

**UN CASO, UNA ENSEÑANZA**

**“VALVE IN VALVE” VIA SUBCLAVIA**



**SOLACI**  
SOCIEDAD  
LATINOAMERICANA  
DE CARDIOLOGIA  
INTERVENCIONISTA

**XLIV Jornadas SOLACI**  
*15° Región Cono Sur*

**30 de junio / 01 de julio**

PRESENCIAL Y VIRTUAL

Centro de Convenciones - Paseo La Galería - Asunción  
**PARAGUAY**

informes: [www.solaci.org](http://www.solaci.org) | (5411) 4954-7173

**José María Hernández**  
**Hospital Universitario Virgen de la Victoria.**  
**MÁLAGA**

82 años. Varón.

HTA. Hipercolesterolemia. Fibrilación auricular. Anticoagulado (Edoxaban) EPOC severo  
CABG + bioprótesis aórtica (Carpentier Perimount 21) en 2012  
Neumonía por COVID en enero 2021.

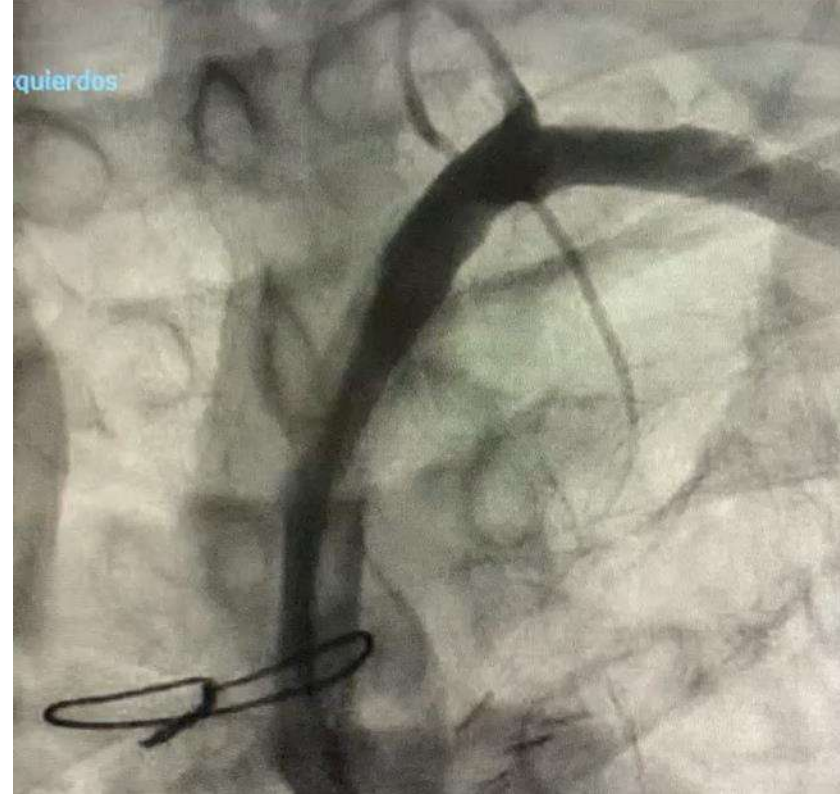
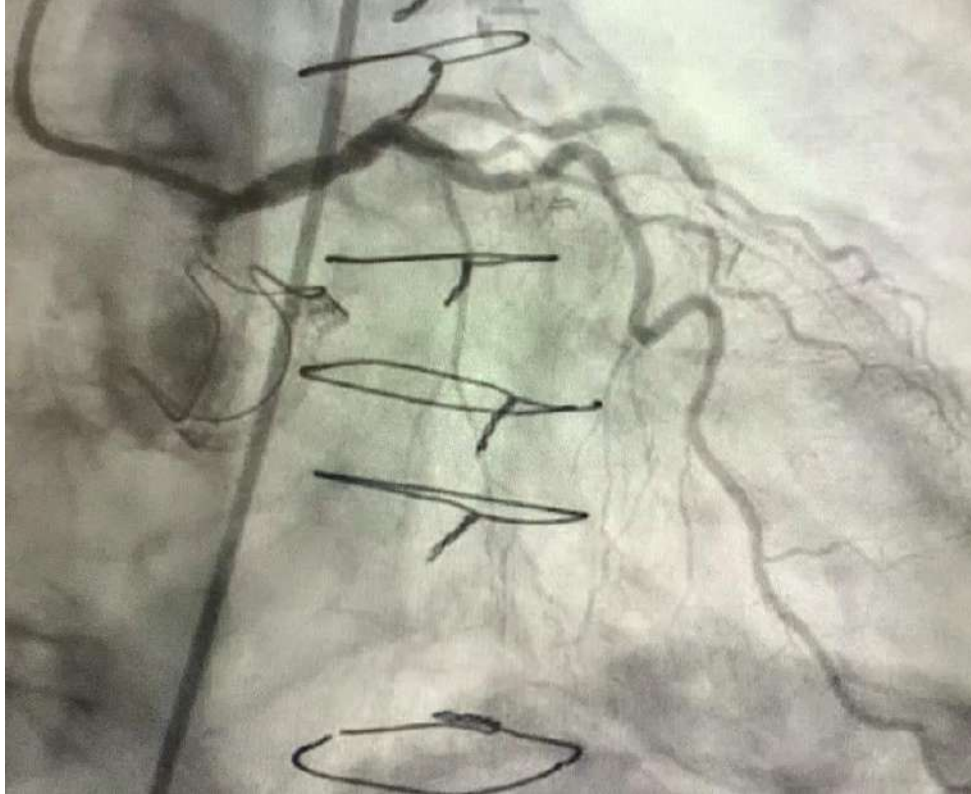
Ingreso por insuficiencia cardiaca en abril 2022:

By pass de safena a CD y CX permeables. Mamaria a descendente anterior ocluída.

Función ventricular ligeramente deprimida

Disfunción protésica severa con gradiente máximo de 77 mmHg y medio de 52 mmHg

Se indica TAVI en SMQ



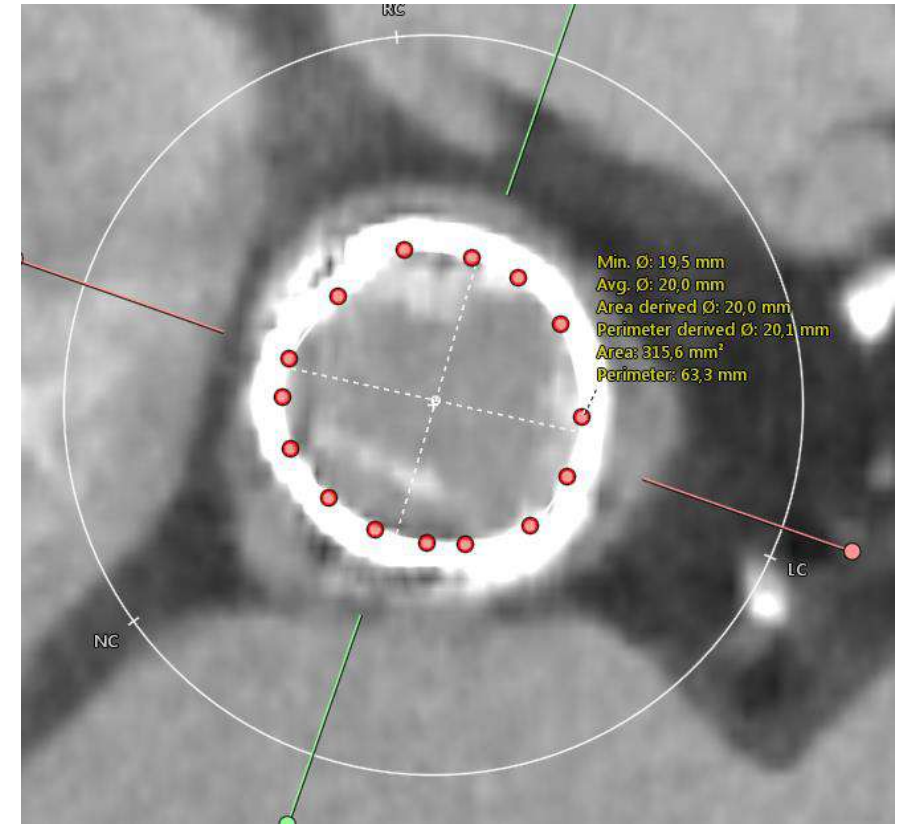
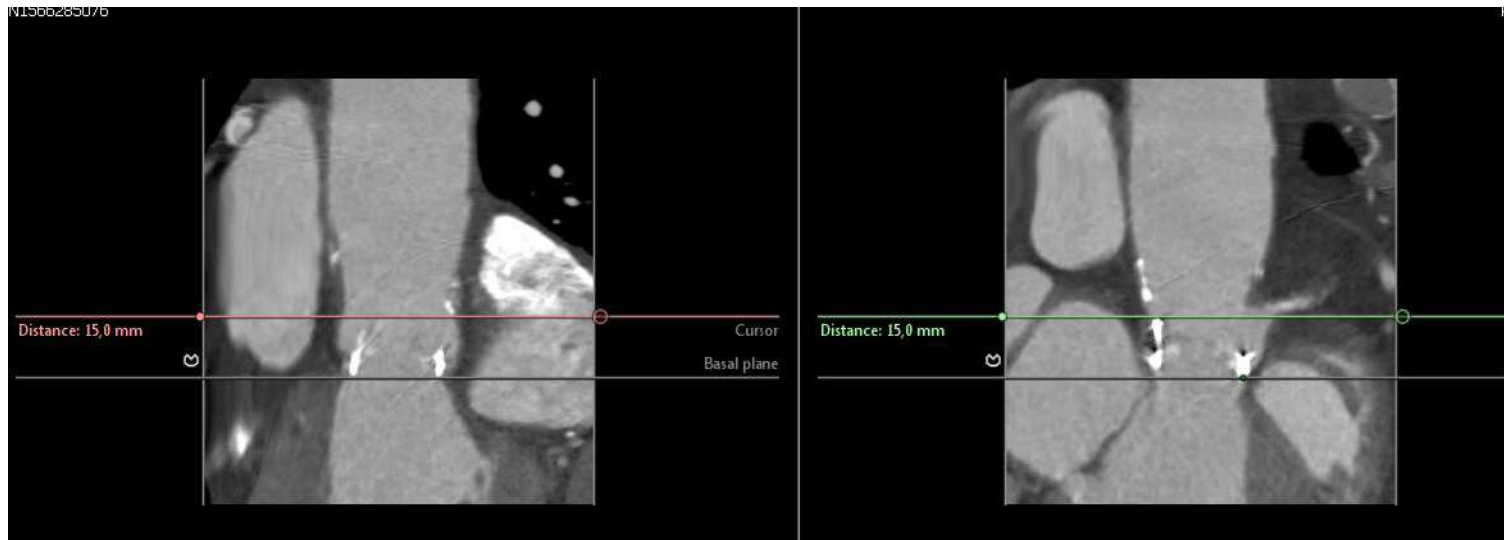
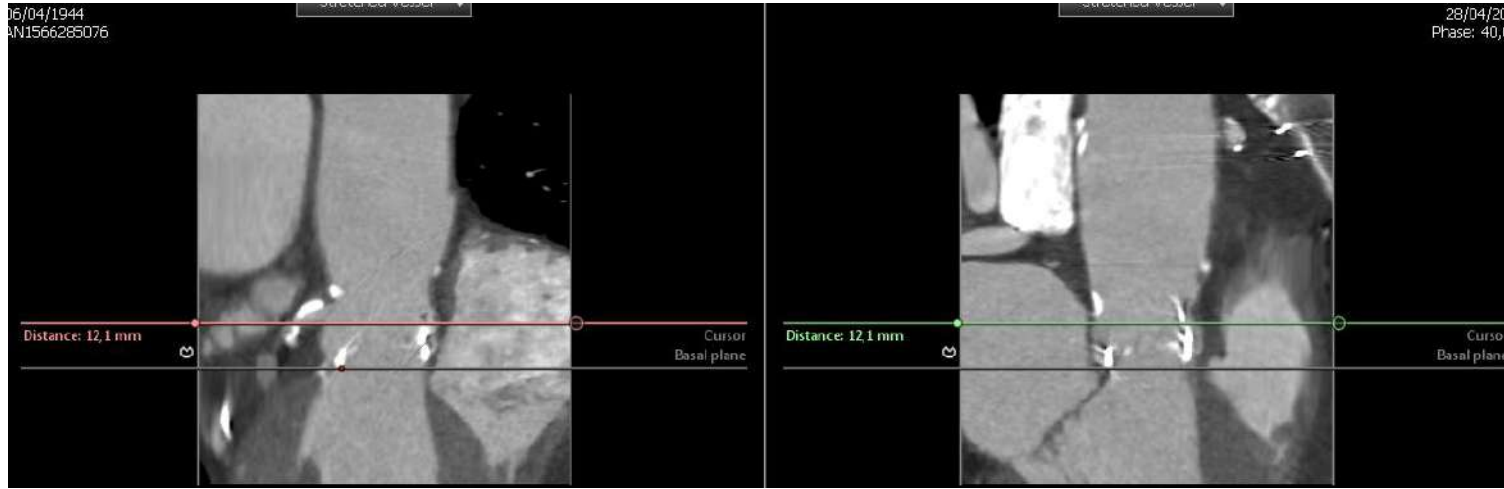
**Estenosis moderada de descendente anterior. FFR de 0,88. Sin angina. Se decidió no tratar**

