ΕΠΙΤΥΧΗΣ ΑΝΤΙΜΕΤΩΠΙΣΗ ΑΣΘΕΝΟΥΣ ΜΕ ΣΟΒΑΡΟΥ ΒΑΘΜΟΥ ΣΥΜΠΤΩΜΑΤΙΚΗ ΣΤΕΝΩΣΗ ΑΟΡΤΗΣ ΚΑΙ ΣΟΒΑΡΟΥ ΒΑΘΜΟΥ ΣΤΟΜΙΑΚΗ ΣΤΕΝΩΣΗ ΠΡΟΣΘΙΟΥ ΚΑΤΙΟΝΤΟΣ ΚΛΑΔΟΥ ΜΕ ΒΑΛΒΙΔΟΠΛΑΣΤΙΚΗ ΚΑΙ ΑΓΓΕΙΟΠΛΑΣΤΙΚΗ

Αντώνιος Ζιάκας, Σταύρος Χατζημιλτιάδης, Γεώργιος Καζινάκης, Βασίλης Καμπερίδης, Λεωνιδας Λιλλής, Αθανασία Σαραφίδου, Ιωάννης Στυλιάδης

Α' ΚΑΡΔΙΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΑΠΘ, ΠΠΓΝ ΑΧΕΠΑ, ΘΕΣΣΑΛΟΝΙΚΗ

ΙΣΤΟΡΙΚΟ

- Ηλικία: 85 ετών
- Βάρος: 80kg, ύψος: 1.60m
- Εισαγωγή στο νοσοκομείο λόγω δύσπνοιας σε ελάχιστη κόπωση, παροξυντικής νυχτερινής δύσπνοιας, ορθόπνοιας (NYHA III)
- Ατομικό αναμνηστικό : Αρτηριακή υπέρταση από 30 έτη, σακχαρώδης διαβήτης από έτους, δυσλιπιδαιμία

ΙΣΤΟΡΙΚΟ-ΚΛΙΝΙΚΗ ΕΞΕΤΑΣΗ

Κλινική εξέταση: συστολικό φύσημα εξωθήσεως, εξάλειψη S_2

ΗΚΓ:SR, LVH

<u>ECHO:</u>

Vmax: 4.96 m/s, PPG: 98.2 mmHg, MPG: 72.8 mmHg, AVA: 0.59 cm^2, AR: 1-2 (+), EF:46%

Aortic annulus: 2.23cm

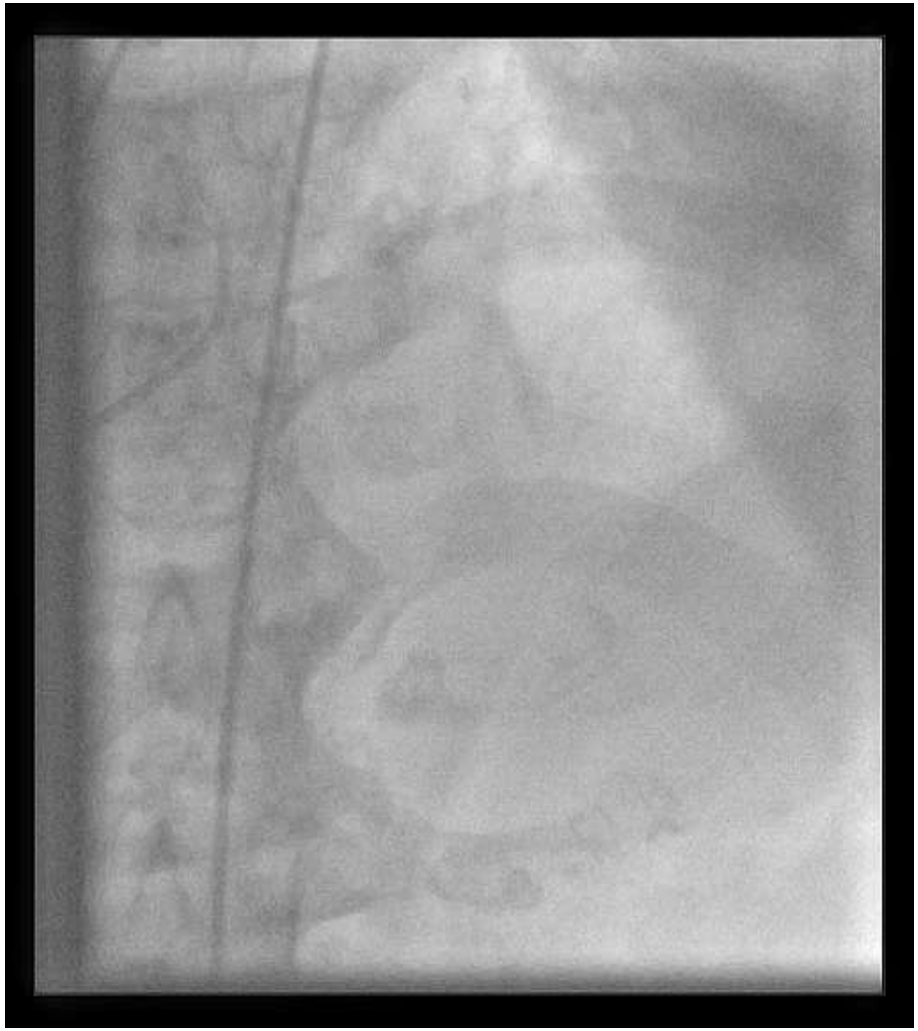
ΣΤΕΦΑΝΙΟΓΡΑΦΙΑ

Μετρίου βαθμού νόσος στελέχους (40-50%)

