



HORIZONTAL AORTA & KINKING

TAVI

CASE WITH ALLEGRA

DR. RAMIRO TRILLO

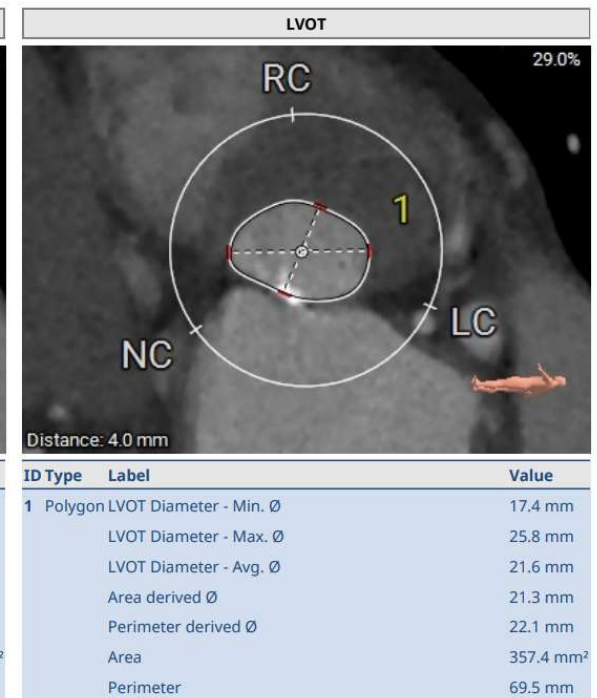
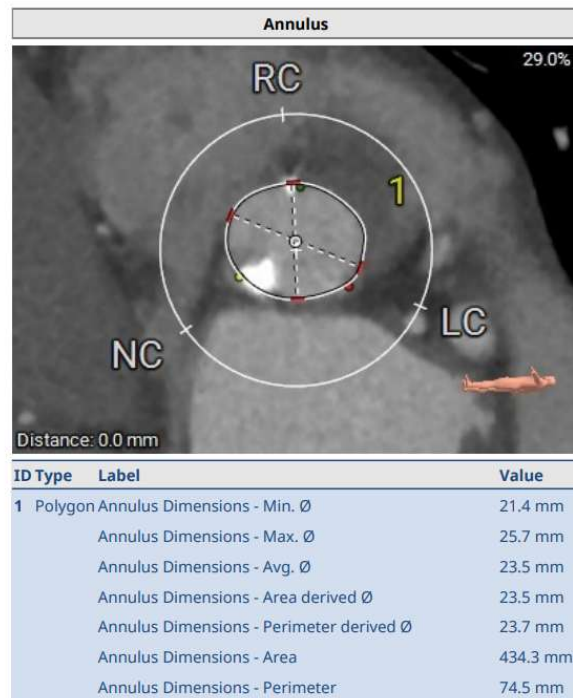
Policlínica Gipuzkoa

