HIGH TECH MARSEILLE

1·2·3 FÉVRIER 2023

MARSEILLE•PALAIS DU PHARO

Accès aux coronaires en post TAVI

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Ré accès aux coronaires après un TAVI

1) Why this is important ?

2) How to facilitate our life?

3) How to do in the cath lab?

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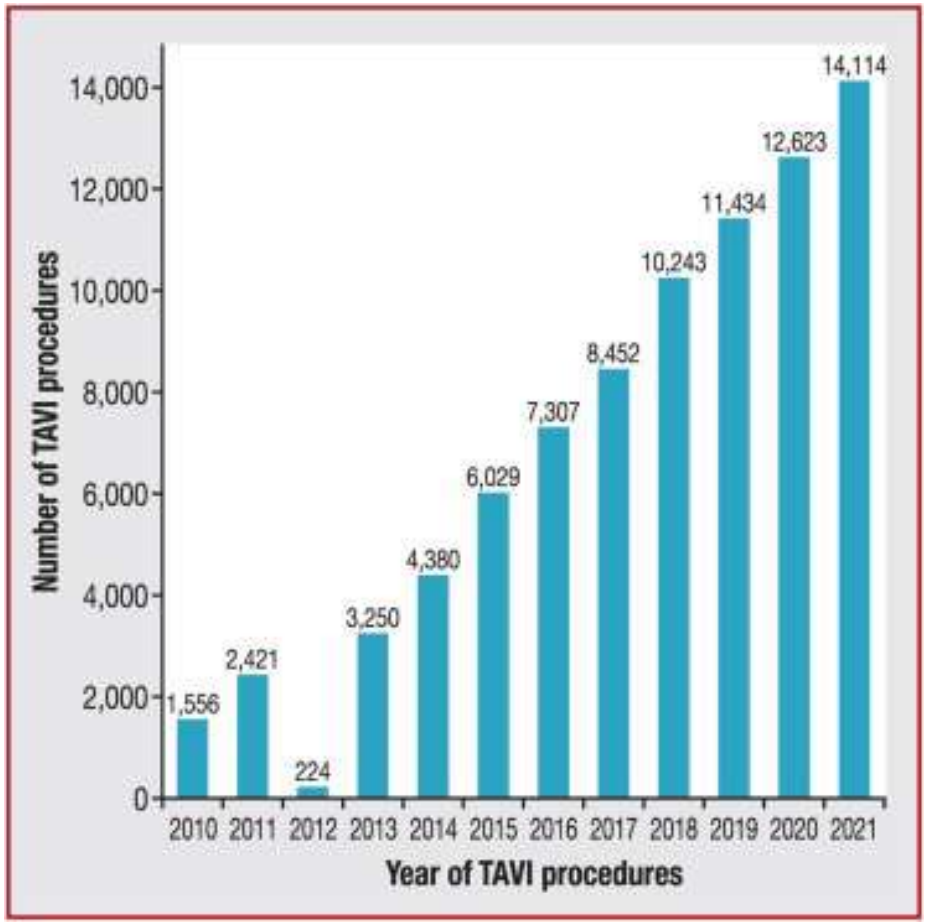
CAD and TAVI frequently associated