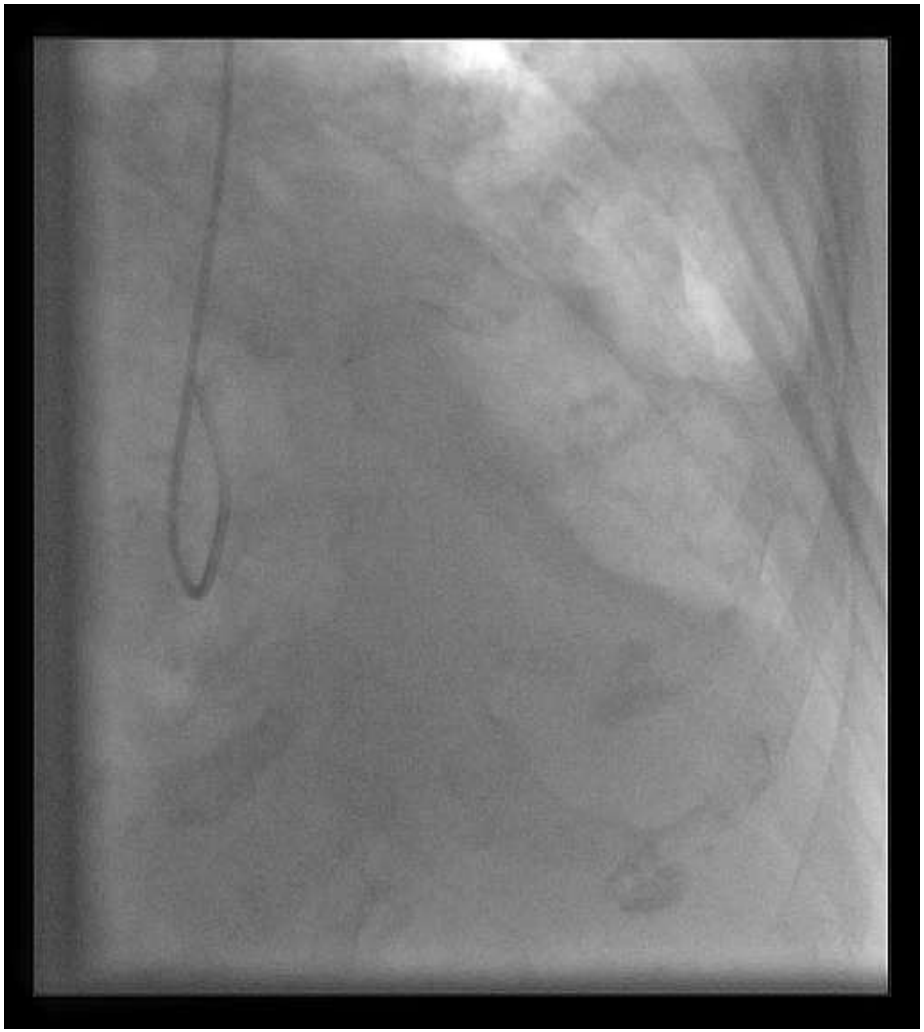
Σοβαρού βαθμού στομιακή στένωση LAD (70-80%), D1

