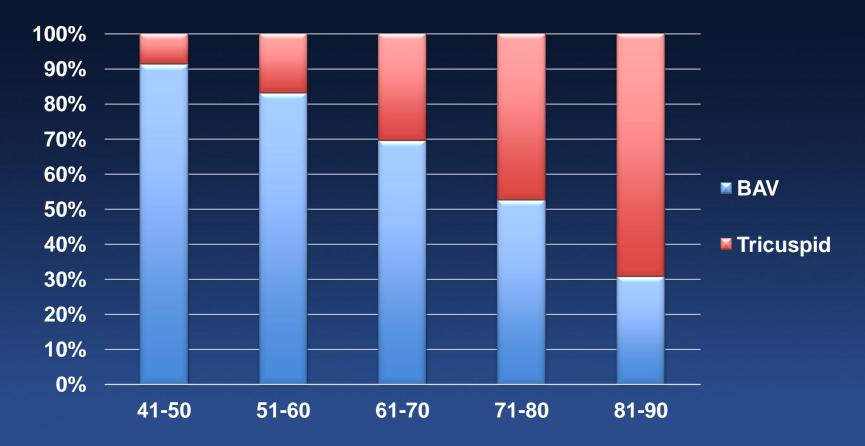
Transcatheter Aortic Valve Implantation in a Bicuspid Valve Using the Self-Expandable Venus A-Valve

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Bicuspid Aortic Valve (BAV)

 20%~30% of octogenarians undergoing SAVR for isolated aortic stenosis had a BAV



Roberts, et al. Circulation 2005; 111:920-5.

Bicuspid Aortic Valve (BAV)

Regarded as a relative contraindication for TAVI

- Eccentric annulus
- Asymmetric calcification
- Ascending aortic dilation

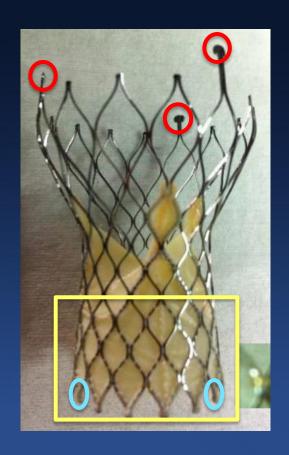


- Paravalvular leak
- Non-circular expansion
- Aortic complication

 Recent experiences: TAVI in BAV is feasible, safe and associated with satisfactory outcomes

Venus A-Valve (Venus MedTech Inc.)

- Differences from CoreValve:
 - 3 rounded pawns: facilitate release
 - Tapered end:
 AV node protection
 - Higher radial force at the Inflow 20mm: for severely calcified and bicuspid valves



Patient

History

- 75 year-old woman
- Progressive dyspnea for 2 years, orthopnea and edema of lower extremities for 3 months
- Diabetes mellitus, COPD, AF

Echo

- Severely stenosed BAV
- Mean gradient: 86 mmHg
- Peak jet velocity: 5.6 m/s
- LVEF: 39 %

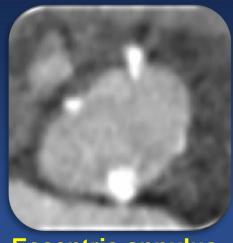
Risk

- Logistic EuroSCORE: 17.00%
- STS Score: 9.296 %

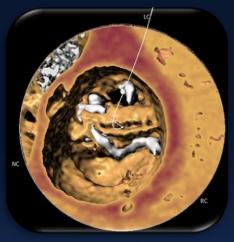
Preprocedural CTA



Type 0 BAV (no raphe)



Eccentric annulus (17.7*26.7mm)

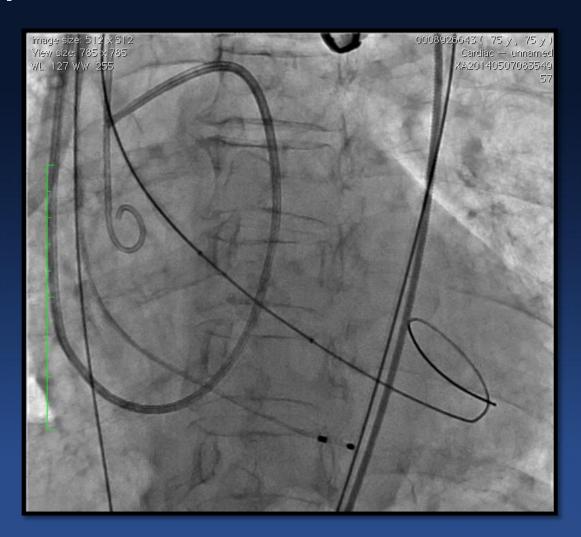


Moderate calcification

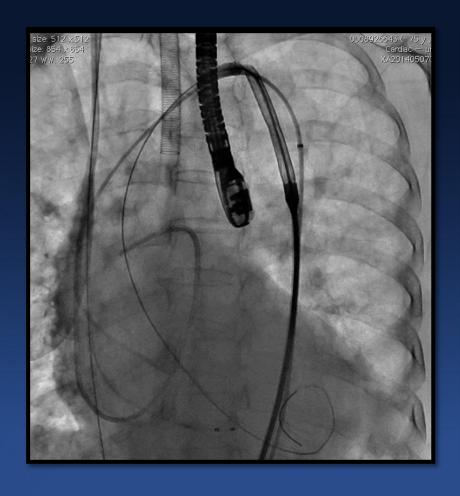


Moderate dilatation (46.6mm)

