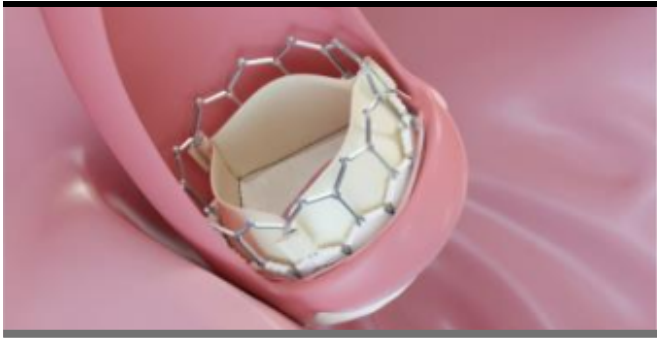




PUNE · 2024 · UPDATE 10

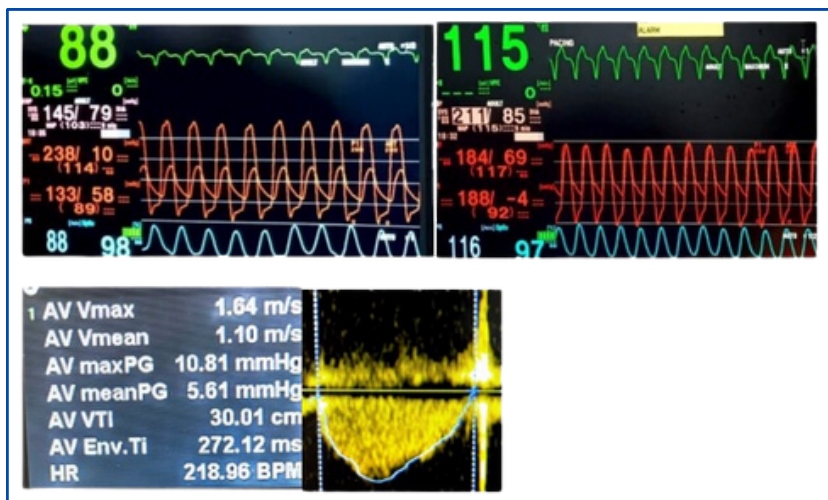


TRANS CATHETER AORTIC VALVE REPLACEMENT

A 79-year-old gentleman, who had undergone bypass surgery 12 years ago, recently experienced progressive worsening of dyspnea and one episode of blackout. He was admitted elsewhere and diagnosed with severe aortic stenosis accompanied by complete heart block. Consequently, a permanent pacemaker was inserted, and aortic valve replacement was recommended. However, both the patient and the surgeon were hesitant to opt for surgery due to the need to re-explore the chest, considering that all grafts were flowing well.

As an alternative, the option of transcatheter aortic valve replacement (TAVR) was considered. This procedure involves replacing the valve without surgery, and despite its generally high cost, Jupiter Hospital, with the assistance of the Jupiter Foundation, performed the procedure at concessional rates.

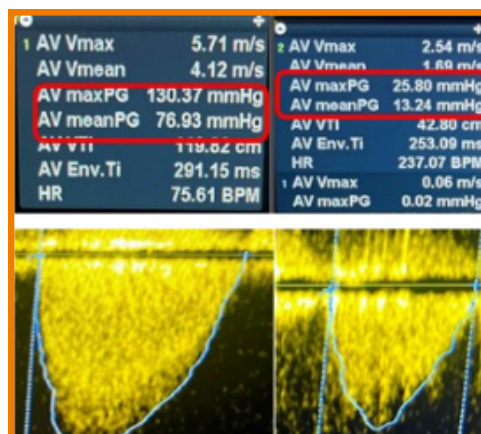
IMPRESSION:
SEVERE CALCIFIC
AORTIC STENOSIS -
PEAK GRADIENT 109MM
HG, MEAN GRADIENT 73
MM HG, MILD CENTRAL
AORTIC
REGURGITATION,
AORTIC VALVE AREA 0.4
SQ. CM



Upon admission for evaluation, two echocardiograms suggested a gradient of 109/73 mm Hg, which is notably high. The transcatheter aortic valve replacement was carried out via the right femoral artery route, deploying a balloon-expandable 24.5 mm My-Valve (by Meril) at the aortic level. Post-procedure, the aortic valve gradient normalized to 10/5 mm, and the patient was discharged on the third day without any complications.