PATIENT

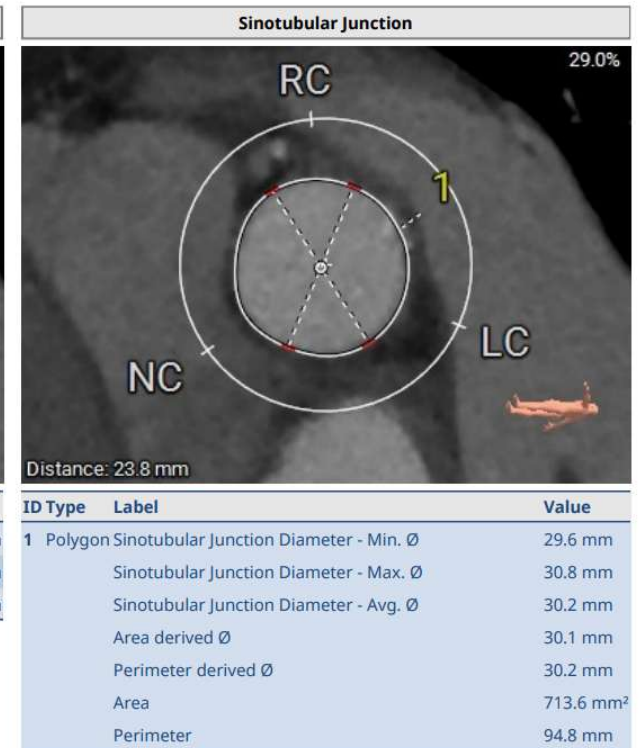
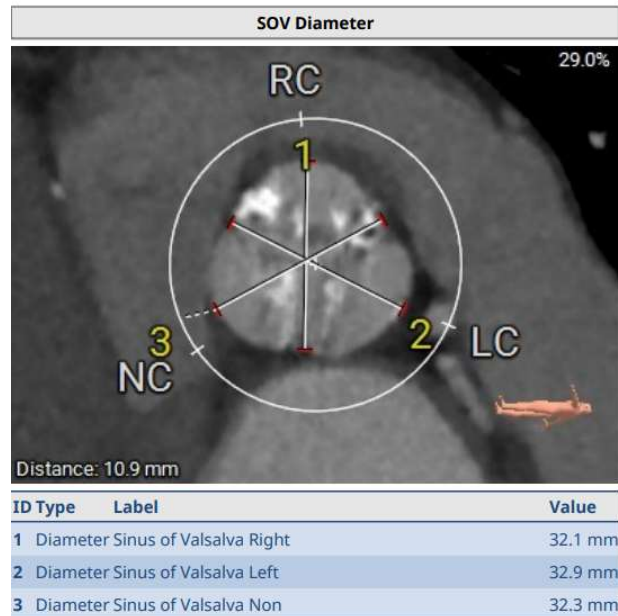
- **Gender:** Female
- **Age:** 76
- **Diagnosis:** **severe aortic stenosis**

ANNULUS AND LVOT

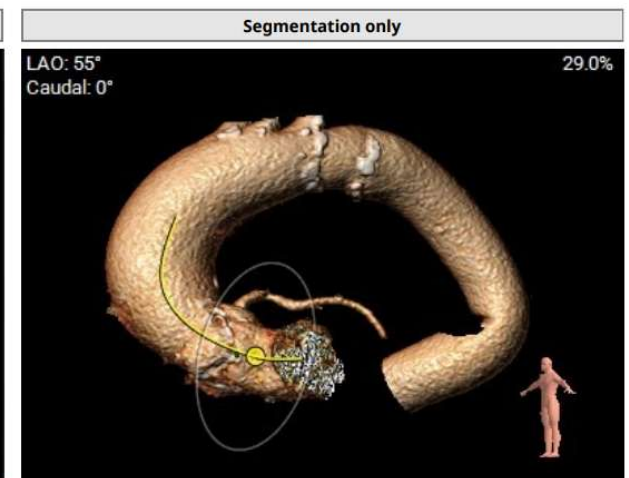
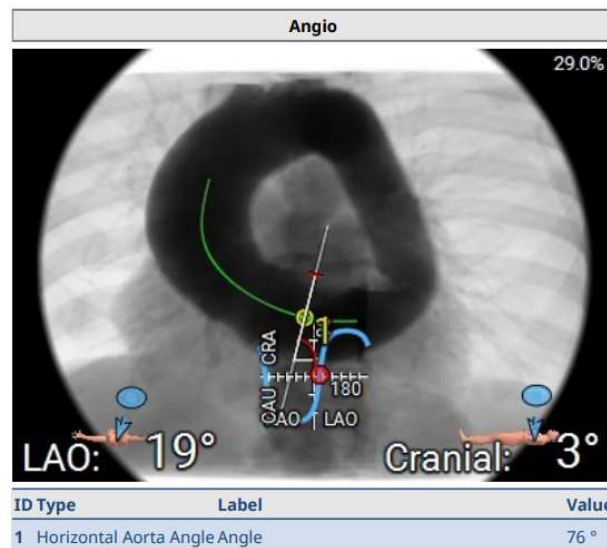
- Annulus (pd): 23.7 mm
- Max/min annulus diameter: 25.7/21.4 mm
- Annulus area: 434.3 mm
- Annulus perimeter: 74.5 mm
- LVOT (pd): 22.1 mm