## CT: ACCESOS FEMORALES

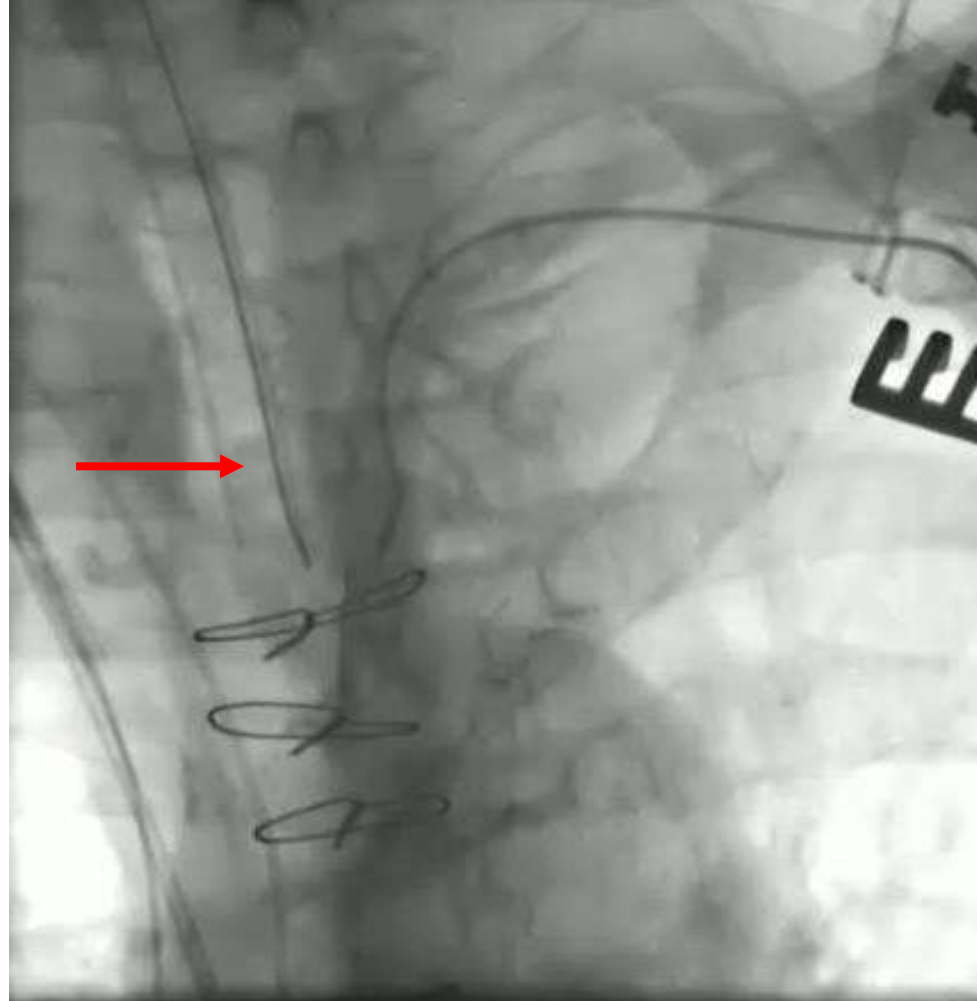


**CALCIFICACIÓN MUY SEVERA EN AMBOS LUGARES DE PUNCIÓN FEMORALES**

# CT: DIÁMETRO DE ANILLO (BIOPRÓTESIS) Y DISTANCIA A CORONARIAS

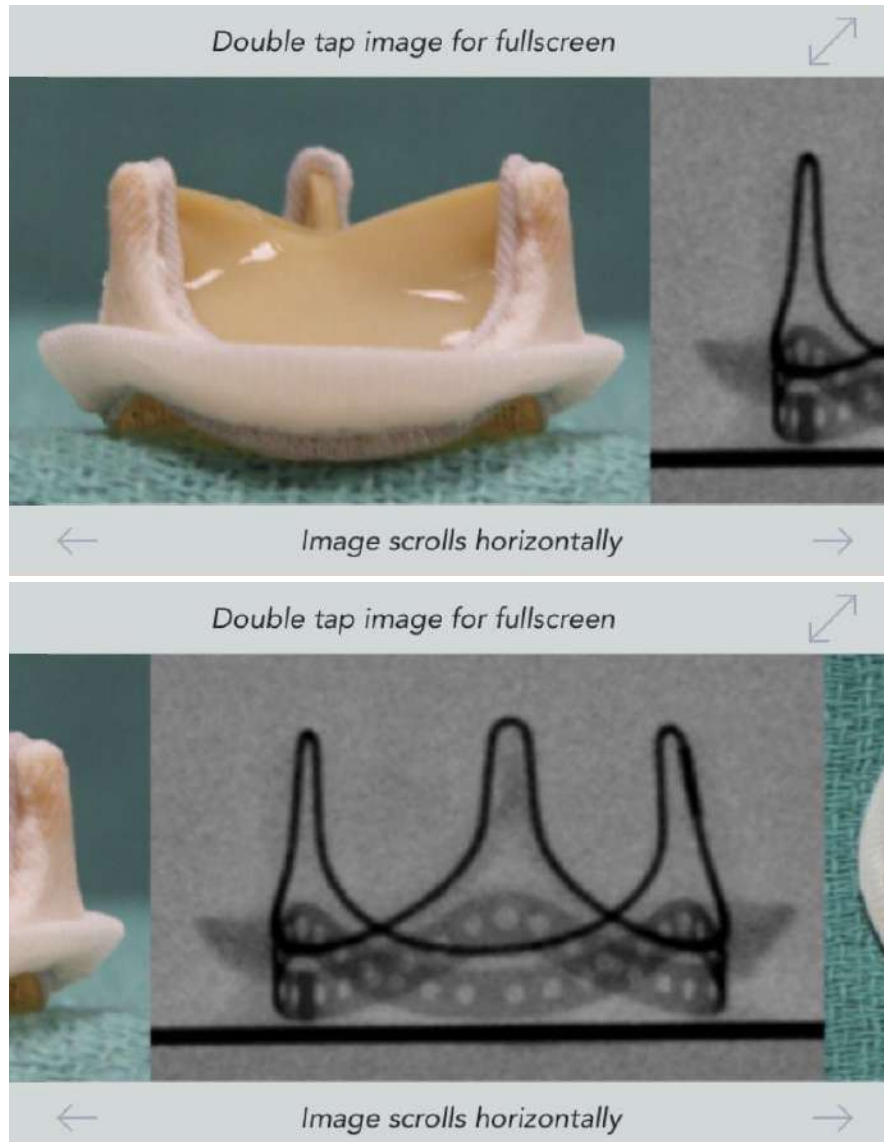


## ANGIO SUBCLAVIA IZQUIERDA



BUEN DIÁMETRO CON ESTENOSIS SEVERA PROXIMAL. (BY PASS LIMA ESTÁ OCLUÍDO)

## SELECCIÓN DE VÁLVULA SEGÚN LA APLICACIÓN “VIV AORTIC”

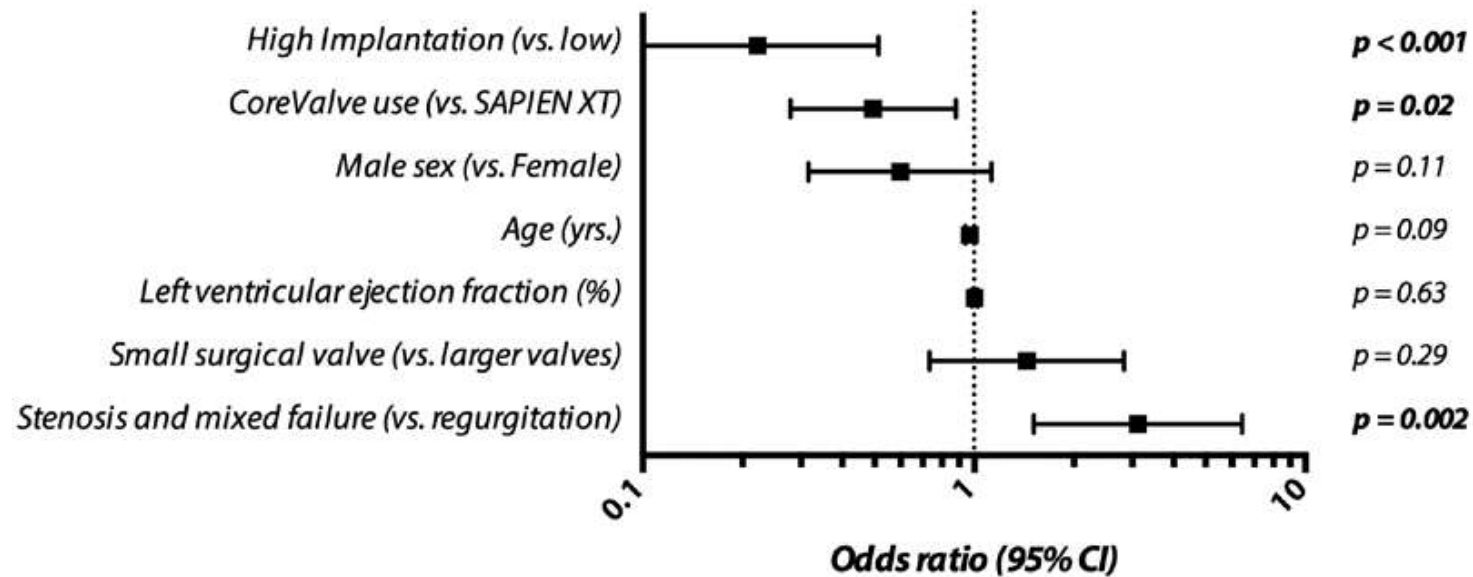


TAVI Valve Choices For: Perimount 2800, 21	
S3 20/23	Evolut R 23
Accurate TA USE WITH CAUTION	Accurate NEO USE WITH CAUTION
Lotus 21	Sapien XT 20/23
Portico 23	Allegra 23

# Transcatheter Replacement of Failed Bioprosthetic Valves

## Large Multicenter Assessment of the Effect of Implantation Depth on Hemodynamics After Aortic Valve-in-Valve

### Multivariate Analysis Elevated Post-Procedural Mean Gradients



(*Circ Cardiovasc Interv.* 2016;9:e003651.



