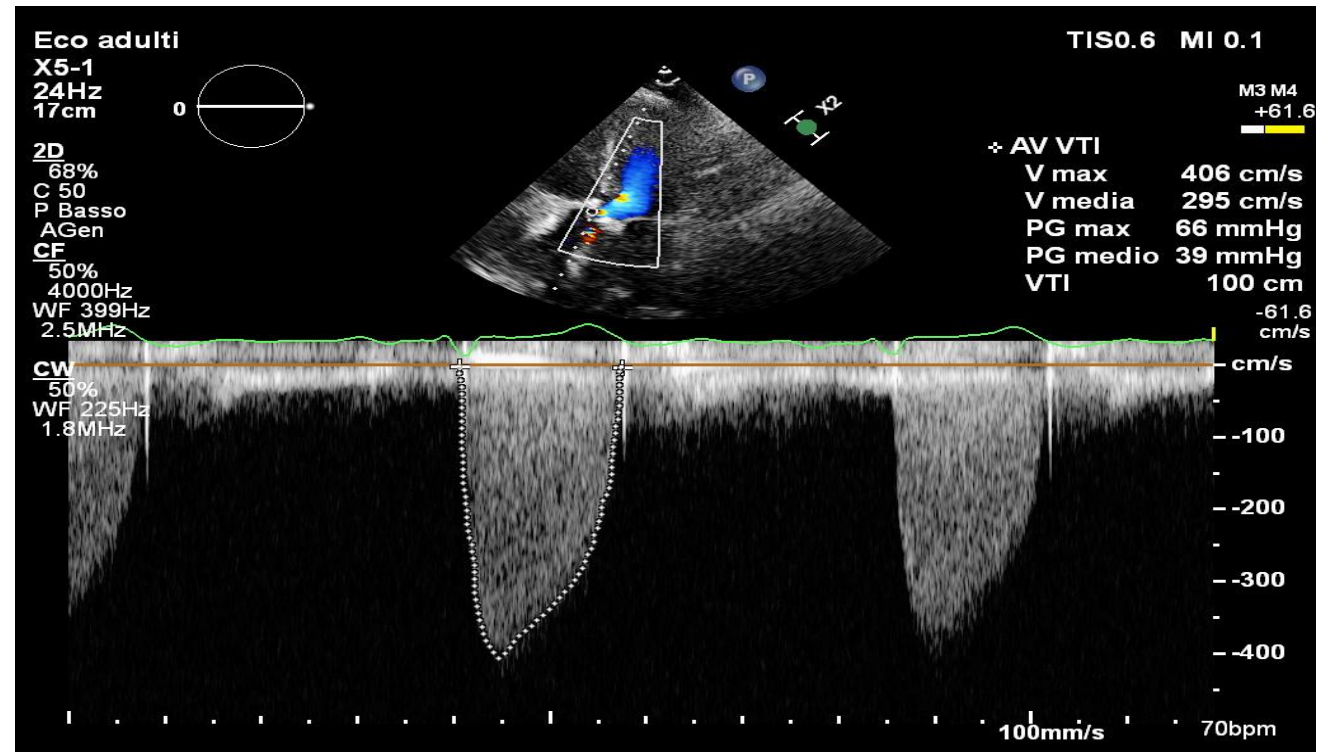


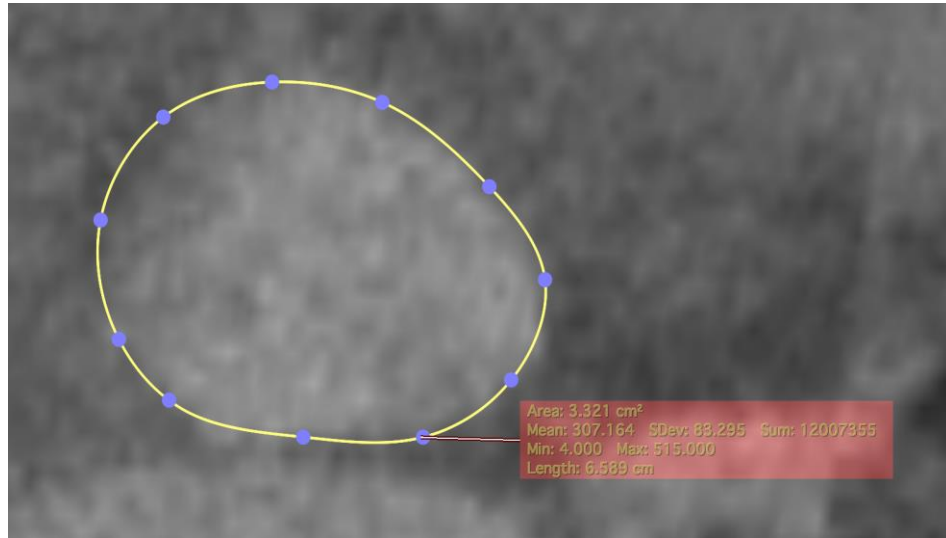
Edwards Sapien 3
implantation after trans-
axillary Evolut Pro+ pop-out

M. L., woman, 85 years old

- Hypertension
- Severe Aortic Stenosis symptomatic for dyspnoea on light exertion
- Previous breast cancer treated by quadrantectomy and radiotherapy
- Previous Hysterectomy