ΣΤΕΦΑΝΙΟΓΡΑΦΙΑ

LM



LAD



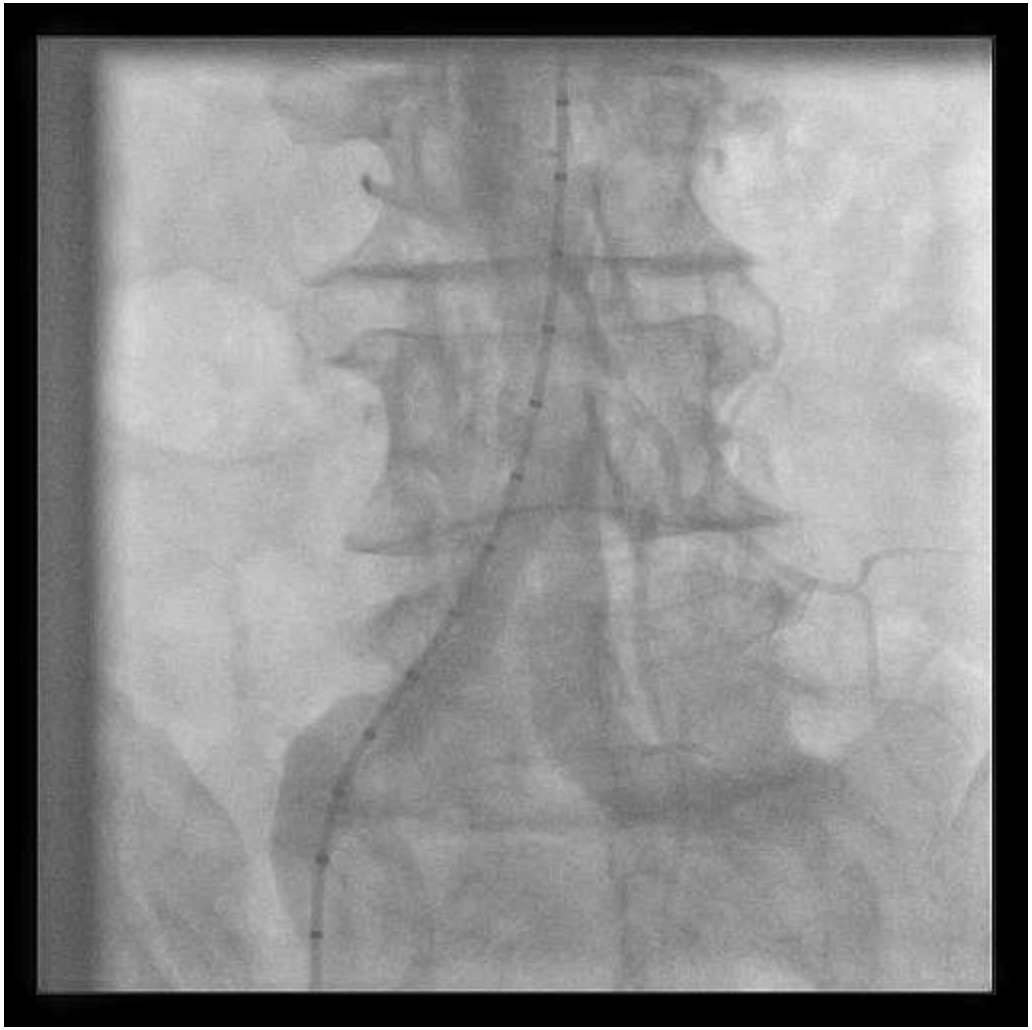
ΑΡ. + ΔΕ. ΚΑΘΕΤΗΡΙΑΣΜΟΣ

Παρατηρήθηκε κλίση πίεσης μεταξύ αρ κοιλίας και αορτής 84mmHg

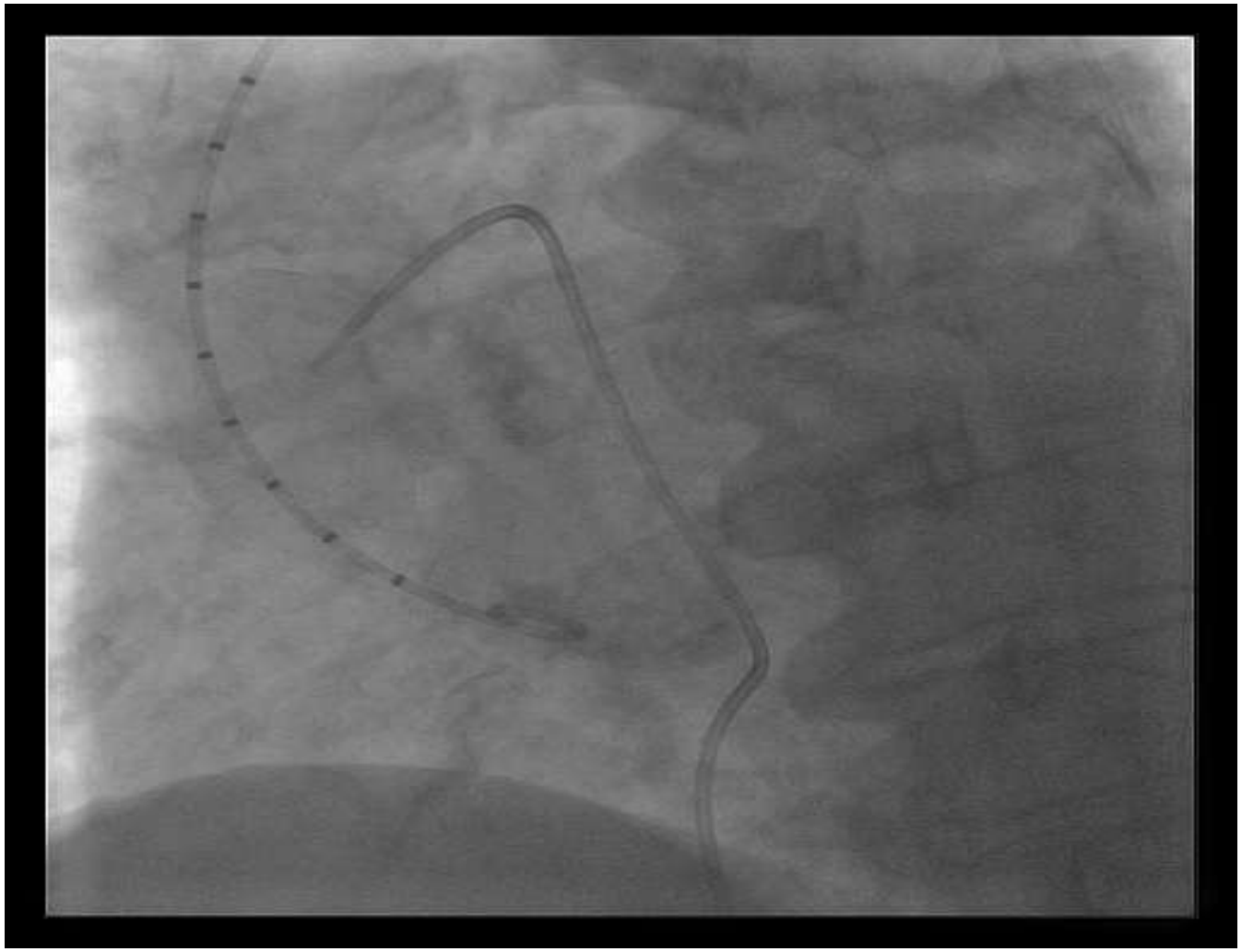
Πιέσεις δεξιών κοιλοτήτων (mmHg)

RA	(6)
RV	37/7
PA	32/14 (21)
PCWP	(12)

Έγχυση στη μηριαία αρτηρία



Αορτογραφία



Υπολογισμός Logistic EuroSCORE

Patient Factors	Change sheet below change language	Φ	βi	Xi
Age	85yr	6	0,0666354	27
Sex	☑ Female	1	0,3304052	TRUE
Chronic pulmonary disease	☐ Yes	1	0,4931341	FALSE
Extracardiac arteriopathy	☐ Yes	2	0,6558917	FALSE
Neurological dysfunction	☐ Yes	2	0,841626	FALSE
Previous cardiac surgery	☐ Yes	3	1,002625	FALSE
Serum creatinine >200 µmol/ L	☐ Yes	2	0,6521653	FALSE
Active endocarditis	☐ Yes	3	1,101265	FALSE
Critical preoperative state	☐ Yes	3	0,9058132	FALSE
Cardiac Factors				
Unstable angina	☐ Yes	2	0,5677075	FALSE
LV dysfunction moderate or LVEF 30-50%	☑ Moderate O	1	0,4191643	TRUE
Lv dysfunction poor or LVEF<30	☐ Poor	3	1,094443	FALSE
Recent myocardial infarct	☐ Yes	2	0,5460218	FALSE
Pulmonary hypertension	☐ Yes	2	0,7676924	FALSE
Operation Factors				
Emergency	☐ Yes	2	0,7127953	FALSE
Other than isolated CABG	☑ Yes	2	0,5420364	TRUE
Surgery on thoracic aorta	☐ Yes	3	1,159787	FALSE
Postinfarct septal rupture	☐ Yes	4	1,462009	FALSE

Additive EuroSCORE	10
Logistic EuroSCORE (mortality %) =	15,46%

For the latest information on EuroSCORE visit http://www.euroscore.org

Additive euroSCORE = $\Sigma\Phi$

Logistic euroSCORE =

$$e^{(-4.789594 + \Sigma \beta i\, Xi)} / 1 + e^{(-4.789594 + \Sigma \beta i\, Xi)}$$