## CoreValve Evolut 23mm in Perimount 21mm

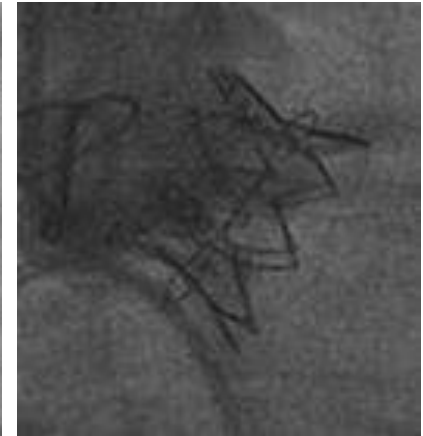
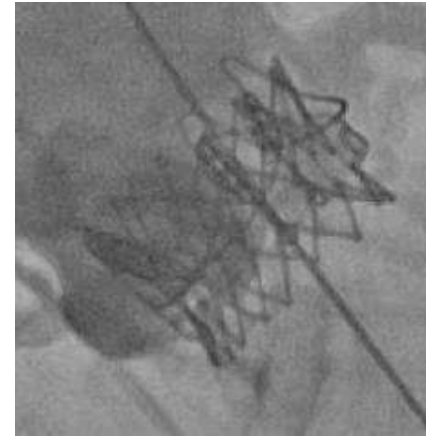
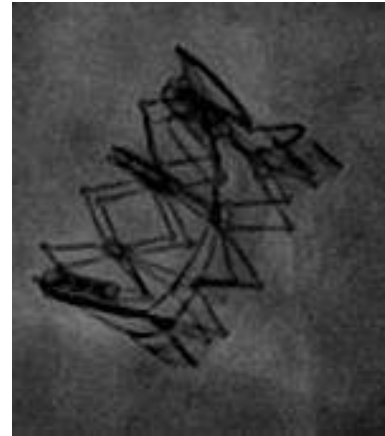
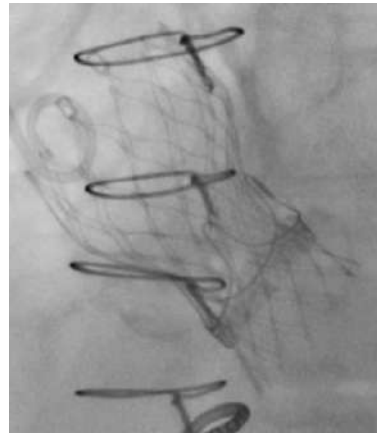
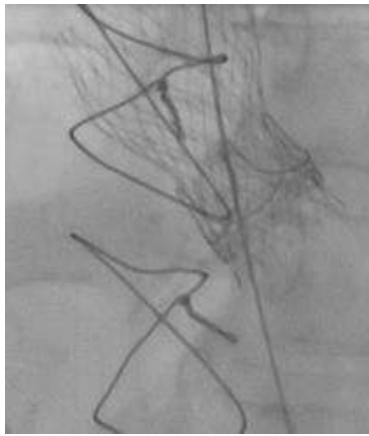
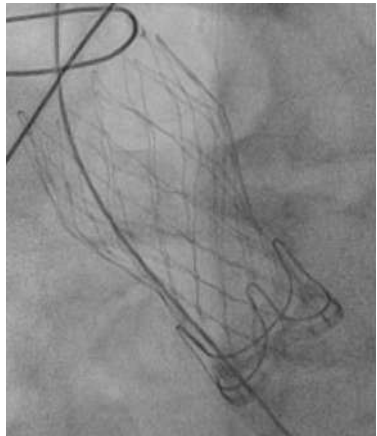
## SAPIEN XT 23mm in 21mm Surgical Valves

ALTO

BAJO

ALTO

BAJO



Depth: 1.3mm  
Post mean  
gradient:11mmHg

Depth: 6.2mm  
Post mean gradient:  
25mmHg

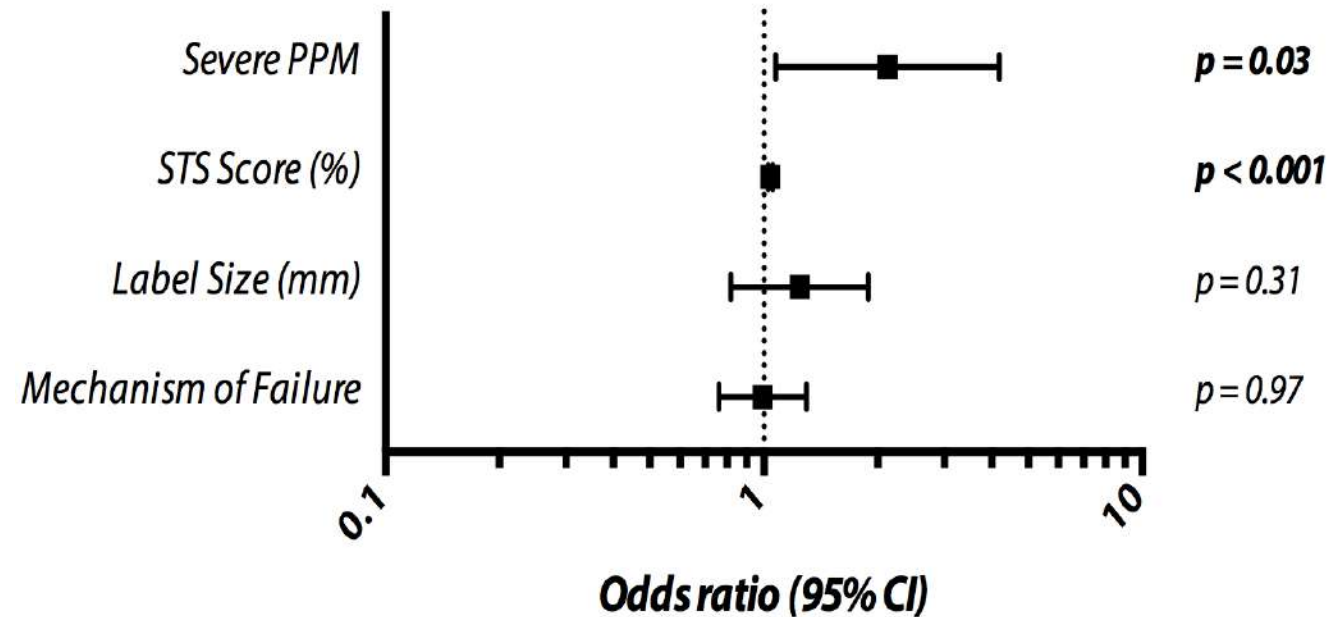
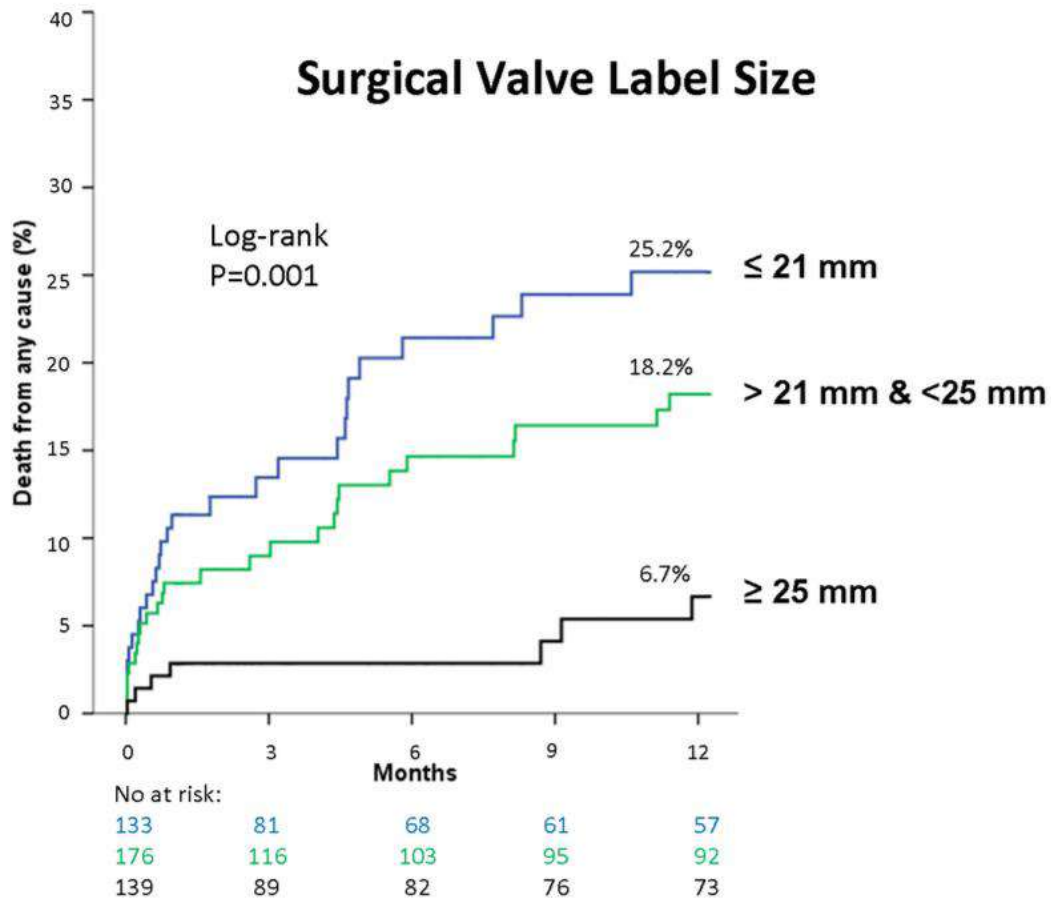
Depth: 9.8mm  
Post mean gradient:  
24mmHg

Depth: 0%  
Post mean  
gradient:17mmHg

Depth: 25%  
Post mean gradient:  
33mmHg

Depth: 44%  
Post mean gradient:  
50mmHg

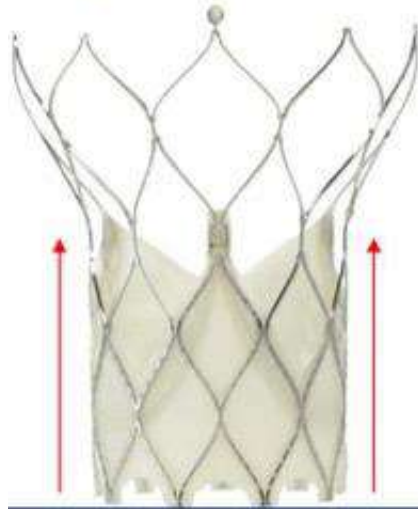
# Severe Surgical Valve Prosthesis-Patient Mismatch and Long Term Mortality after Aortic Valve-in-Valve