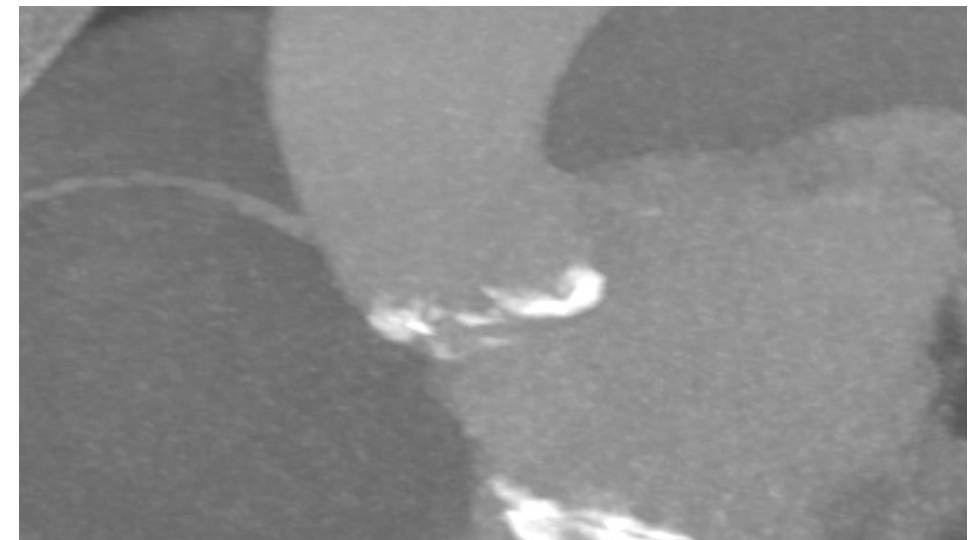


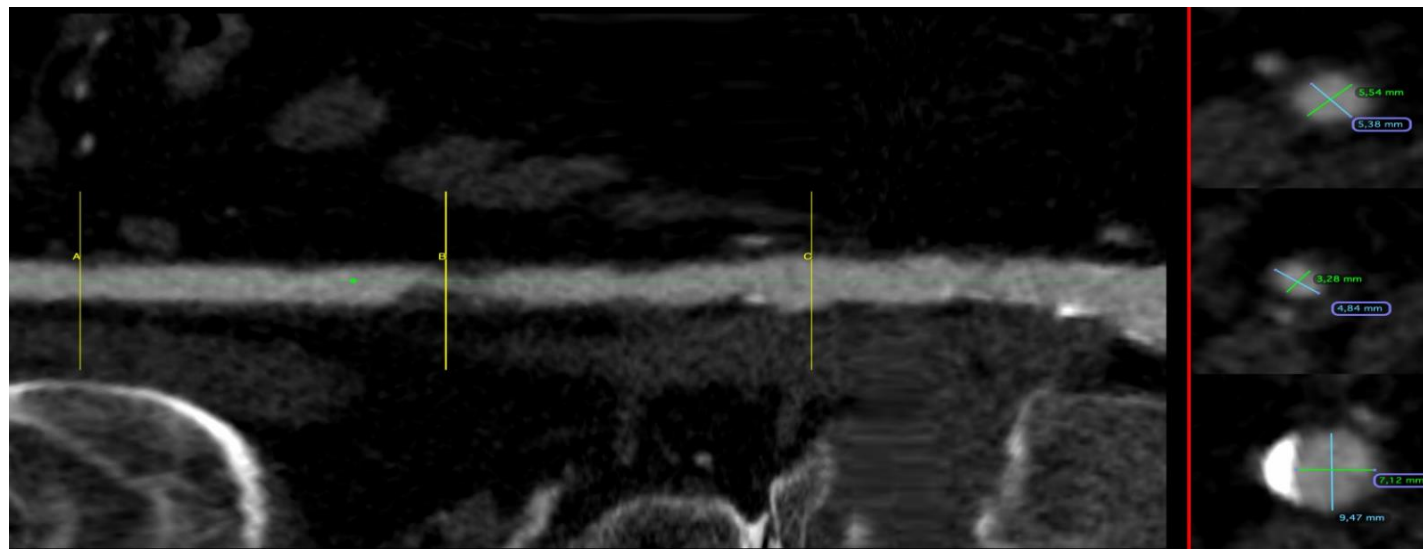
Pre-procedural CT planning



