



The use of TAVI for bioprosthetic aortic valve failure – only for high risk patients or an integral component of AS management strategies

Prof. Dr. Thomas Walther

Kerckhoff HeartCenter, Department Cardiac Surgery, Bad Nauheim, Germany

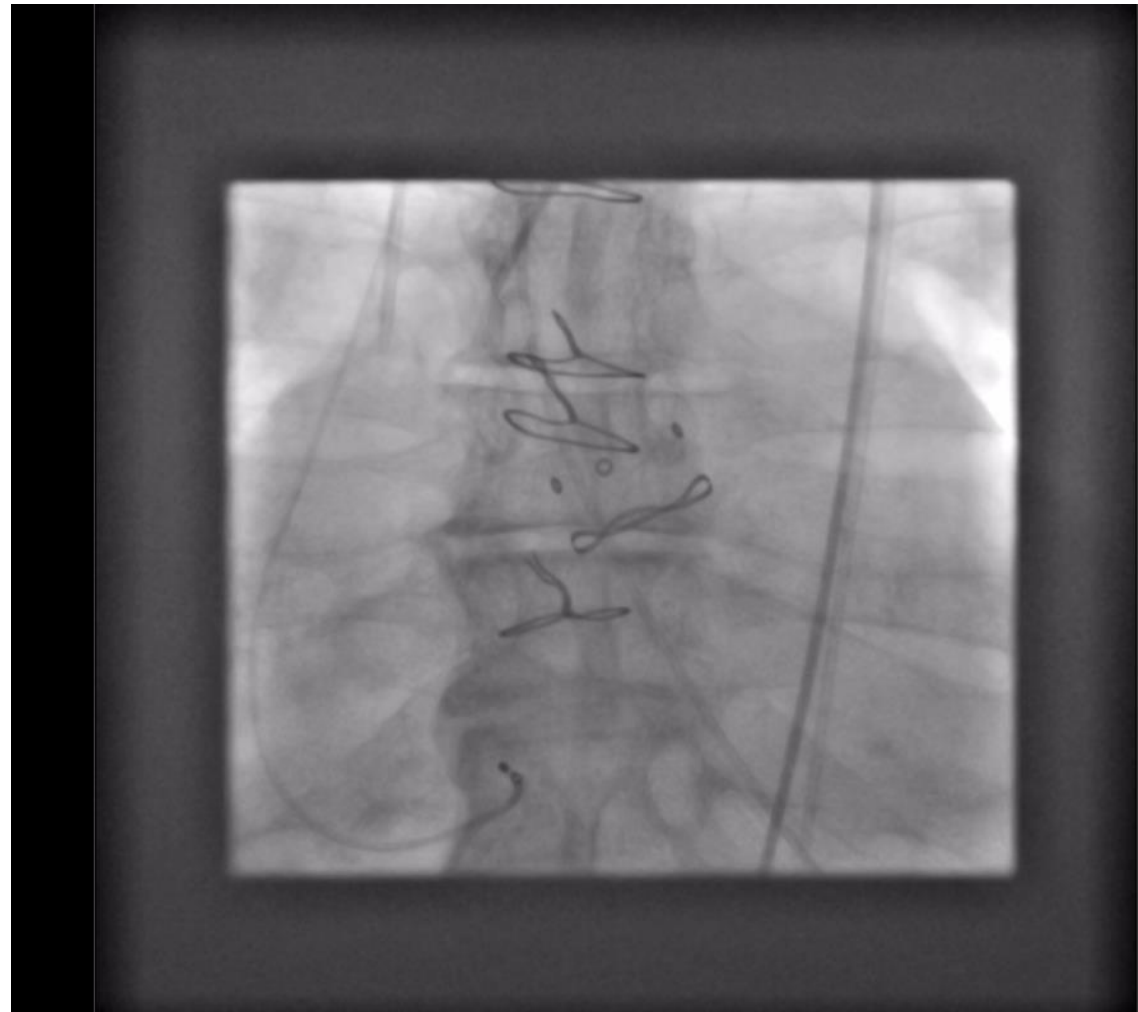
no personal financial disclosures

Recent patient example (06/2017)



KERCKHOFF HERZ- UND THORAXZENTRUM

- s/p AVR (Hancock 23mm) 2007
- 75 years, male, increased risk due to cardiac decompensation and s/p CPR for 30 min.
- Acute cardiac failure with severe AI



Recent patient example (06/2017)



KERCKHOFF HERZ- UND THORAXZENTRUM

- Acute VinV Acurate neo 23mm, TF implant



Recent patient example (06/2017)



KERCKHOFF HERZ- UND THORAXZENTRUM

- P_{mean} 11 mmHg, uncomplicated further course, extubated 3 hrs later

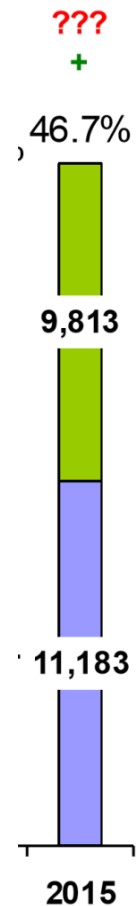


TAVI 2017



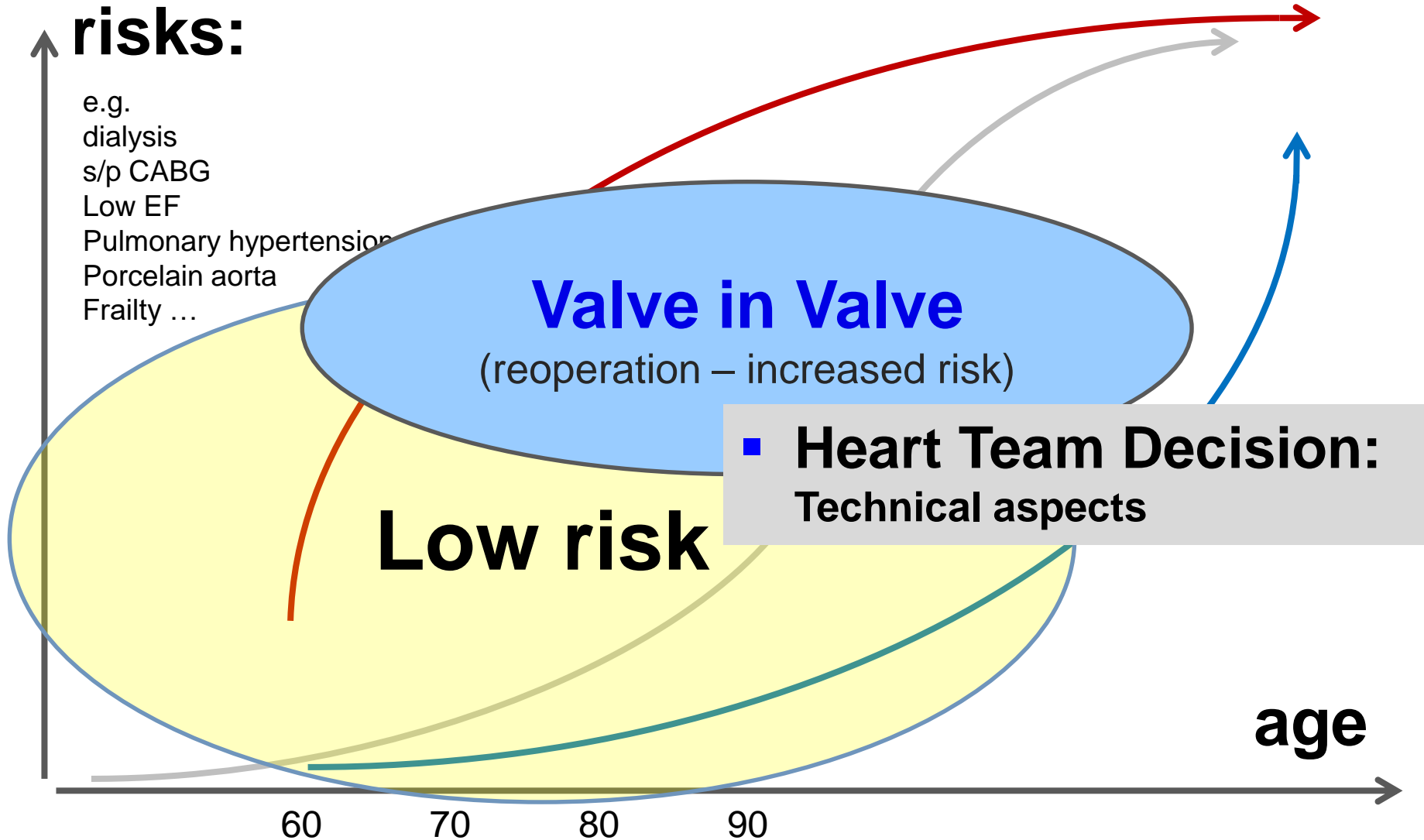
- > 10 years experience, steep increased in patient numbers

