Effects of Transcatheter Aortic Valve Implantation on Coronary Blood Flow in Patients with Severe Aortic Stenosis

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Background: In patients with severe aortic stenosis and normal coronary angiography the coronary flow is reduced. Doppler evaluation of proximal coronary flow is feasible using transesophageal echocardiography (TEE) Aim: To assess the change in coronary flow in patients undergoing Trans-catheter Aortic valve implantation (TAVI) for severe aortic stenosis. Methodes: The left main coronary artery was visualized using TEE in 23 patients (19 patients undergoing percoutaneous TAVI and 4 trans-apical TAVI). The peak systolic and diastolic velocities of the coronary flow and the time-velocity integral were obtained before and after TAVI using pulsed wave Doppler.

Results: The mean age was 82.8 ± 4.7 years. Mean aortic gradients decreased from 53.2 ± 14.3 mmHg before TAVI to 4.7 ± 2.6 mmHg after (p <0.001). The aortic valve area increased from 0.62 ± 0.3 cm2 to 1.89 ± 0.6 cm2 (p <0.001). Cardiac output increased from 3.1 ± 1.5 to 3.5 ± 1.1 l/min (p<0.001). The aortic systolic pressure did not change significantly — 133.1 ± 22.2 mmHg before and 136.5 ± 18.6 mmHg after valve implantation (p = 0.8). Left ventricular end-diastolic pressure decreased significantly from 22.2 ± 3.9 mmHg before to 14.9 ± 6.0 mmHg after TAVI (p = 0.03). The following coronary flow parameters (median [25th, 75th interquartiles]) increased significantly after TAVI: peak systolic velocity 26.7 cm/sec [18.25-36.5] to 18.25-36.5] to 18.25-36.51 to 1

Conclusion: After TAVI, there is a significant increase in coronary flow as measured by peak systolic velocity, diastolic velocity, and velocity time integral using pulsed wave Doppler by TEE