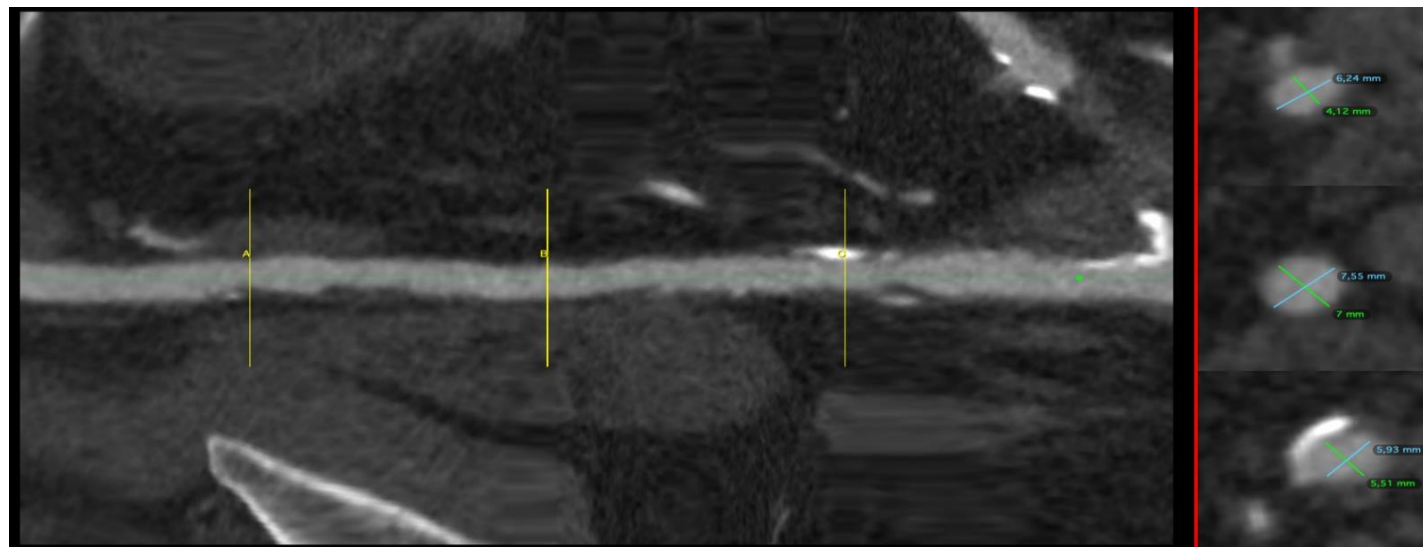
Anulus dimensions suitable for a SAPIEN 3 23mm and/or for an EVOLUT PRO+ 26mm

