



# **Stenosi valvolare aortica: quando e come interviene il cardiologo interventista con procedura TAVI**

## **-Caso clinico: gestione del paziente con accessi difficili**

Bergamo, 05 Ottobre 2022

# Storia Clinica

78 Anni, uomo

- Iperteso
- 2016: By-pass Mammaria Interna su IVA
- 2021: Angioplastica del primo ramo marginale
- Insufficienza renale cronica stadio IV GFR 27 ml/min.

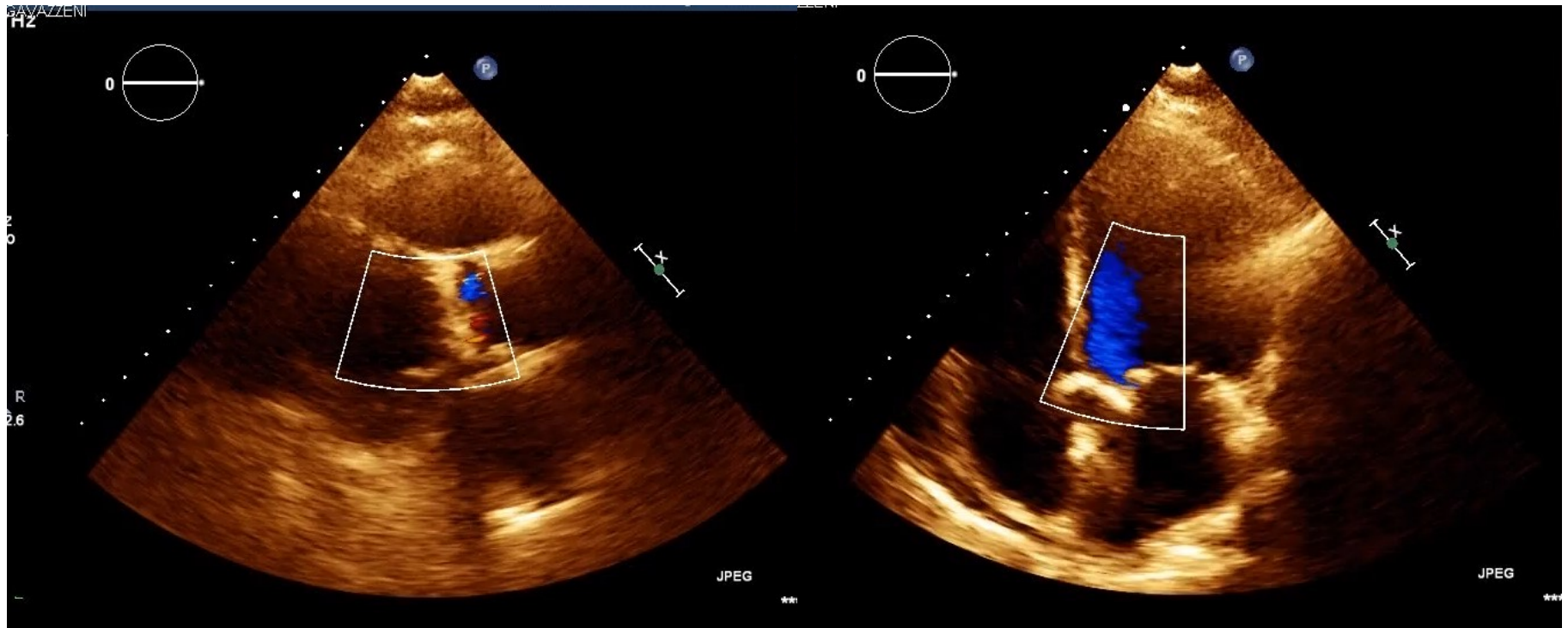
# Presentazione Clinica

- Astenia e dispnea per sforzi lievi. Classe NYHA III.
- AVA 0.7 cm<sup>2</sup>; AVAi 0.35 cm<sup>2</sup>/m<sup>2</sup>, V max 3.6 m/s, gradiente medio 28 mmHg, FE 40%.
- Heart Team Discussion:**