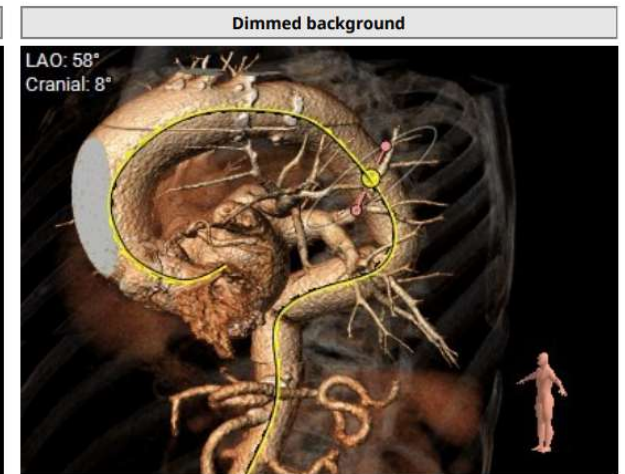
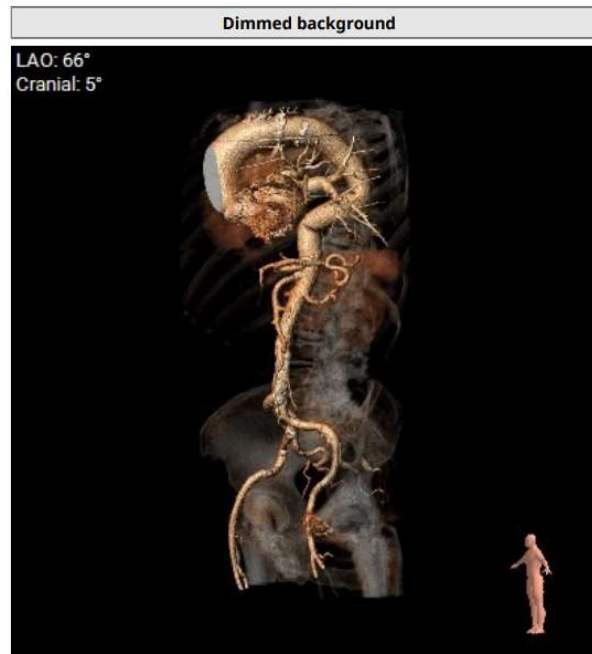
SOV Diameter and sinotubular junction

