

TAVI in a patient with severe CAD

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Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship

- Grant/Research Support
- Consulting Fees/Honoraria
- Major Stock Shareholder/Equity
- Royalty Income
- Ownership/Founder
- Intellectual Property Rights
- Other Financial Benefit

Company

- Company Names
- Medtronic
- Company Names
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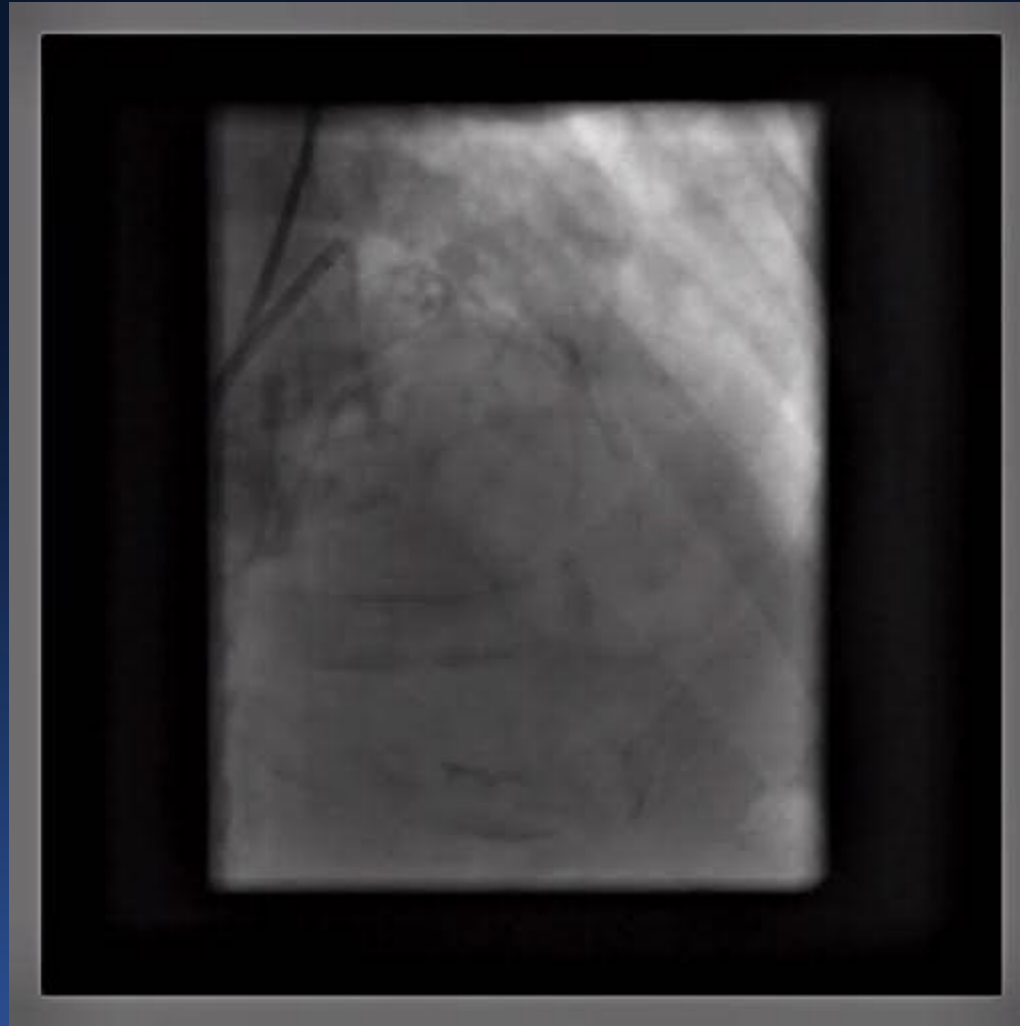
D.F., 88 y male

- 158 cm, 60 kg, very frail
- Severe symptomatic AS
 - FC IV, severe rt. Side failure
 - Echo:
 - Poor LV
 - AVA 0.4 cm², Mean Gradient 50 mmHg, Mod AR
 - Mod MR
 - PHT severe (PA 65 mmHg)
- CRF (Creat. 2.1), COPD, PPM
- Admitted with pulmonary edema

Coronary Angiography I



Coronary Angiography II



Treatment options

- CABG + AVR
- Staged procedure:
 - PCI & TAVI
- Hybrid procedure:
 - OP-CAB & TAVI
- TAVI only
- BAV only
- Conservative Rx...