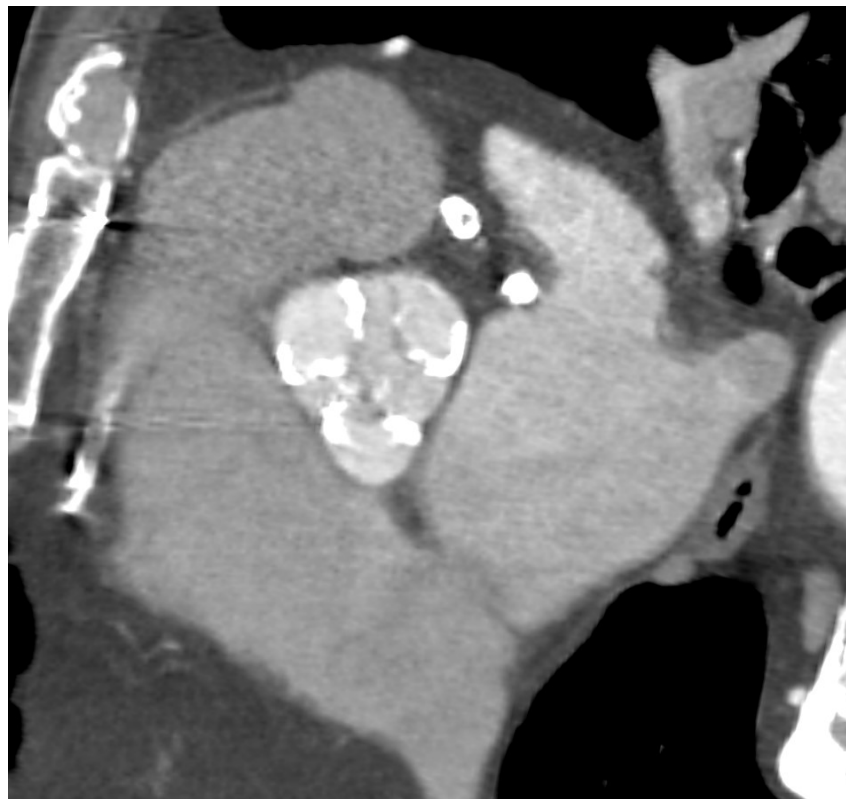
EuroScore II 8.5%

STS 3.2%

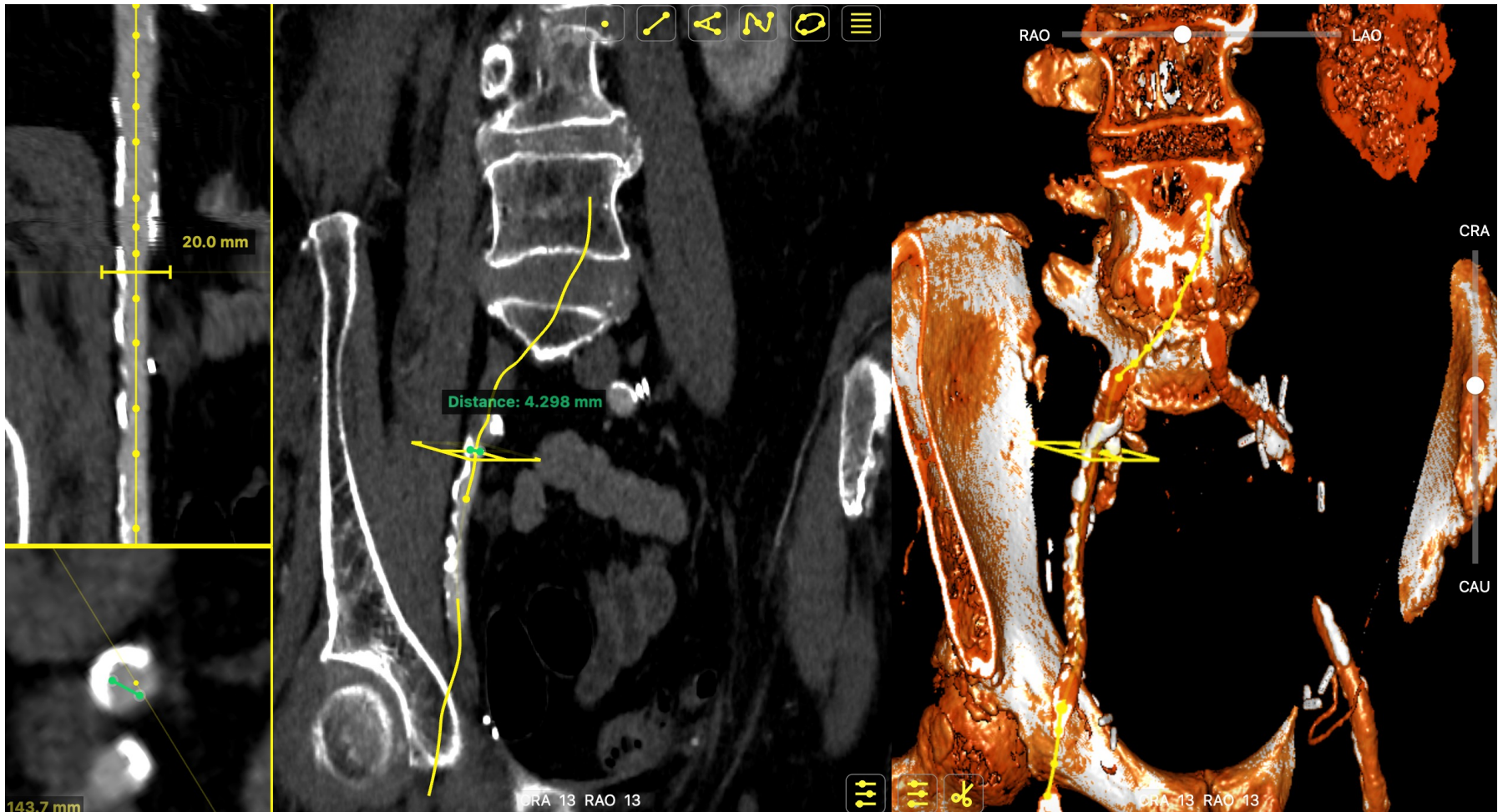
# ECOCARDIOGRAMMA