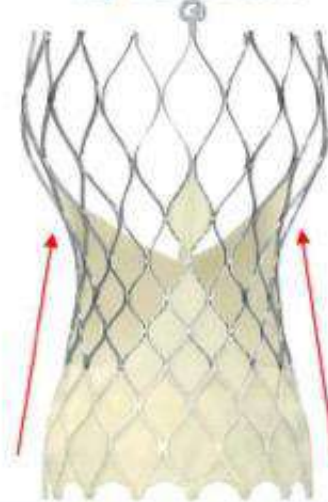
**Supervivencia tras “Valve in valve”**

**El “mismatch” protésico severo es el mayor predictor de mortalidad a un año**

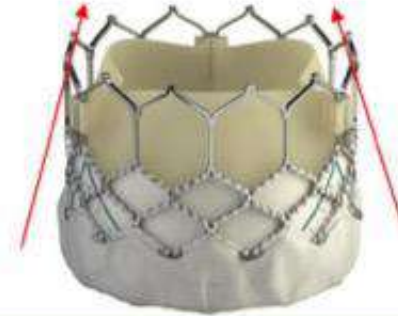
Portico  
Cylindrical Valve



Evolut Pro  
Tapered Stent

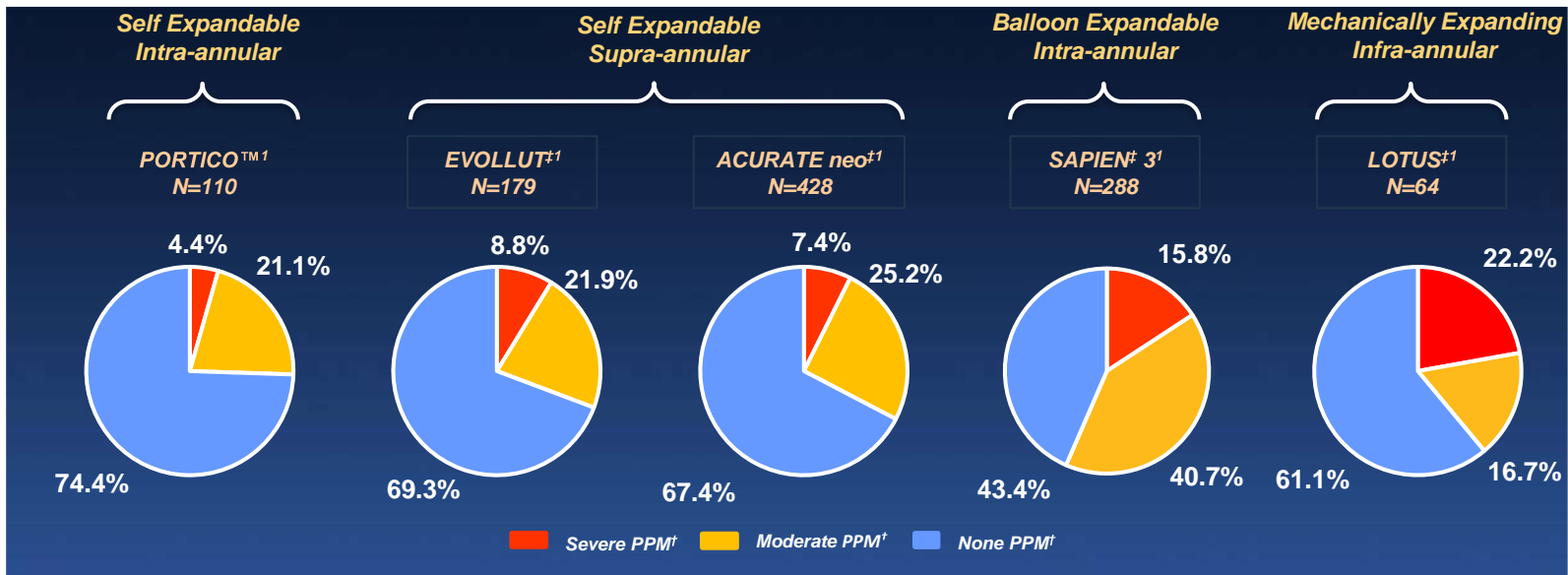
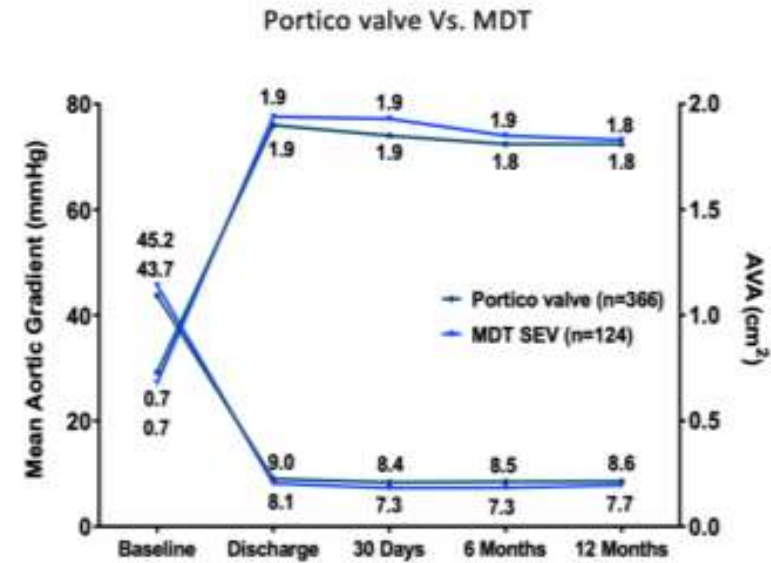
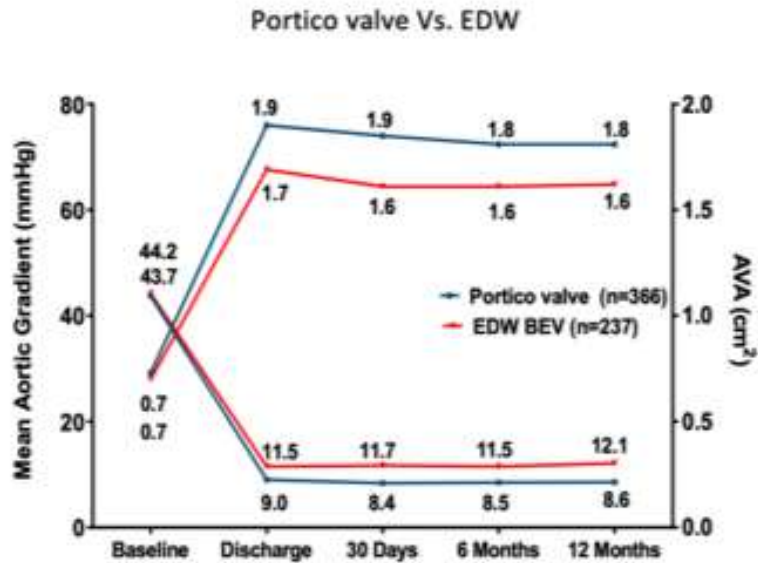


