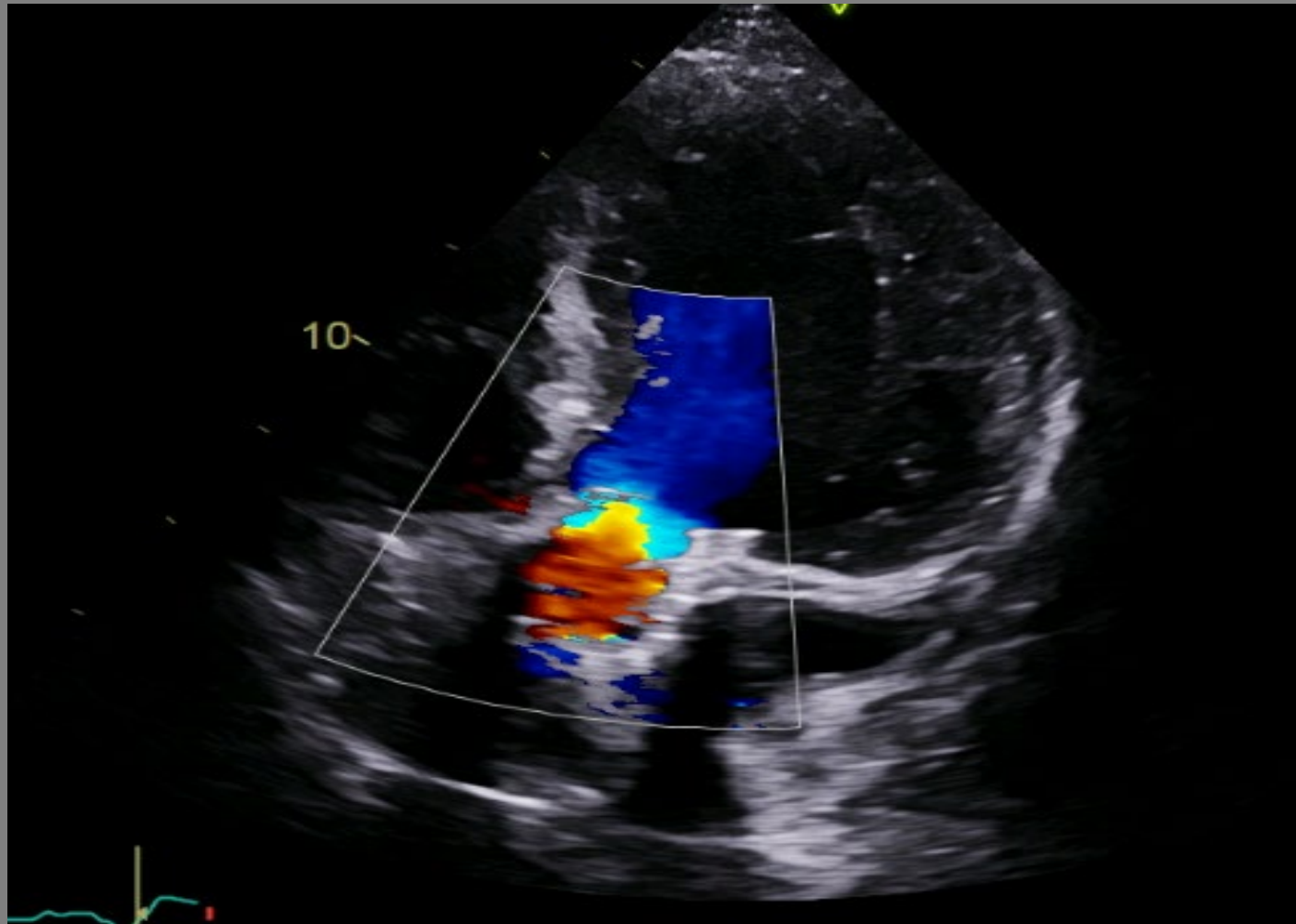
- Multidisciplinary discussion
 - Let the Loop snare inside
 - Avoid vascular trauma (by arm movement)
- Intervention plan
 - Secure the Loop Snare
 - by a subclavian artery stenting
 - Surgical approach
 - Left Subclavian Artery Access
 - Cut the Snare extremity