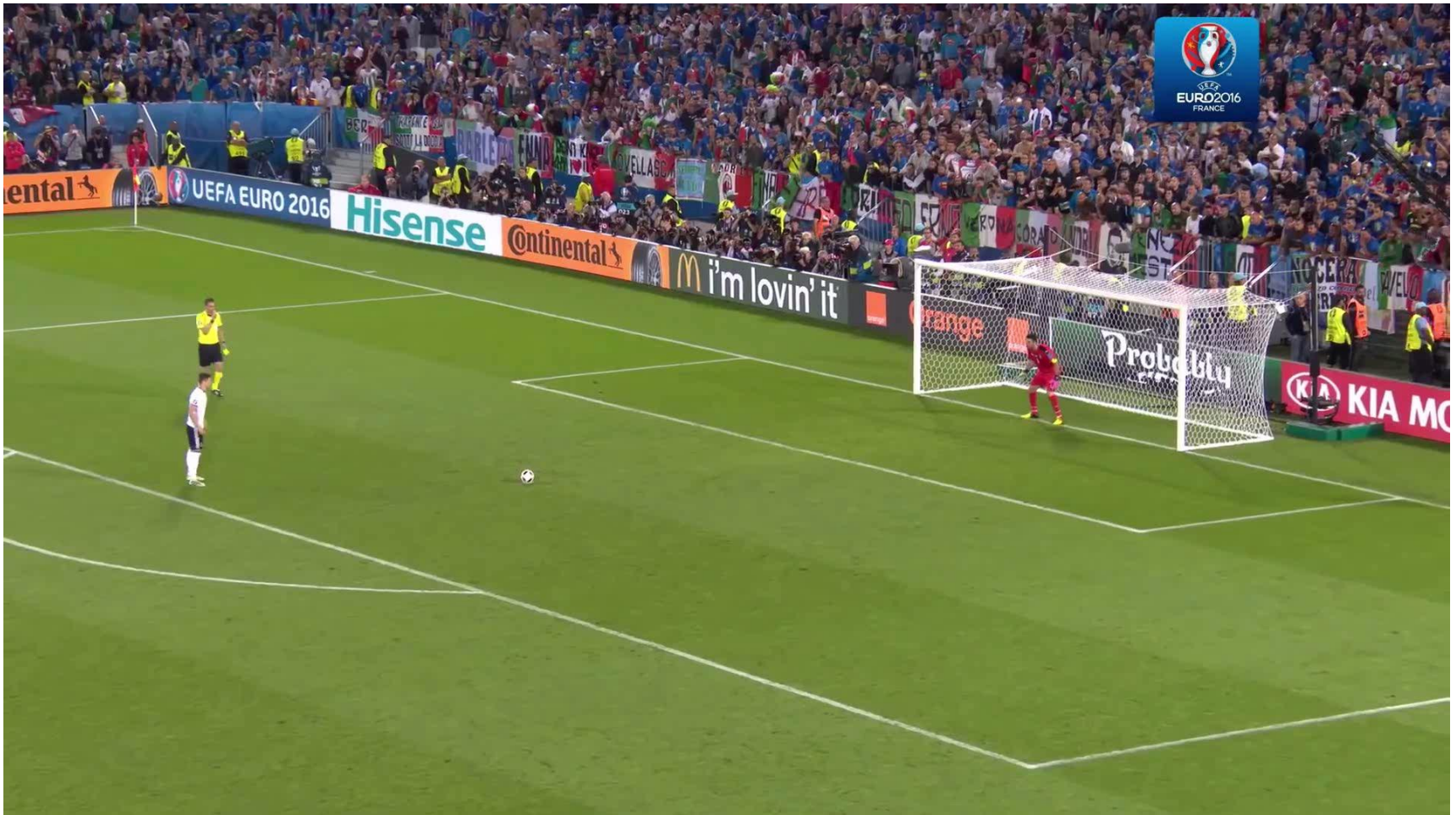
Sometimes you don't know how they got there ...



TAVI risk: Low - Intermediate - high

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=> straight forward like a penalty kick ...

Increasing number of xenograft implants



KERCKHOFF HERZ- UND THORAXZENTRUM

Isolated aortic valve surgery 1994 - 2016

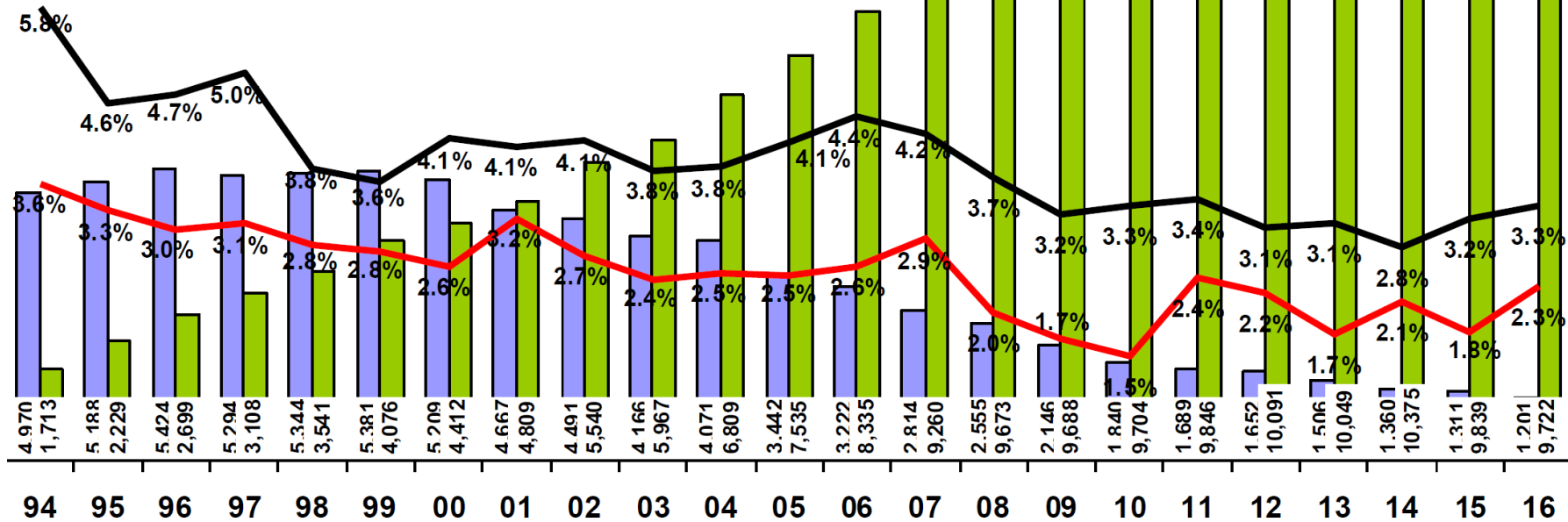
Allografts and TAVI procedures are excluded

prosthesis

xenograft

mortality rate prosthesis

mortality rate xenograft



=> Increasing elderly pts and potential „demand“ for VinV

The concept of VinV



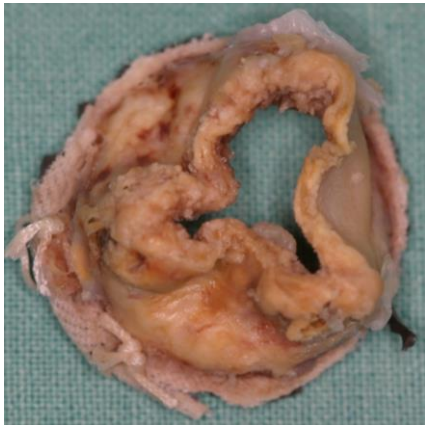
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reduced invasiveness of re-do AVR in high risk patients

no sternotomy, no cardioplegic arrest, off-pump

= *truely minimally invasive*

Degenerated
Xenograft



SAPIEN THV



+



Valve-in-a-Valve
(VinV)

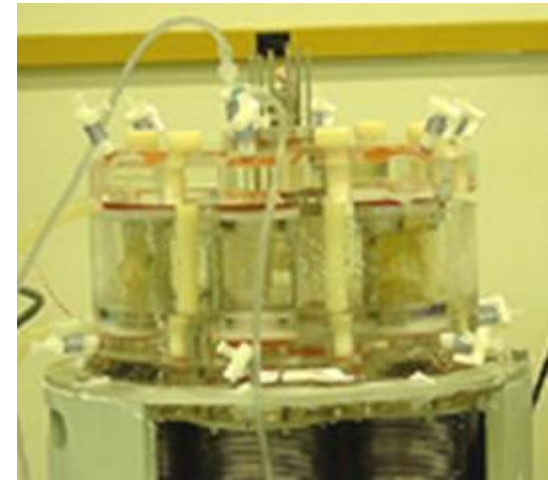
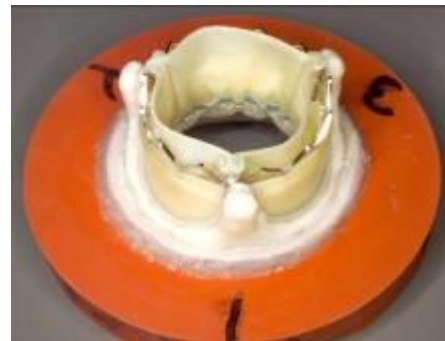