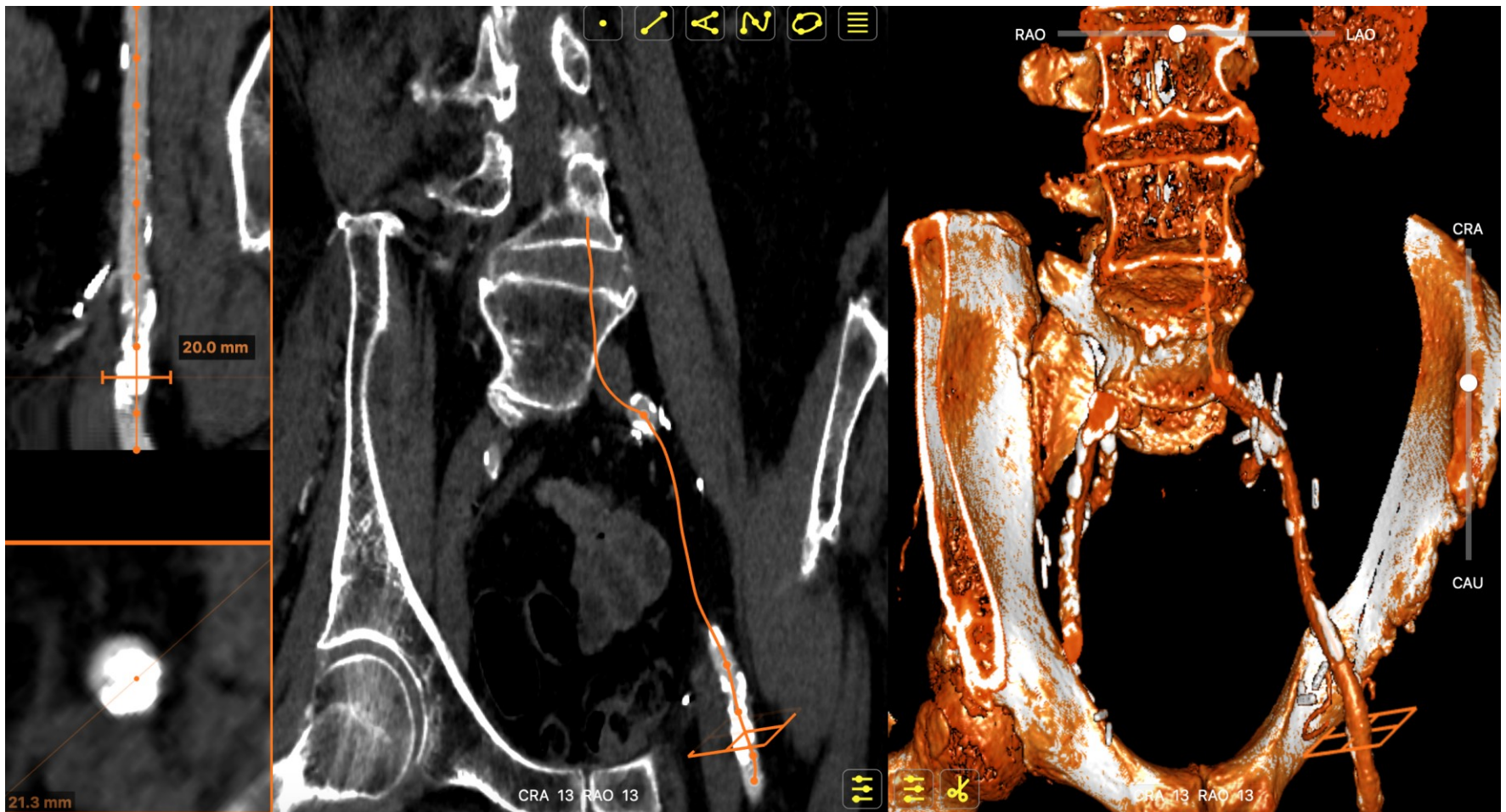
# Angio-TAC



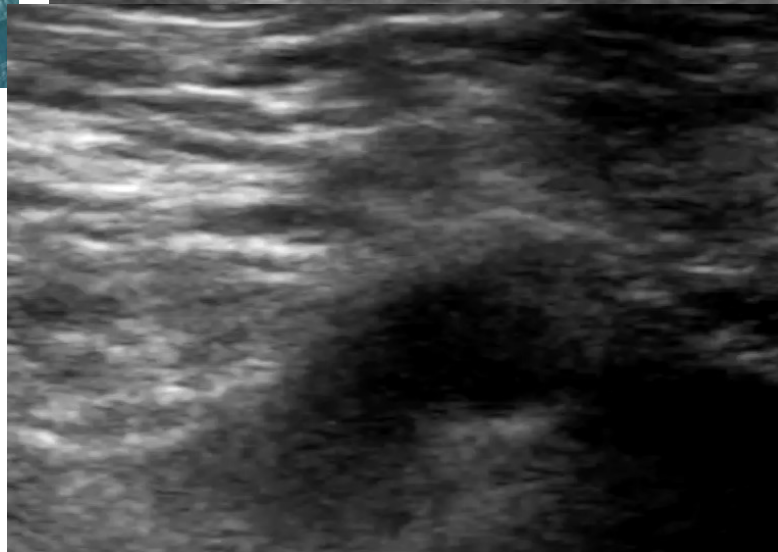
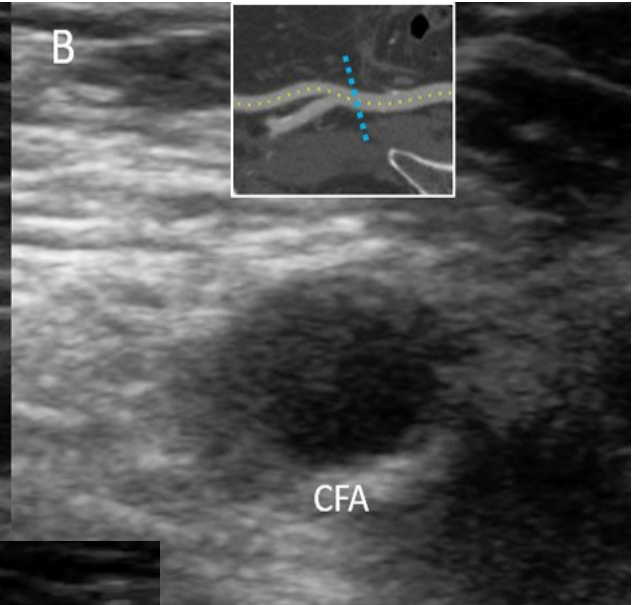