Number of TAVI ↑

CAD ↓ with low risk

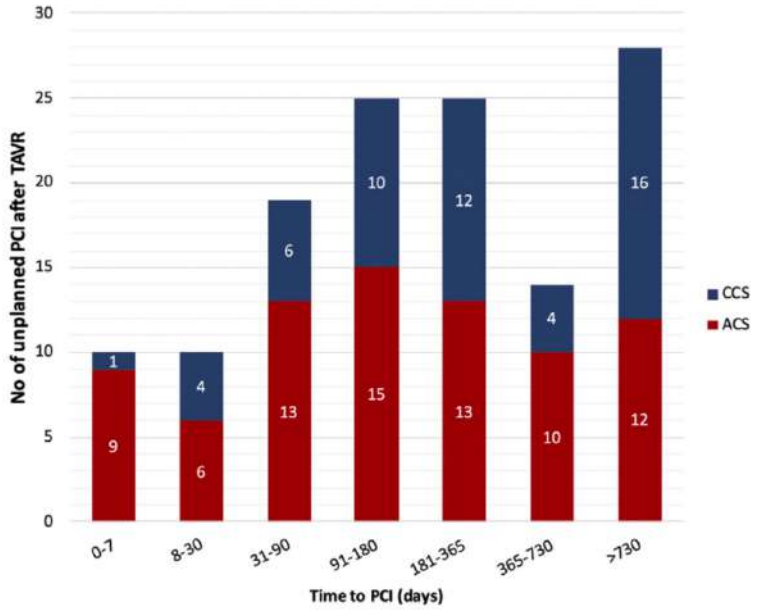
TAVI and CAD ≈ 50%

=>Daily challenge to come

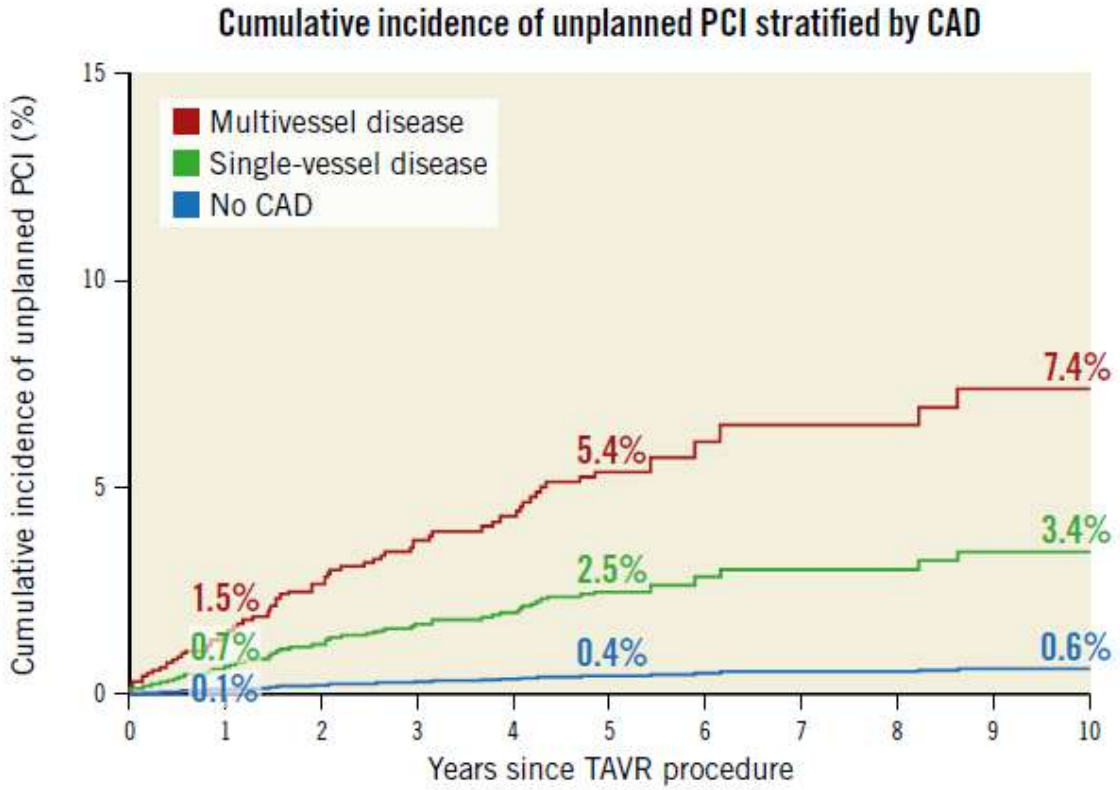


PCI after TAVI

CCS or SCA



Relation between screening and PCI risk



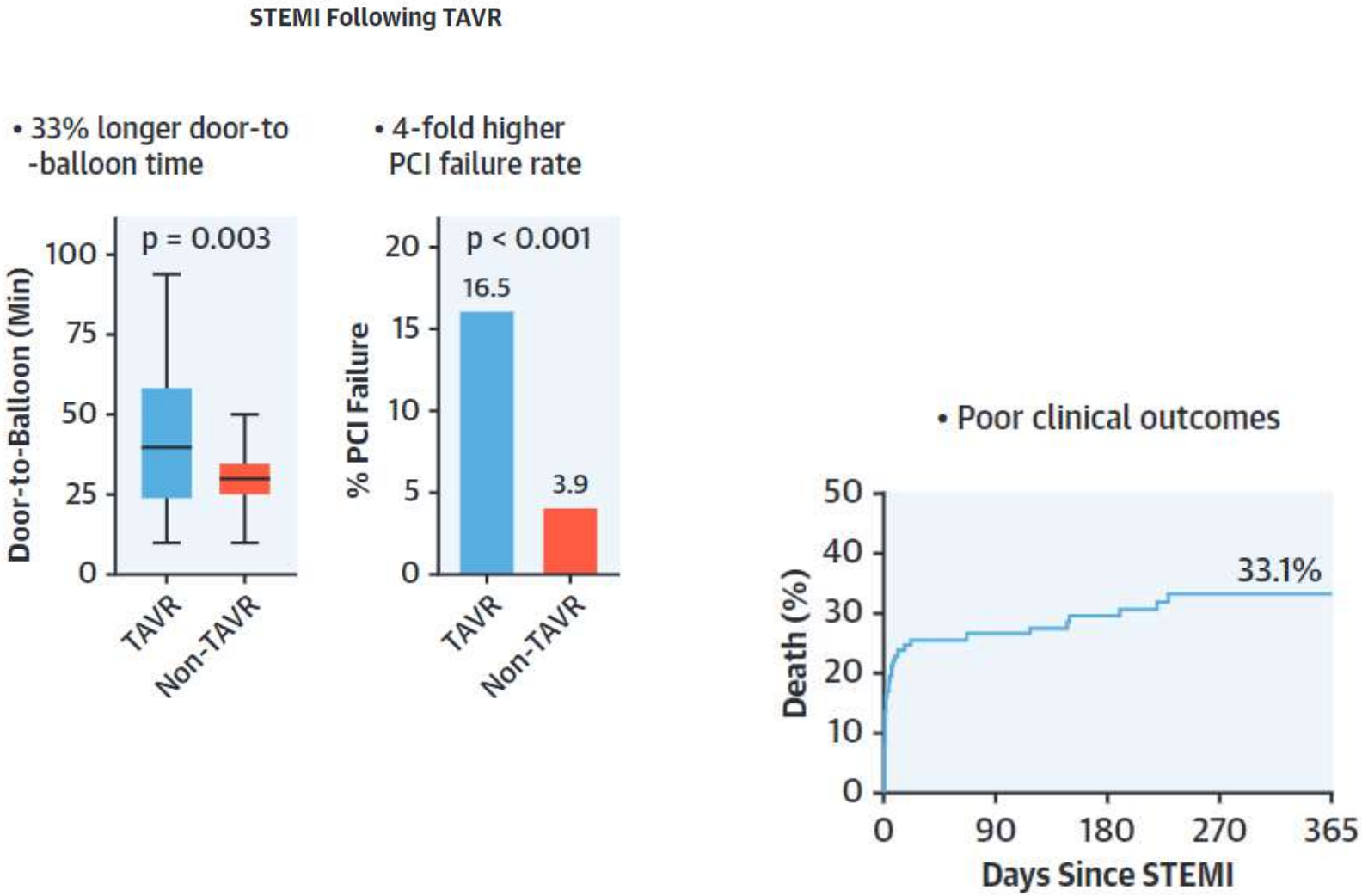
PCI after TAVI => poor prognosis

SCA

Longer procedure

More failure

=>Poor prognosis



Faroux JACC 2021

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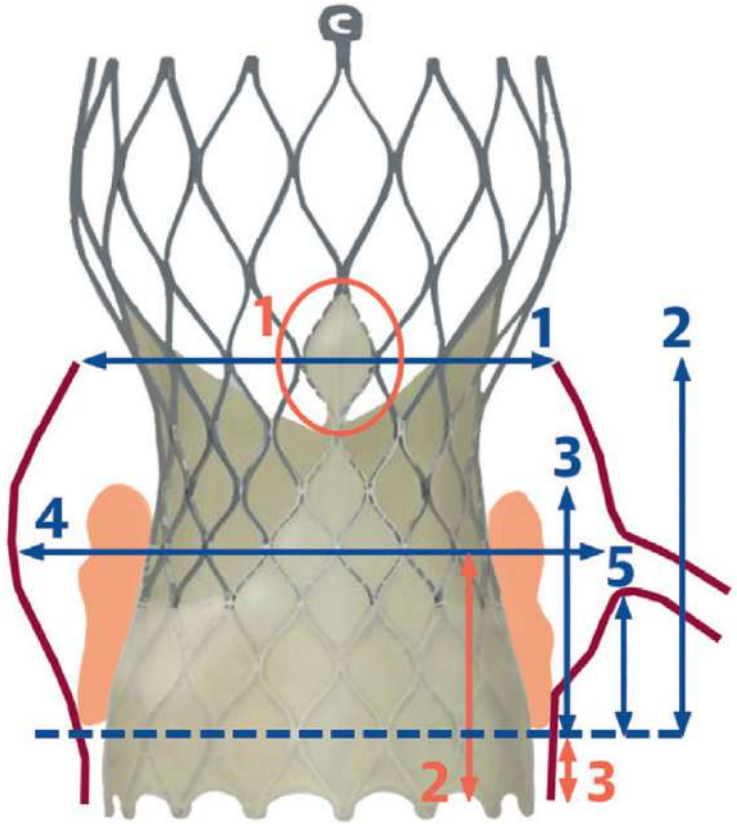
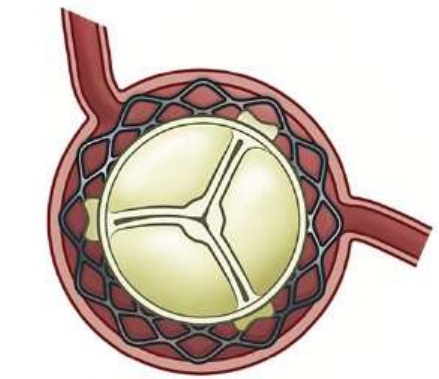
How to facilitate our life

Integrate anatomy in valve choice (IA vs SA)

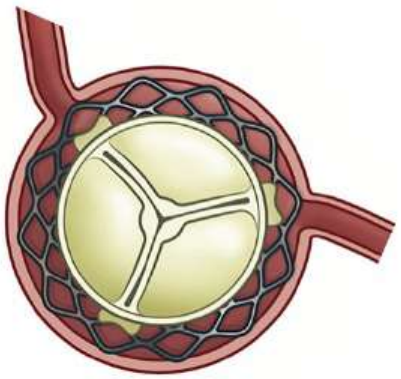
Optimize commissural alignment

Flush port (only)





Commissural alignment



Commissural misalignment (CMA)

Device and Procedural

1. Commissural tab orientation
2. Sealing skirt height
3. Valve implant depth

Anatomical

1. Sinotubular junction dimensions
2. Sinus height
3. Leaflet length and bulkiness
4. Sinus of Valsalva width
5. Coronary height

How to facilitate our life

Device and Procedural

1. Commissural tab orientation
2. Sealing skirt height
3. Valve implant depth

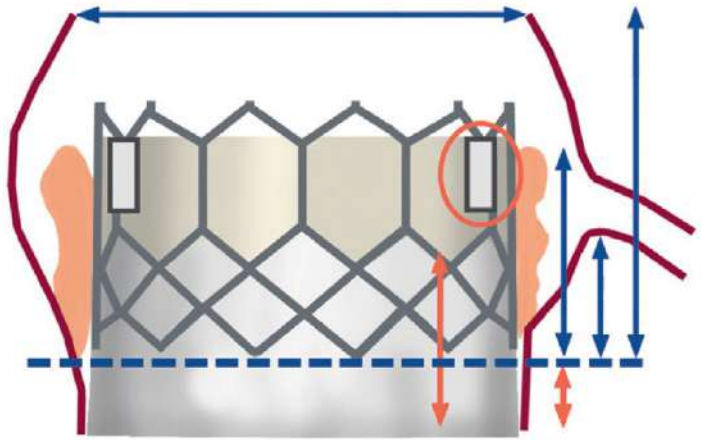
Evaluation prealable de la hauteur coronaire sur le CT