To download the latest version of this calculator visit

www.euroscore.org/calculators

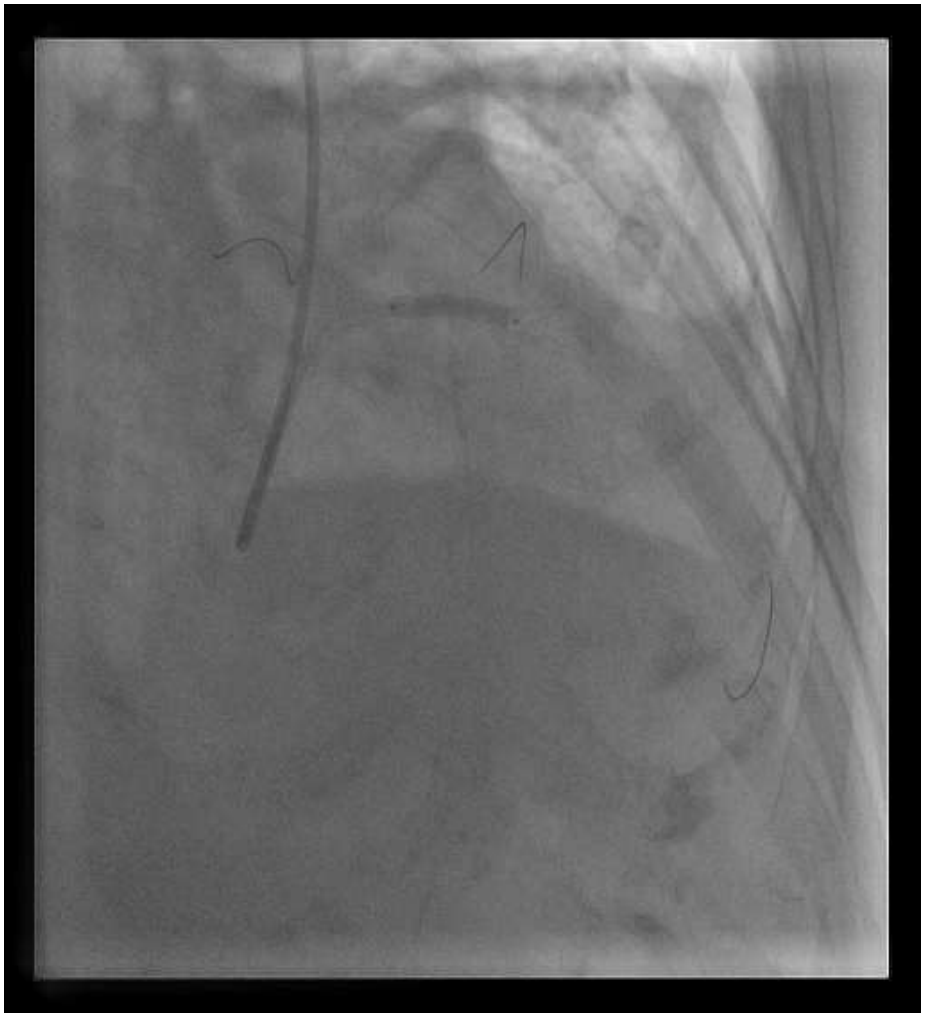
Logistic EuroSCORE: 15.5

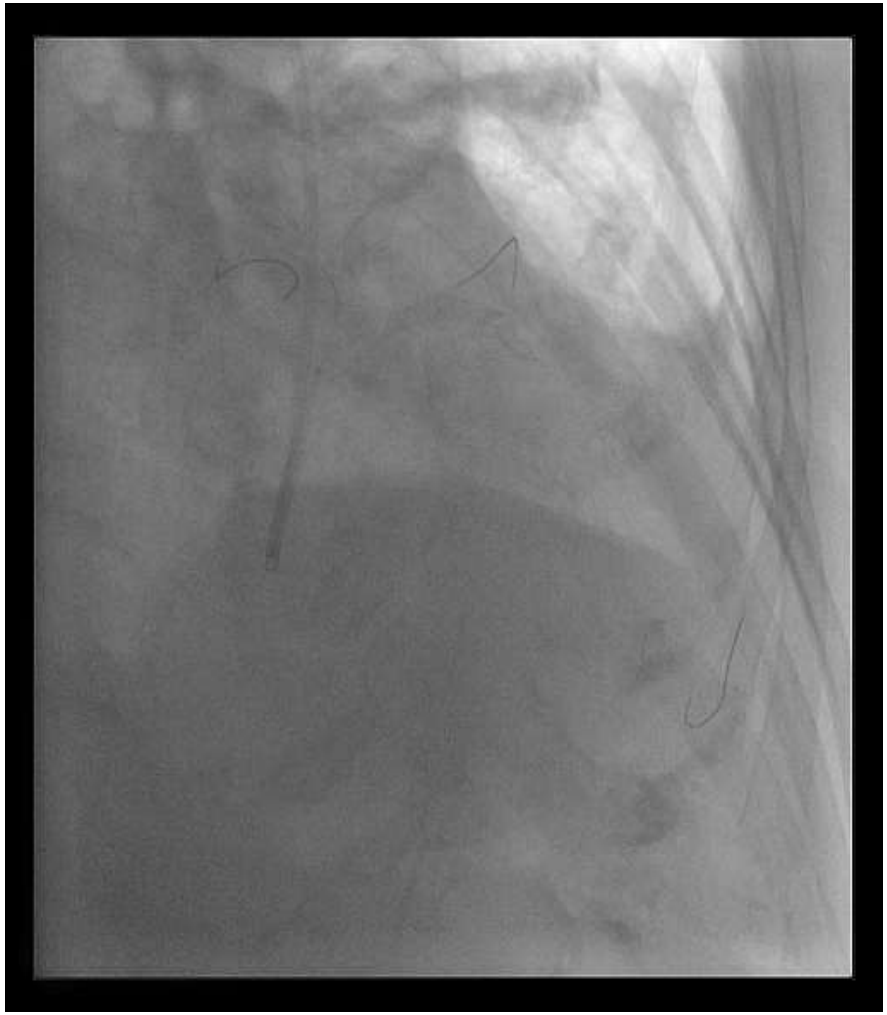
Η ασθενής αρνήθηκε

καρδιοχειρουργικής αντιμετώπισης

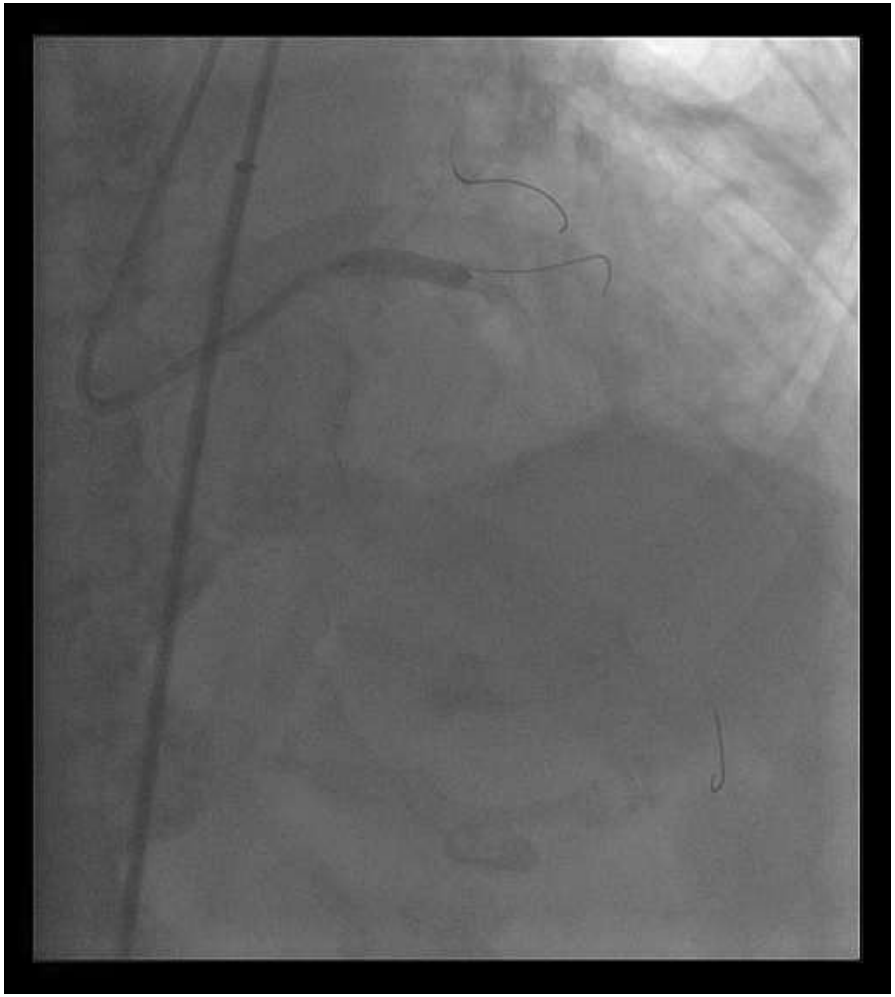
Αποφασίστηκε η διενέργεια αγγειοπλαστικής στελέχους και LAD και, σε δεύτερο χρόνο, βαλβιδοπλαστικής με μπαλόνι