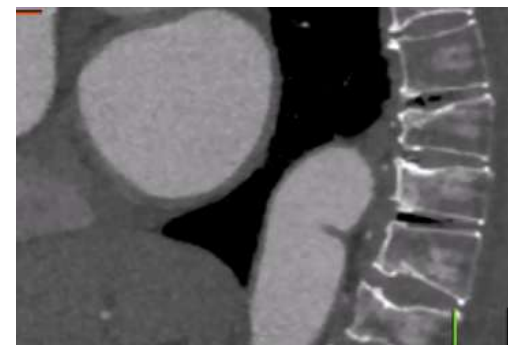
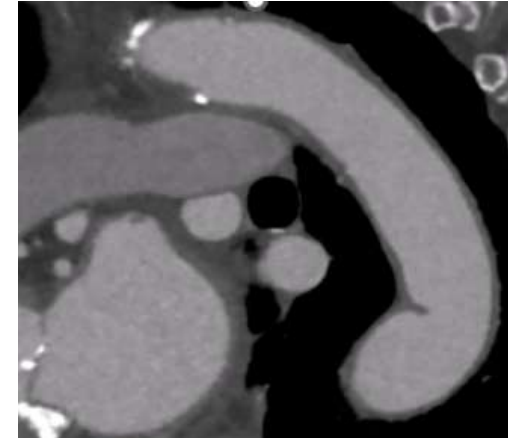
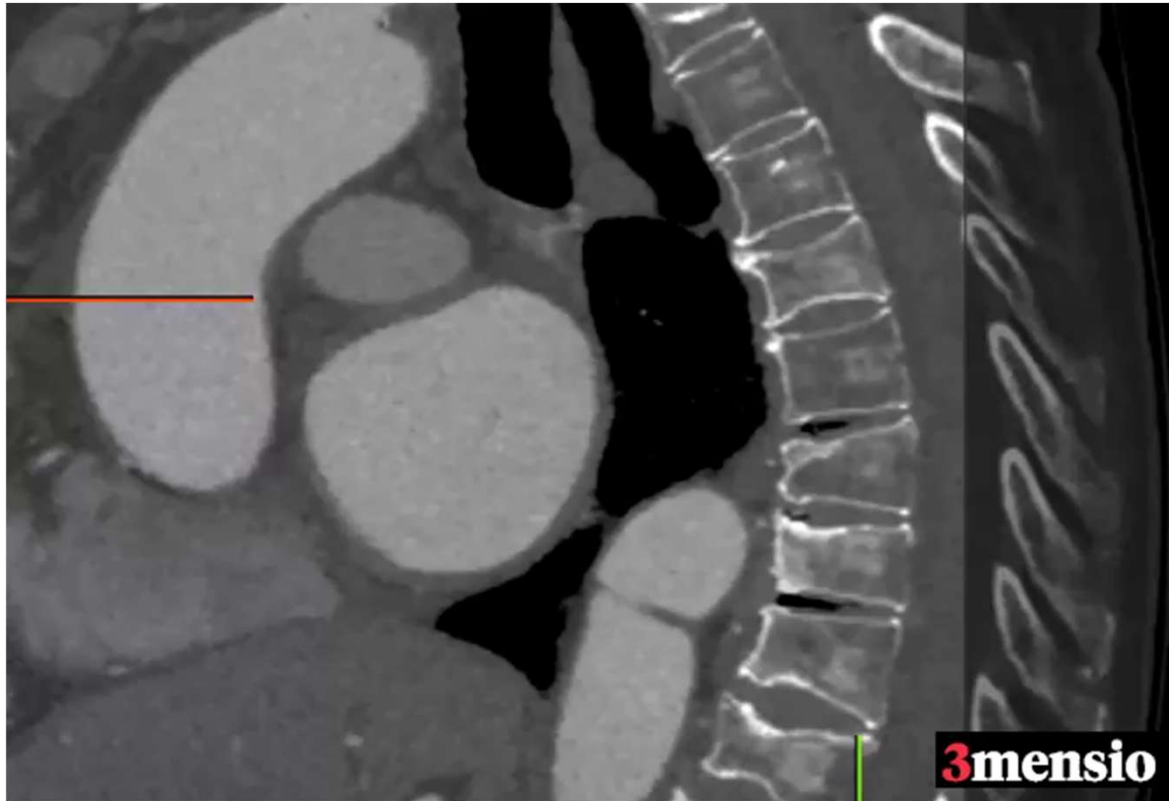