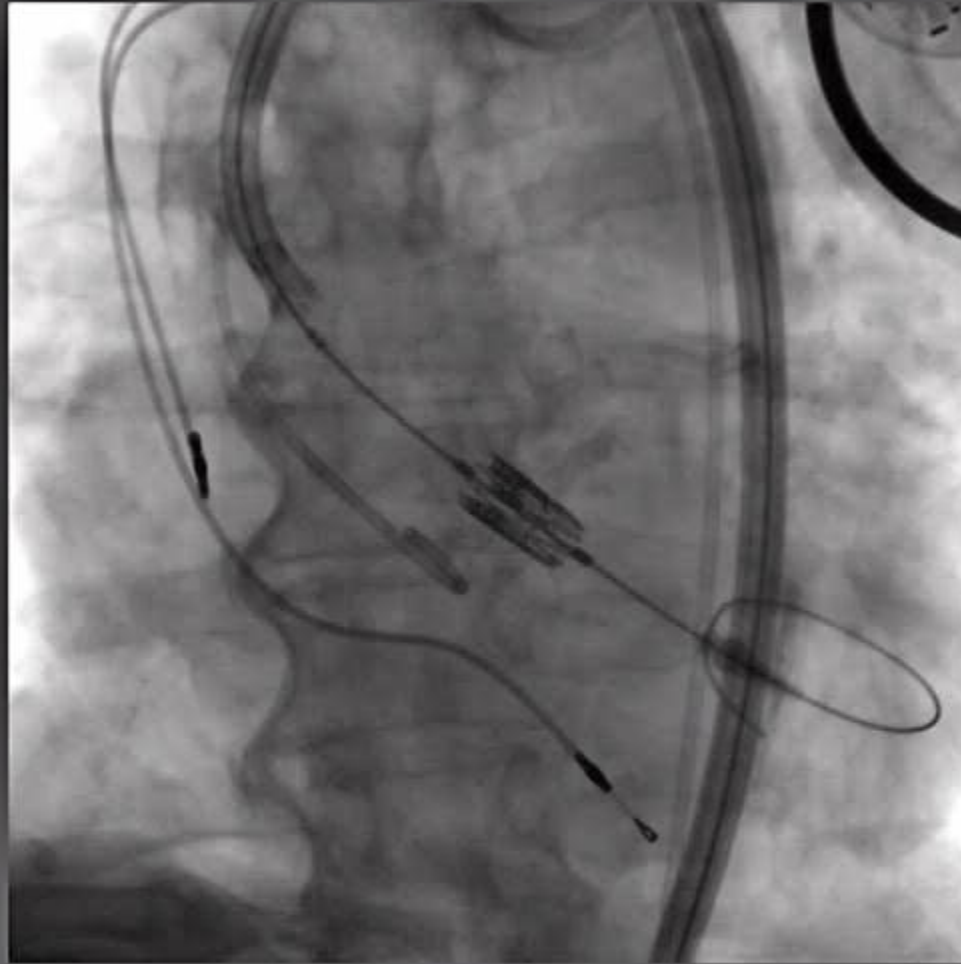
Risk scores

- Euroscore II: 34.4%
- Log. Euroscore: 85%
- STS mortality: 25.1%
- STS m&m: 65.7%