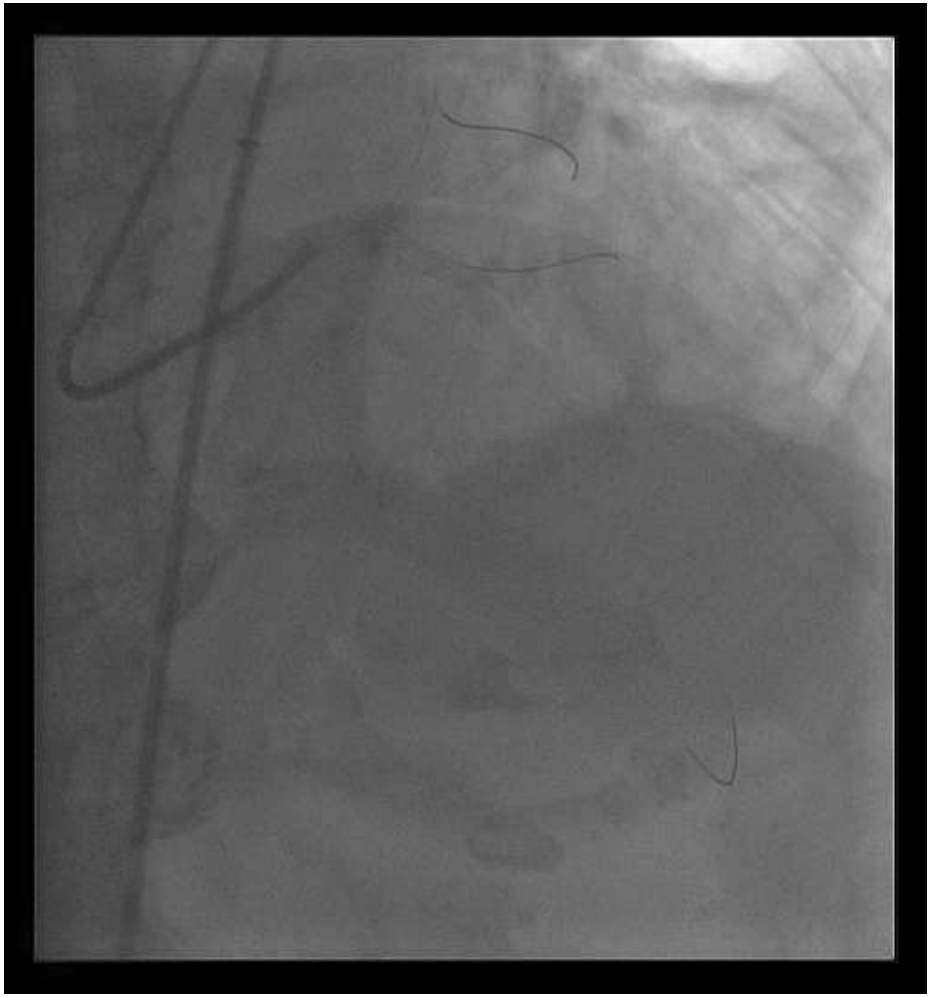
PCI LAD



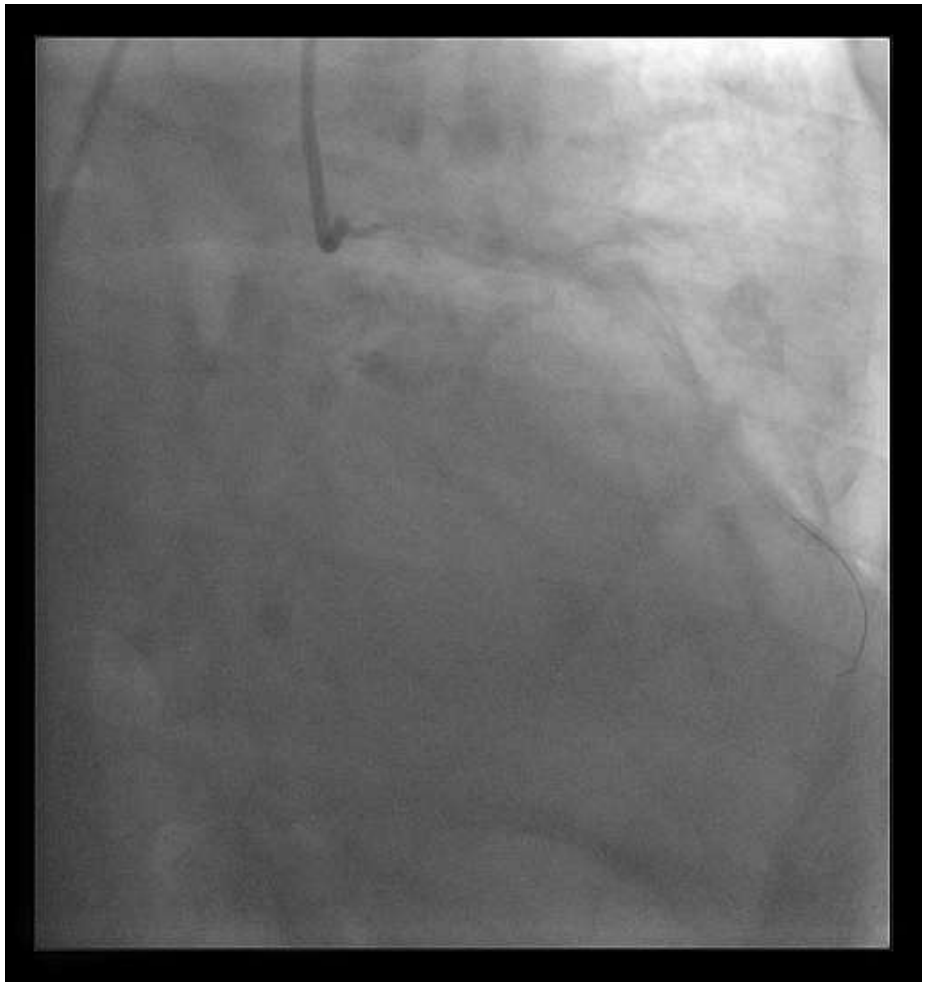


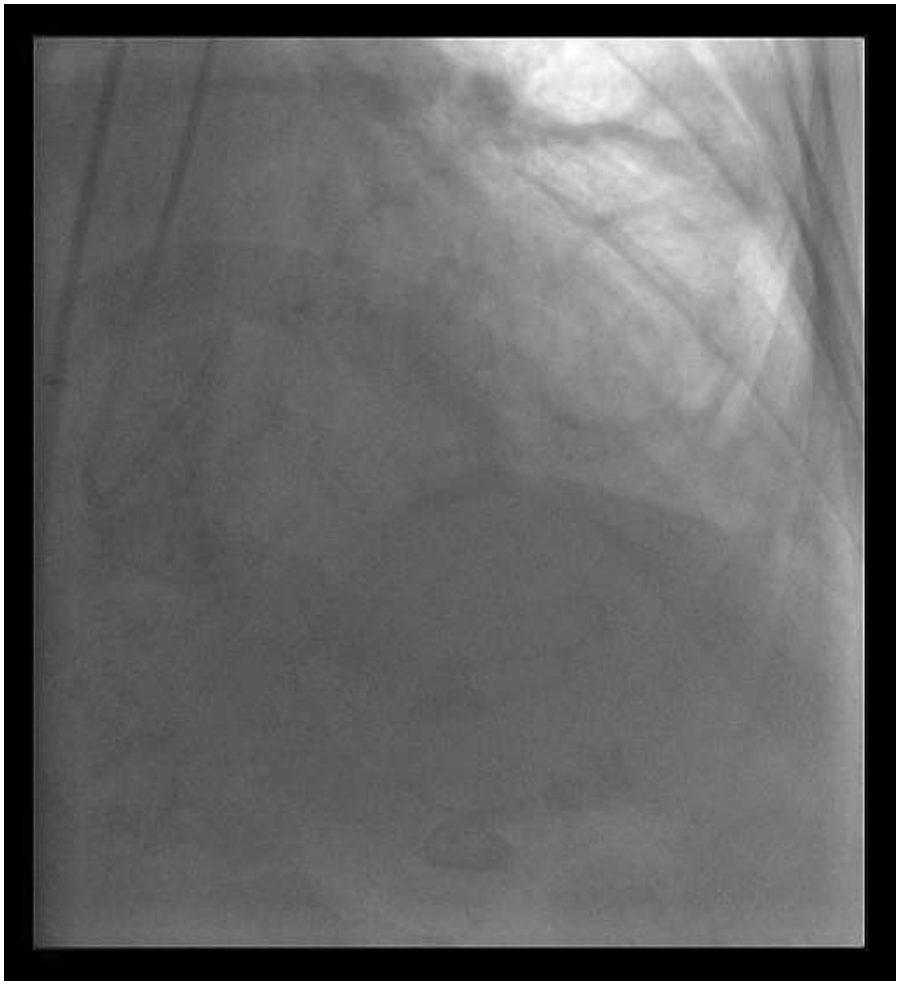
PCI LM