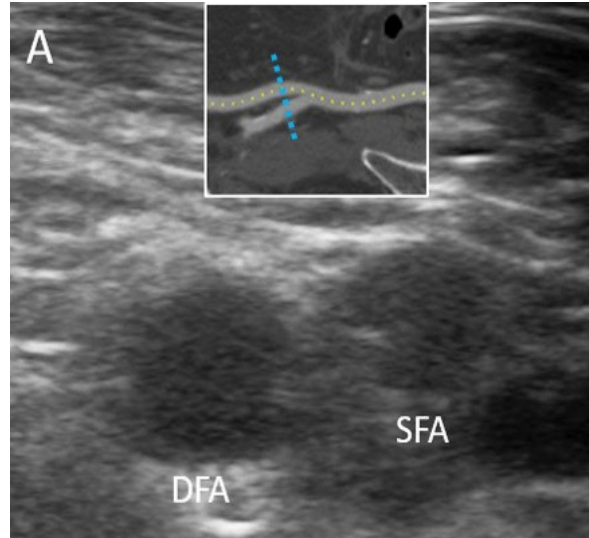
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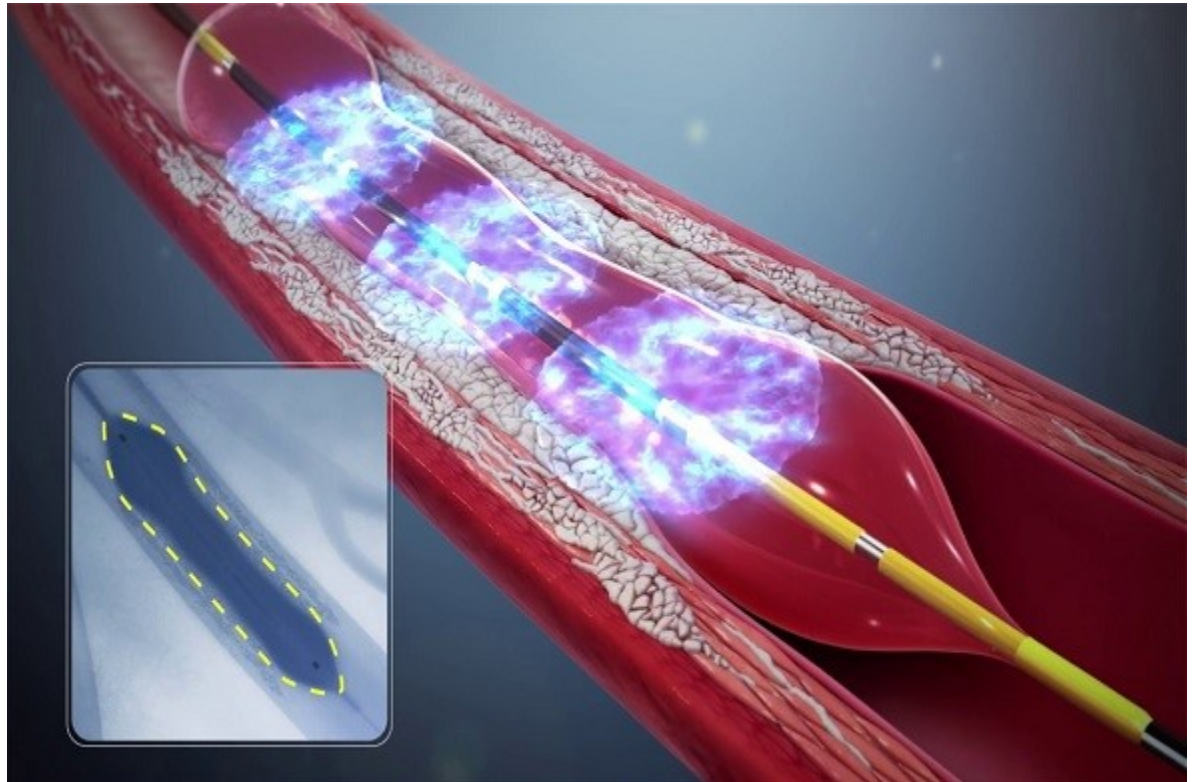
# Angio-TAC