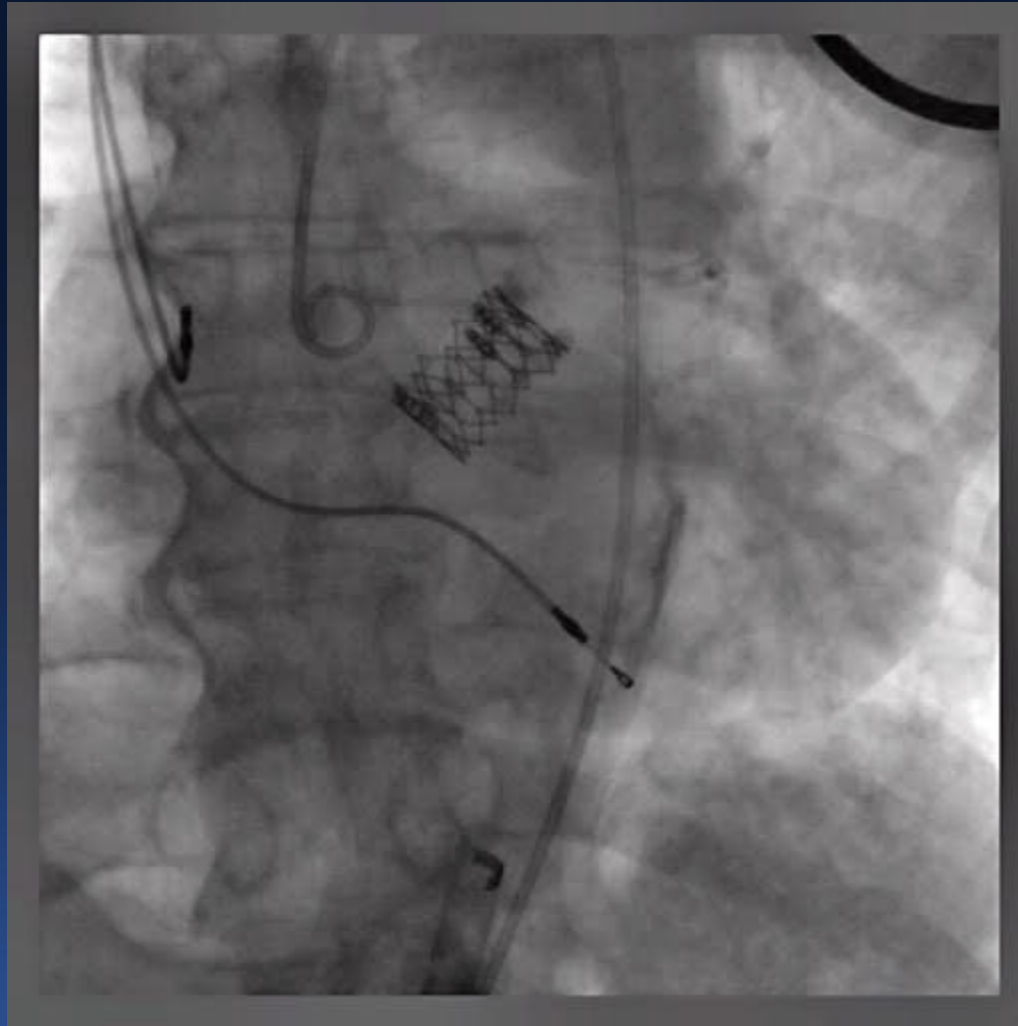
Treatment Plan

- **BAV and subsequent TAVI**
- **BAV (P2P gradient drop from 80 to 40mmHg)**
 - **Short term clinical improvement**
 - **Admitted for TAVI 3 months post-BAV**