CASE 2

An 87-year-old woman, who recently underwent primary angioplasty for the left anterior descending artery (LAD) and was diagnosed with severe aortic stenosis, was recommended to undergo valve replacement. However, considering her advanced age and the recent coronary angioplasty, the patient posed a high surgical risk. Consequently, **a transcatheter aortic valve replacement (TAVR) procedure was performed using a 20mm Myvalve by Meril**. The patient was discharged on the third day, wearing a smile on her face.



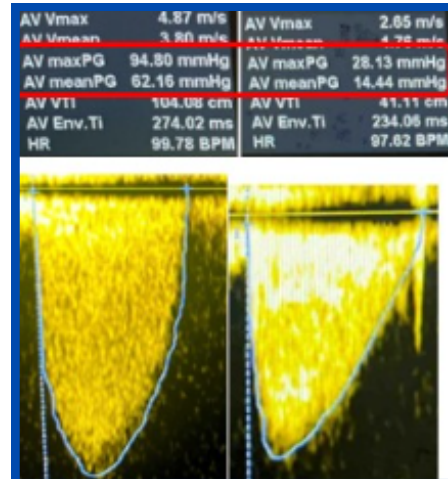
Consequently, **a transcatheter aortic valve replacement (TAVR) procedure was performed using a 20mm Myvalve by Meril**. The patient was discharged on the third day, wearing a smile on her face.

DR. RAJENDRA PATIL
Consultant - Cardiology



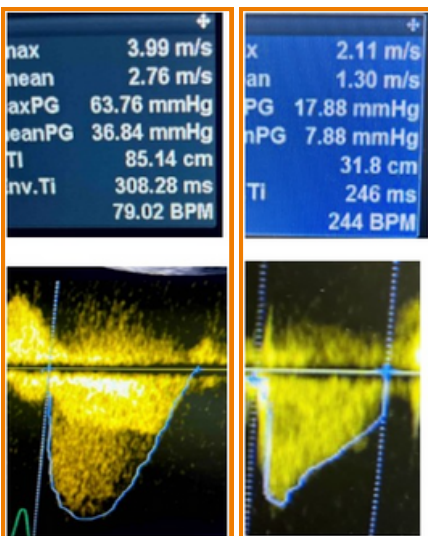
CASE 3

A 65-year-old woman, who experienced a cerebrovascular accident (CVA) four months ago and was subsequently diagnosed with severe aortic stenosis, faced elevated surgical risks due to the recent CVA. Consequently, a transcatheter aortic valve replacement (TAVR) was performed using a 21.5mm Myvalve by Meril. The patient was discharged on the third day, successfully avoiding a major surgical intervention.



CASE 4

A 69-year-old female with mild to moderate coronary artery disease and severe aortic stenosis, experiencing class III dyspnea, was recommended surgical valve replacement with coronary artery bypass grafting (CABG). However, the patient expressed reluctance to undergo major surgery. Subsequently, a Thallium scan was conducted, revealing that the coronary artery disease (CAD) was only mild. As a result, a transcatheter aortic valve replacement (TAVR) was performed using a 20mm Myvalve by Meril. The patient was discharged on the third day, successfully avoiding major surgery, and showed marked improvement in dyspnea, reducing from class III to nearly nil.



CASE 5

70 years old patient who already underwent coronary bypass surgery in past with aortic valve replacement in past. Now patient developed renal failure with prosthetic aortic valve restenosis. His LV pumping reduced to 40% and patient is maintenance hemodialysis. For the aortic valve restenosis patient was advised to undergo re surgery for aortic valve replacement. But as patient was in cardiogenic shock and septic shock. However due to multiple comorbidities surgeon rejected case as high risk. Hence patient was referred to Transcatheter aortic valve replacement.