Implantation CO => ↓ troubles conductifs

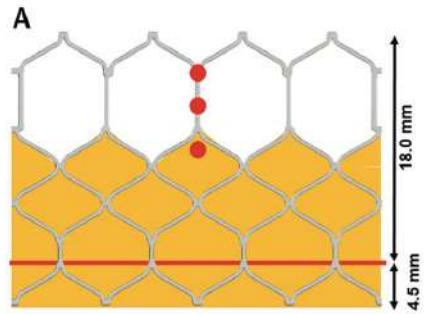
Implantation CO => interaction S3 / ostia possible

Acces coronaire

Trouble conductif



18-22 mm



How to facilitate our life

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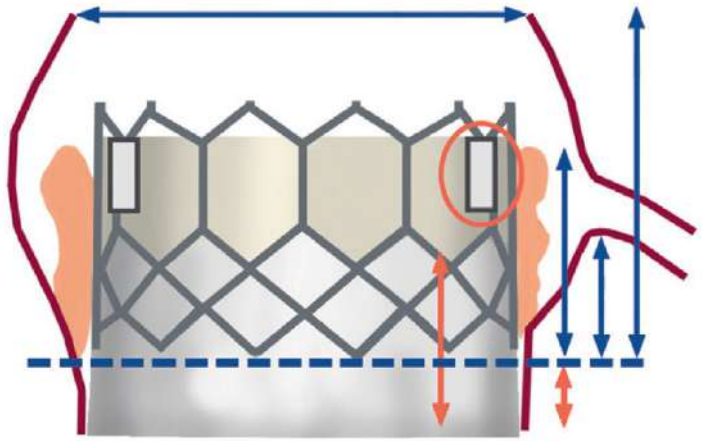

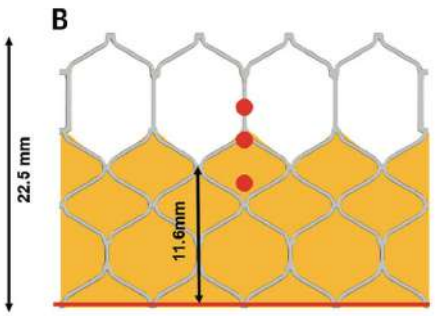

How to facilitate our life

If coronary access needed => favor short stent-frame design

Diagnostic catheterization RCA	Total (n=414)	Short SFP (n=268)	Long SFP (n=146)	P Value
Engagement successful	98.3%	99.6%	95.9%	0.005
Engagement unselective	28.4%	18.3%	50.7%	<0.001
Engagement across stent-struts	41.3%	10.1%	98.6%	<0.001
Number of catheters ≥2	14.6%	11.7%	19.9%	0.024

Diagnostic catheterization LCA	Total (n=431)	Short SFP (n=283)	Long SFP (n=148)	P Value
Engagement successful	99.3%	99.7%	98.7%	0.232
Engagement unselective	20.7%	12.4%	36.5%	<0.001
Engagement across stent-struts	41.8%	11.3%	100.0%	<0.001
Number of catheters ≥2	15.4%	13.7%	18.6%	0.180

Kim Jacc C Int 2021

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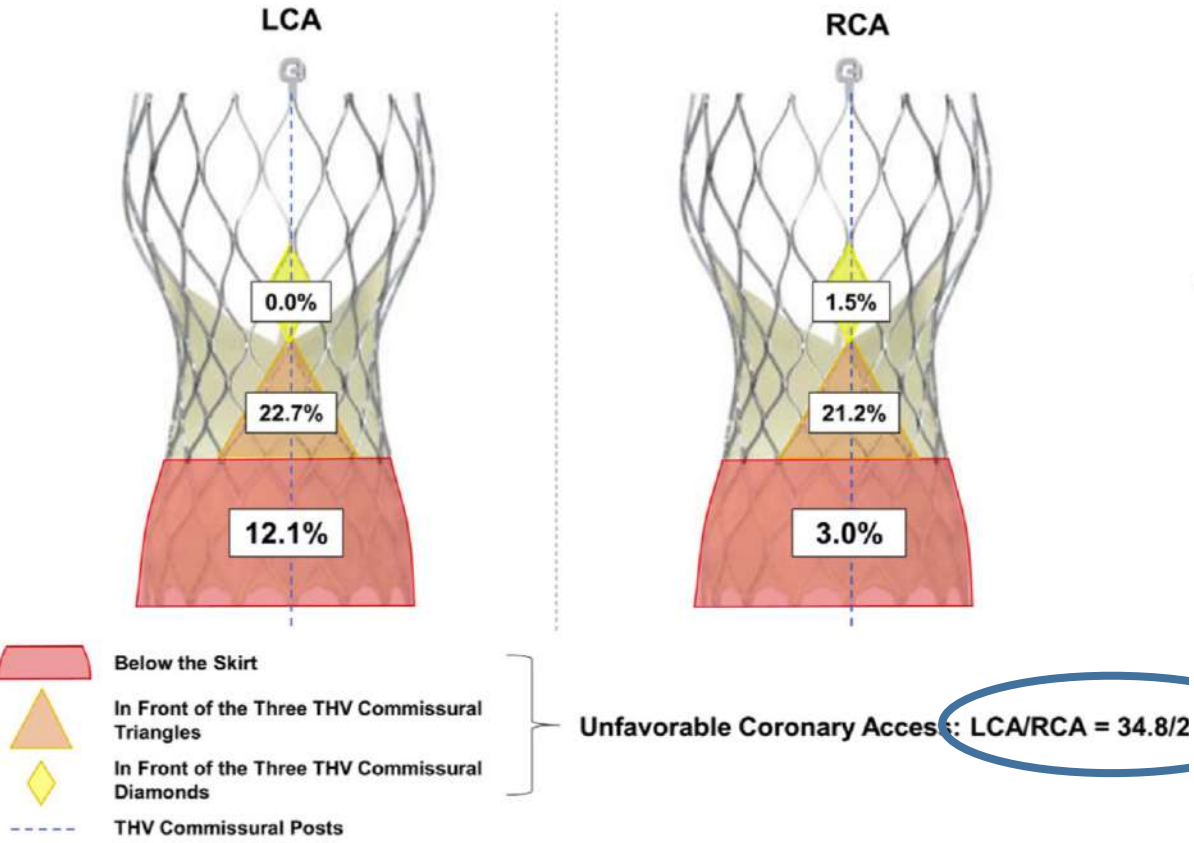
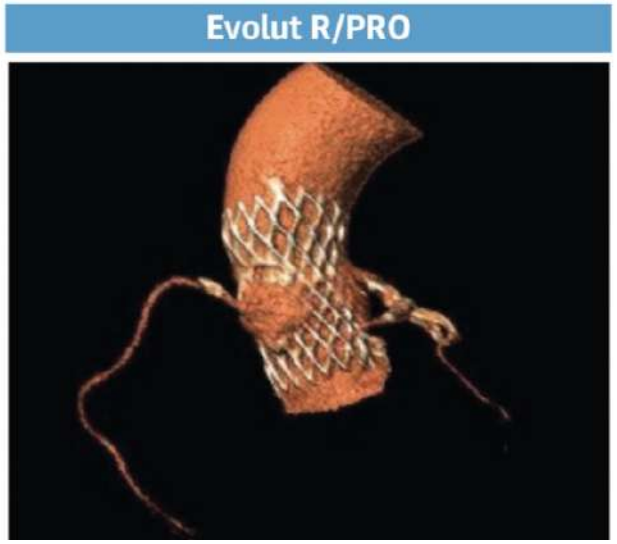
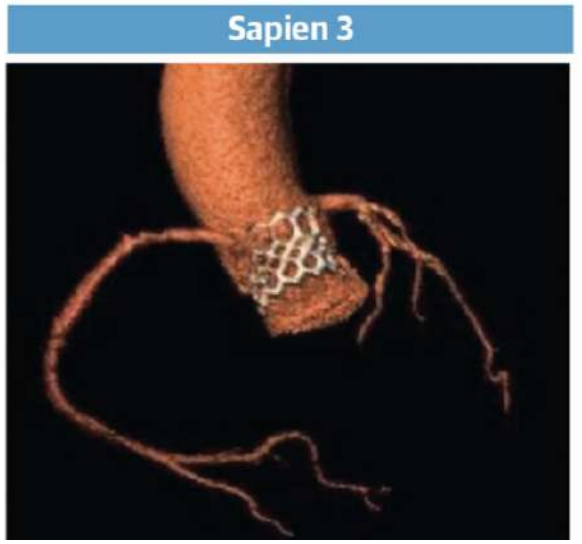
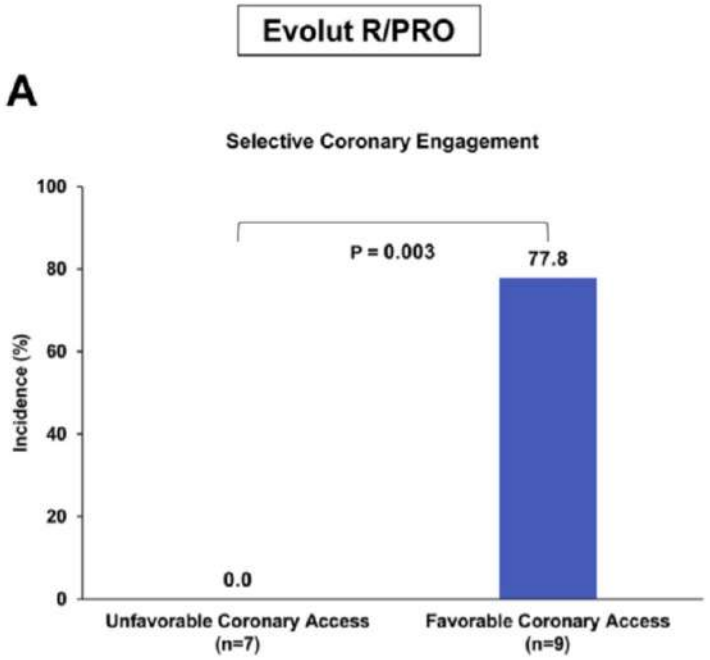
How to do in the cathlab?