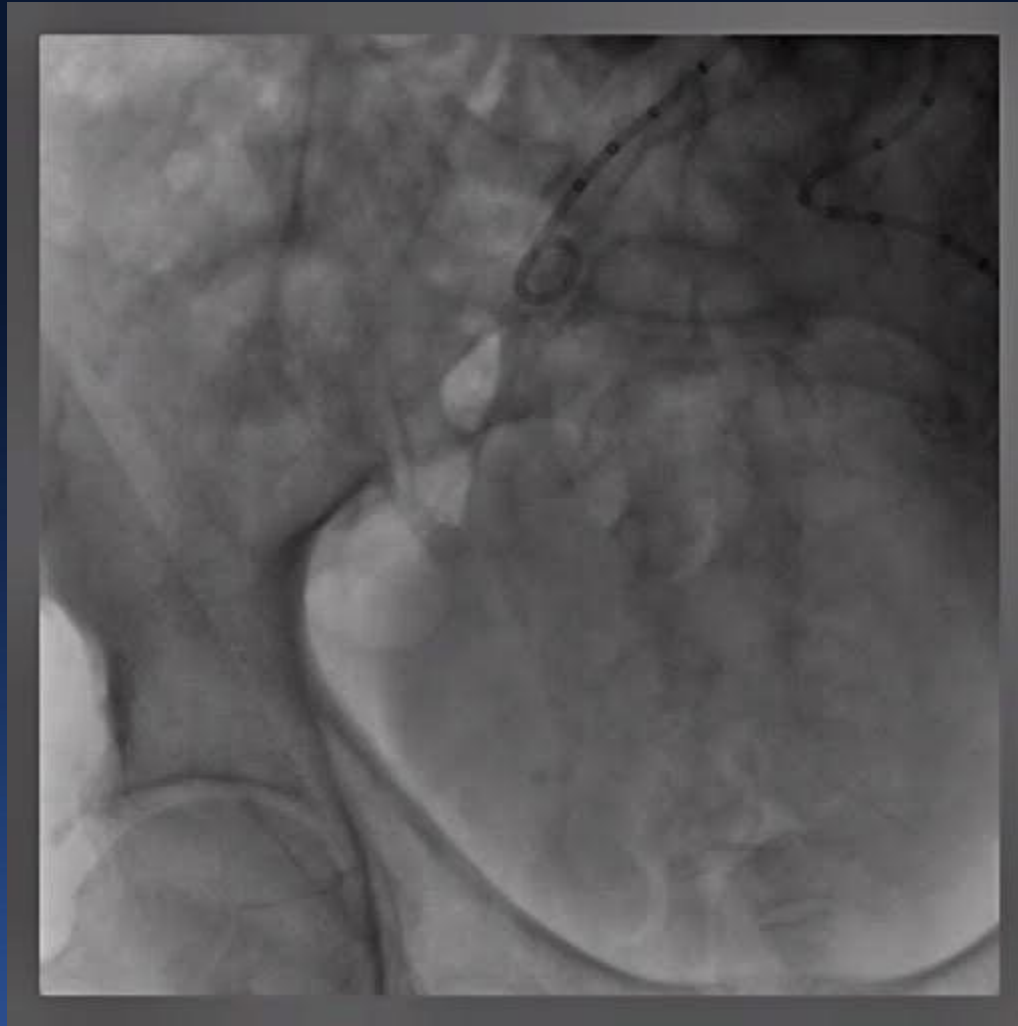
TAVI I



TAVI II

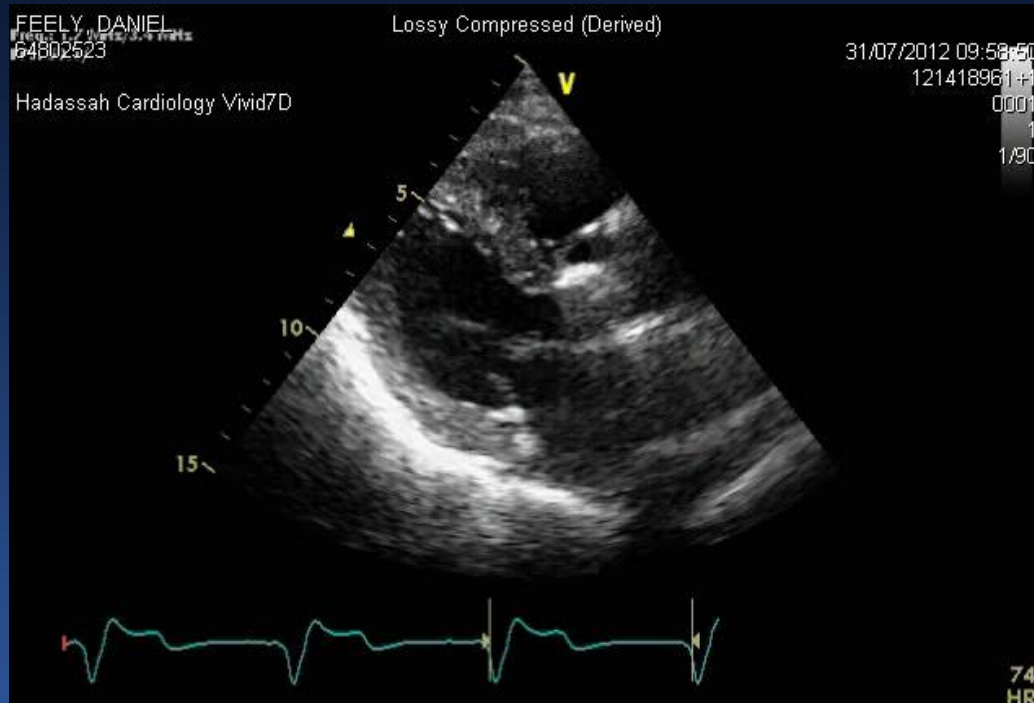


TAVI III



Follow-up 3m.