Sapien 3  
Tapered Leaflets



**EL DISEÑO DE UNA VÁLVULA PUEDE DETERMINAR SU ORIFICIO Y SU HEMODINÁMICA**

# MISMATCH PROTÉSICO EN ANILLOS PEQUEÑOS



TAVI Valve Choices For:  
Perimount 2800, 21

S3  
20/23

Evolut R  
23

Accurate TA  
USE WITH CAUTION

Accurate NEO  
USE WITH CAUTION

Lotus  
21

Sapien XT  
20/23

Portico  
23

Allegra  
23



## VALVULA ALLEGRA

Nitinol con pericardio bovino

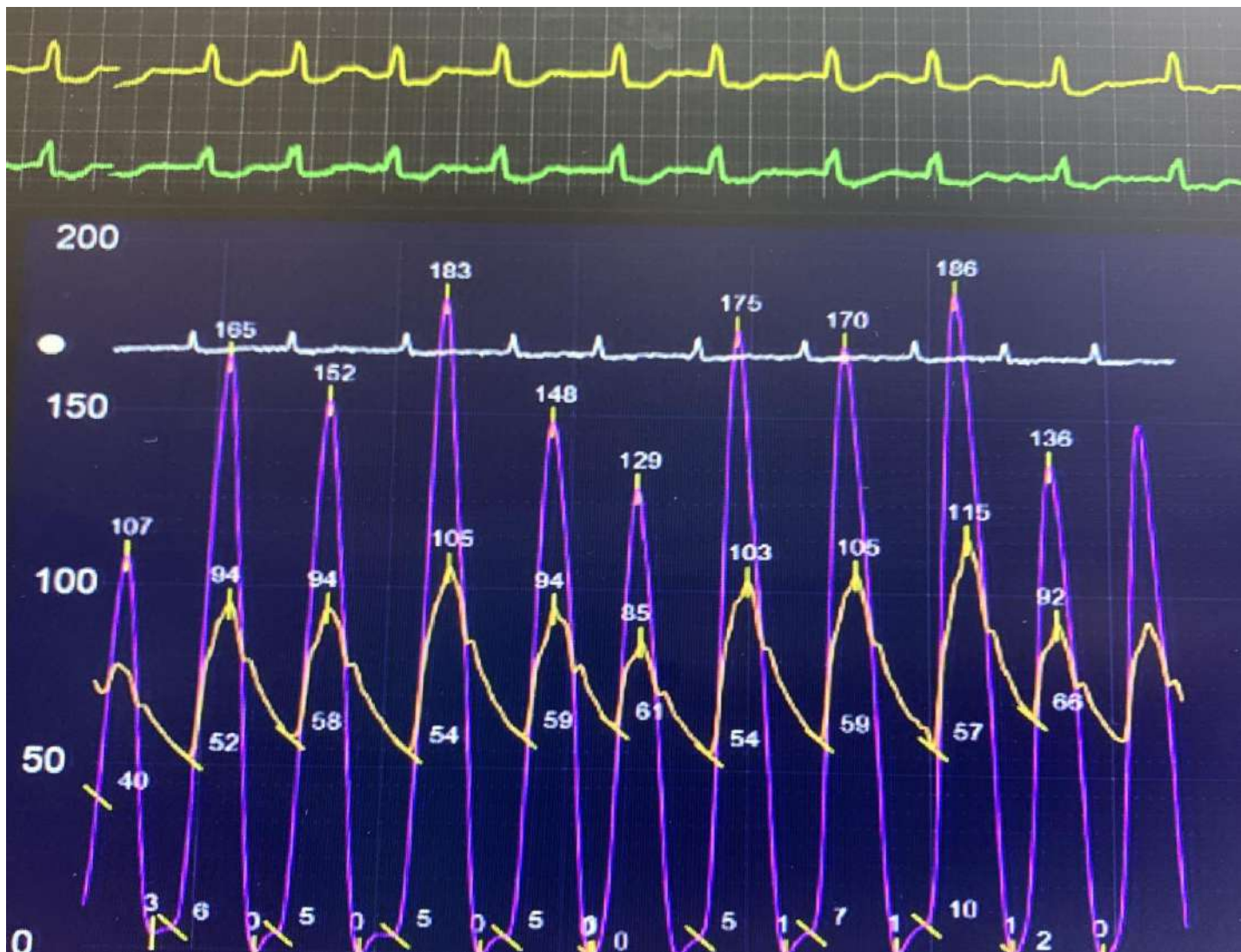
Sin faldón

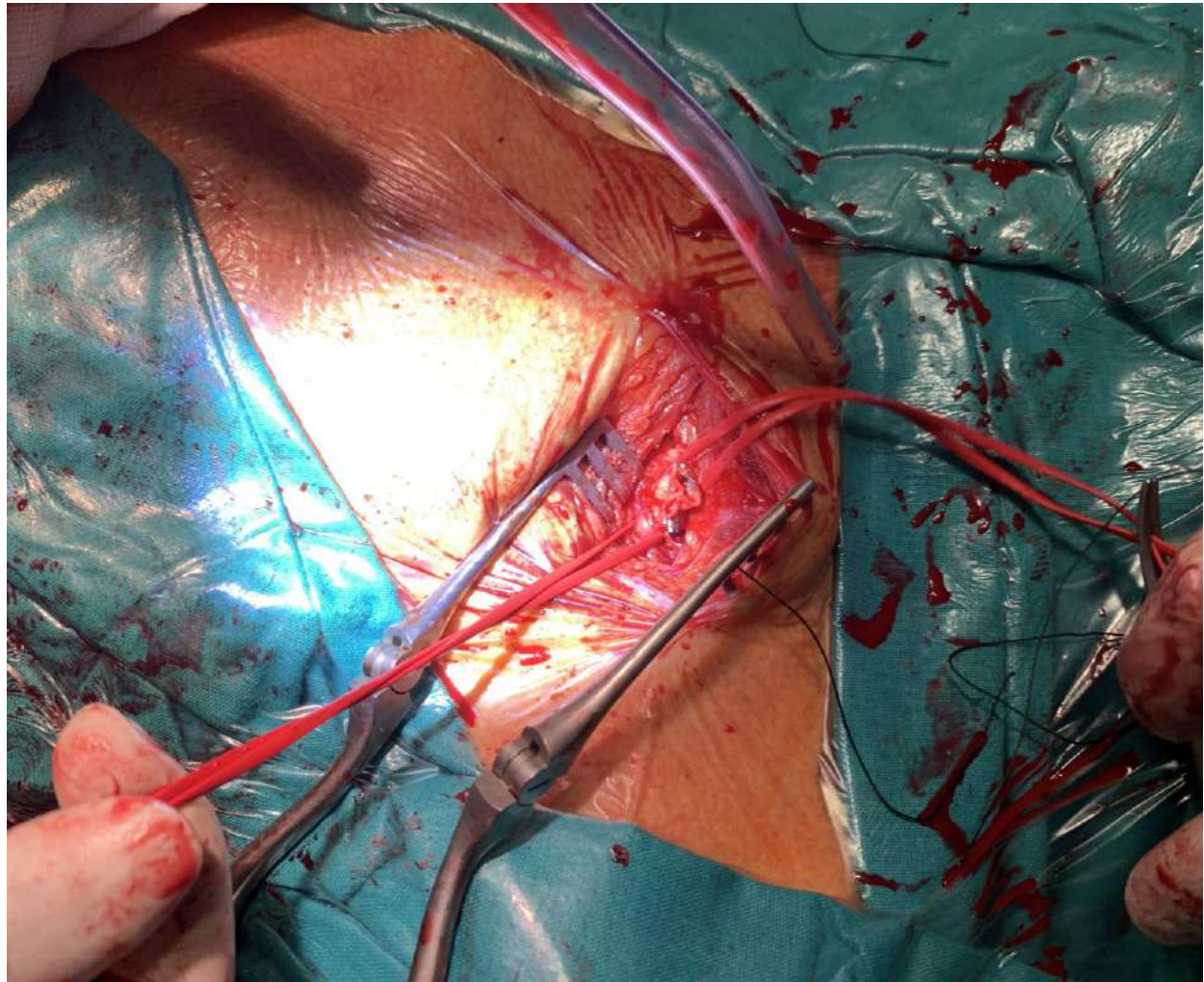
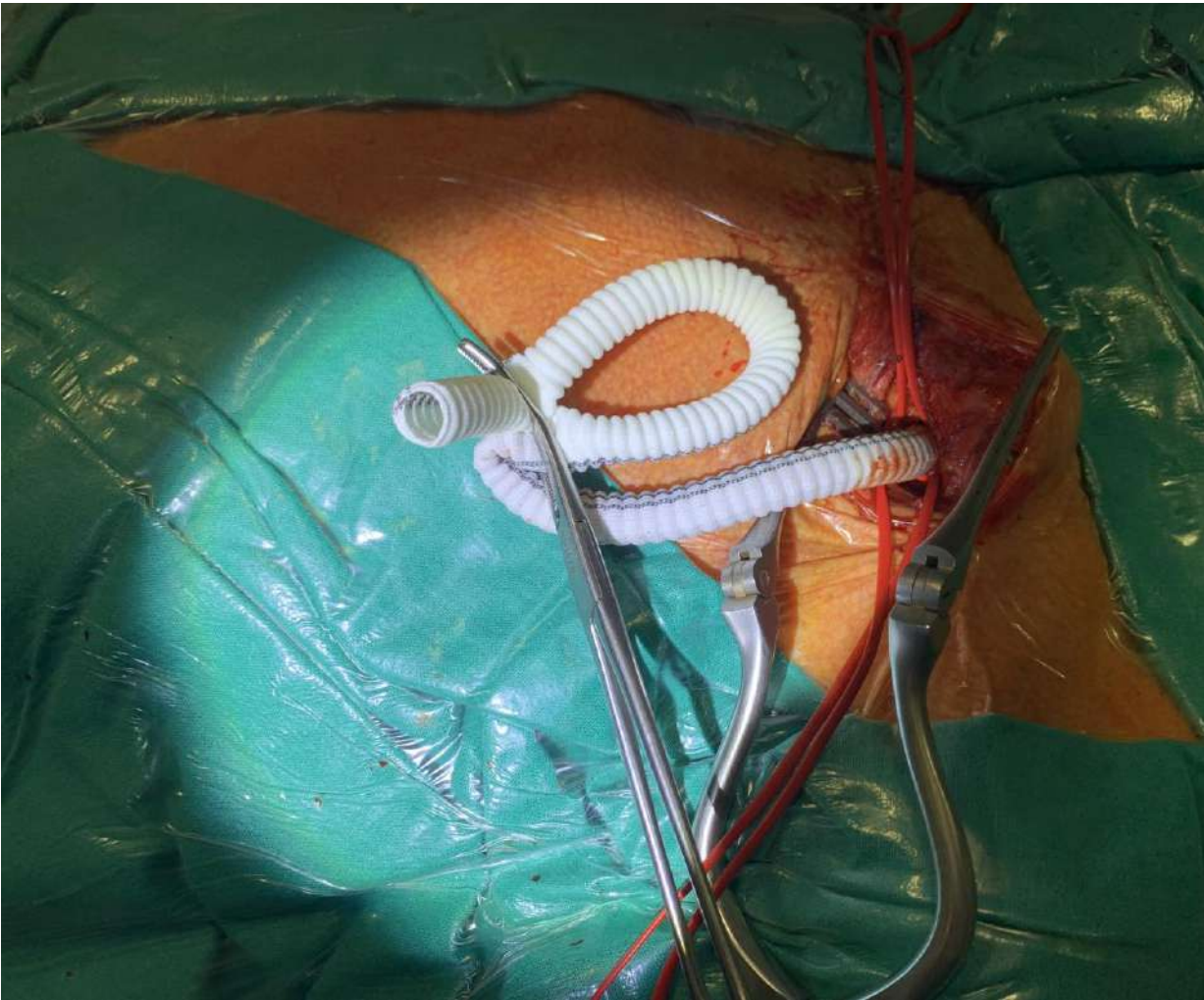
VÁLVULA NO RECAPTURABLE