Angulation

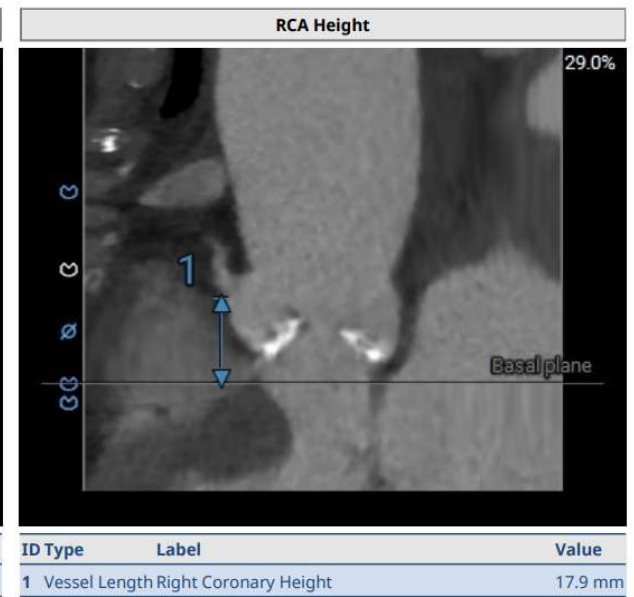
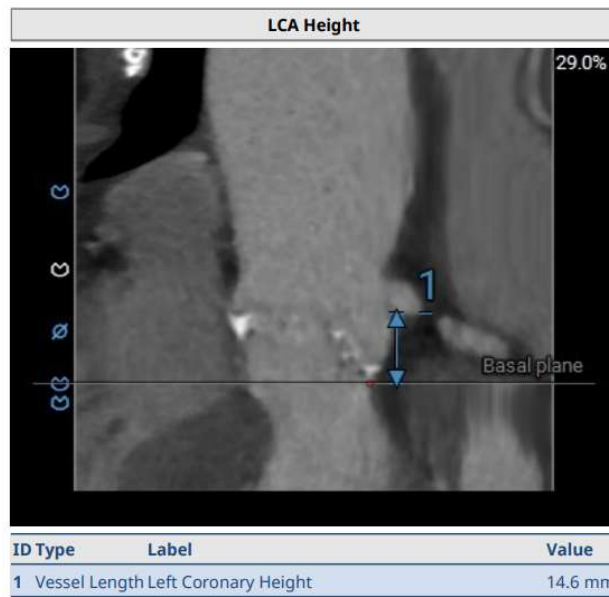


Tortuosity

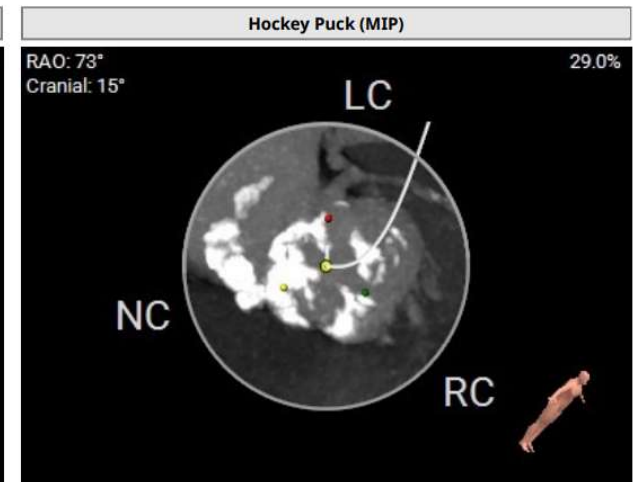
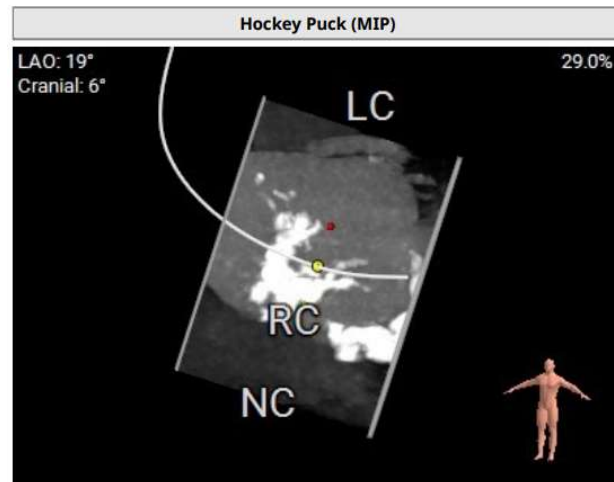




