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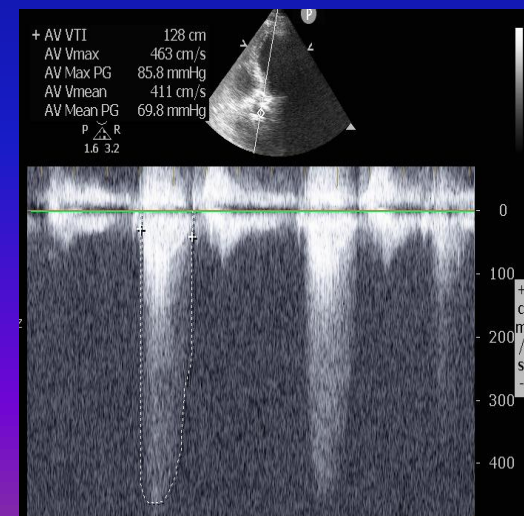
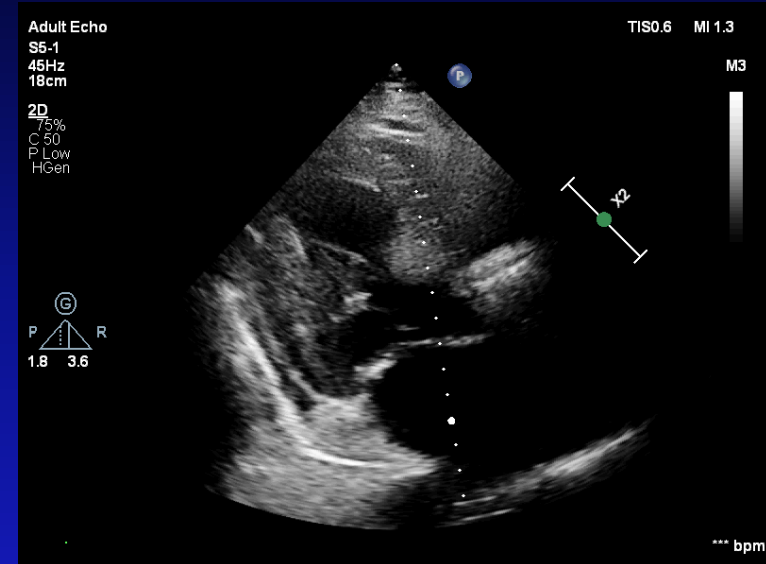


Male, 86 y

- HTN
- DM 2
- Coronary Artery Disease (PCI x1 stent LCx 2/2025)
- Atrial Fibrillation
- Anemia
- Chronic Kidney Disease (G2/A1)

**EUROSCORE II 6.41%**

**STS Score 9.01% (mortality) & 25.7% (morbidity)**



**STS Score:**

Male

1938 (86)

Annulus Area: 492,2mm<sup>2</sup> in the range of 26mm valve.

LVOT: 479,6mm<sup>2</sup>.

Severe calcifications on cusps. Moderate calcifications on STJ. Presence of previous stent on LCA.

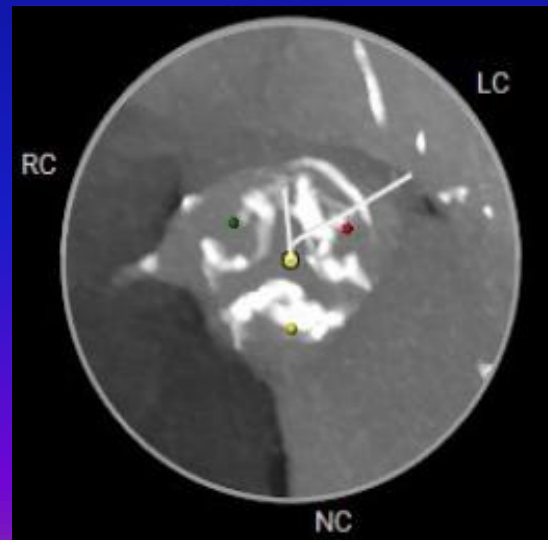
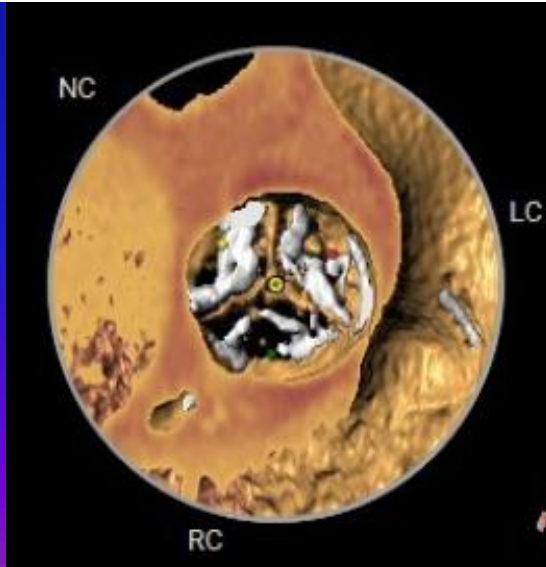
Severe calcifications on descending and abdominal aorta.