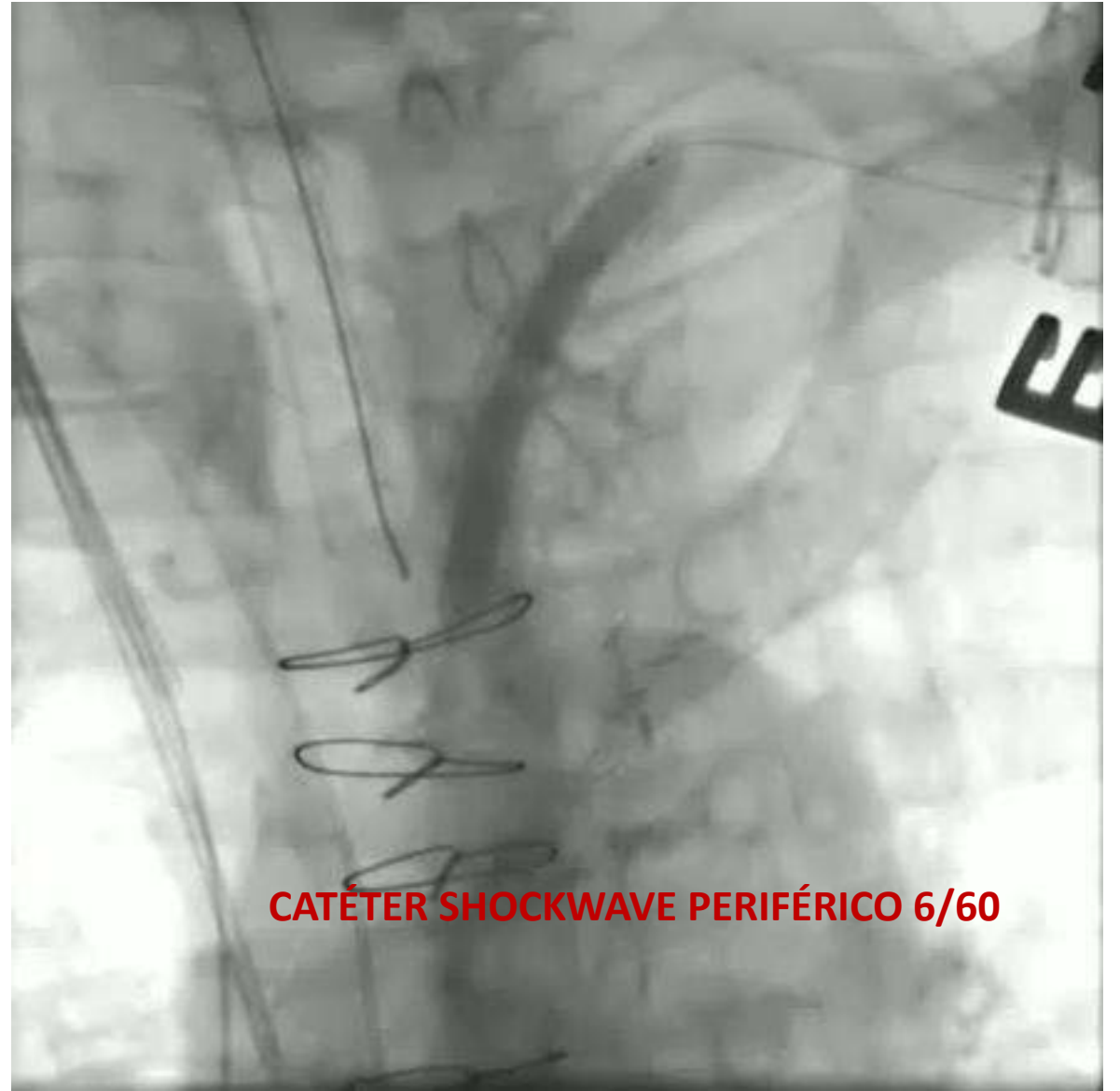
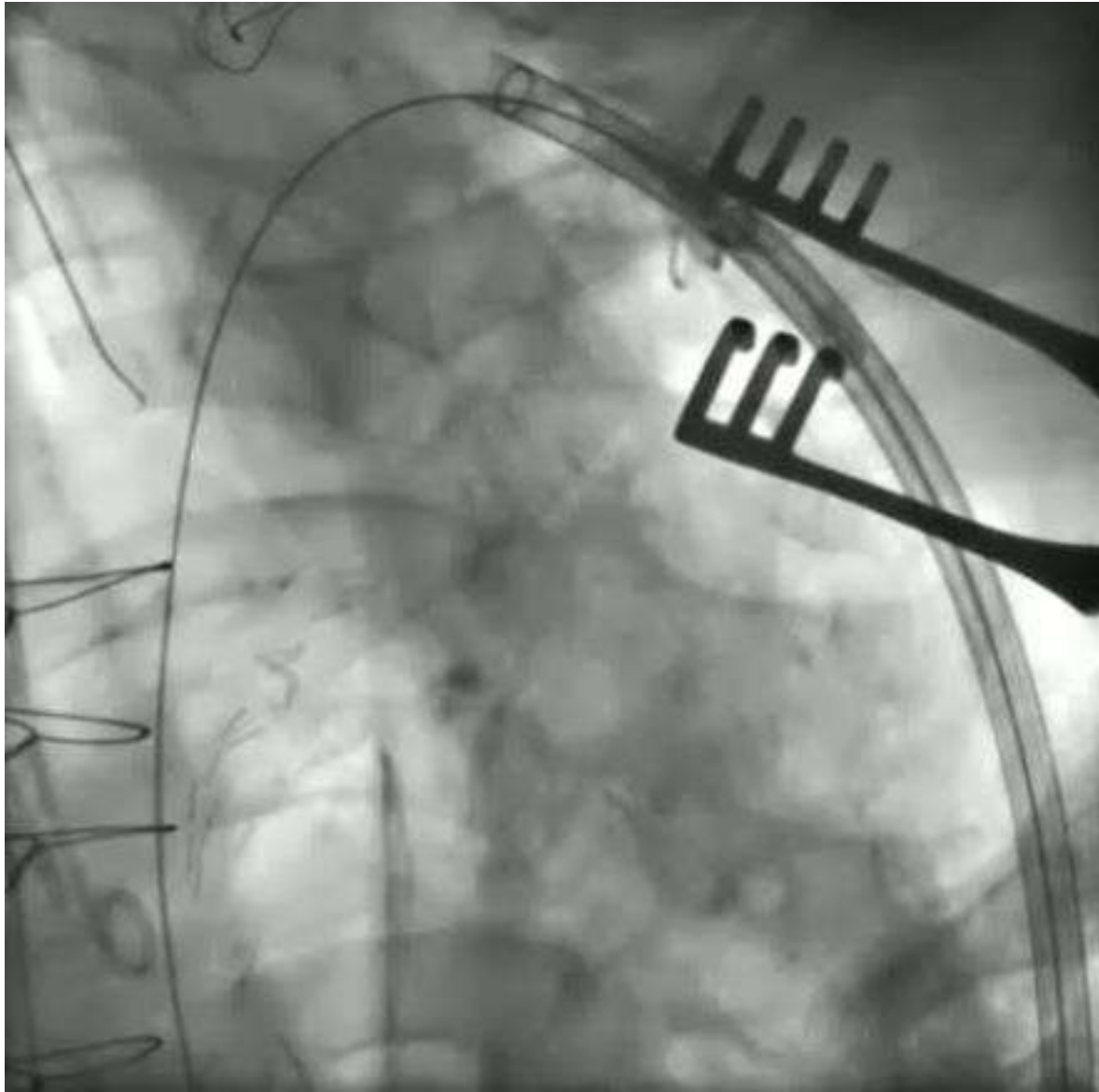
[mm]	ALLEGRA 23	ALLEGRA 27	ALLEGRA 31
Annulus diameter	19 - 22	22 - 25	25 - 28
Annulus Perimeter	59.7 - 69.1	69.1 - 78.5	78.5 - 88
Annulus Area	280 - 380 mm <sup>2</sup>	380 - 490 mm <sup>2</sup>	490 - 620 mm <sup>2</sup>
Inflow diameter	23.8	27.4	31.0
Valve Outflow diameter	24-0	28.0	28.0
Frame height	37.3	41.3	43.0
Anchura de las celdas frente a los ostium coronarios.			6 x 8 mm

**Sistema recapturable/reposicionable disponible en 1ºQ 2023**









**CATÉTER SHOCKWAVE PERIFÉRICO 6/60**

# Intravascular Lithotripsy for Peripheral Artery Calcification



## 30-Day Outcomes From the Randomized Disrupt PAD III Trial

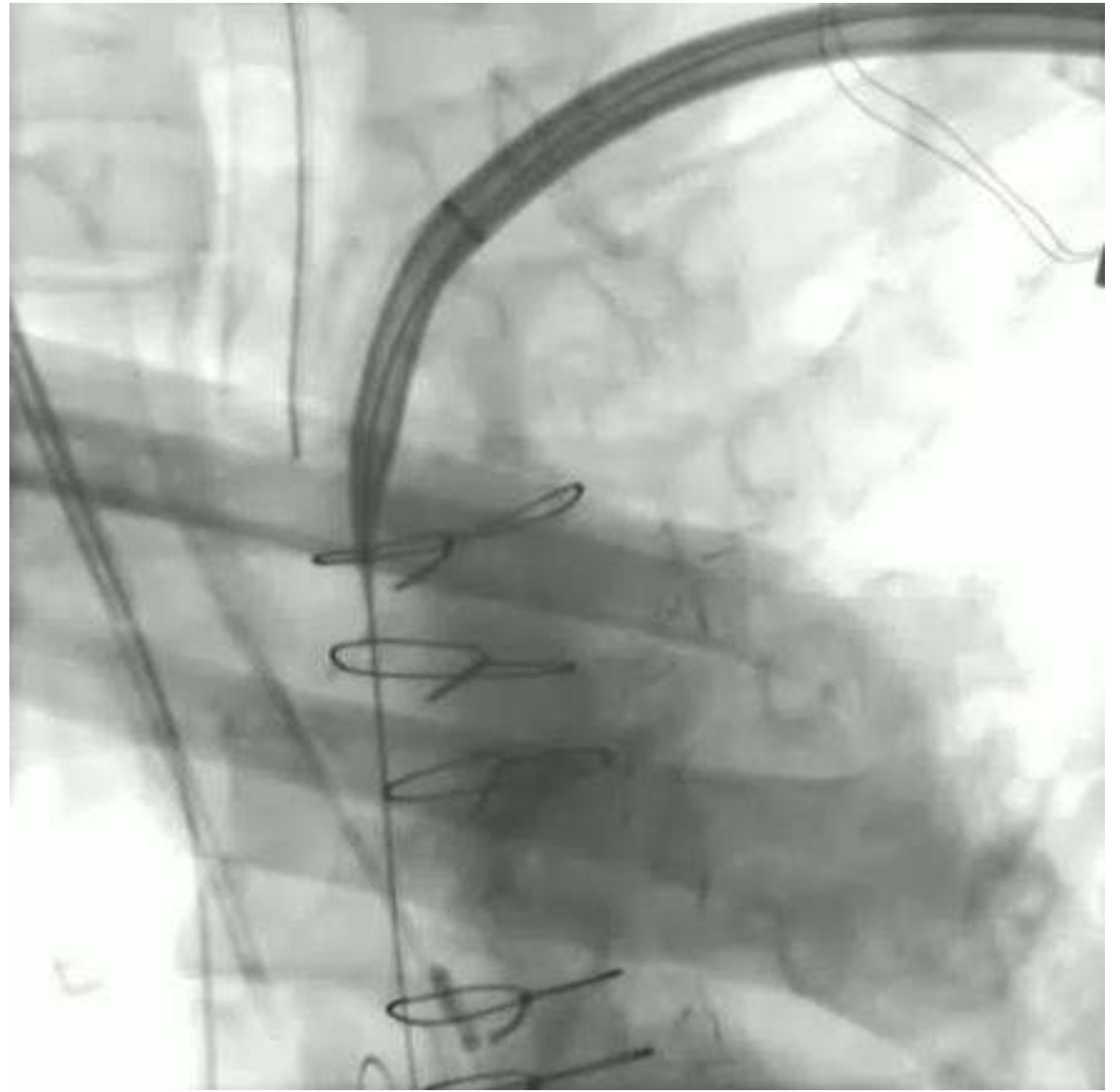
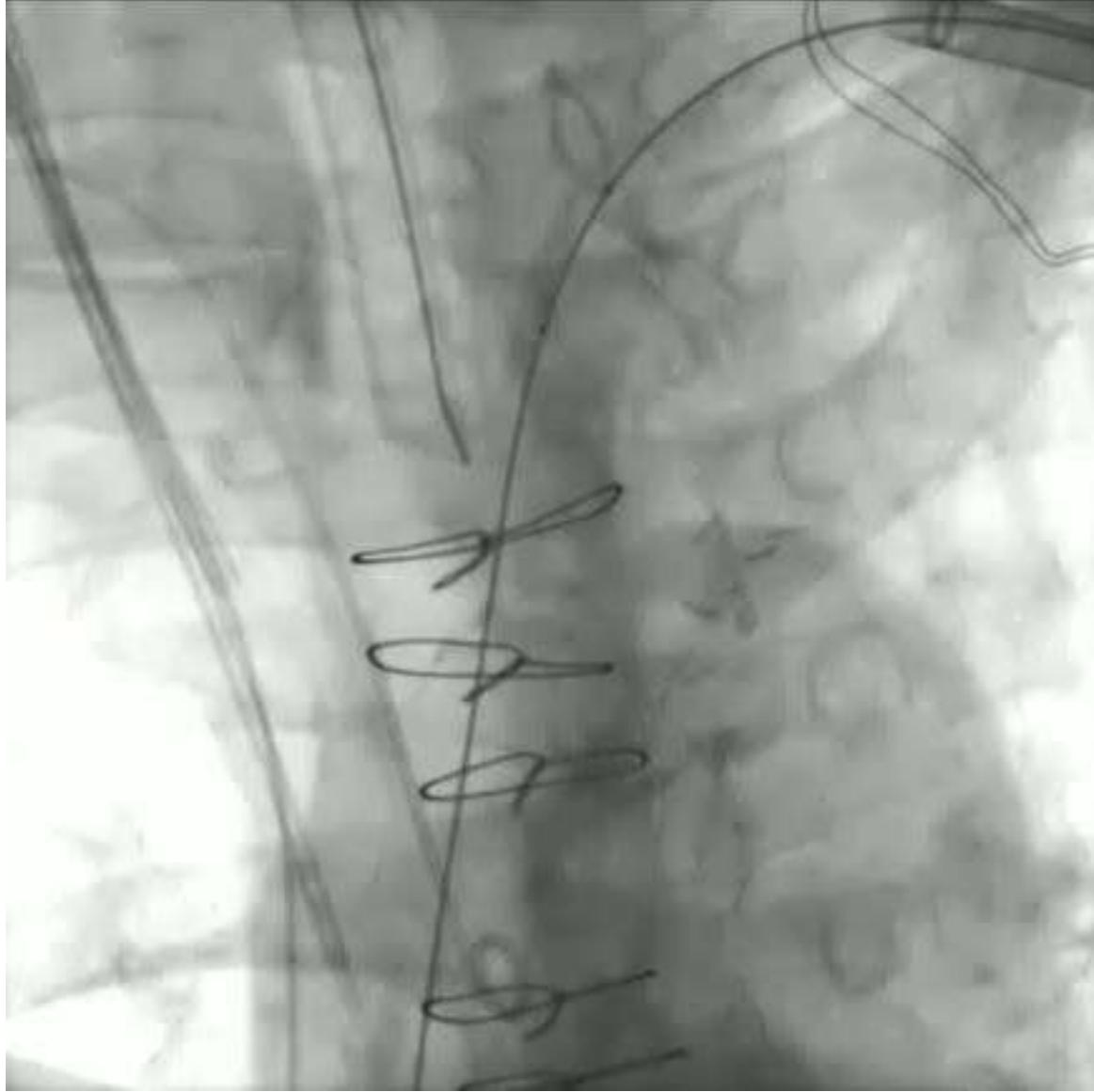
Gunnar Tepe, MD,<sup>a</sup> Marianne Brodmann, MD,<sup>b</sup> Martin Werner, MD,<sup>c</sup> William Bachinsky, MD,<sup>d</sup> Andrew Holden, MD,<sup>e</sup> Thomas Zeller, MD,<sup>f</sup> Sarang Mangalmurti, MD,<sup>g</sup> Claus Nolte-Ernsting, MD,<sup>h</sup> Barry Bertolet, MD,<sup>i</sup> Dierk Scheinert, MD, PhD,<sup>j</sup> William A. Gray, MD,<sup>k</sup> for the Disrupt PAD III Investigators