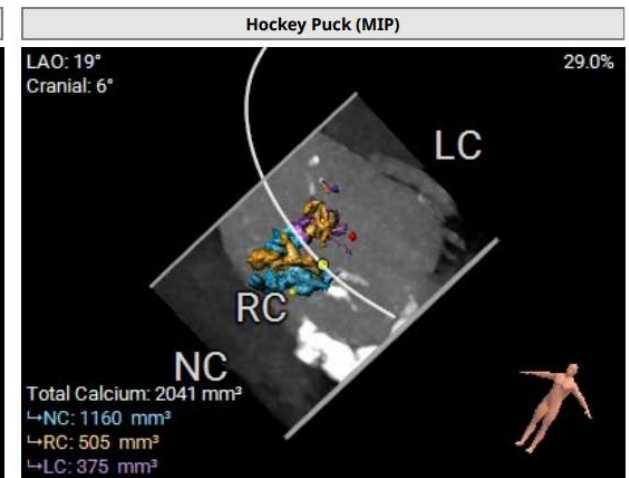
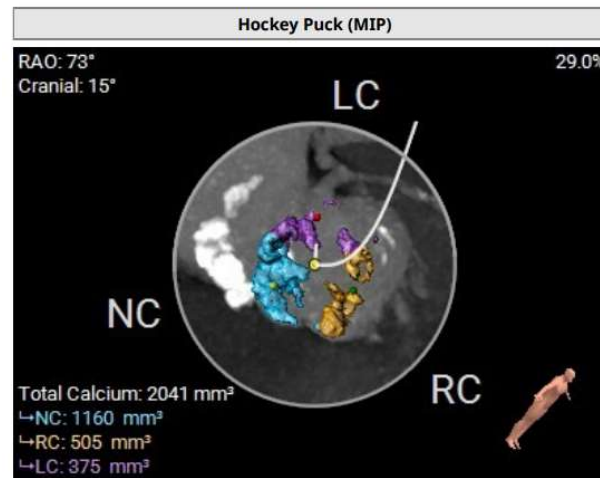
LCA & RCA Height