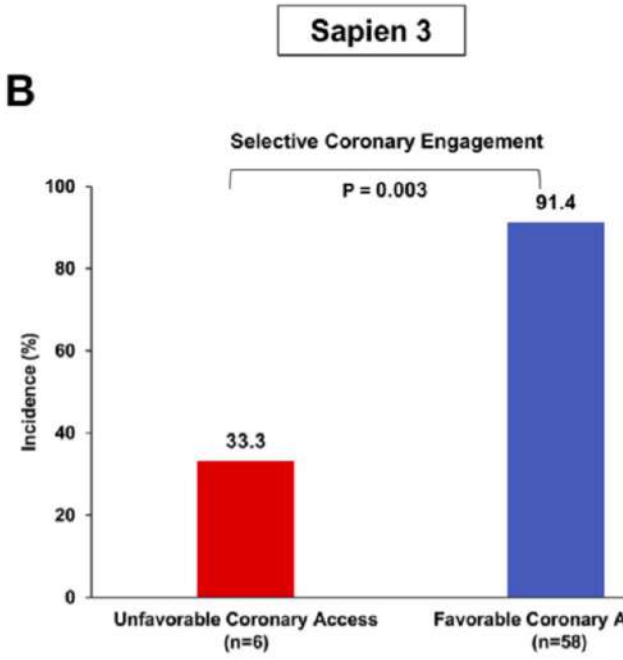
If you have time … think CT











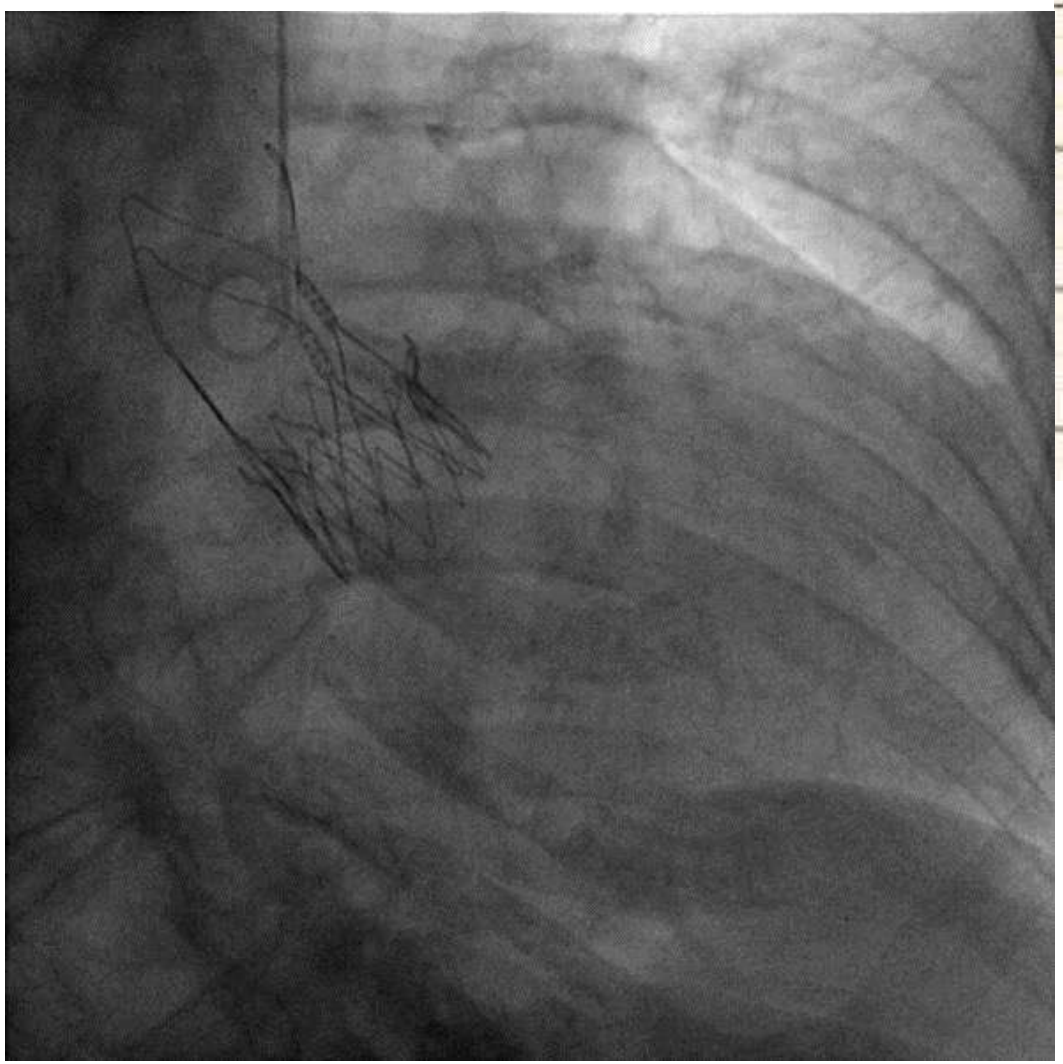
How to do in the cathlab?

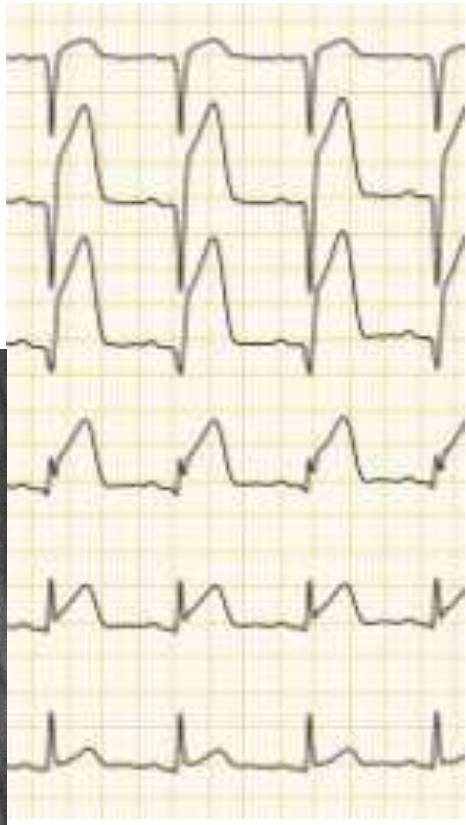
If don't have time …

Femoral? Radial gauche?

Aortographie 1ère ?

6F et guiding (-0,5 ?)