- Improved exercise capacity
 - FC II, no peripheral edema

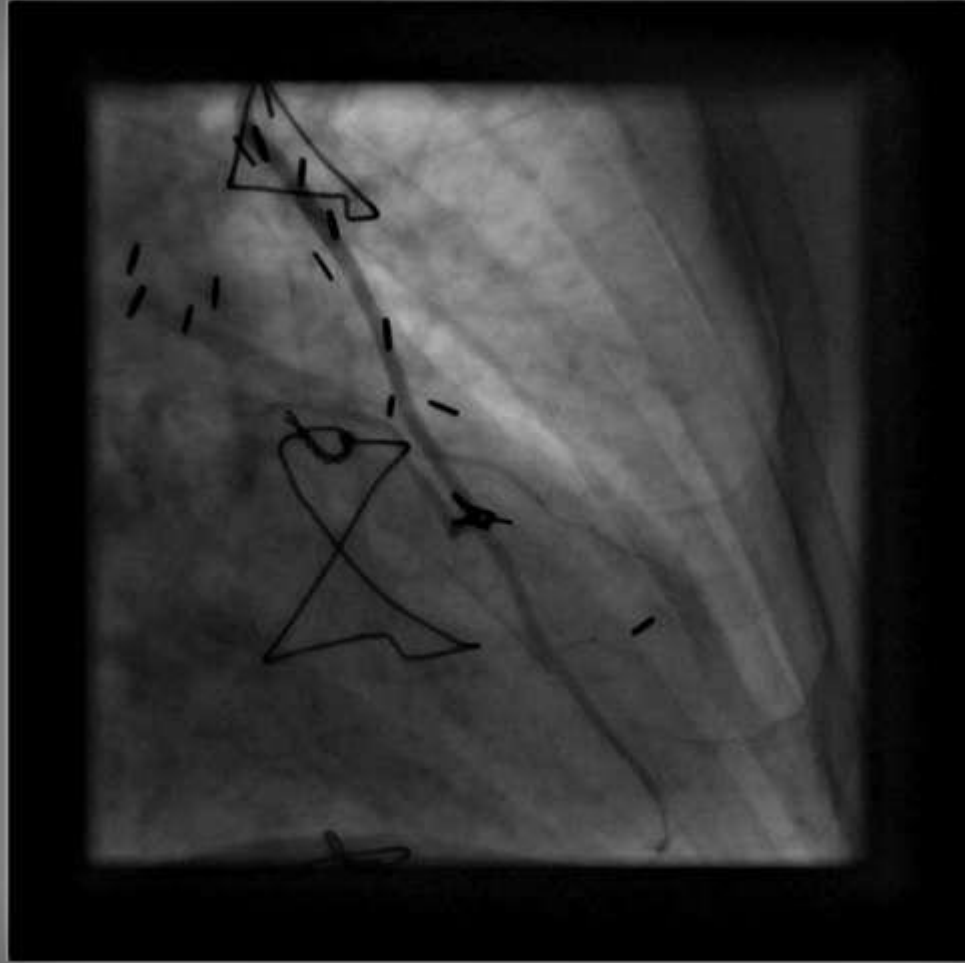


R.K. 84 year old

- **Severe symptomatic AS**
 - **FC III-IV**
 - **AVA 0.7 cm², MG 50 mmHg**
 - **Moderate LVF**
- **IHD – S/A inf. MI, S/A CABG**
- **1° AVB + RBBB +LAHB**
- **PVD – S/A Bifem bypass**
- **COPD – severe, diffuse bronchiectasis**
- **NIDDM, CRF (creat 2.4)...**

Admitted with crescendo AP

Angiogram



3IN

19/06/2011 09:27:54

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NBERG
H HOSPITAL JE...

