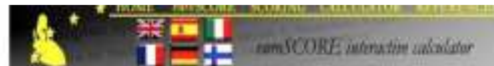
Clinical History

- 83 ys old male.
- Diabetic on insulin (20 years).
- He was known as a significant aortic stenosis 3 years ago.
- He was admitted in the ICU with cardiogenic shock(December 2016), severe chest infection and intubated for more than 2 weeks.
- Renal impairment (creatinine was 3.8mg/dl,urea 118mg/dl)
- On inotropic support (adrenaline,nor adrenaline and dopamine).

Clinical History

- He was poorly mobile due to his musculoskeletal problems .
- He is semi-conscious.
- On renal dialysis(6 sessions/3weeks).

Risk scores



Important: The previous additive [1] and logistic [2] EuroSCORE models are out of date. A new model has been prepared from fresh data and is launched at the 2011 EACTS meeting in Lisbon. The model is called EuroSCORE II [3] - this online calculator has been updated to use this new model. If you need to calculate the older "additive" or "logistic" EuroSCORE please visit the old calculator by clicking here

Patient related factors			Cardiac related factors		
Age [1] (years)	83	0.88	NYHA	IV	.5597929
Gender	male	0	CCS class 4 angina [8]	no	0
Renal impairment [2] See calculator below for creatinine clearance	dialysis (regardless of CC)	.6421508	LV function	poor (LVEF 21%-30%)	.8084096
Extracardiac arteriopathy [3]	no	0	Recent MI [9]	no	0
Poor mobility [4]	yes	.2407181	Pulmonary hypertension [10]	no	0
Previous cardiac surgery	no	0	**Operation related factors**		
Chronic lung disease [5]	no	0	Urgency [11]	urgent	.3174673
Active endocarditis [6]	no	0	Weight of the intervention [12]	isolated CABG	0
Critical preoperative state [7]	yes	1.086517	Surgery on thoracic aorta	no	0
Diabetes on insulin	yes	.3542749			
EuroSCORE II	34.73 %				

HEART TEAM DISCUSSION

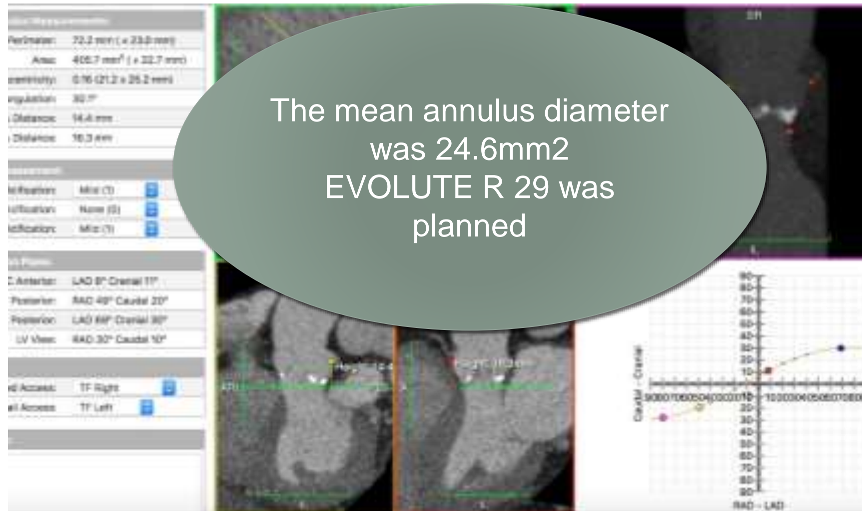
- SAVR?
- TAVR?
- The patient i… TAVR.
- The life e…

the decision to do aortic balloon valvuloplasty to differentiate between if this pt is very sick because of AS or he is very sick with concomitant AS.

POST BALLOON

- The patient improved after 5 days and he extubated .
- The renal function was improved and the dialysis sessions was stopped.
- The inotropic support was reduced to noradrenaline only(150 mic/kg/h).

CT was done



The follow up

- The patient improved and discharged from the hospital after 15 days.
- No conduction abnormality.
- No more renal dialysis session.
- His echocardiography showed mild to moderate aortic paravalvular leakage immediately post TAVI.
- One month later the echocardiography showed mild paravalvular leakage and normal LV function.

TAKE HOME MESSAGE

- Decision making in elderly individuals with multiple comorbidities is both a science and an art.
- Procedural success critically depends on proper selection, meticulous preplanning, experienced teams (interventional and surgical) and well equipped units. A good TAVI operator is simply not enough.
- differentiation between those who are very sick because of AS and those who are very sick with concomitant AS is very important.
- In fact we had a lot of lessons from such of those cases.

Thank you