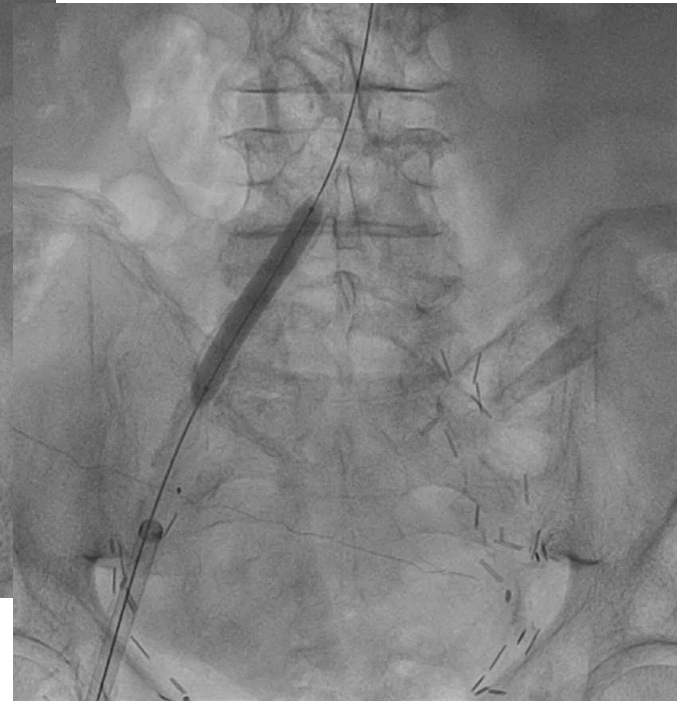
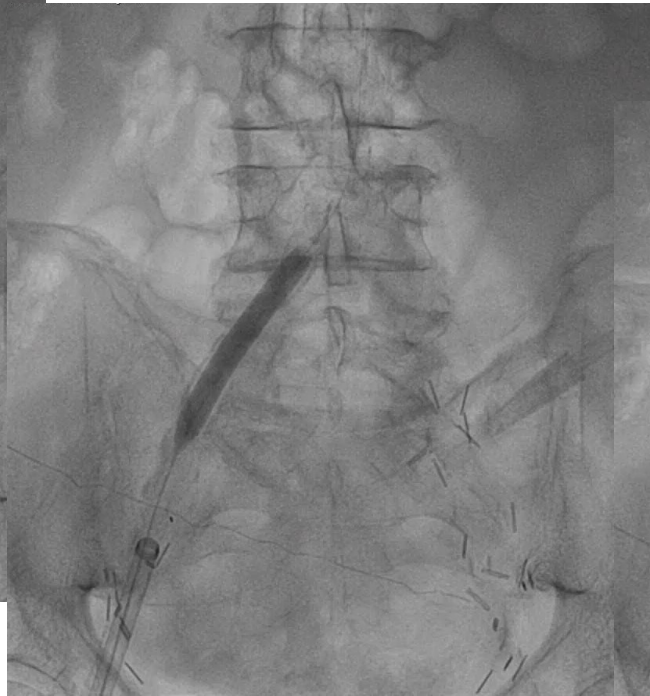
# Puntura Eco-guidata