Τελικό αποτέλεσμα

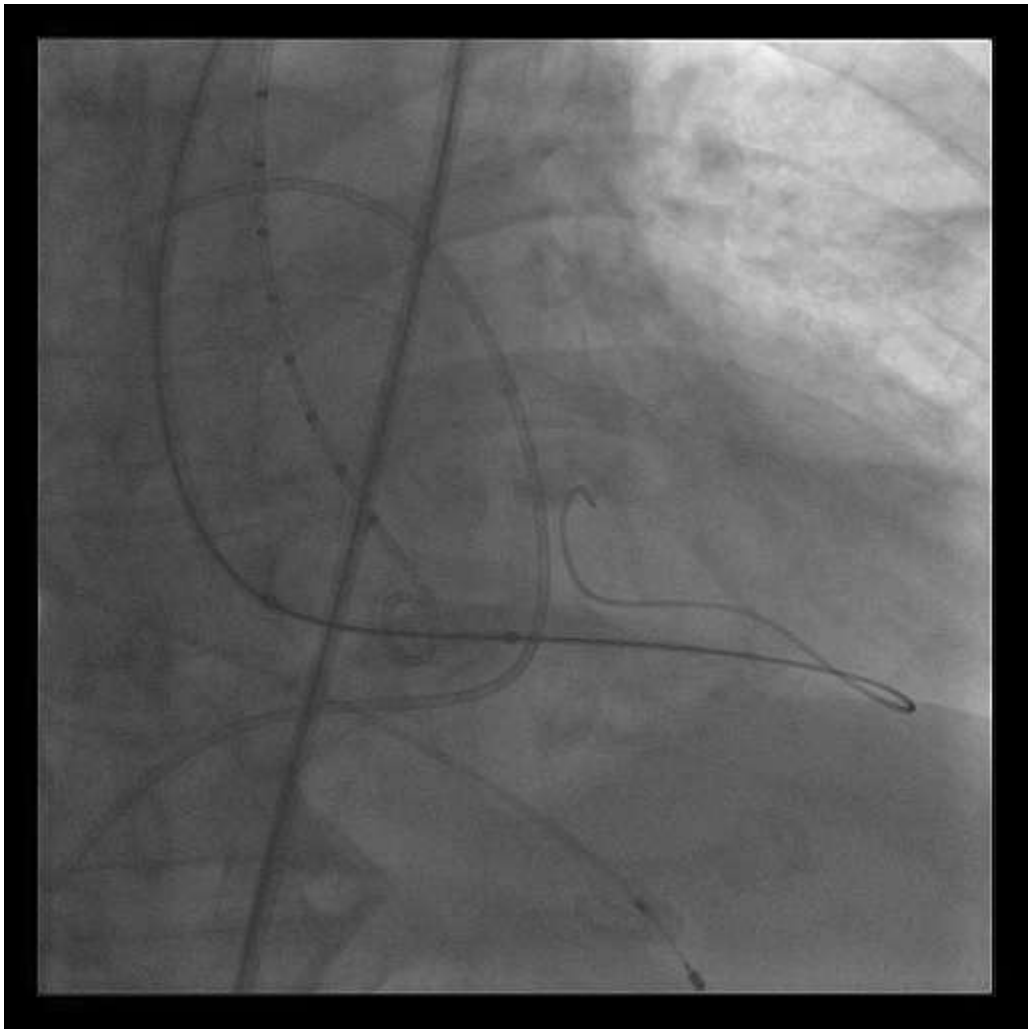




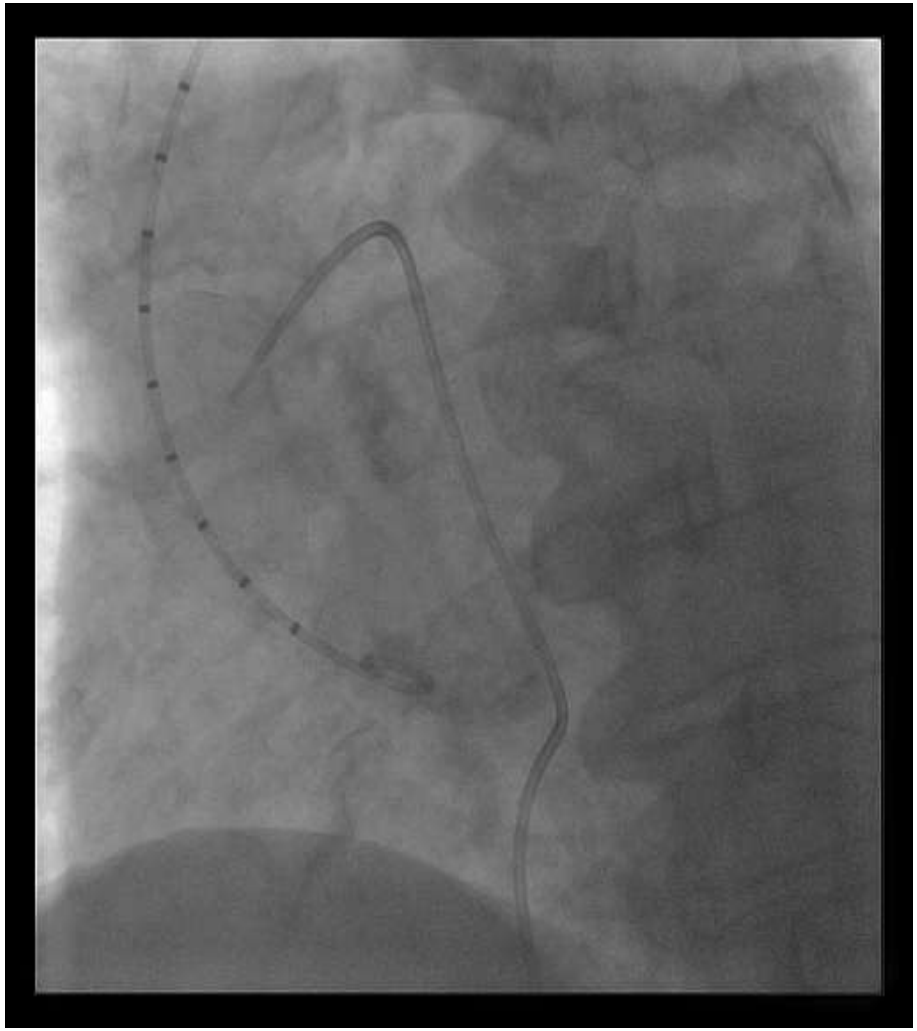
Η ασθενής παρουσίασε βελτίωση της συμπτωματολογίας