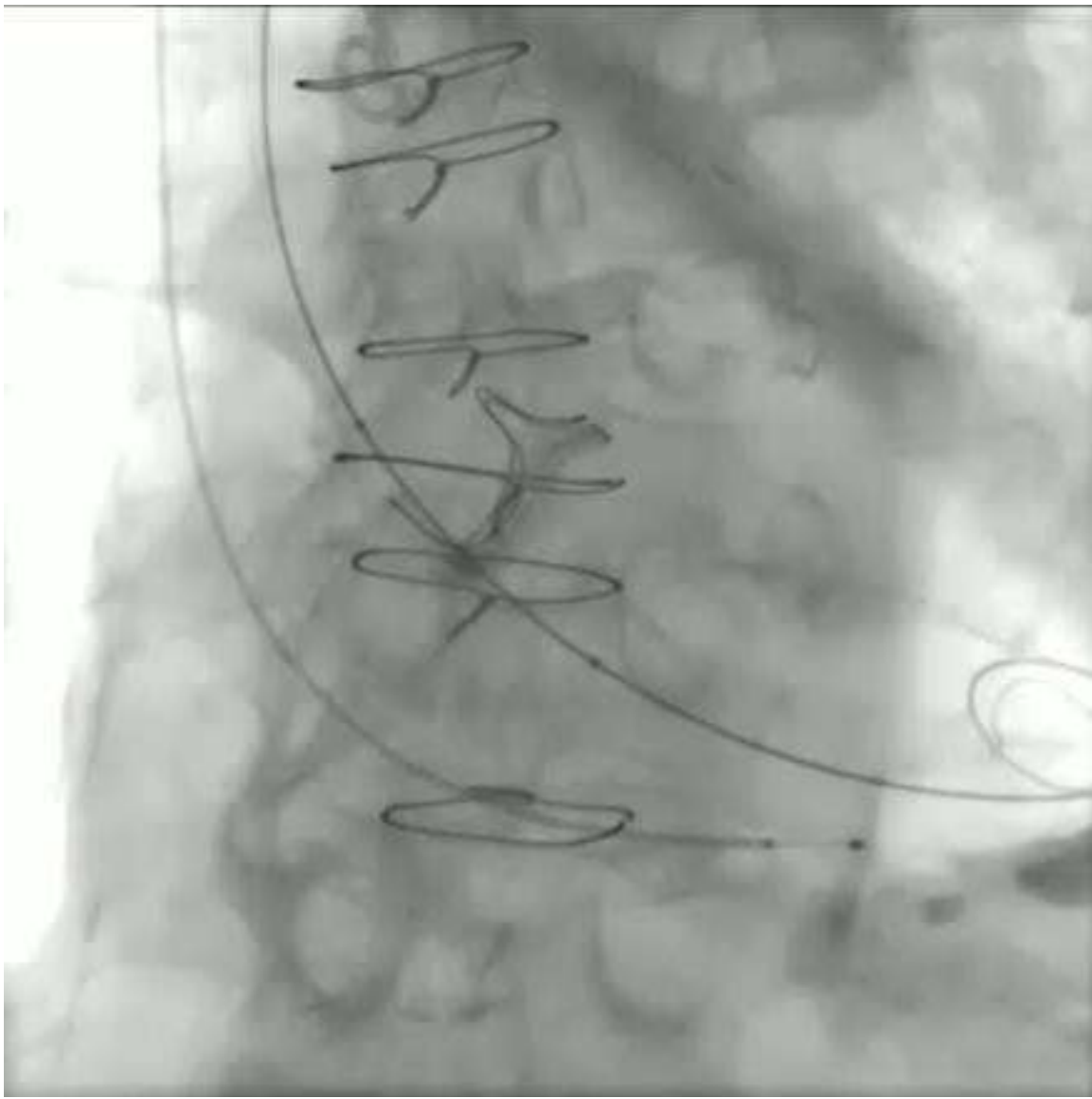
JACC: CARDIOVASCULAR INTERVENTIONS VOL. 14, NO. 12, 2021

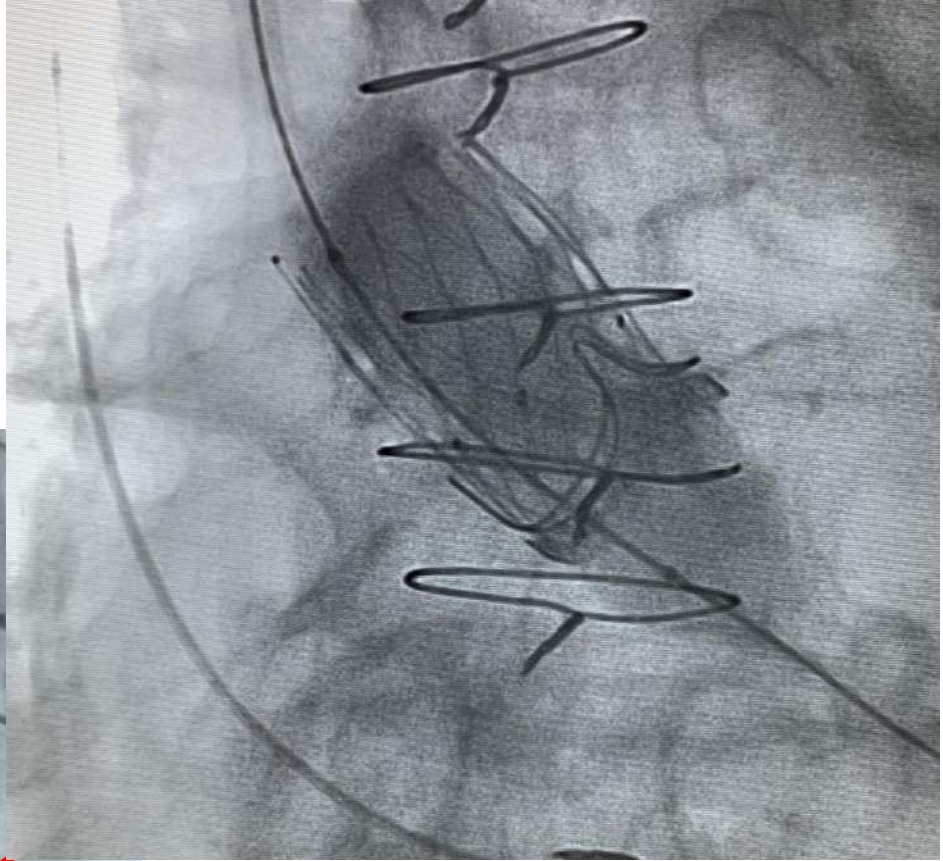
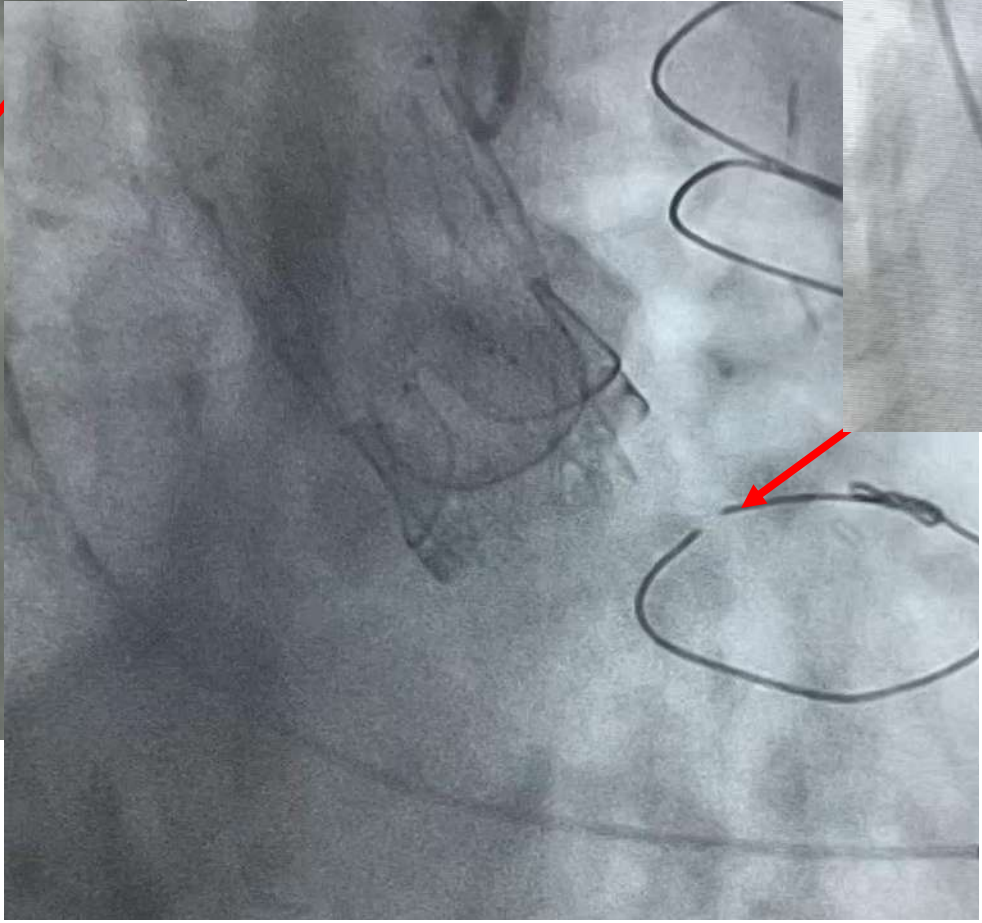
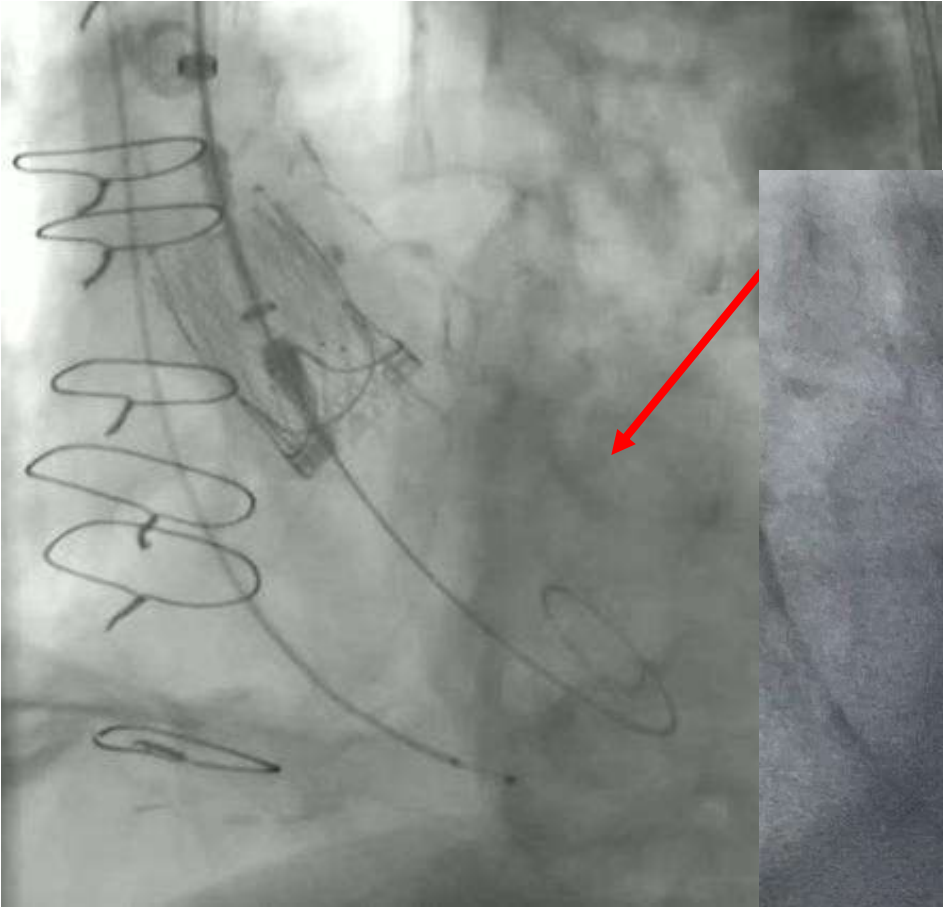
JUNE 28, 2021:1352-61