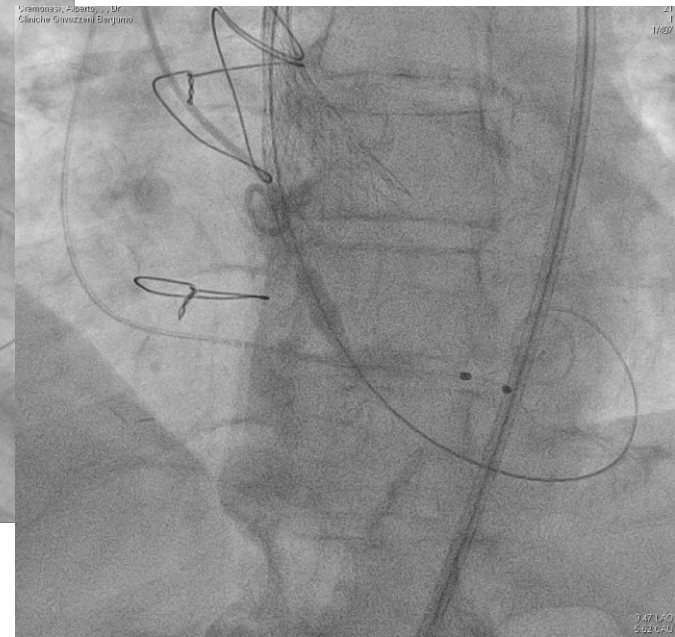
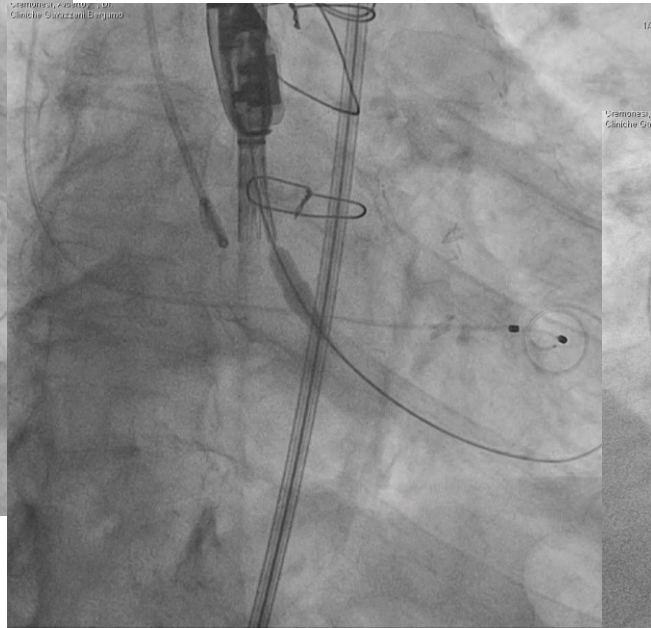
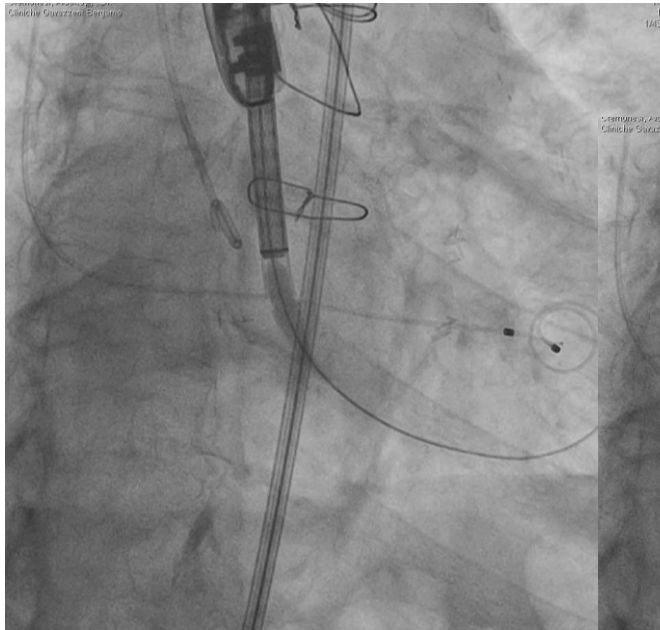
# Shockwave