5

5

39/50



18.00 RAO

21.10 CAU

Treatment options

- CABG + AVR
- Staged procedure:
 - PCI & TAVI
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- TAVI only
- BAV only
- Conservative Rx...

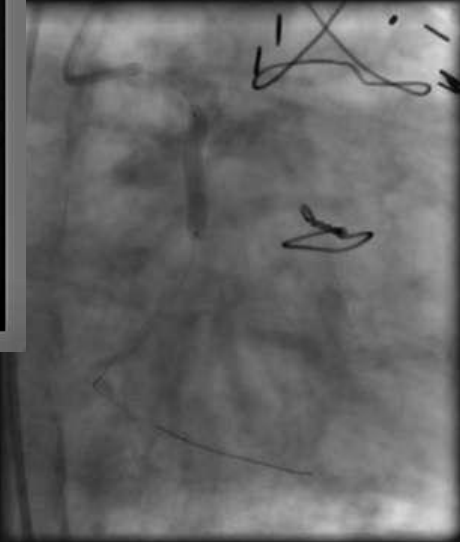
Risk scores

- Euroscore II: 47.4%
- Log. Euroscore: 81%
- STS mortality: 21%
- STS m&m: 63%

Treatment Plan

- Ad-hoc PCI
- PPM implantation (4w.)
- D/A TAVI (8w.)