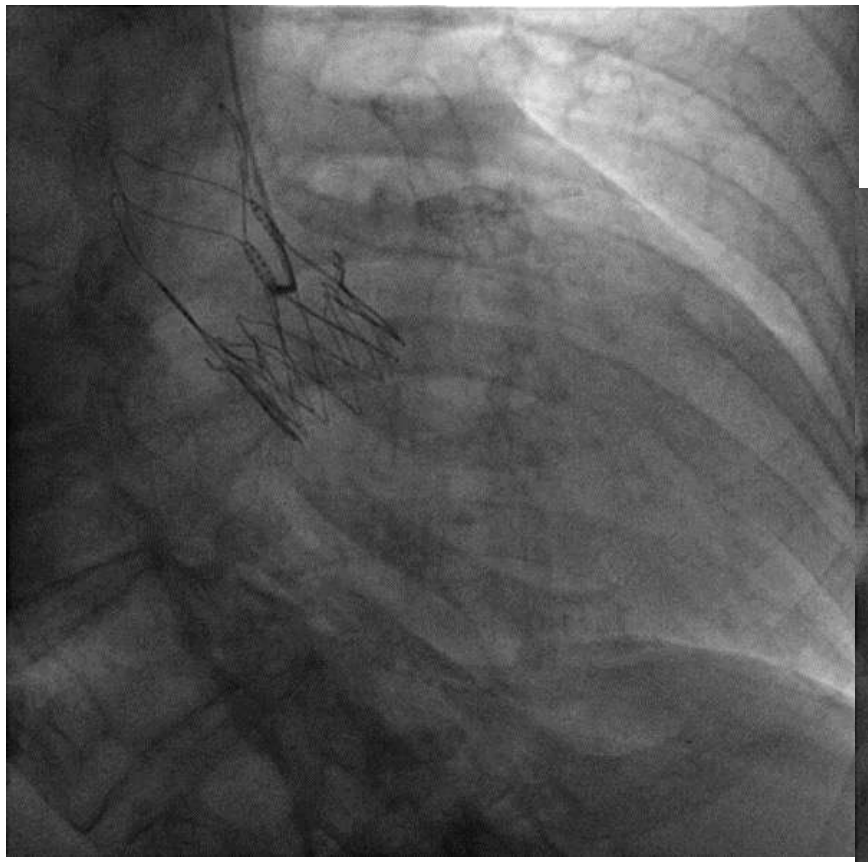


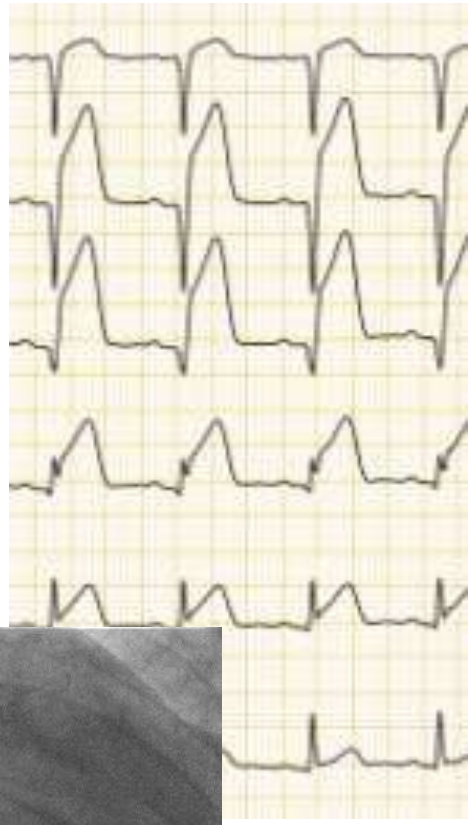


How to do in the cathlab?

If don't have time …

Non selective 1st

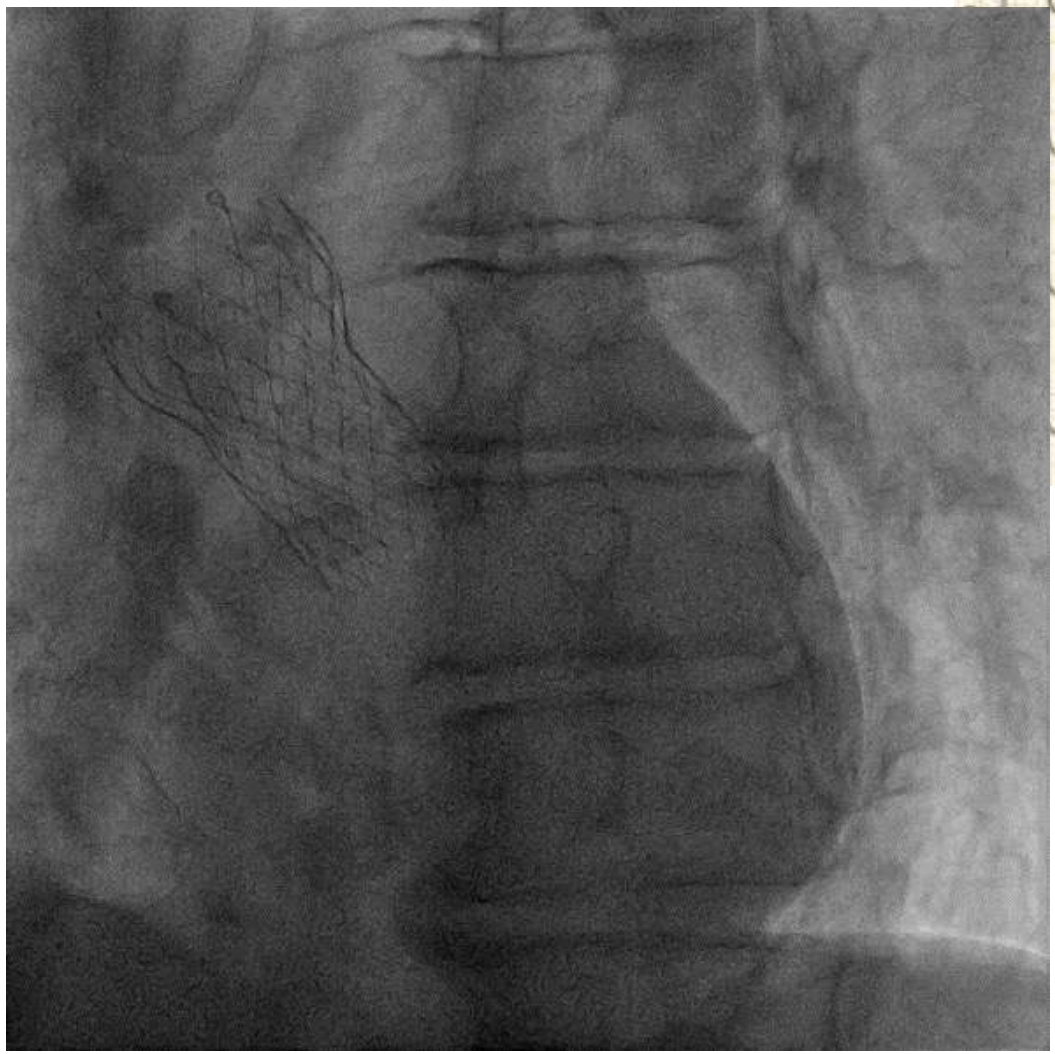


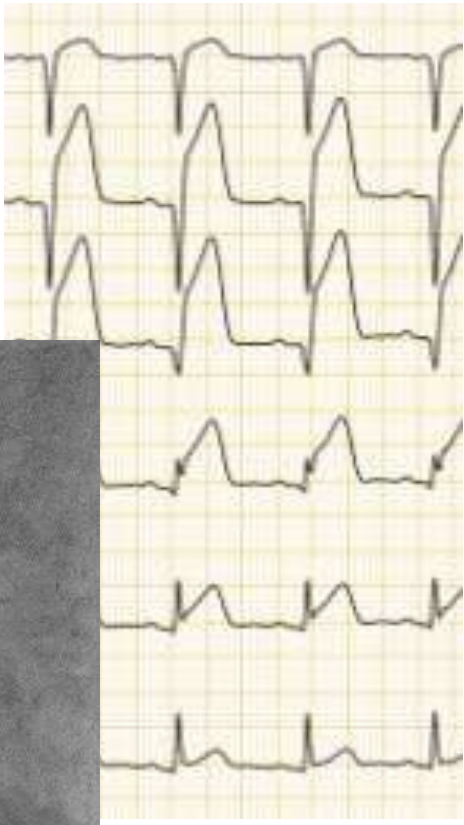


How to do in the cathlab?