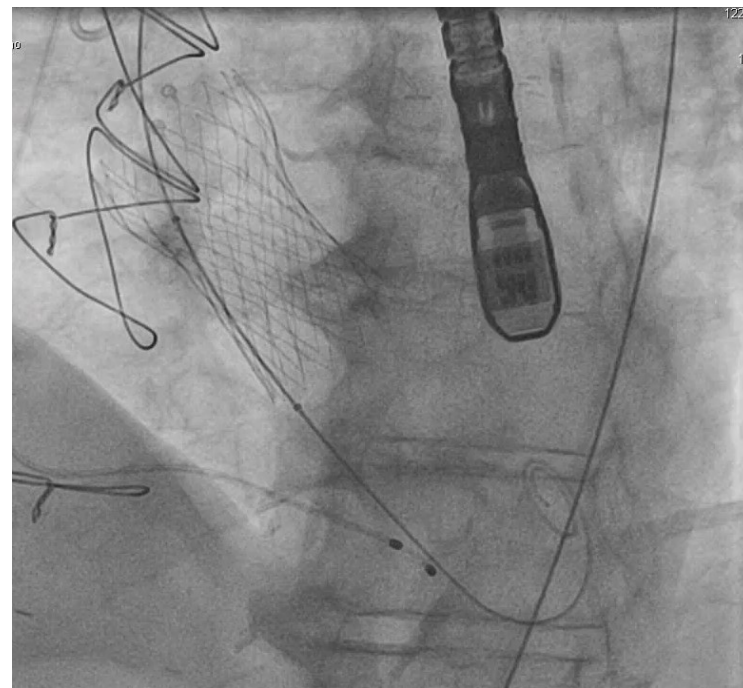
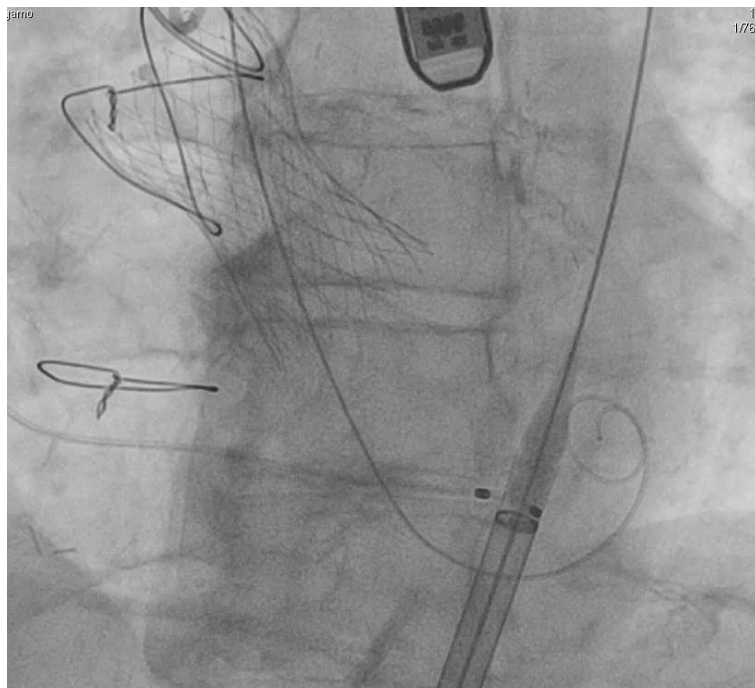
# PTA-femorale