Severe calcifications on iliac arteries bilateral.

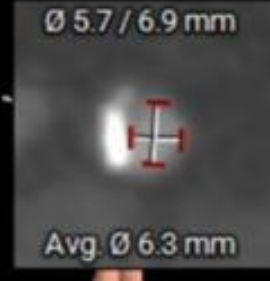
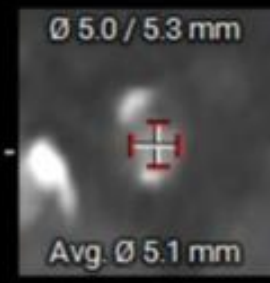
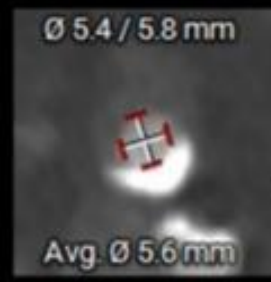
Narrow calcified femoral-iliac arteries bilateral.

Access : In some spots on left iliac artery diameter < 14fr . Consider using other interventional methods to prepare the vessel prior to e-sheath insertion (balloon, shockwave etc).

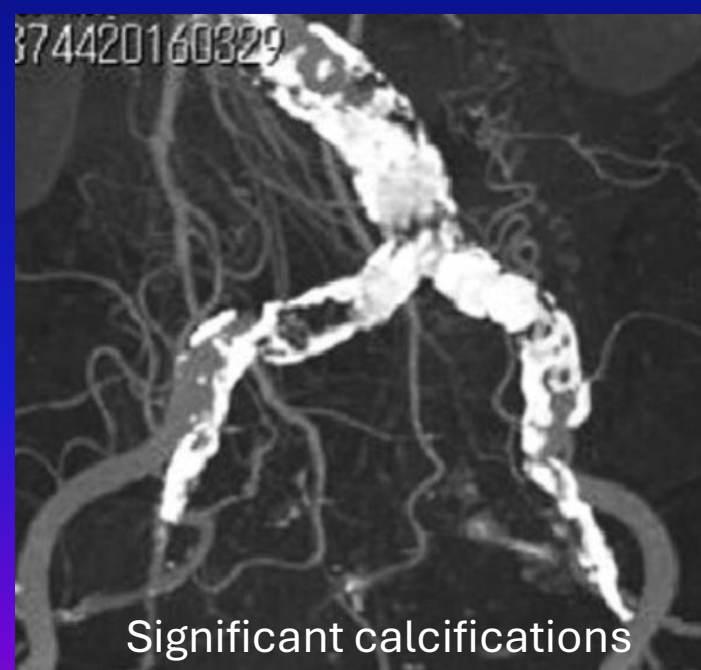
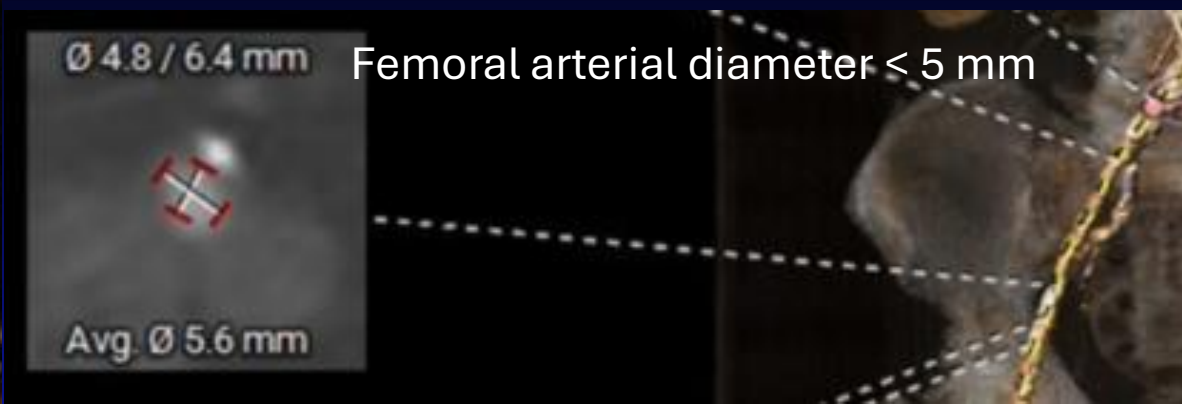
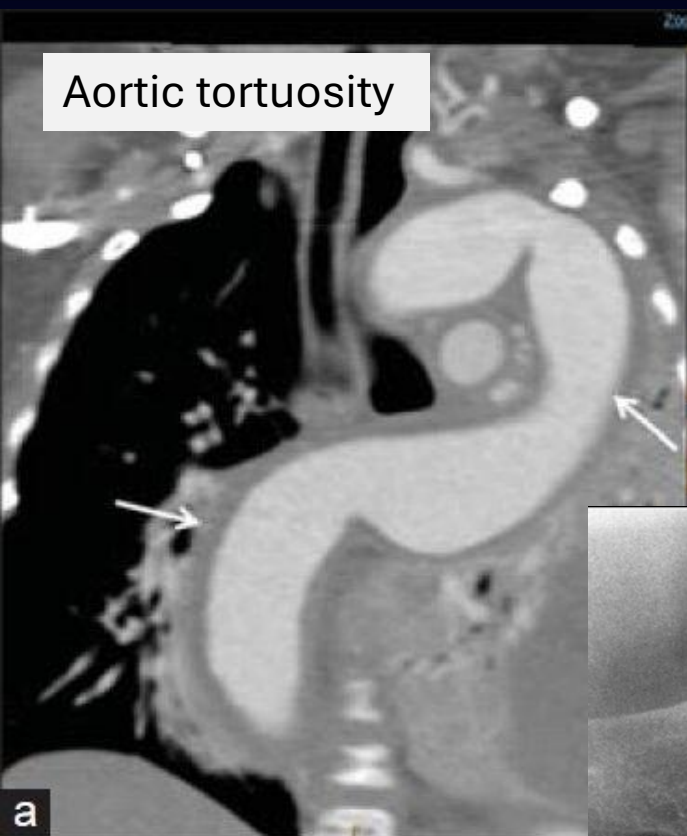
Subclavian access is also feasible , better option is from left subclavian artery.