• TF approach, Pre-dilatation with a 22-mm balloon

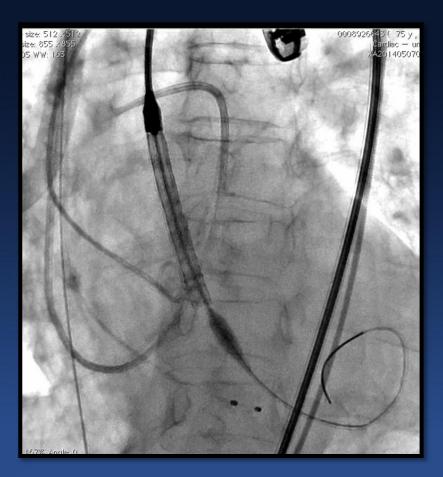


26-mm Venus A-Valve (Venus MedTech Inc.)



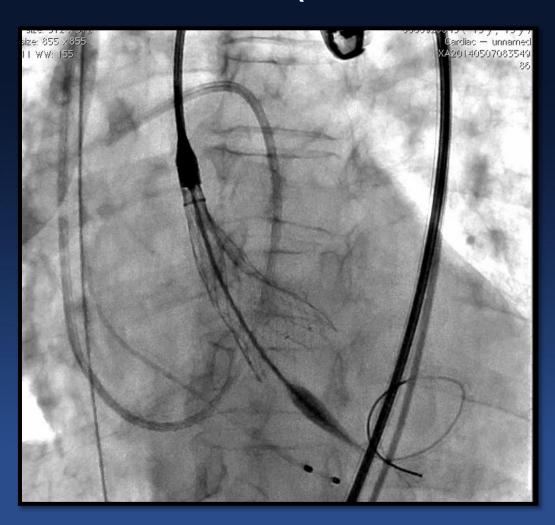


• 26-mm Venus A-Valve (Venus MedTech Inc.)





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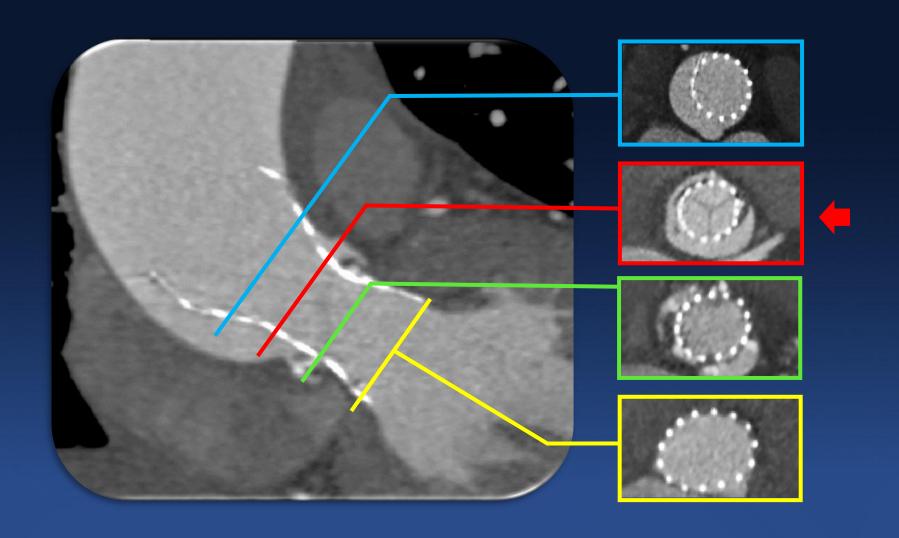
• 26-mm Venus A-Valve (Venus MedTech Inc.)



Post-TAVI Evaluation

- Symptoms relieved
- NYHA Class II
- BNP: (19301→1661) pg/ml
- Recovery was uneventful, discharged 7 days later
- Follow-up at 6 months: asymptomatic, no adverse events
- Echo: PGmean: (89→16) mmHg; LVEF: (39→61)
 %, trivial paravalvular leak

Post-TAVI CTA



Comments

 TAVI using the Venus A-valve is feasible in bicuspid anatomy

TAVI in BAV:

- Difficulty (valve sizing, accurate positioning)
- Risk (procedural failure, paravalvular leaks, root injury, aortic complication)

Follow-up:

- Fate of the ascending aorta
- Valve durability

Thanks!