VinV: bench testing



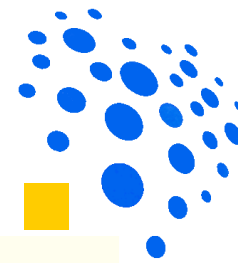
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- valve size matching
- functional performance and migration
- hydrodynamic (steady and pulsatile)
- accelerated wear



@ Edwards Laboratories, Irvine, CA, USA; M.Dehdashtian and team

VinV: Experimental studies



KERCKHOFF HERZ- UND THORAXZENTRUM

Valve-in-a-Valve Concept for Transcatheter Minimally Invasive Repeat Xenograft Implantation

Thomas Walther, MD,
Fabian Emrich, MD,*
Gerhard Schuler, MD,
Leipzig, Germany; and I

Jörg Kempfert, MD,*
El A. Borger, MD, PhD,*
PHD*

Objectives

This s
impla

Background

Reop

Methods

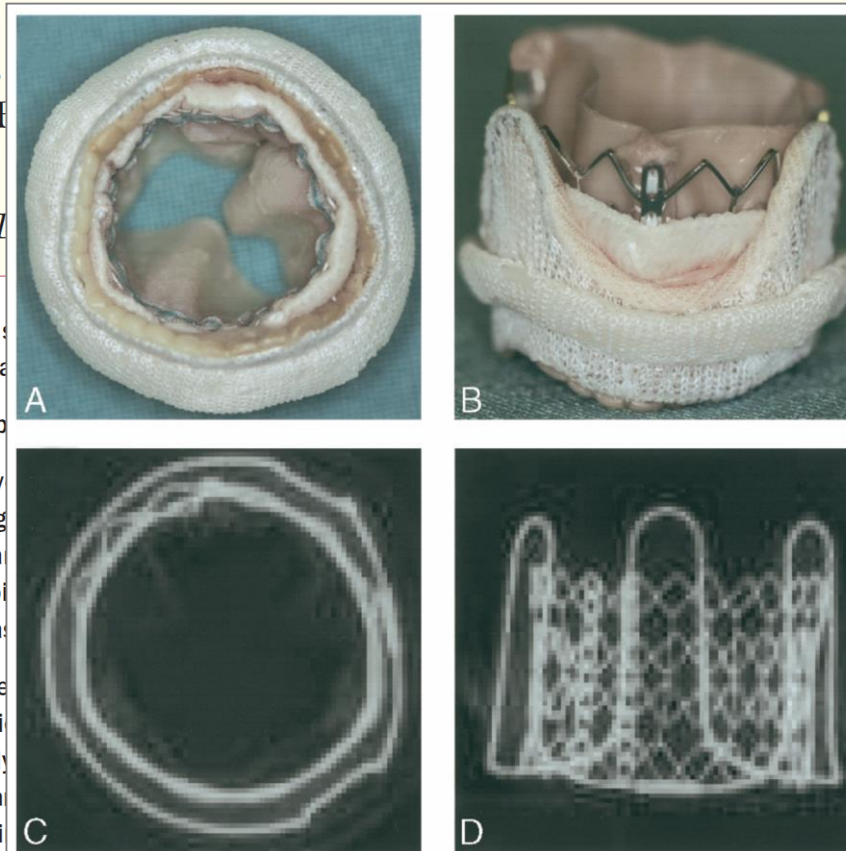
Conv
7 pig
expa
scopi
bypa

Results

Valve
venti
firmly
dyna
confi

Conclusions

The VinV concept is promising for minimally invasive beating heart repeat aortic or mitral valve replacement, using a stent-fixed sutureless prosthesis. (J Am Coll Cardiol 2007;50:56-60) © 2007 by the American College of Cardiology Foundation



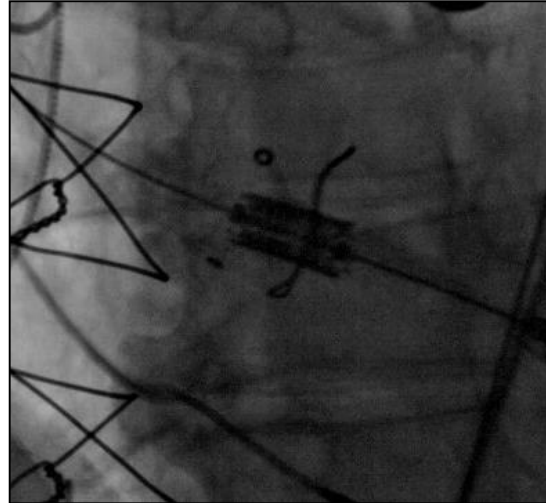
repeat valve-in-a-valve (VinV)

with an increased surgical risk.

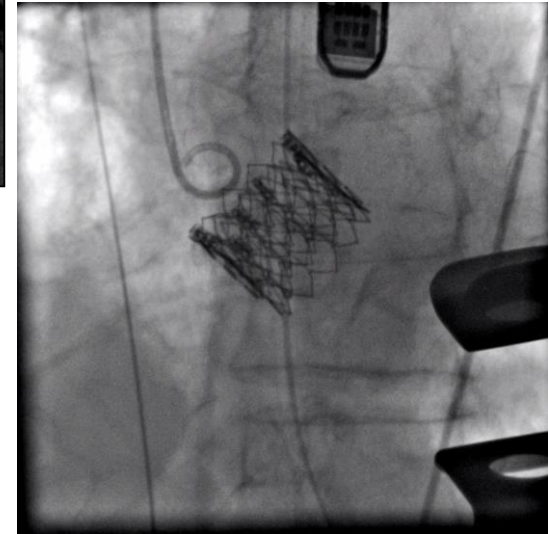
The prostheses were implanted in
3-mm stainless steel, balloon
then performed under fluoro-
r unloading via cardiopulmonary

locking within the stent of the con-
delivered valve. All valves were
insvalvular leaks, and good hemo-
ent. Positioning and function were

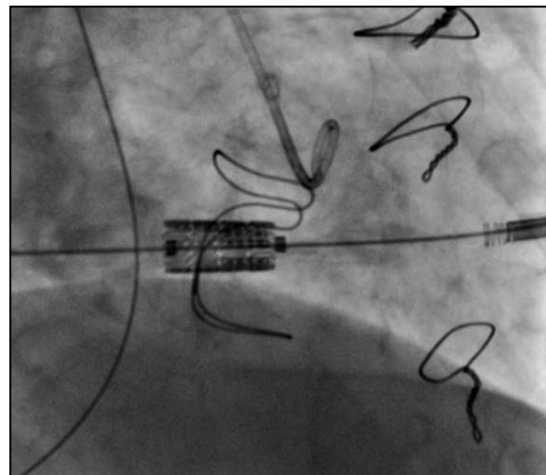
- **TAVI in sAVR**



- **TAVI in TAVI** (bailout, degeneration, ...)



- **TAVI in MVR,**
etc.