Διενεργήθηκε βαλβιδοπλαστική με μπαλόνι μετά την πάροδο 1 μηνός

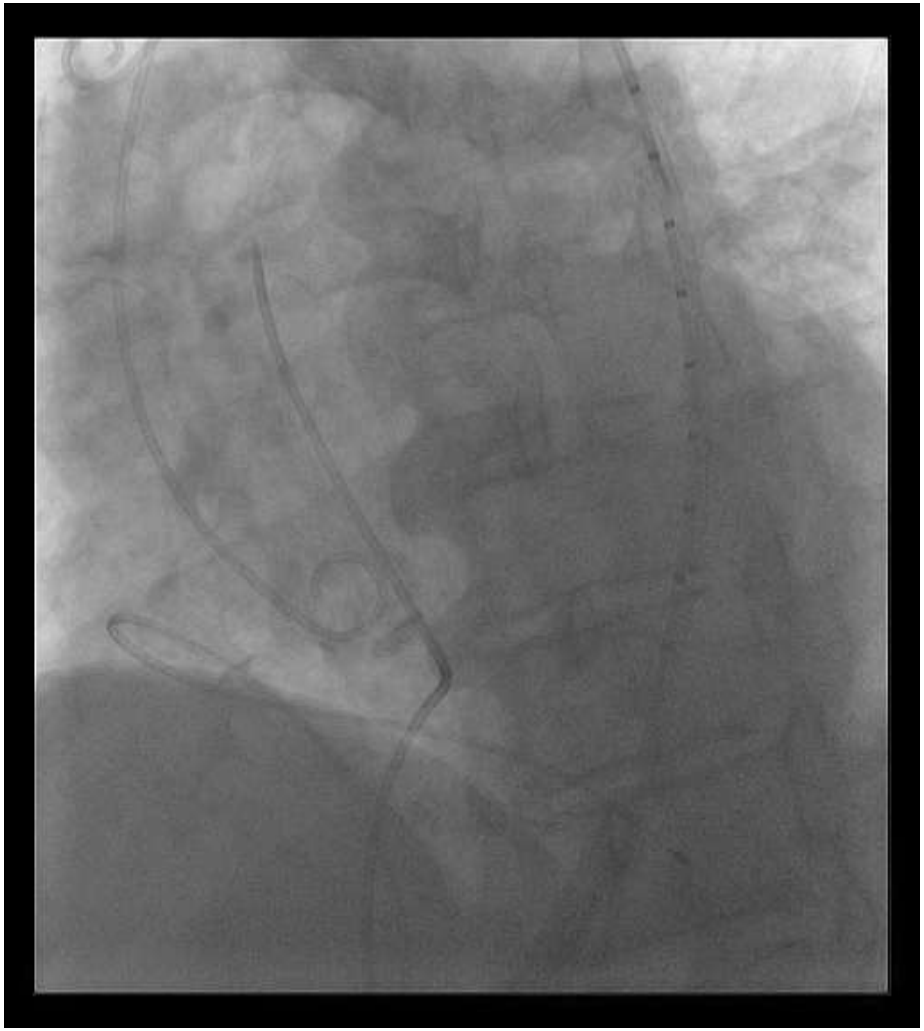
Βαλβιδοπλαστική με μπαλόνι (2.5X40)