If don't have time …

Cross the valve and then engage





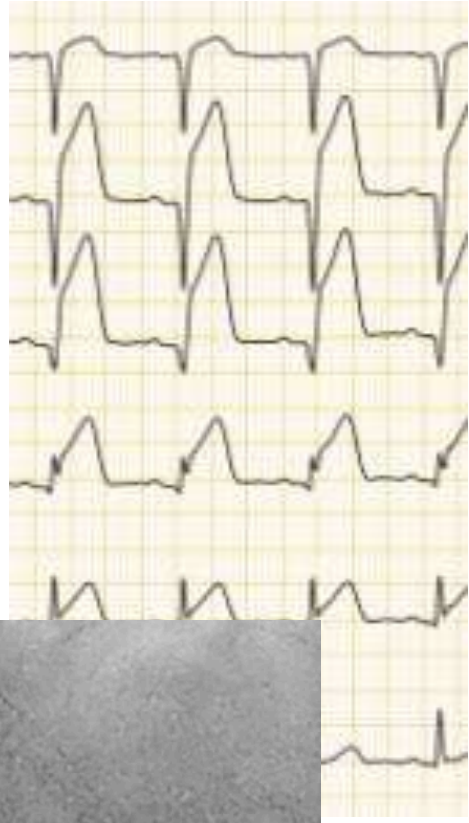
How to do in the cathlab?

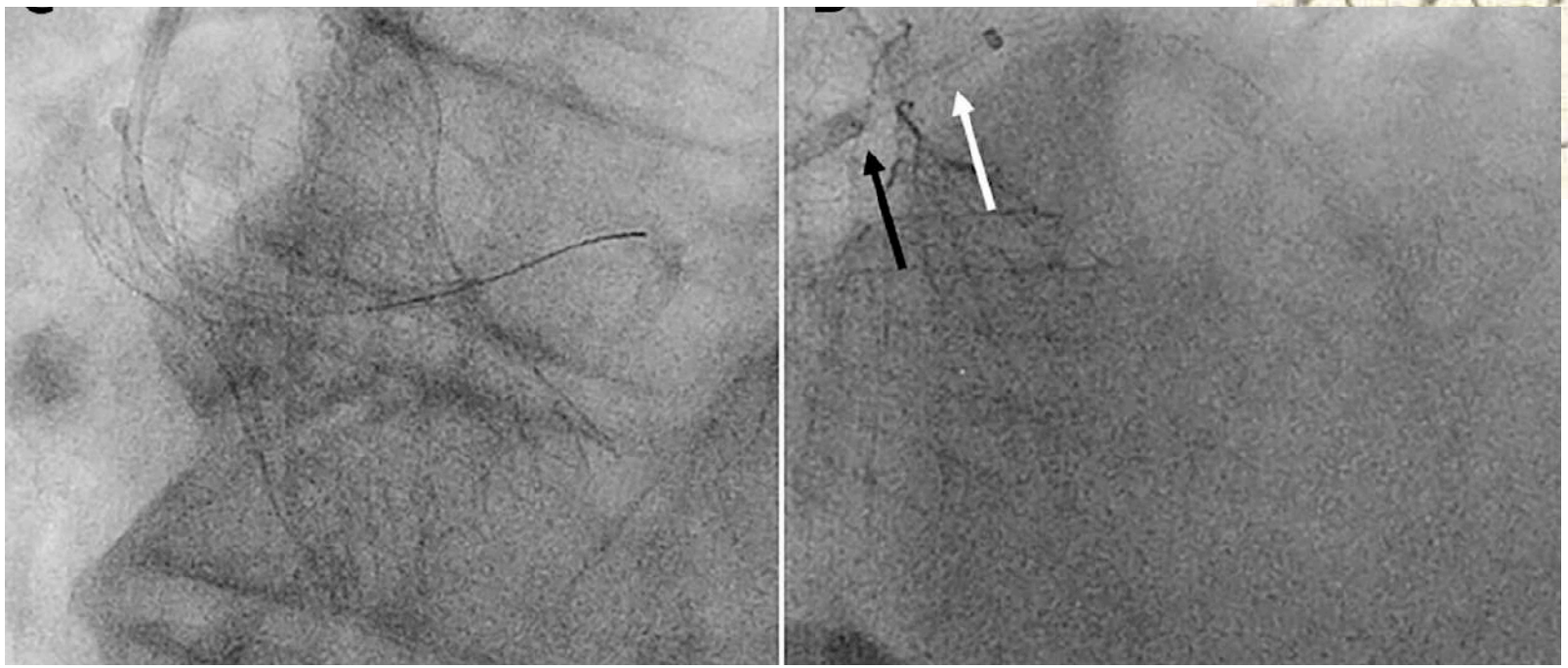
If don't have time …

Non selective 1st

Non selective wiring

Guiding extension





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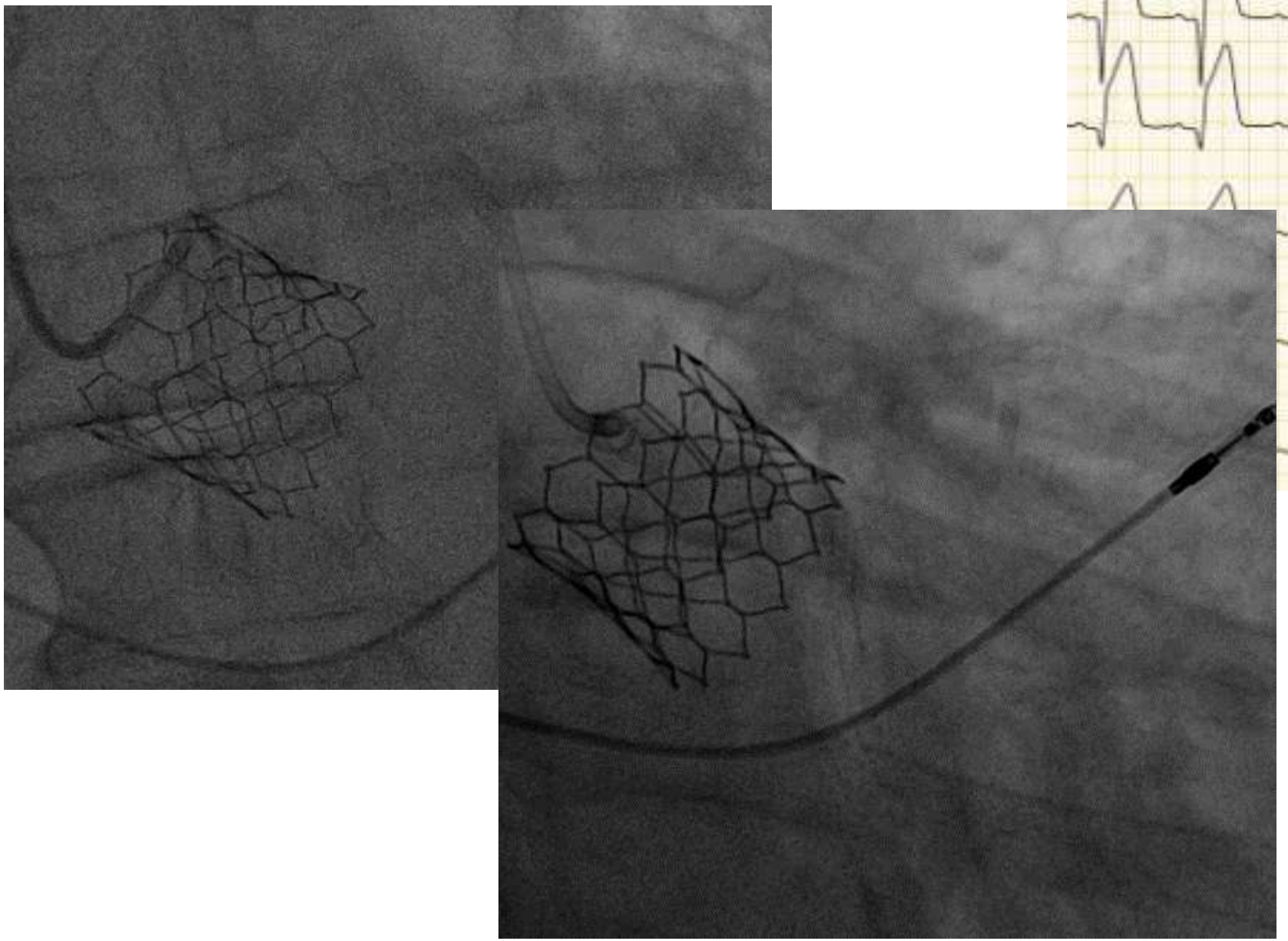