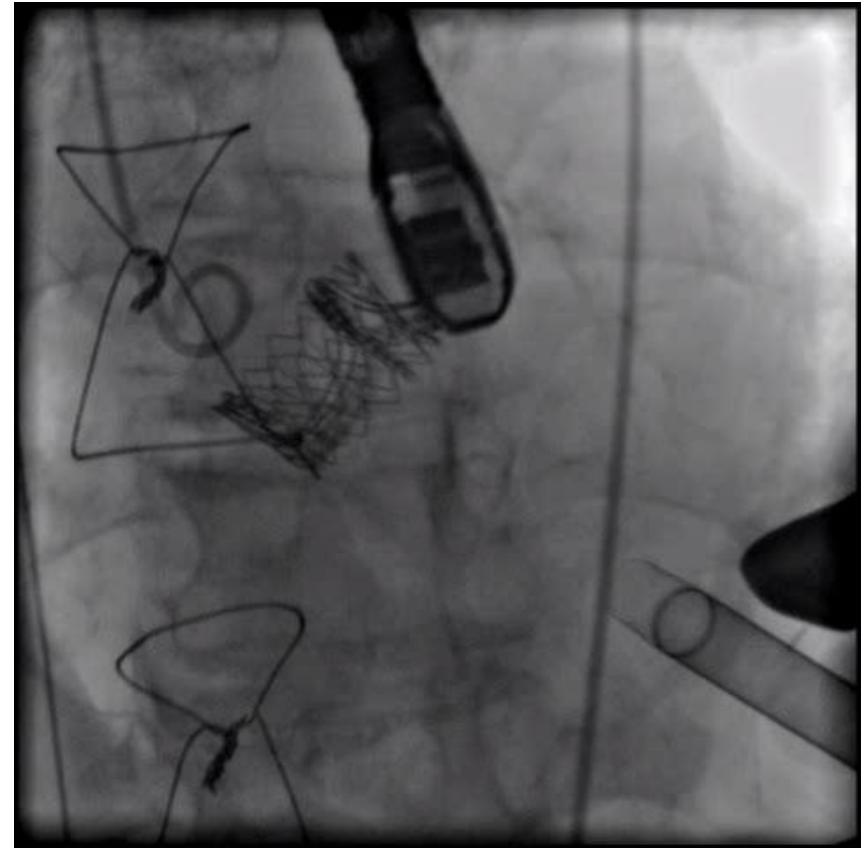
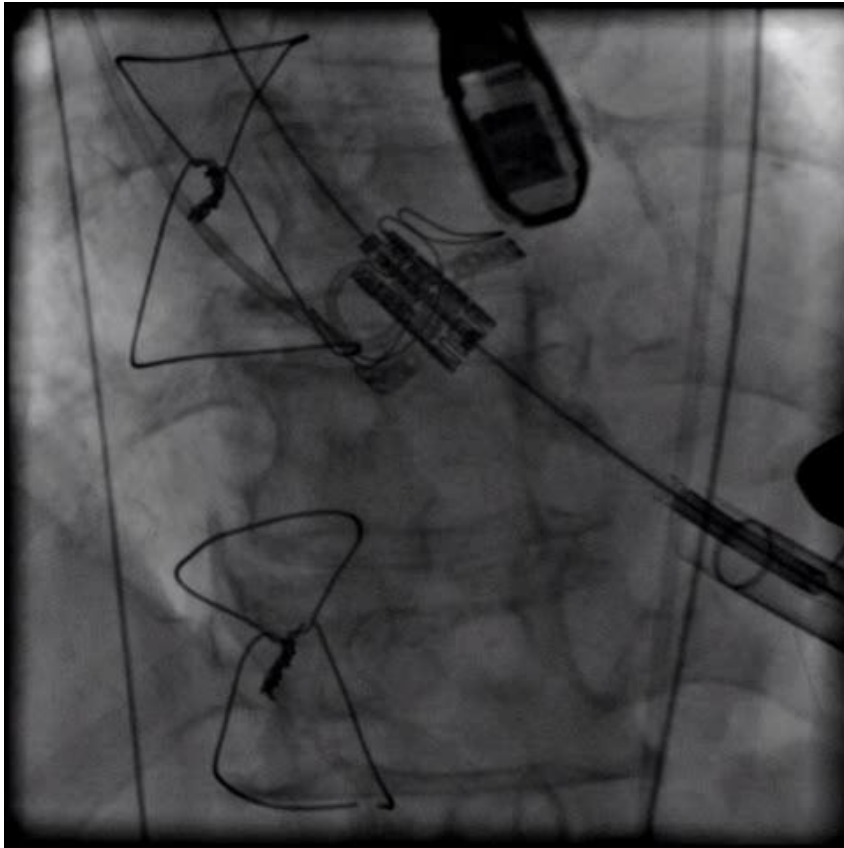


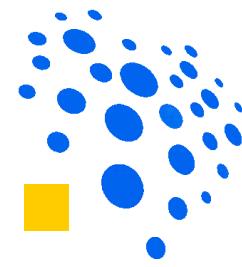
VinV: SAPIEN 23 in Perimount 21

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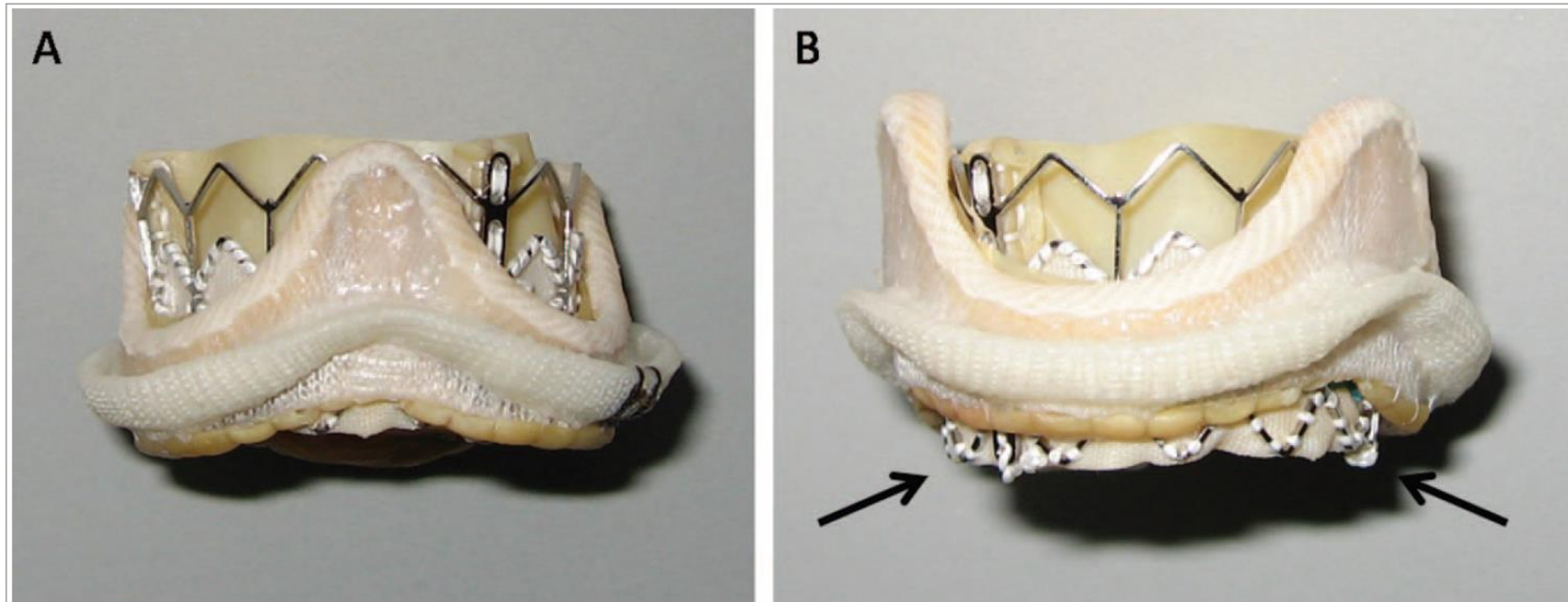
first human transapical VinV implantation 2007, Leipzig





Transcatheter Valve-in-Valve Implantation for Failed Bioprosthetic Heart Valves

John G. Webb, MD; David A. Wood, MD; Jian Ye, MD; Ronen Gurvitch, MD;



Conclusions—Transcatheter valve-in-valve implantation is a reproducible option for the management of bioprosthetic valve failure. Aortic, pulmonary, mitral, and tricuspid tissue valves were amenable to this approach. This finding may have important implications with regard to valve replacement in high-risk patients. (*Circulation*. 2010;121:00-00.)