## Case Report: Lithoplasty-Assisted Trans-Axillary Transcatheter Aortic Valve-in-Valve Implantation

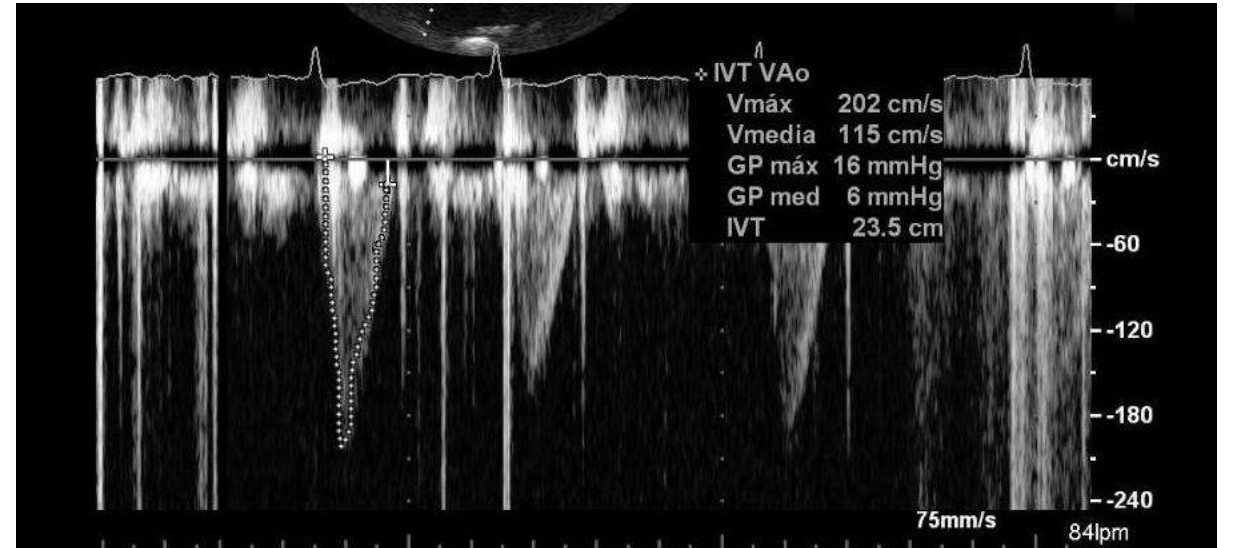
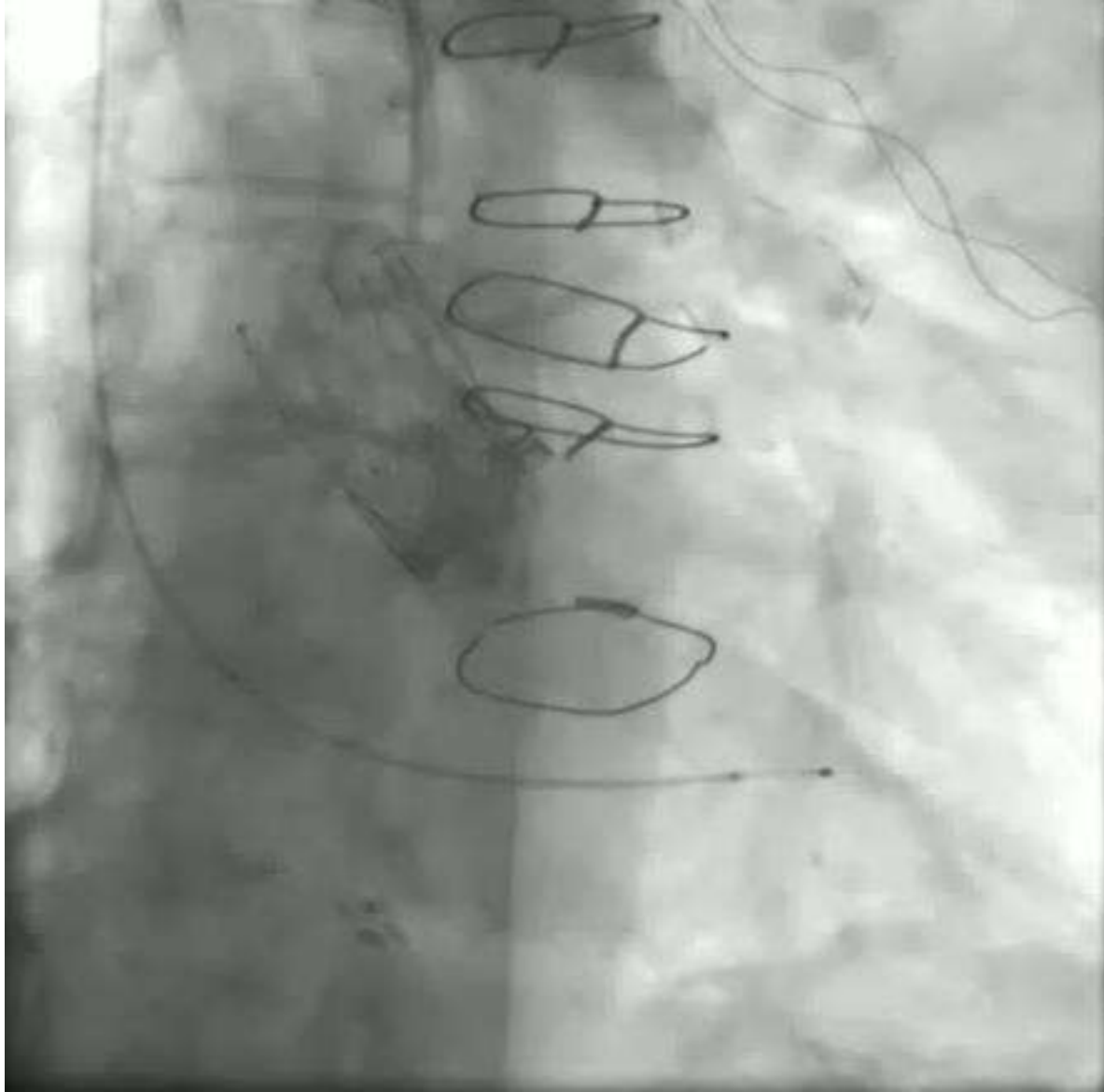
*Alfredo Giuseppe Cerillo<sup>1\*</sup>, Matteo Pennesi<sup>2</sup>, Luisa Iannone<sup>1</sup>, Giorgia Giustini<sup>1</sup>, Paolo de Cillis<sup>1</sup>, Renato Valenti<sup>2</sup>, Niccolò Marchionni<sup>3,4</sup> and Pierluigi Stefano<sup>1,4</sup>*







**POSTDILATACIÓN CON  
BALÓN VACS III 22mm**



## **MENSAJES:**

**DETERMINADAS TÉCNICAS DE “MODIFICACIÓN DE PLACA”, COMO EL SHOCKWAVE PUEDEN PERMITIR ASCCESOS POR ARTERIAS “A PRIORI” DESFAVORABLES**

**EL USO DE UN TUBO DE DACRON DE 8 MM EN EL ACCESO SUBCLAVIO PERMITE UNA POSICIÓN MAS ERGONÓMICA A LOS OPERADORES Y FACILITA EL CIERRE VASCULAR ( A CAMBIO DE UN MAYOR TIEMPO EN LA PREPARACIÓN DEL ACCESO)**

**HAY EVIDENCIA DE QUE LA UTILIZACIÓN DE UNA VÁLVULA DE FUNCIÓN SUPRAANULAR, SOBRE TODO EN ANILLOS PEQUEÑOS, DISMINUYE EL GRADIENTE RESIDUAL Y TIENE IMPACTO PRONÓSTICO.**

**ESTO MINIMIZA LA NECESIDAD DE RECURRIR A FRACTURAS DEL ANILLO DE LA BIOPRÓTESIS QUIRÚRGICA**

**¿SE HUBIERAS ESCOGIDO MISMO ACCESO Y TÉCNICA (SHOCKWAVE, AVANCE DE INTRODUTOR) DE ESTAR LA MAMARIA INTERNA PERMEABLE?**