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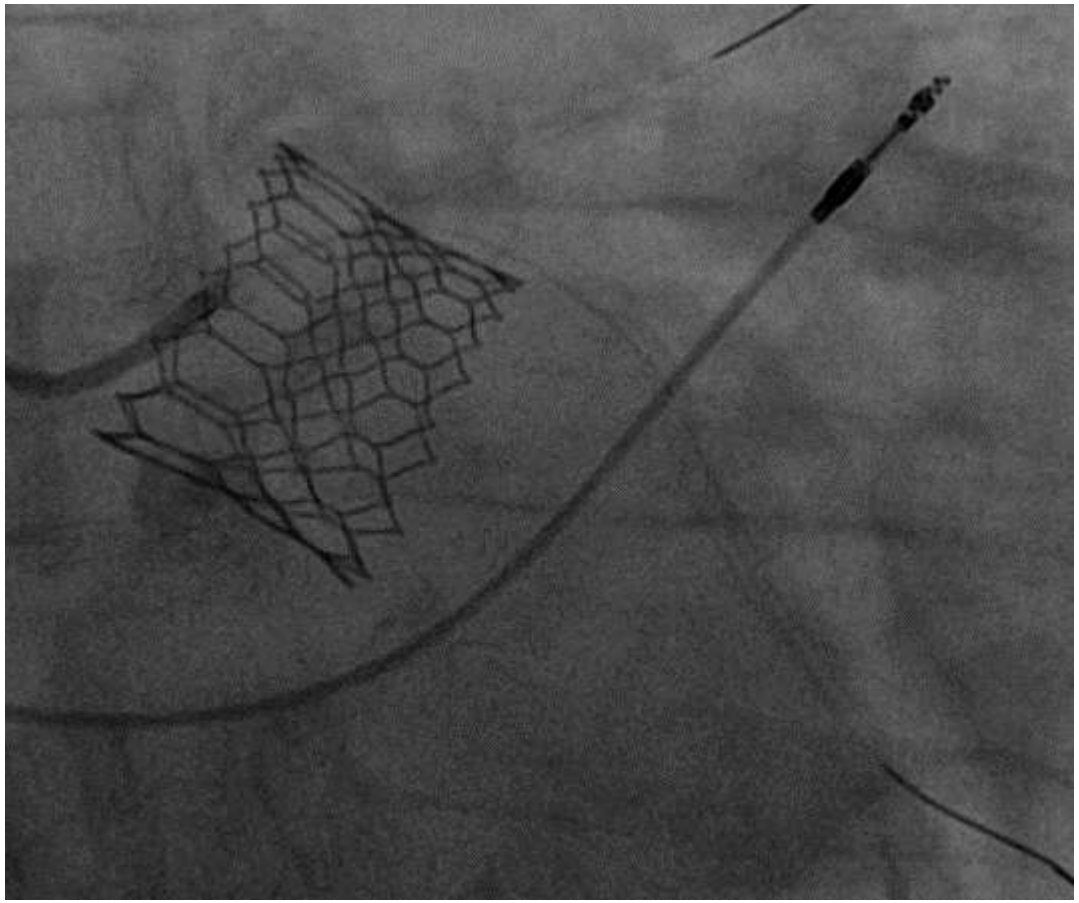

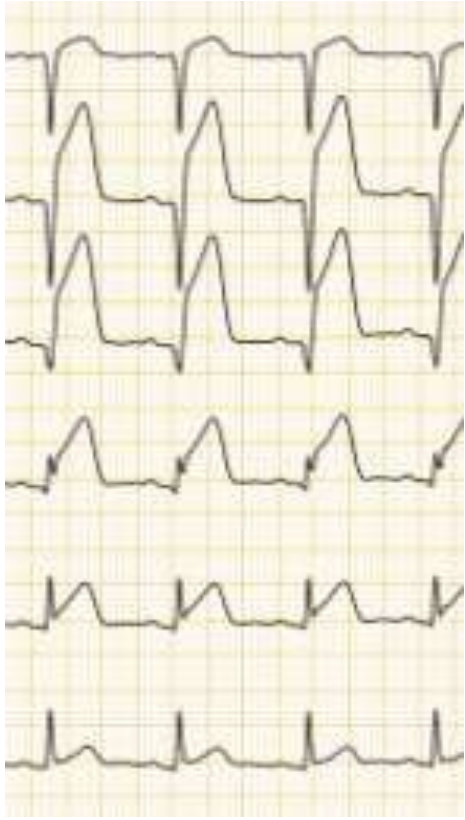

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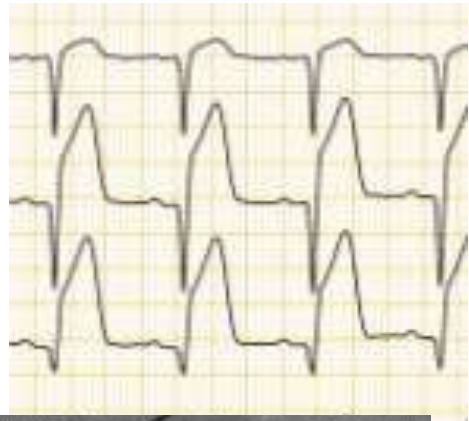


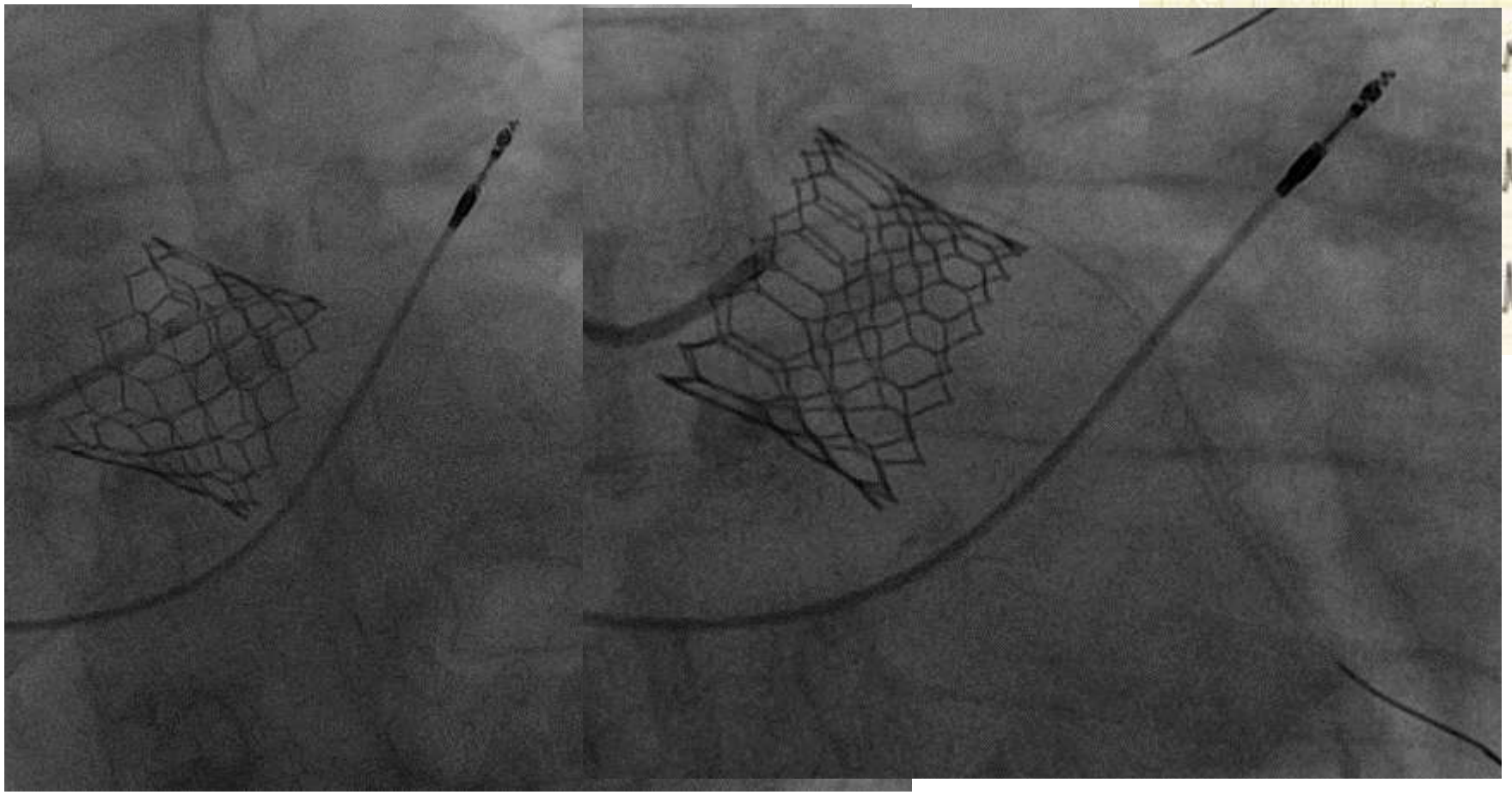
If don't have time …

Non selective 1st

Non selective wiring

Guiding extension

Change your guiding !