Good dimensions of STJ and SOV
Good height of Left Main and Right Coronary Artery

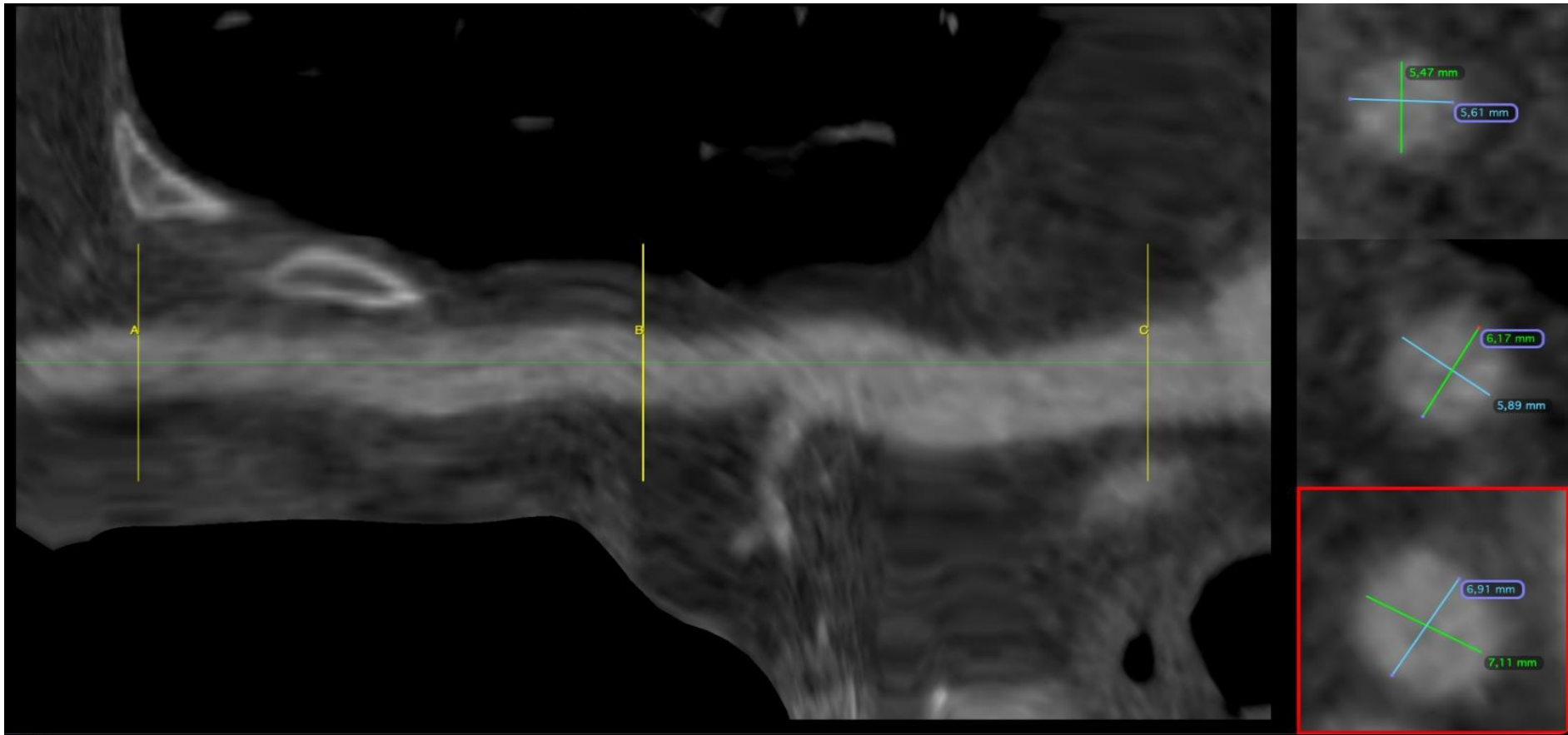




Left iliac-femoral axis diffusely atheromatous and with overall undersized calibers