RAO: 0°  
Caudal: 0°



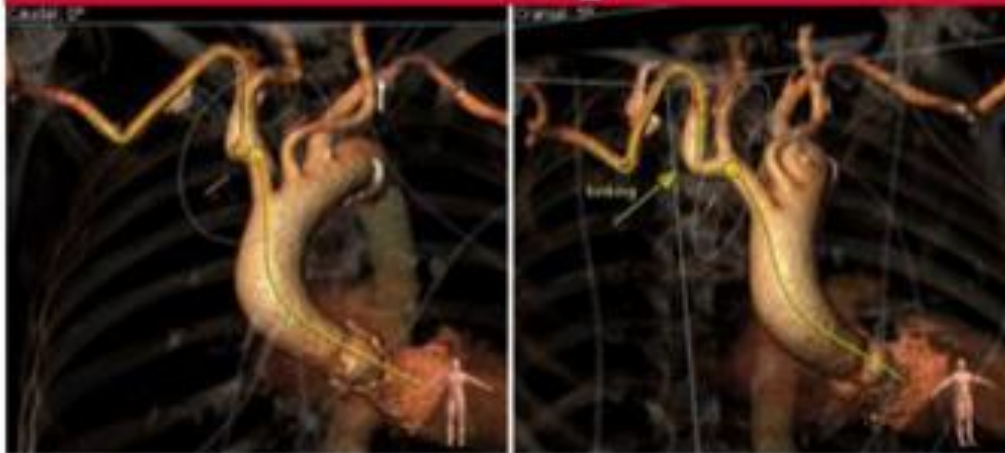
# The transfemoral approach cannot be used in 10–15% of patients



## Good angle



## Bad angle



THV size

Minimum vessel diameter\*

20 mm

$\geq 5.5$  mm

23 mm

$\geq 5.5$  mm

26 mm

$\geq 5.5$  mm

29 mm

$\geq 6.0$  mm

oclavian \*

Dimmed background

LAO: 53°  
Cranial: 3°