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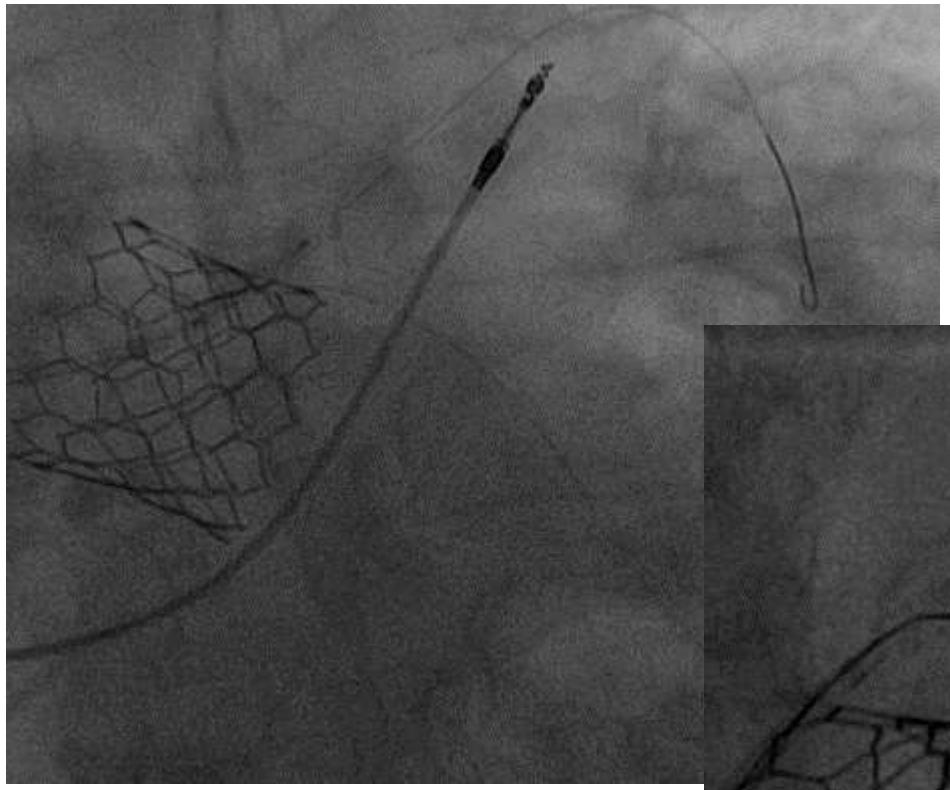
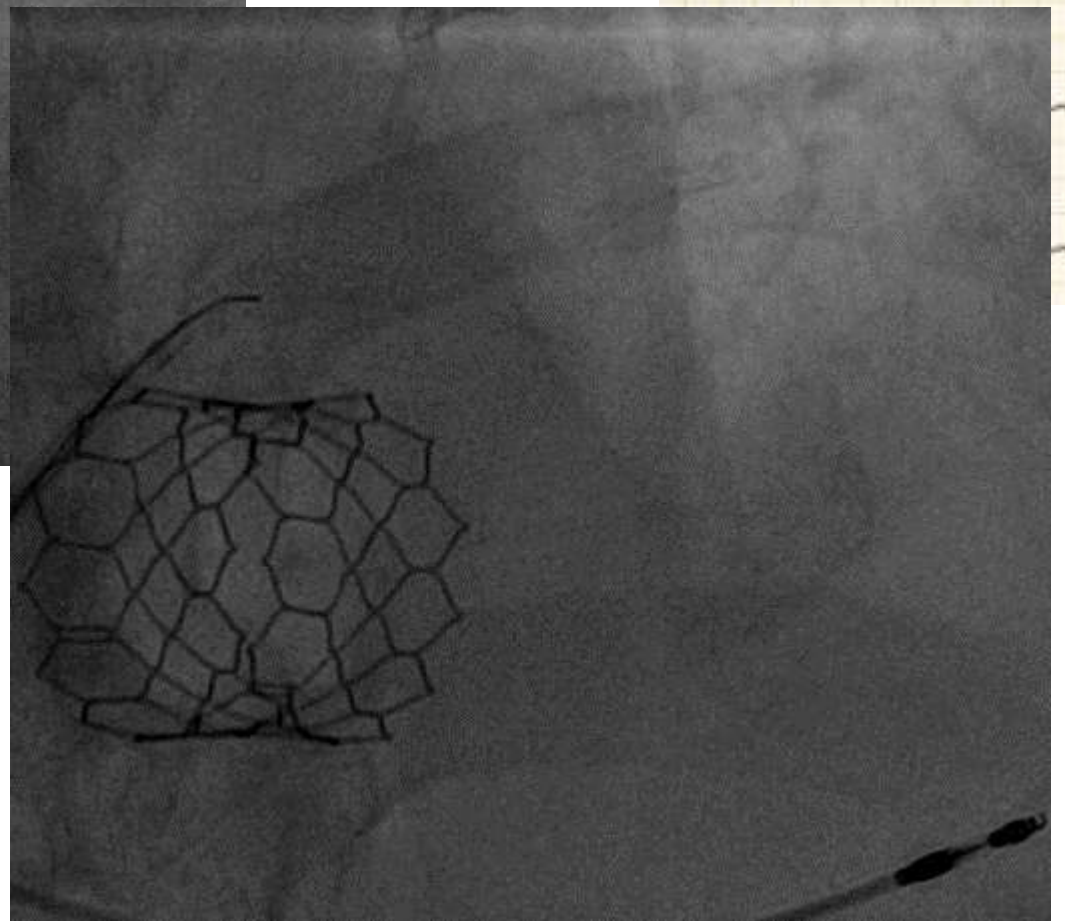
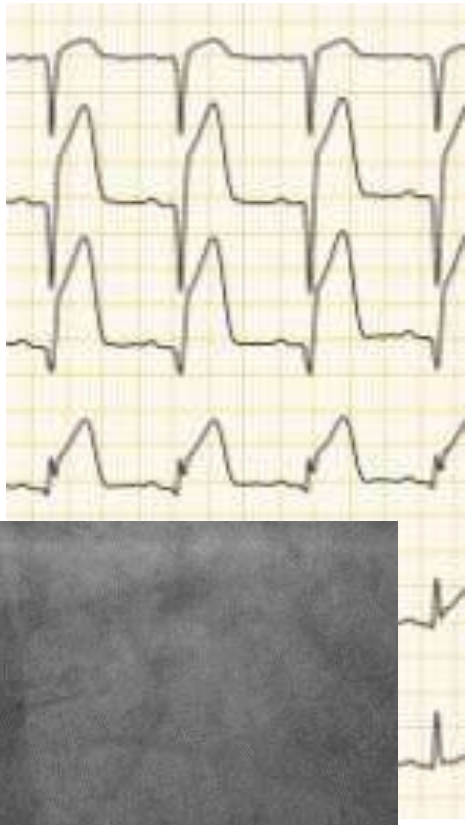
Non selective wiring

Guiding extension

Change your guiding !







Conclusions

CAD and TAVI are frequently associated

TAVI is increasing with lower rates of pre-TAVI PCI

Importance of individualized valve selection

Tips and tricks to acces coronaries post TAVI

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Thanks for your attention

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