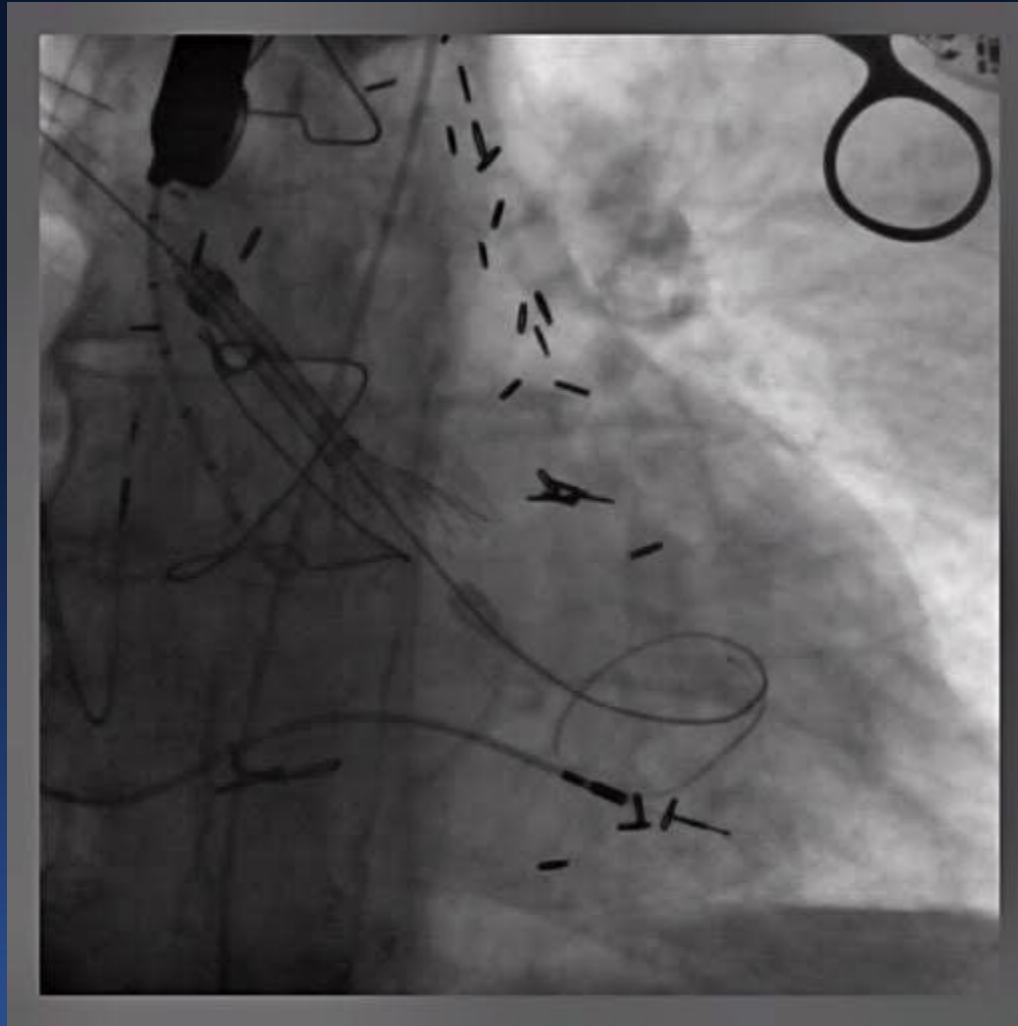
R.K. PCI



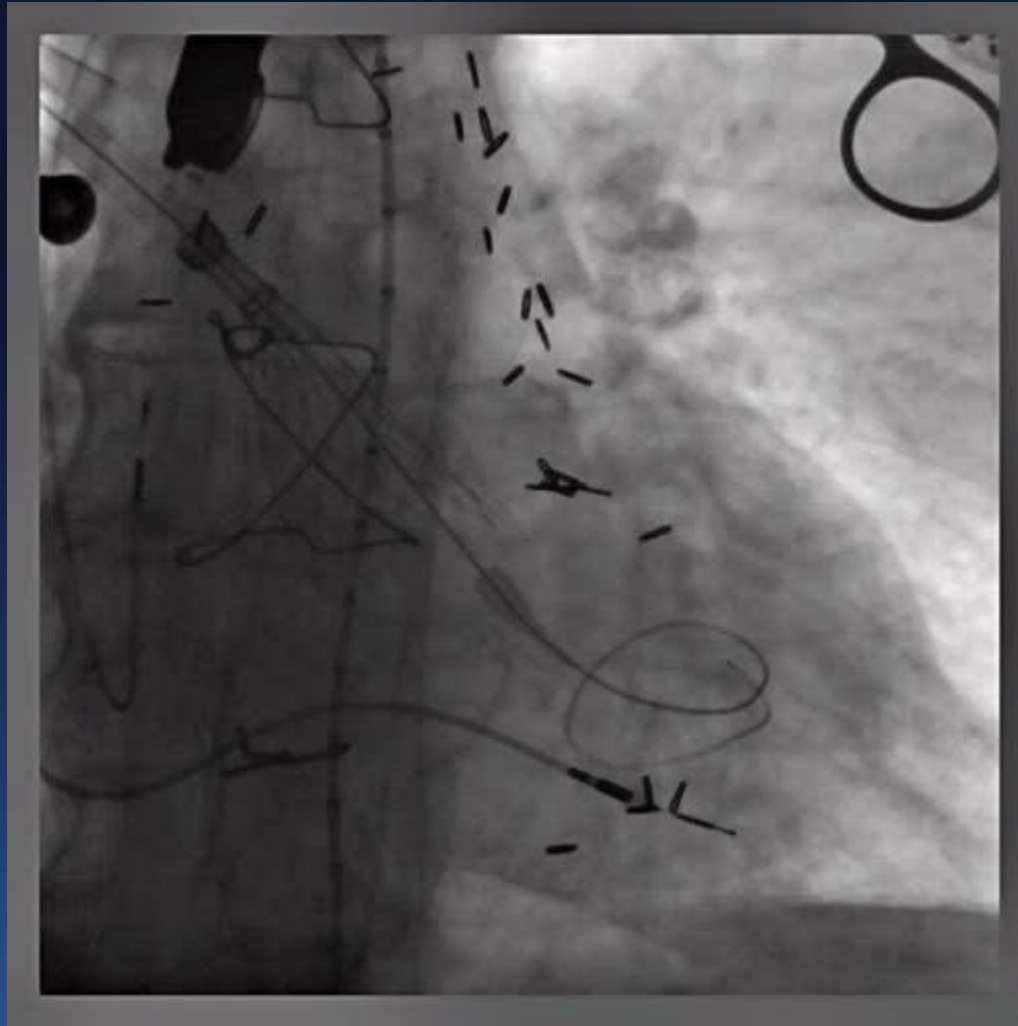
R.K. TAVI I



R.K TAVI II



R.K. TAVI III



R.K. TAVI IV



Follow-up 3m.