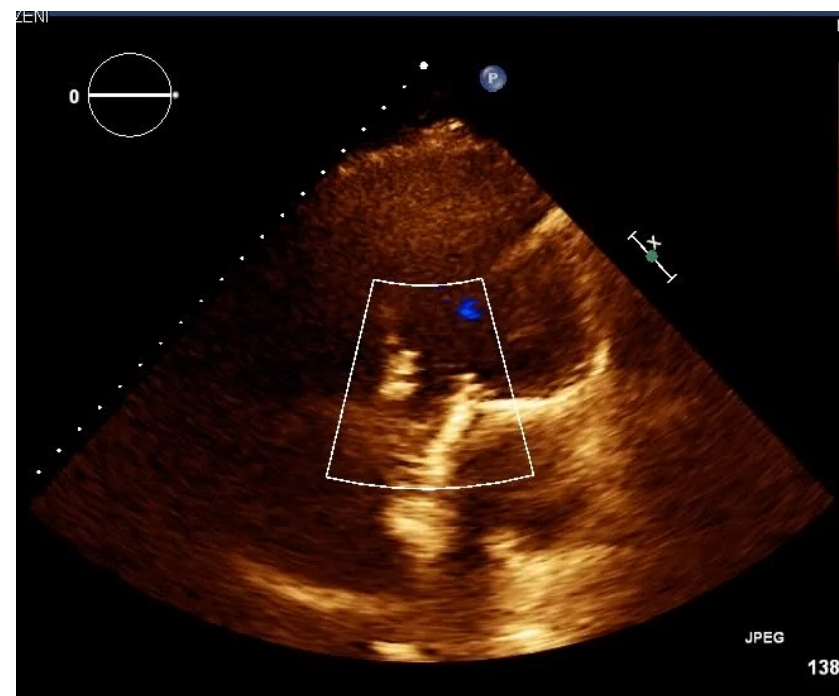
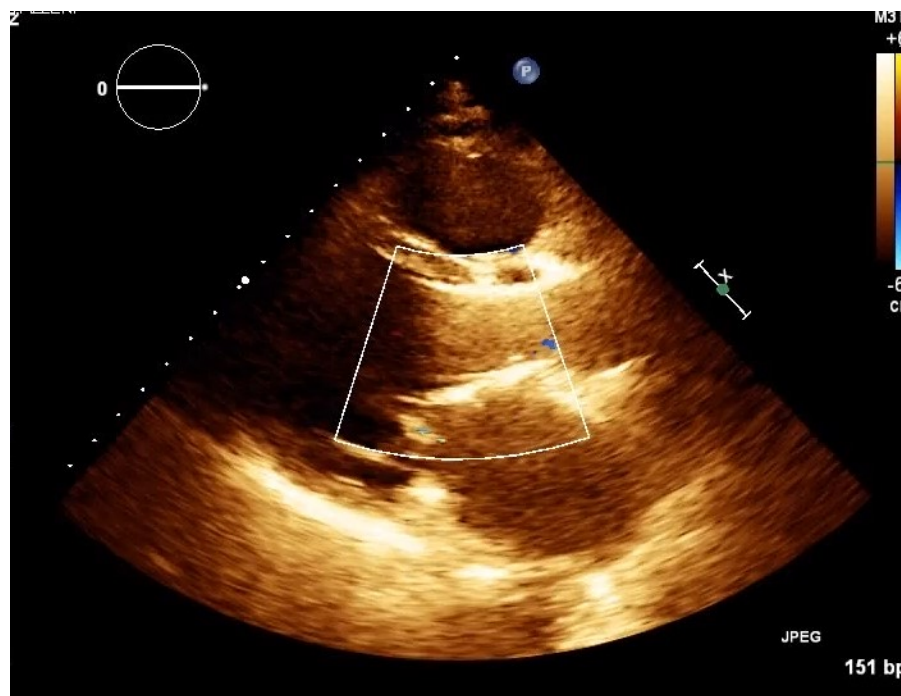
# Posizionamento valvola



# Controllo post-impianto



# ETT post-impianto



# Take-home message

- La TAVI per via transfemorale presenta una raccomandazione di classe IA per i pazienti con stenosi aortica severa\* (SAs) di età  $\geq 75$  anni, così come per ulteriori gruppi di pazienti di età  $< 75$  anni.
- L'approccio trans-femorale è preferibile perché legato ad un minor rischio di complicanze ed una minore durata dell'ospedalizzazione.
- Un team esperto ed una attenta pianificazione sono cruciali per ridurre al minimo il rischio di complicanze intra-peri e post-procedurali.
- La puntura ecoguidata e la litotripsia intravascolare permettono di utilizzare la via transfemorale in sicurezza anche in pazienti che presentano una severa arteriopatia degli arti inferiori.