Mechanical thrombectomy of embolised native aortic valve post-TAVI

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DESCRIPTION
A man aged 80 years with severe aortic stenosis underwent transcatheter aortic valve implantation (TAVI).

TAVI was performed using a 29 mm Edwards Sapien III valve. The valve was implanted directly, without predilation.

Immediately postvalve deployment, the patient became hypertensive and developed right-sided hemiplegia and aphasia.

The Prostar femoral closure device was used to close the femoral access site and the patient had an immediate CT brain, CT cerebral angiogram and stroke team consult.

CT cerebral angiogram demonstrated near total occlusion of the M2 segment of the left middle cerebral artery (figure 1).

His National Institute of Health Stroke Score (NIHSS) was 19 indicating a severe stroke.

Our patient proceeded to mechanical thrombectomy for his left middle cerebral artery infarction.

Thrombolysis in cerebral infarction (TICI) flow prethrombectomy was 0. Four passes were made using the Trevo device and TICI flow post-thrombectomy was 3.

Material retrieved via the thrombectomy catheter is demonstrated in figure 2.

Histological analysis confirmed this to be thrombus and a fragment of calcified aortic valve.

Post-thrombectomy, his NIHSS was 5 and he returned to our centre and underwent an uneventful postoperative recovery. On review in clinic 3 months postprocedure, he has regained full use of his arm and leg and only a mild intermittent expressive dysphasia persists.

This case demonstrates that mechanical thrombectomy is an effective means of treating this potentially devastating complication of TAVI.

Learning points

▸ Transcatheter aortic valve implantation (TAVI) is an increasingly used treatment modality for high and intermediate surgical risk patients with aortic stenosis.1 2

▸ Stroke is a potentially devastating complication of this procedure.3

▸ Mechanical thrombectomy is an effective means of treating embolic stroke during the TAVI procedure.

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REFERENCES