Calcium distribution



Calcium quantification

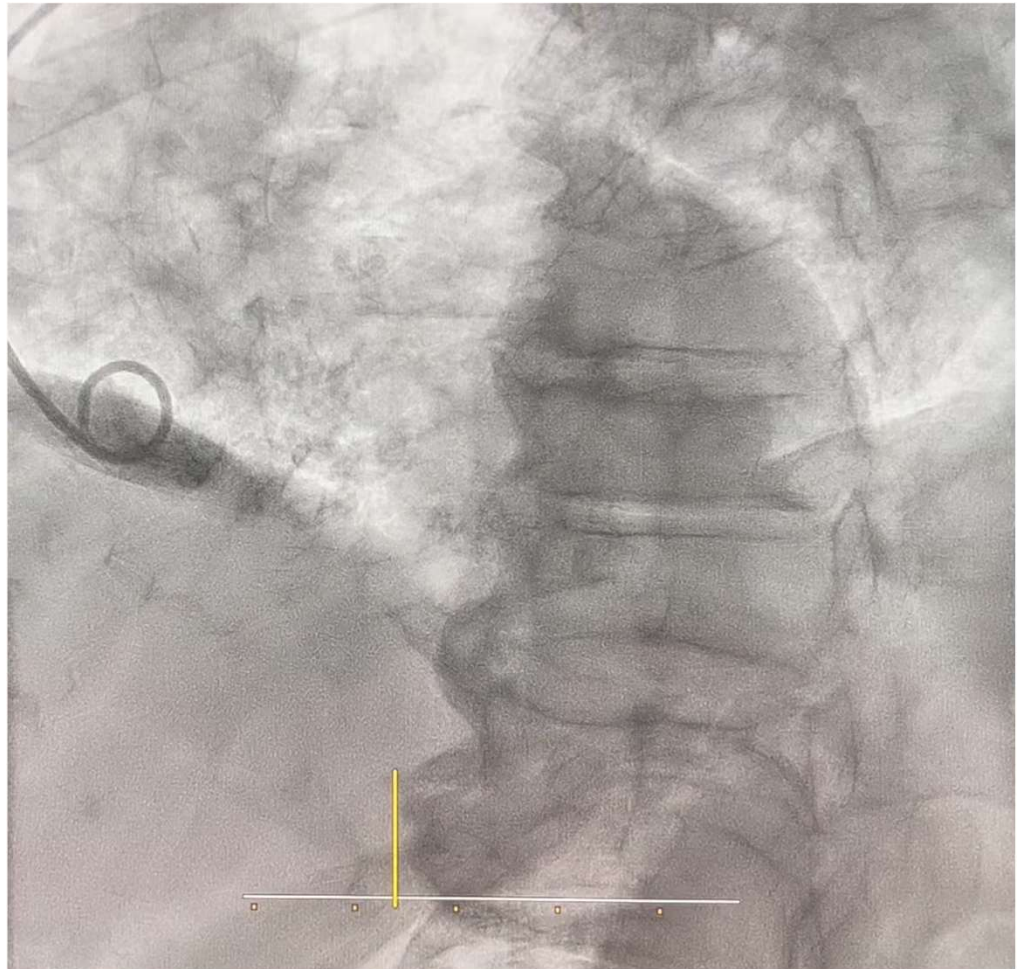


Sizing

- ALLEGRA™ size recommendation: 27
- Reason for size of the ALLEGRA™
 - Annulus (pd): 23.7 mm
 - Max annulus diameter: 25.7 mm
 - LVOT (pd): 22.1 mm.
 - Max LVOT diameter: 25.8 mm