VinV - aortic

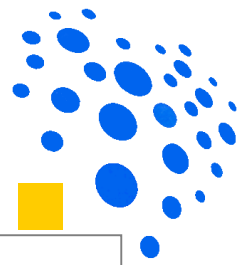


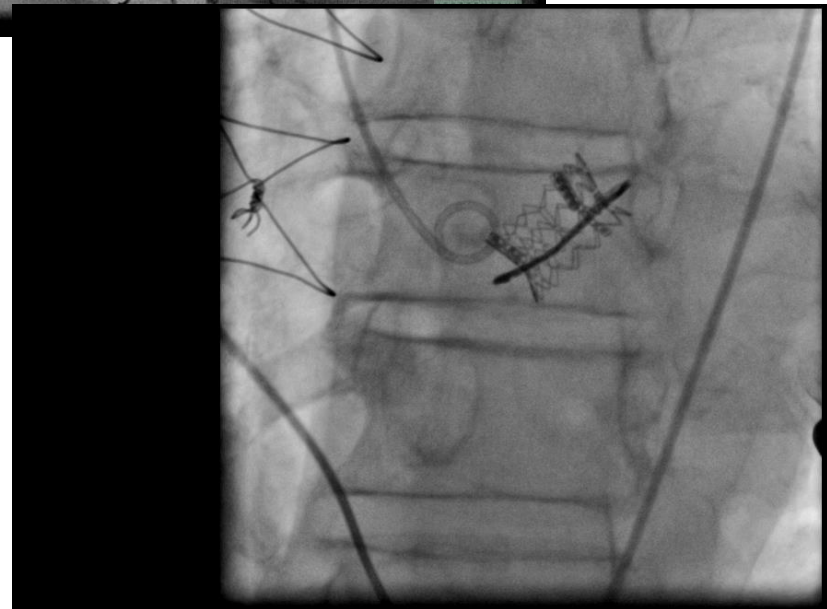
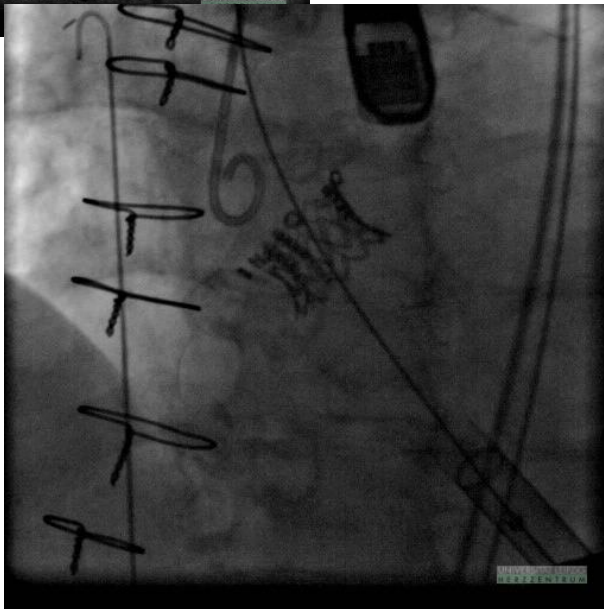
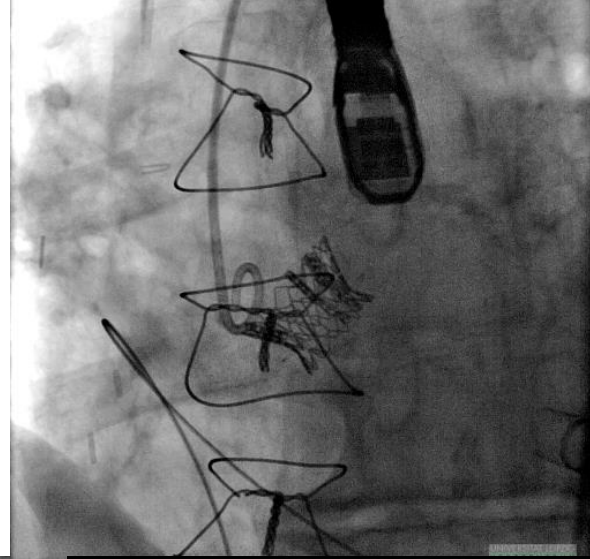
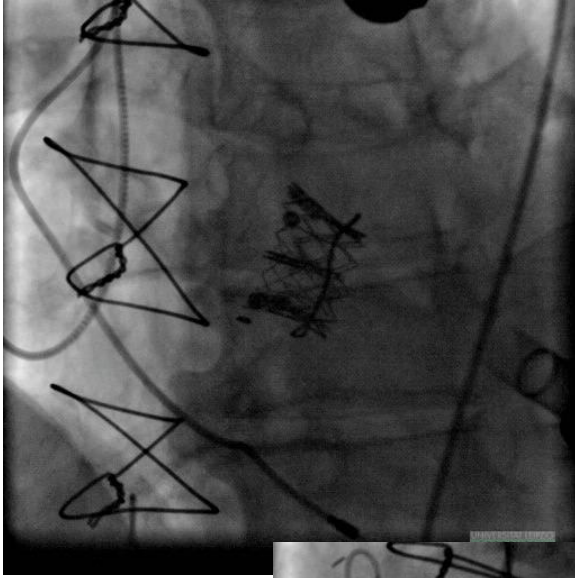
Table 2. Suggested Sapien Size Selection Based on Inner Stent Diameter of Degenerated Bioprosthesis

Bioprosthesis	Labeled Size	Inner Stent Diameter (mm)	Suggested Sapien Size	Remarks
CE Perimount	21	20	23	
CE Perimount Magna	23	22	23	
	25	24	26	
	27	26	29	a
	29	28	29	a
	CE Porcine	21	19	23
SJM Epic	23	21	23	
	25	23	26	
	27	25	26	
	29	27	29	a
SJM Epic Supra	21	21	23	
	23	23	26	
	25	25	26	
	27	27	29	a
	29	29	29	+1 mL extra balloon volume, might cause mild central leak
Medtronic Hancock II	21	18.5	23	
Medtronic Mosaic	23	20.5	23	
Medtronic Mosaic Ultra	25	22.5	26	
	27	24	26	
	29	26	29	a
Sorin Mitroflow	21	17.3	23	Significant crowning expected, might cause central leak
	23	19	23	
	25	21	23	
	27	22.9	26	
	29	24.7	26	

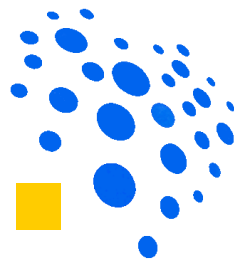
VinV: examples in...

Hancock, Mosaic, Epic, Mitroflow

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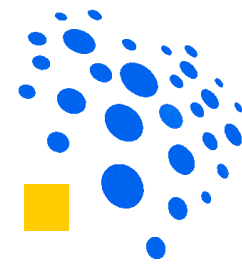


VinV screening

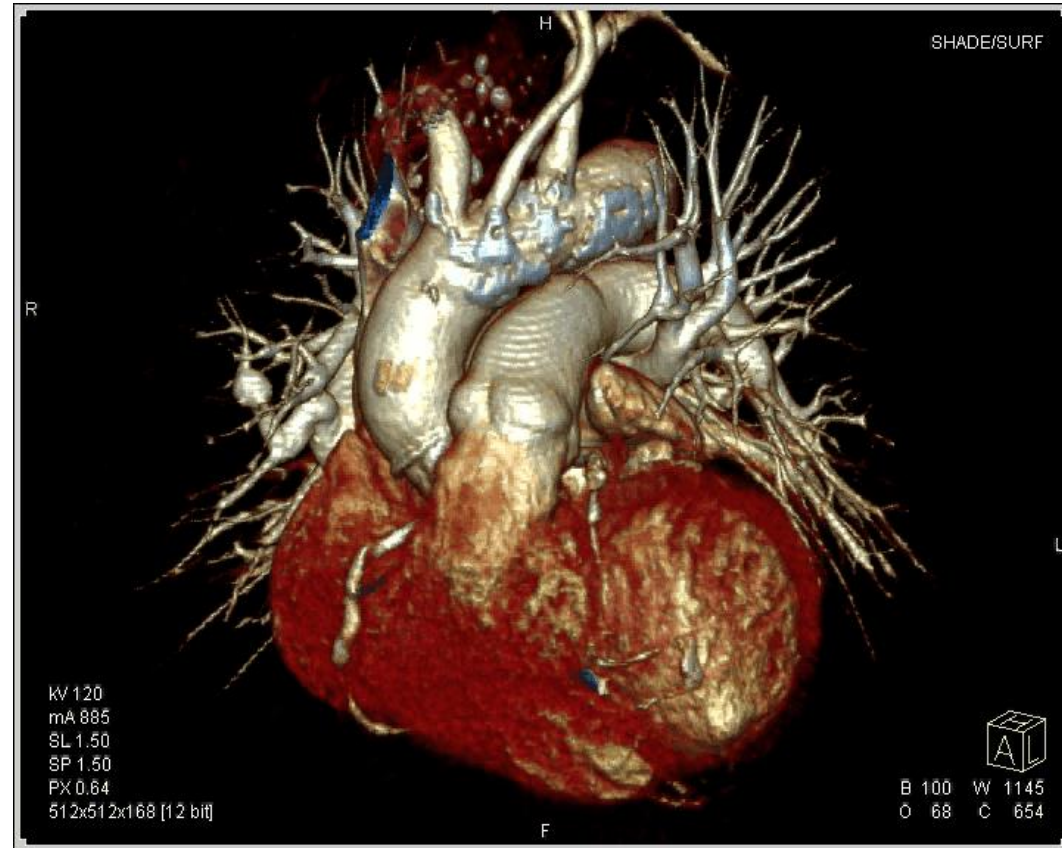
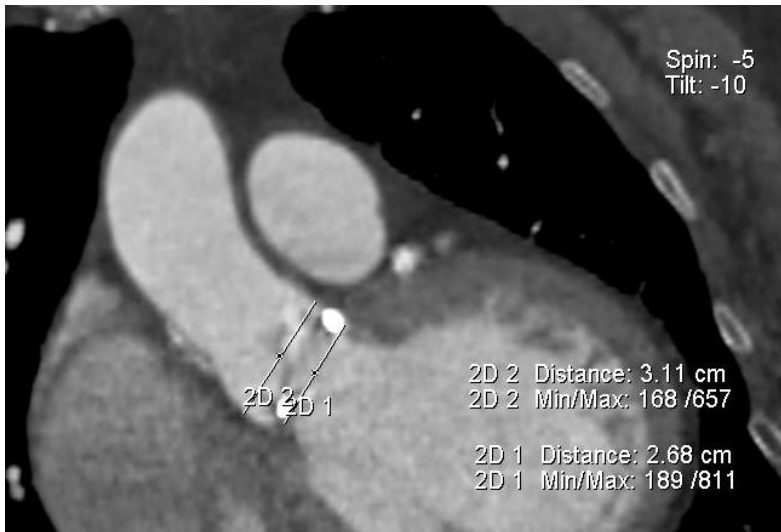


- Type of implanted valve with visualisation (annulus, struts)
- Size of implanted degenerated xenograft
- Aortic root anatomy
- => selection of suitable TAVI prosthesis: intraannular valve (SAPIEN) or supraannular valve (COREVALVE, ACURATE, etc.)