After surgery and Loop Snare Extremity Cut

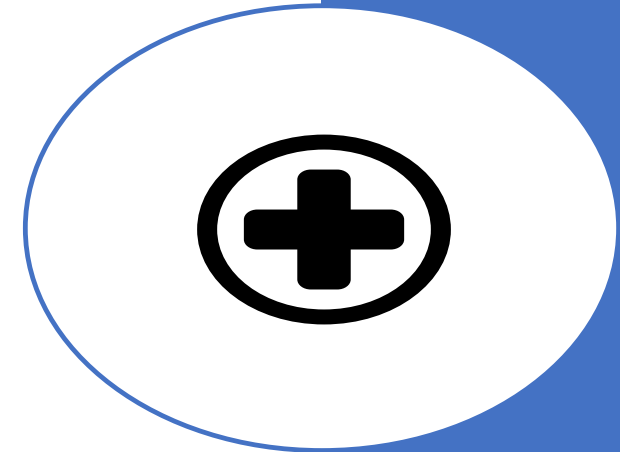


Final Trans-thoracic echography

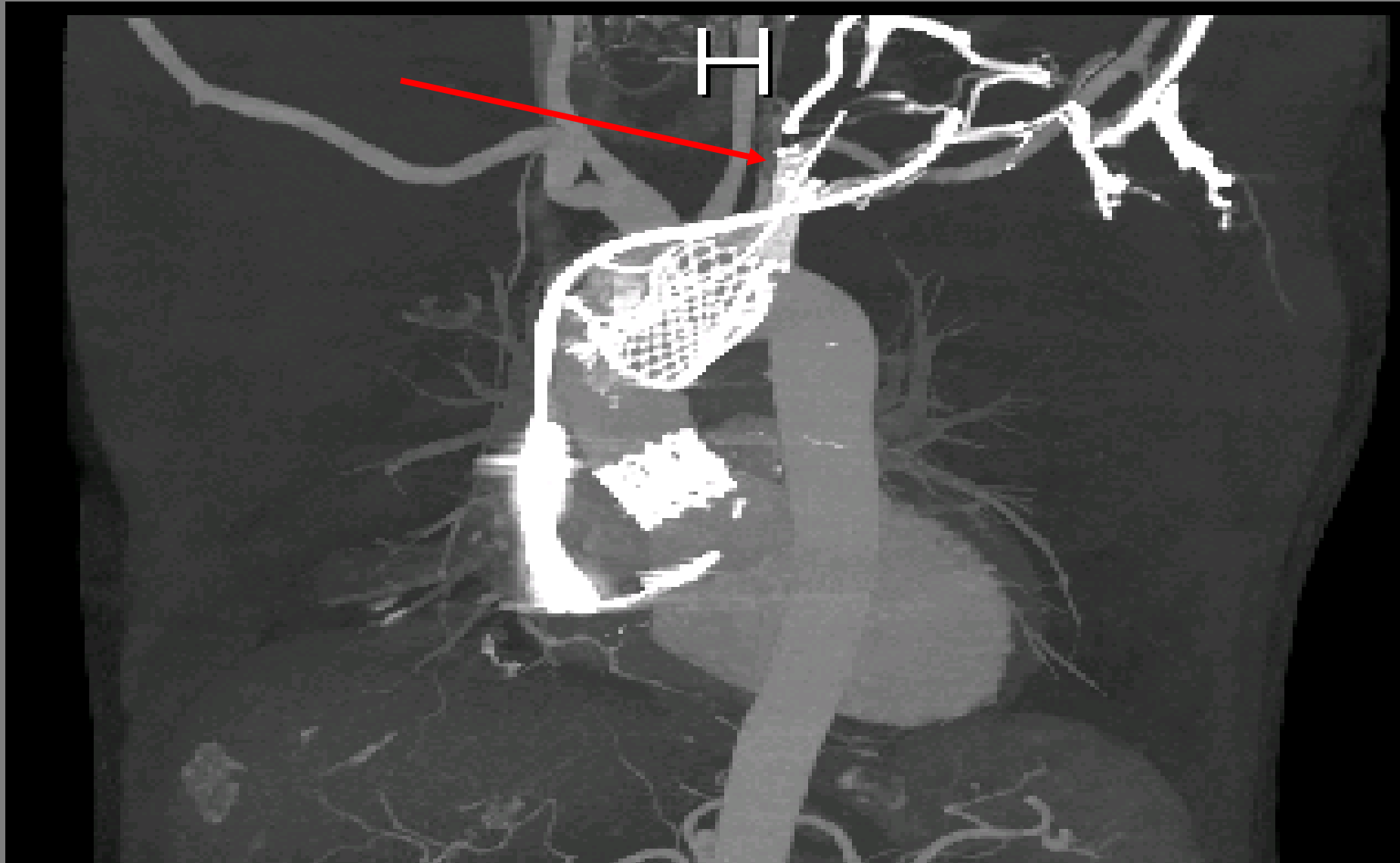


Medical follow up +6Months

- Clinical observation
 - No chest pain
 - No unusual bleeding or bruising
 - Persistent dyspnea
- Final Trans-thoracic echography
 - Edwards functional
 - LVEF 30%
- Discussion
 - Upgrade PM => Resynchronization
 - Computerised tomography (CT) control



CT Control – M6



CT Control – M6



The moral of the story

If you use a lasso...



The moral of the story

If you use a lasso...

... be careful not to trip over yourself





Thank you for your attention

Left subclavian artery stenting



**Stent Luminex
7x40mm**