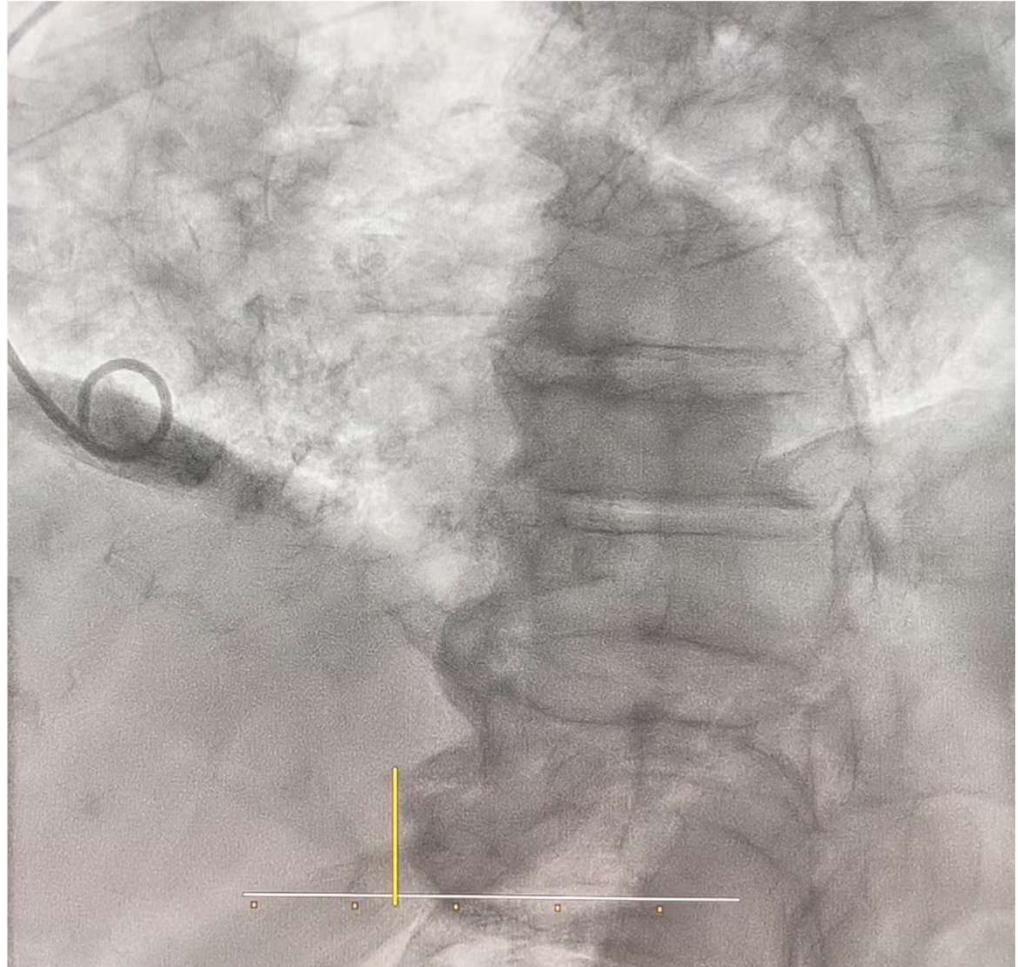
Procedure Description

- 3 cusps-view and pre valvuloplasty
- 22 mm balloon



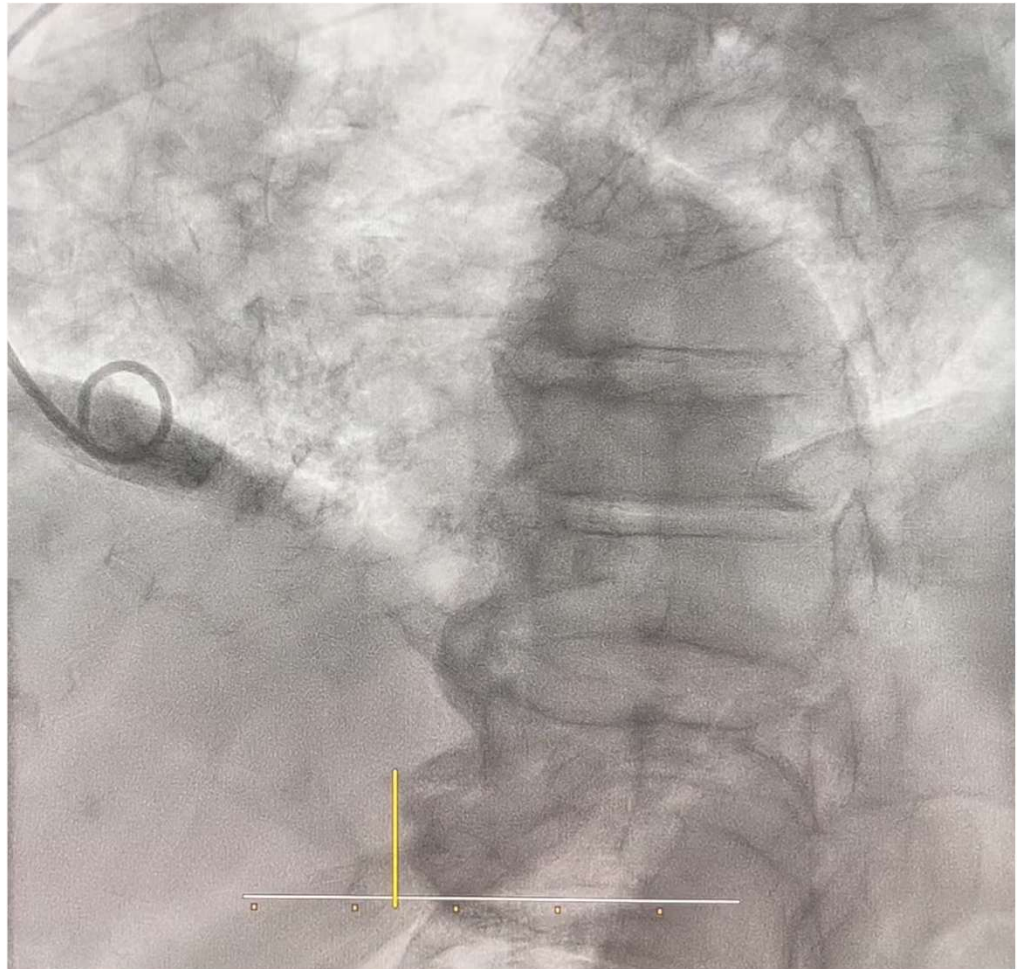
Procedure Description

- Permaflow and inflow opening



Procedure Description

- Final detachment
- No regurgitation



Go 2 steps ahead!

- Access and positioning:
 - We had prepared a lunderquist that finally we haven't used to correct the tortuosity and coaxiality
- Huge calcification+ bad coaxiality+ kinking on the descending aorta:
 - TAKE TIME TO POSITIONATE
 - PACEMAKER IF IT'S NEEDED
 - If you can't see correctly the basal plane because of the calcification, **USE AS REFERENCE THE GOLD MARKERS ABOVE THE CALCIFICATION**