VinV -aortic: aortic root imaging !

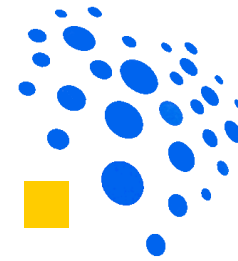


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Pre-OP CT mandatory !

VinV app (V. Bapat)



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Mehr von diesem Entwickler

Valve In Valve

Von UBQO Limited

Öffne iTunes, um Apps zu kaufen und zu laden.

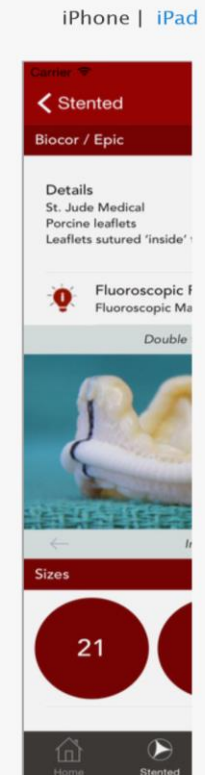
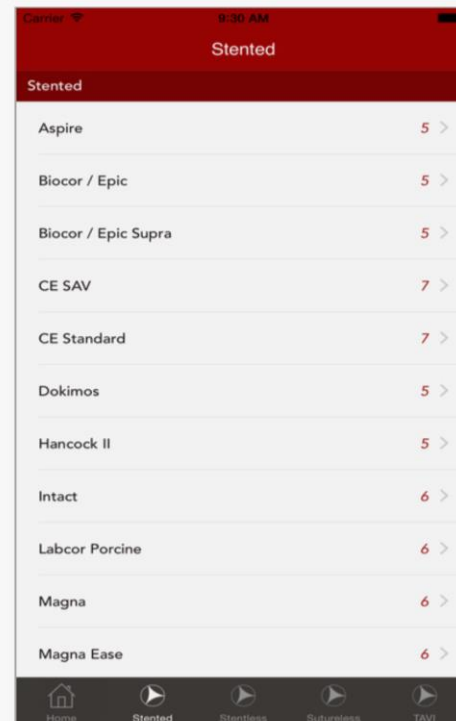
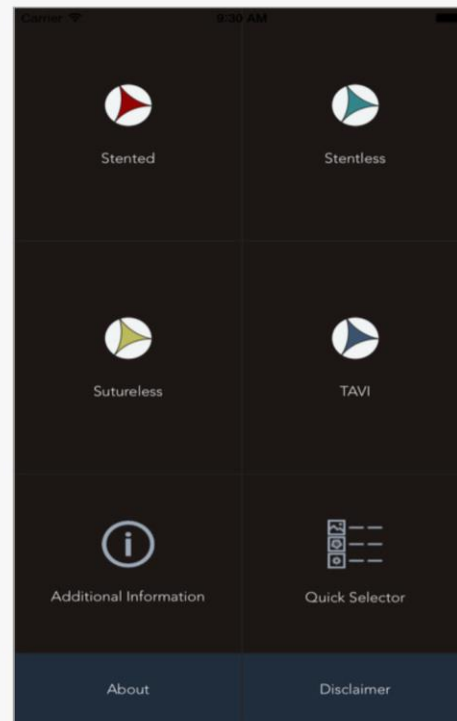


Beschreibung

An instant guide to Valve in Valve procedures for clinicians

Quick, clear and concise information about heart valves and Valve in Valve therapy. A guide you wish you always had

Screenshots





=> but can also be cumbersome ...

VinV -

therapy of choice in case of decreased TAVI durability

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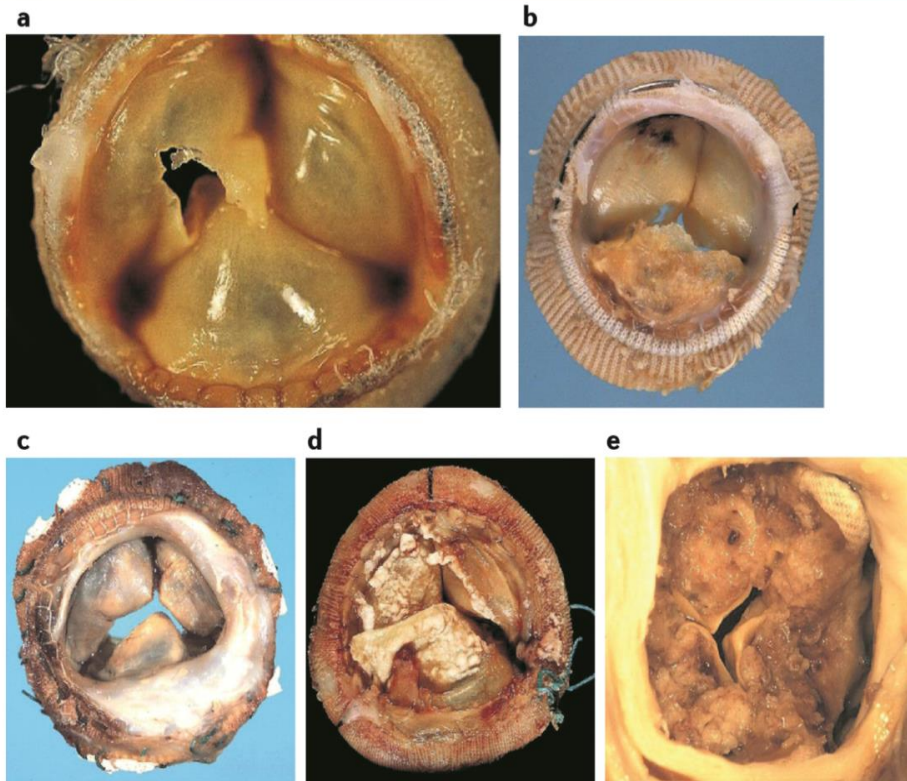
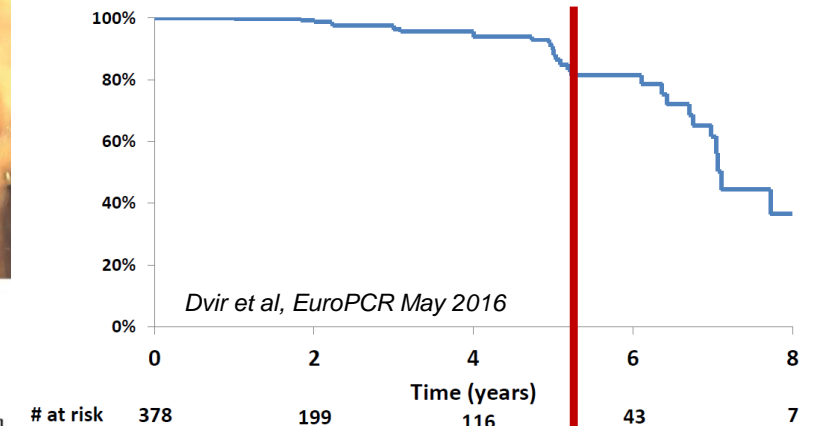
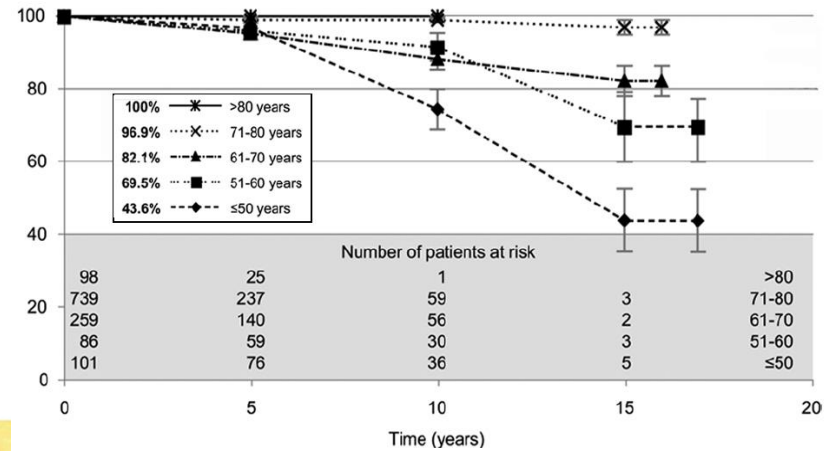


