Complications: Escape routes I
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TRANSAPICAL AORTIC VALVE (JENAVALVE) IMPLANTATION FOR SEVERE AORTIC INSUFFICIENCY AND AORTIC ANEURYSM
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Objectives: Transcatheter aortic valve implantation (TAVI) has become an accepted alternative procedure in multimorbid elderly patients with severe aortic stenosis and high surgical risk. However, treatment of aortic regurgitation in combination with aortic aneurysm usually warrants aortic root replacement and aortic valve replacement by conventional open heart surgery.

Methods: A case with successful use of the transapical JenaValve (JenaValve Inc., Munich, Germany) as an off-label approach in a patient with pure aortic insufficiency with aortic aneurysm is reported.

Results: The JenaValve was implanted successfully. There was no paravalvular leakage. At 30-day follow-up, there was no progression of the aneurysm.

Conclusions: In this case, there was no indication for a transcatheter procedure, other than the definite refusal of the patient of open heart surgery. Progression of the aneurysm is likely, although there might be a stabilizing effect through a diminished pressure amplitude after valve implantation. Interestingly, the patient complained about chest pain before the procedure which completely resolved after valve implantation (diastolic blood pressure before TAVI 39 mmHg/after TAVI 58 mmHg). We still believe that the transcatheter approach should be restricted to the original group of inoperable patients or patients with a high risk for open heart surgery. However, with second generation valves such as the JenaValve, there might be an expanding landscape of indications in the future. The special clip mechanism of the JenaValve is an appealing concept for patients without calcification in their aortic cusps. Nevertheless, long-term data on the performance of these valves in these particular patients is needed for the future.