- **Following PCI: major improvement in AP**
- **Following PPM: hemothorax, prolonged course**
- **Following TAVI: FC II**

A.H. 80 y old

- S/A ant. MI (8y.), total LAD occlusion
- Severe symptomatic AS
 - FC III
 - On Echo:
 - Poor LV, apical aneurysm
 - AVA 0.7 cm, mean grad 40mm Hg
- COPD – severe
- CRF (creat 1.8)

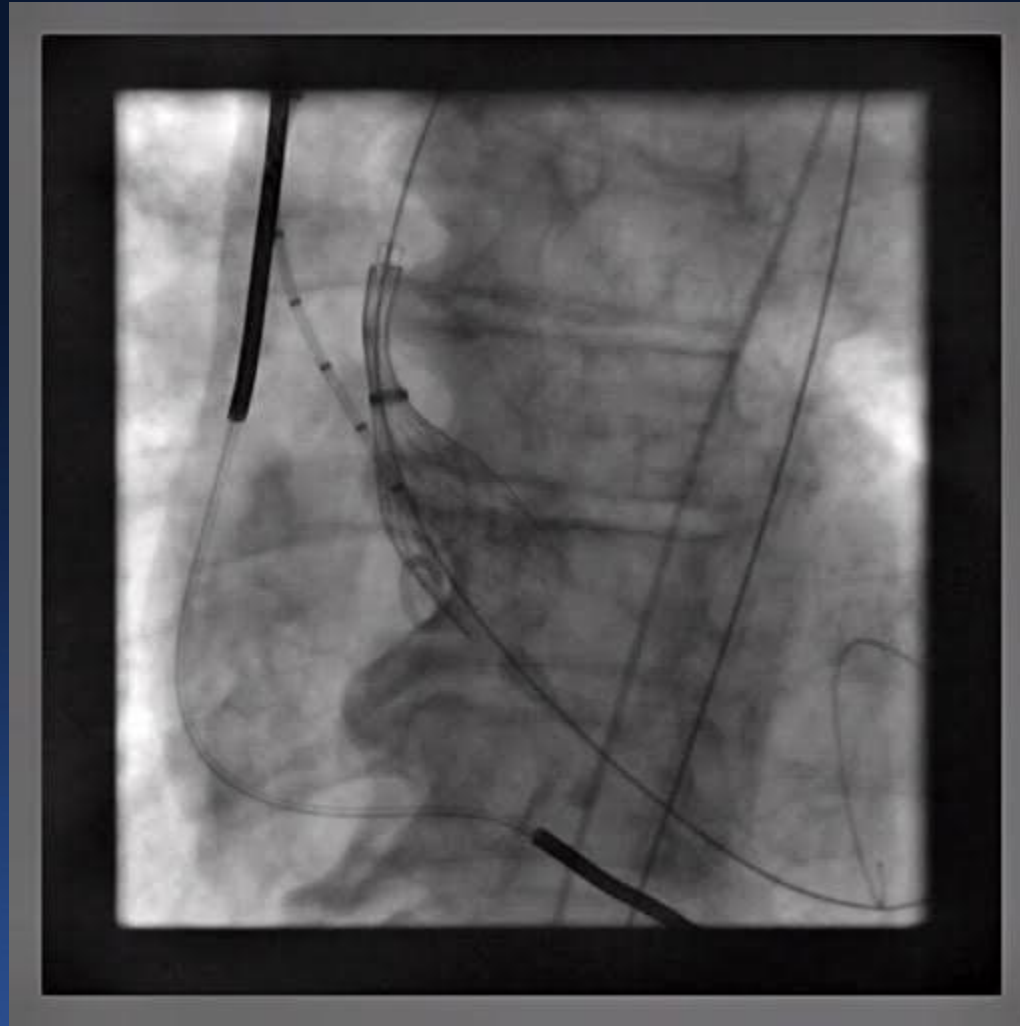
Coronary angiography



Treatment options

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TAVI I



TAVI II



Follow-up 3m.

- **Back to work (baker – night shift..)**

Conclusions

- **Combined AS and CAD calls for an individual solution – “tailored therapy”**
- **In extremely high risk patients with complex coronary disease partial therapy (TAVI only) maybe the appropriate approach**

- **TODA RABA**