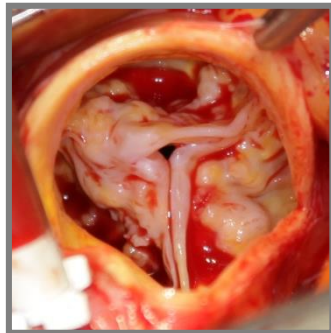
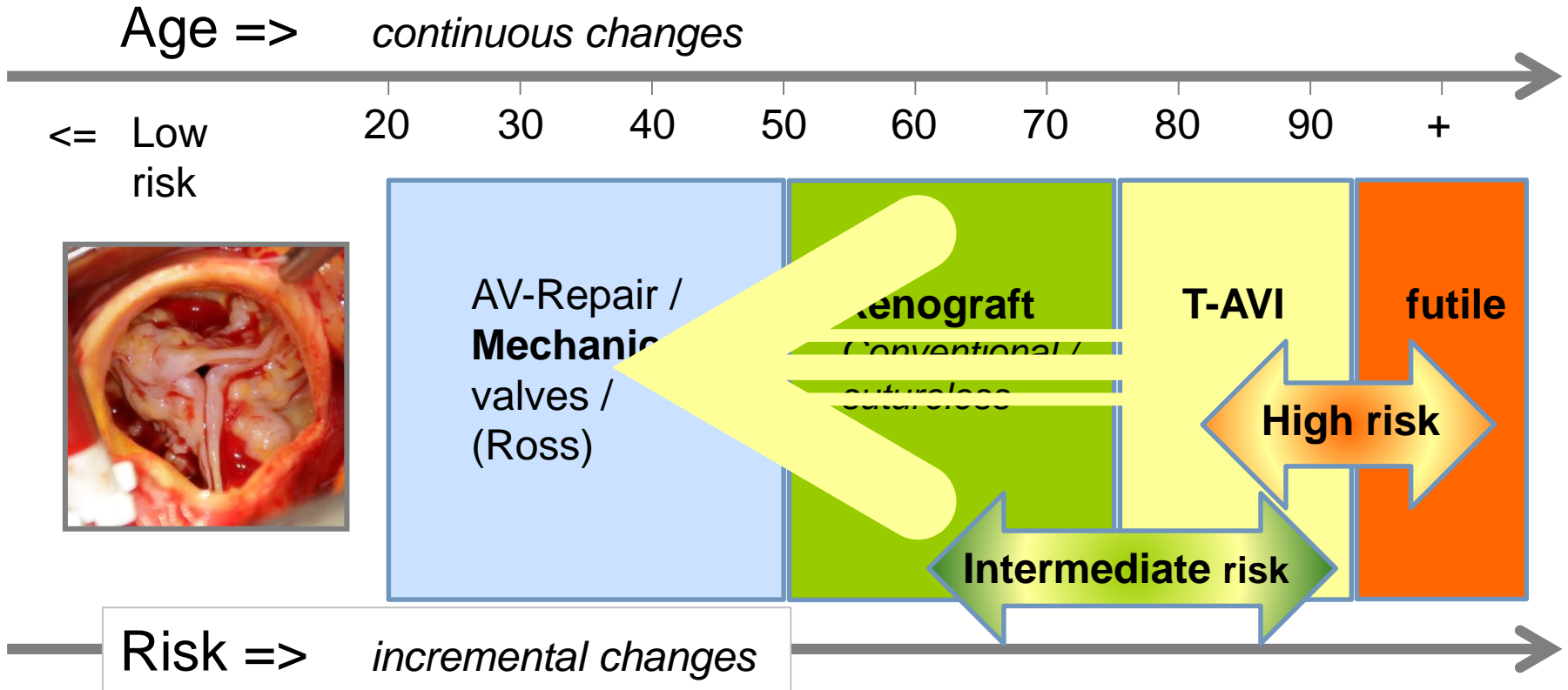
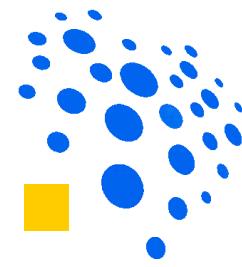
Figure 2 | **Pathological specimens showing the most common reasons for bioprosthetic valve failure.** a | Wear and tear. b | Calcific degeneration. c | Pannus. d | Endocarditis. e | Thrombus. Wear and tear and calcification are the most common causes. Reprinted from Piazza, N. et al. Transcatheter aortic valve implantation for failing surgical aortic bioprosthetic valve from concept to clinical application and evaluation (part 1). *JACC Cardiovasc. Intervent.* 4 (7), 721–732 © (2011), with permission from Elsevier.



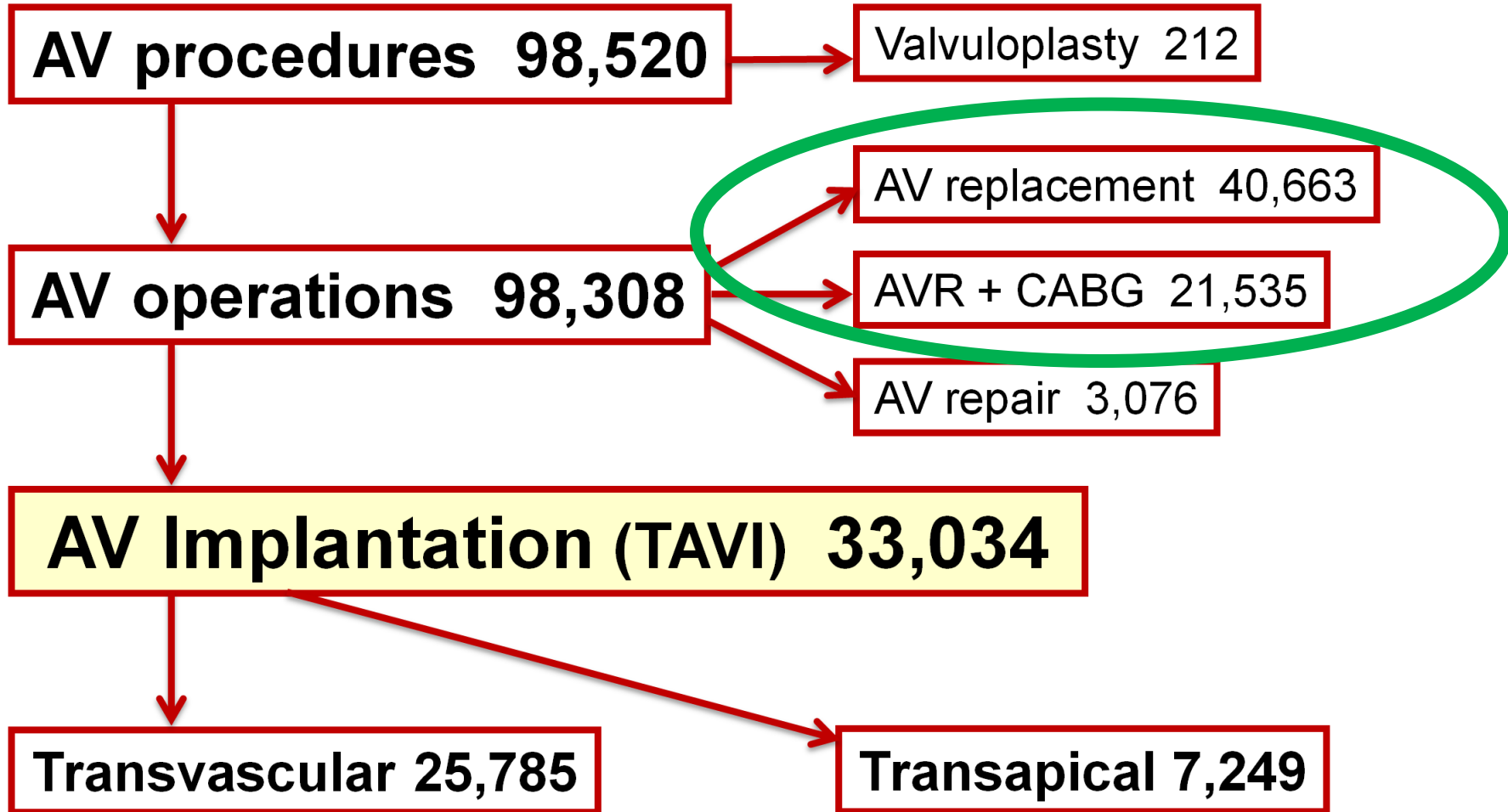
Dvir et al, EuroPCR May 2016
 THV degeneration was defined as at least moderate regurgitation AND/OR mean gradient ≥ 20 mmHg, which did not appear within 30 days of the procedure and is not related to endocarditis.
 KM estimate of THV degeneration included censoring of patients at their date of last known THV functioning well without evidence for degeneration per study definition.