Αορτογραφία προ βαλβιδοπλαστικής

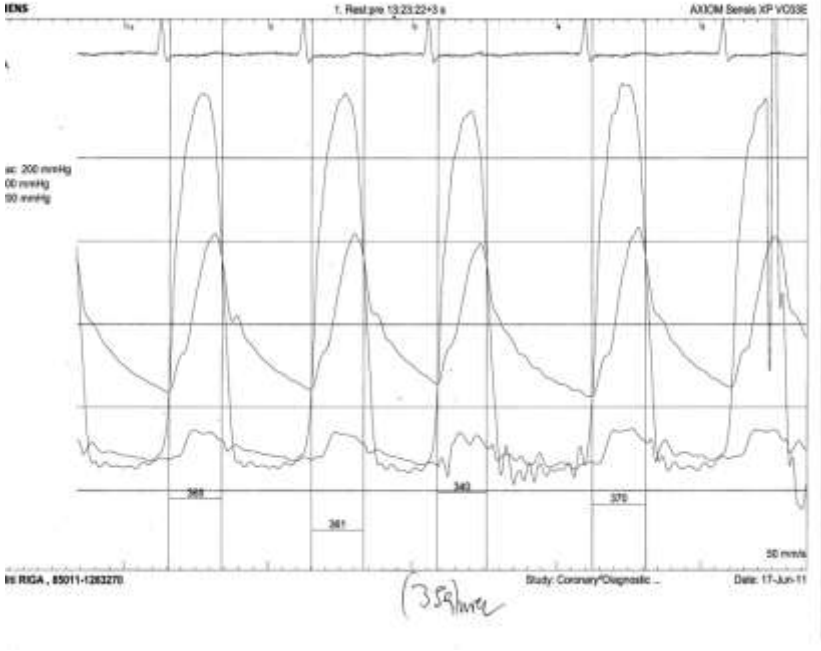


Αορτογραφία μετά βαλβιδοπλαστικής

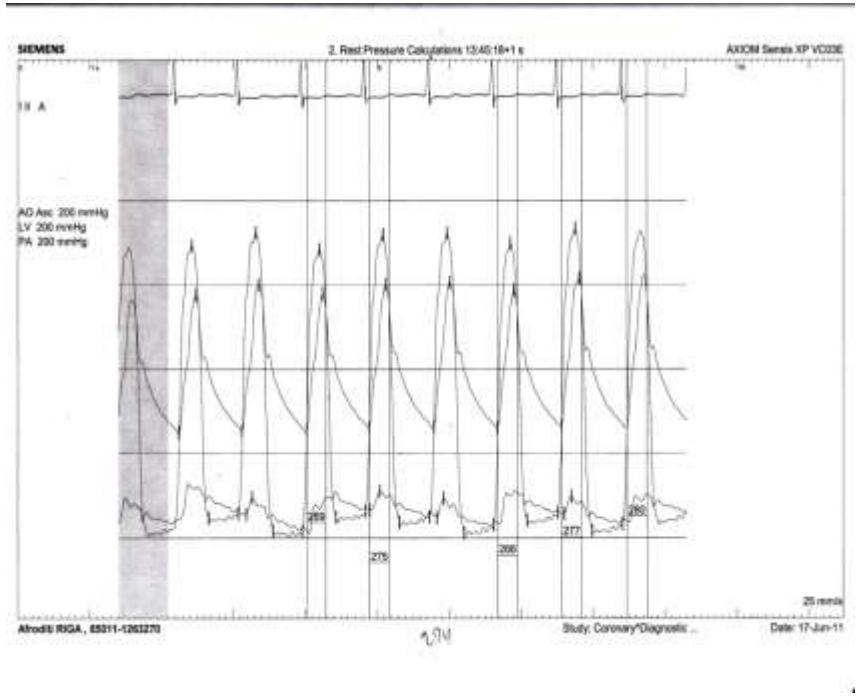


ΤΑΥΤΟΧΡΟΝΗ ΜΕΤΡΗΣΗ ΠΙΕΣΕΩΝ

Προ βαλβιδοπλαστικής



Μετά βαλβιδοπλαστικής



Aorta	154/59 (93)	150/65 (94)
LV	238/18/19	180/9/12
MPG	72	31
AVA (cm^2)	0.77	1.07

Impact of coronary artery disease on indications for transcatheter aortic valve implantation and on procedural outcomes.

Vahanian A.
Bichat-Claude Bernard Hospital, Paris, France.

Of 240 patients referred for TAVI,

Hundred and forty-four (63%) had CAD.

those with CAD had a higher risk of mortality (EuroSCORE: 31±18%, vs. 23±11%, p=0.004).

145 patients (63%) underwent TAVI, 31 (13%) surgery, and 54 (24%) medical treatment.

No patient was denied intervention because of the CAD.

CAD led to re-orientate one patient (0.4%) towards surgery.

Impact of coronary artery disease on indications for transcatheter aortic valve implantation and on procedural outcomes.

Vahanian A.
Bichat-Claude Bernard Hospital, Paris, France.

PCI was performed before TAVI in 11 (7%).

Survival rates were respectively 90% and 85% in the CAD and non-CAD groups (p=0.37) at 30 days, and 76.4±5.4% and 70.6±6.8% (p=0.28) at 1-year.

CONCLUSIONS:

In high-risk patients referred for TAVI, CAD is frequent and associated with worse baseline characteristics.

It has a limited impact on indications for TAVI.

It seldom requires revascularisation and does not preclude satisfactory outcomes after TAVI.

Impact of coronary artery disease and percutaneous coronary intervention on outcomes in patients with severe aortic stenosis undergoing transcatheter aortic valve implantation.

Wenaweser P, et al.
Bern University Hospital, Switzerland.

Among 256 patients undergoing TAVI

167 patients had CAD

59 patients underwent either staged (n=23) or concomitant (n=36) PCI.

Clinical outcome at 30 days was similar for patients undergoing isolated TAVI as compared with TAVI combined with PCI in terms of death (5.6% versus 10.2%, p=0.24), major stroke (4.1% versus 3.4%, p=1.00), and the VARC combined safety endpoint (31.0% versus 23.7%, p=0.33).

CONCLUSIONS:

CAD is frequent among patients with severe AS undergoing TAVI.

Among carefully selected patients, revascularisation by means of PCI can be safely performed in addition to TAVI either as a staged or a concomitant intervention.

EuroIntervention. 2011 Sep;7(5):541-8. doi: 10.4244/EIJV7I5A89.

Impact of coronary artery disease and percutaneous coronary intervention on outcomes in patients with severe aortic stenosis undergoing transcatheter aortic valve implantation.

Wenaweser P, Pilgrim T, Guerios E, Stortecky S, Huber C, Khattab AA, Kadner A, Buellesfeld L, Gloekler S, Meier B, Carrel T, Windecker S.

Source

Department of Cardiology, Swiss Cardiovascular Center, Bern University Hospital, Switzerland.

AIMS:

Coronary artery disease (CAD) is frequently present in patients with severe aortic stenosis (AS) undergoing transcatheter aortic valve implantation (TAVI). While revascularisation affects peri-operative outcome in patients undergoing surgical aortic valve replacement, the impact of percutaneous coronary intervention (PCI) in patients undergoing TAVI is not well established.

METHODS AND RESULTS:

Consecutive patients with severe AS undergoing TAVI were prospectively included into the Bern TAVI registry. In patients with CAD, myocardium at risk was assessed using the DUKE myocardial jeopardy score. Revascularisation was performed by means of PCI either staged or concomitant at the time of TAVI. Among 256 patients undergoing TAVI, 167 patients had CAD and 59 patients underwent either staged (n=23) or concomitant (n=36) PCI. Clinical outcome at 30 days was similar for patients undergoing isolated TAVI as compared with TAVI combined with PCI in terms of death (5.6% versus 10.2%, p=0.24), major stroke (4.1% versus 3.4%, p=1.00), and the VARC combined safety endpoint (31.0% versus 23.7%, p=0.33). A stratified analysis of outcomes according to presence of CAD or revascularisation showed no difference during long-term follow-up (log rank p=0.16).

CONCLUSIONS:

CAD is frequent among patients with severe AS undergoing TAVI. Among carefully selected patients, revascularisation by means of PCI can be safely performed in addition to TAVI either as a staged or a concomitant intervention.

ΣΥΜΠΕΡΑΣΜΑΤΑ