Arsalan M, Walther T: Durability of prostheses for transcatheter aortic valve implantation. *Nat Rev Cardiol* 2016;13:360-7

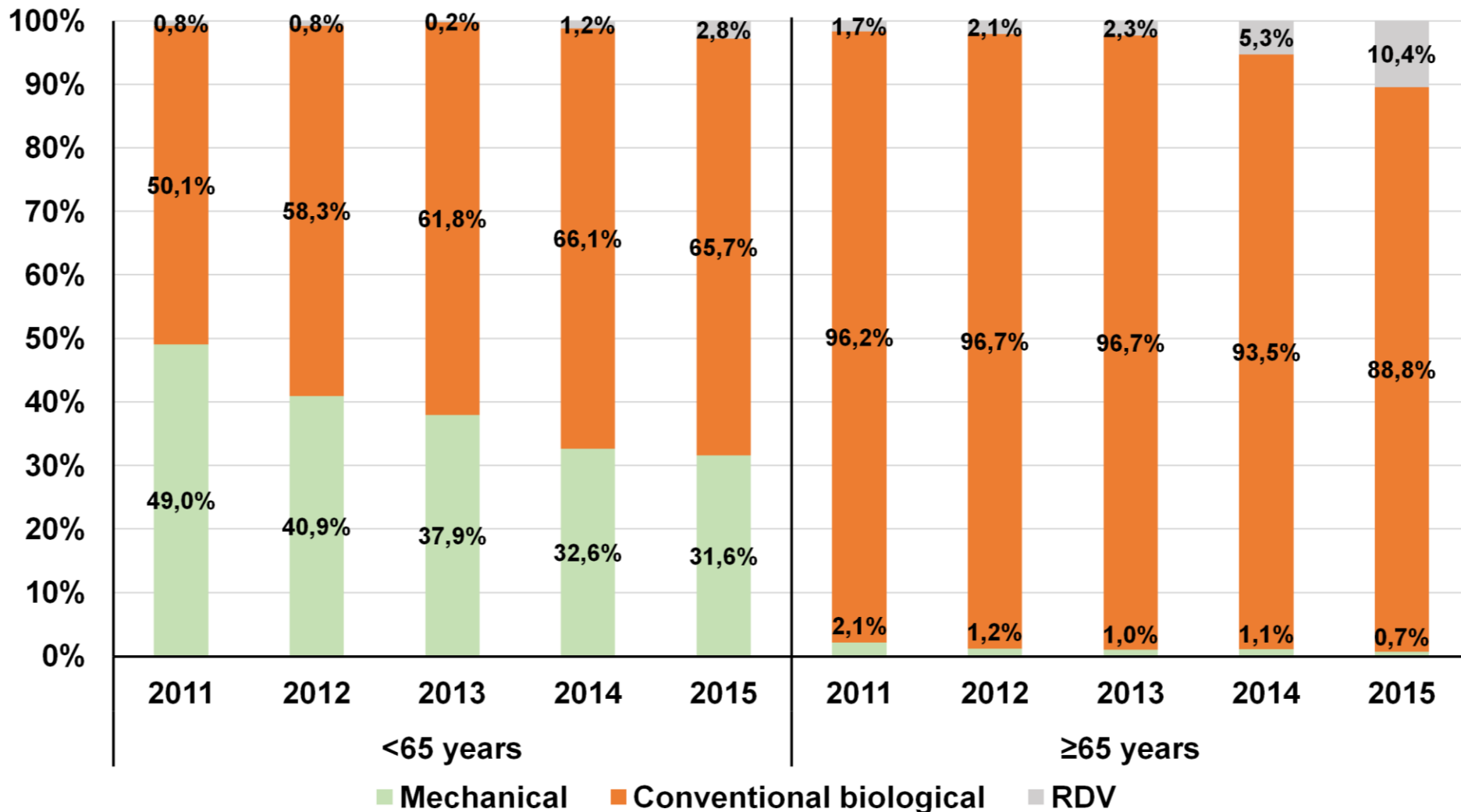
AS: increasing use of xenografts / potential VinV



	<i>Low risk</i>	<i>Interm. risk</i>	<i>High risk</i>
Log. Euroscore	< 10	10 - 20	> 20
STS Score	< 3	3 - 6	> 8
AKL Score	< 3	3 - 6	> 6



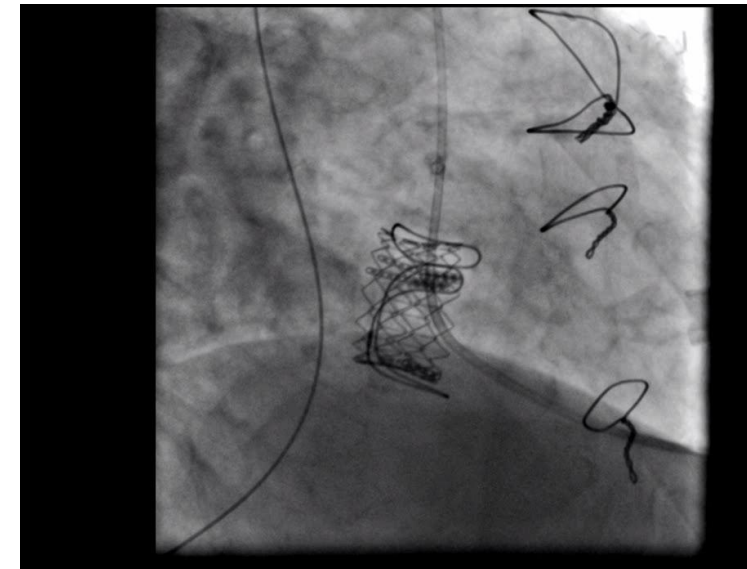
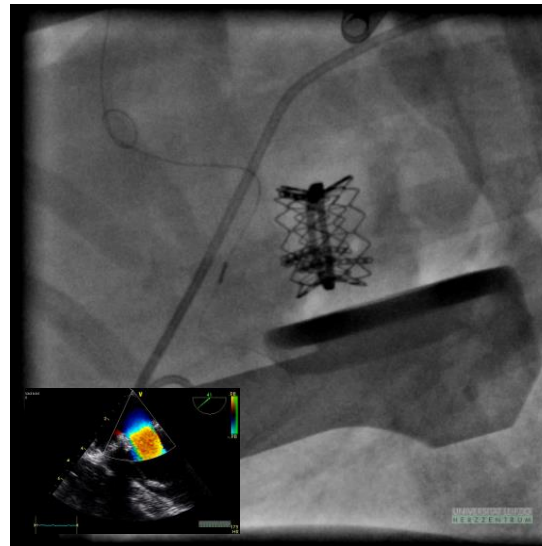
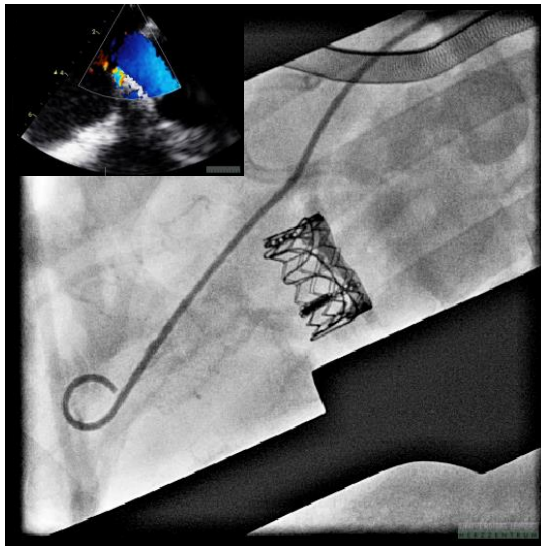
Valve type selection according to year of implantation and patients' age
Isolated sAVR and sAVR+CABG patients



VinV / VinR mitral

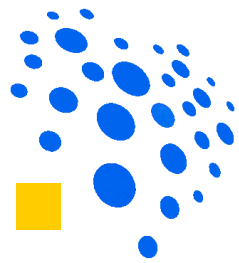


- Experimental evaluation 2008
- Nowadays clinical routine.
Consider complex anatomy, LVOT, mitral - aortic angle, etc.



Valve in valve (VinV)

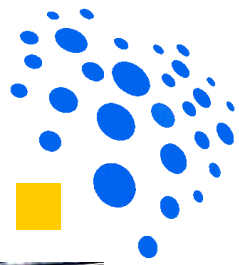
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- **Established minimally invasive option for (all) patients with degenerated xenografts**
- **Exact screening important, exclude endocarditis, PV leak, aortic pathology, etc.**
- **Change in valve selection criteria - lower threshold for xenografts**

Thank you !

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t.walther@kerckhoff-klinik.de