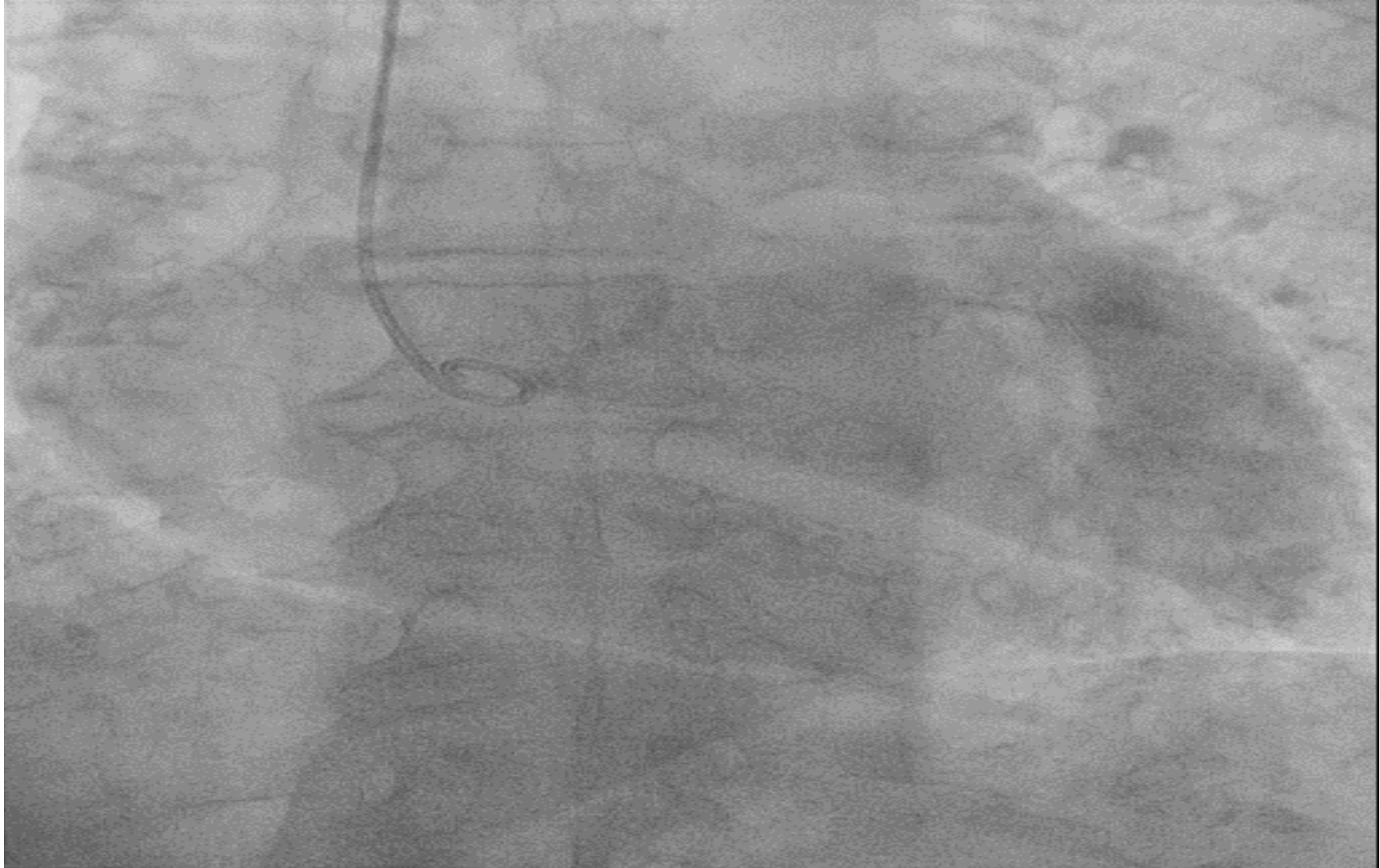


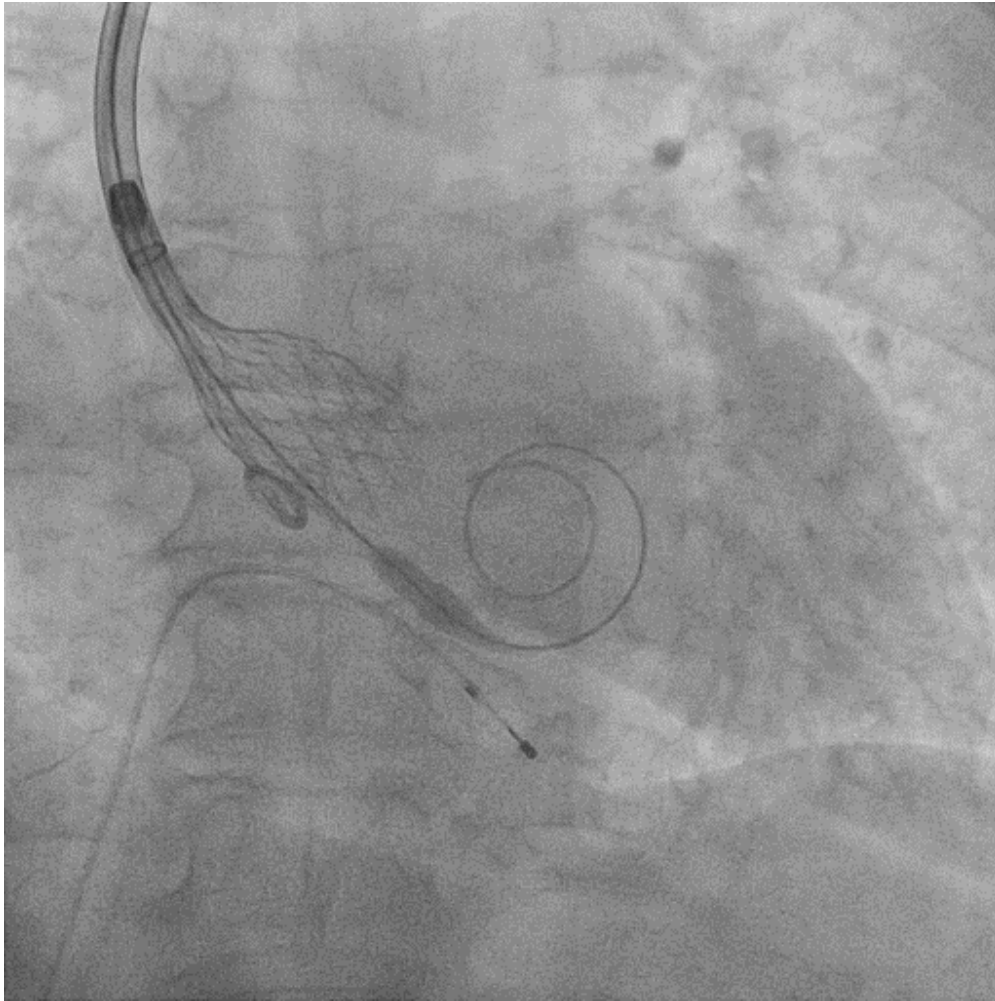
Right iliac-femoral axis diffusely atheromatous and with focal shrinkage resulting in an inadequate caliber



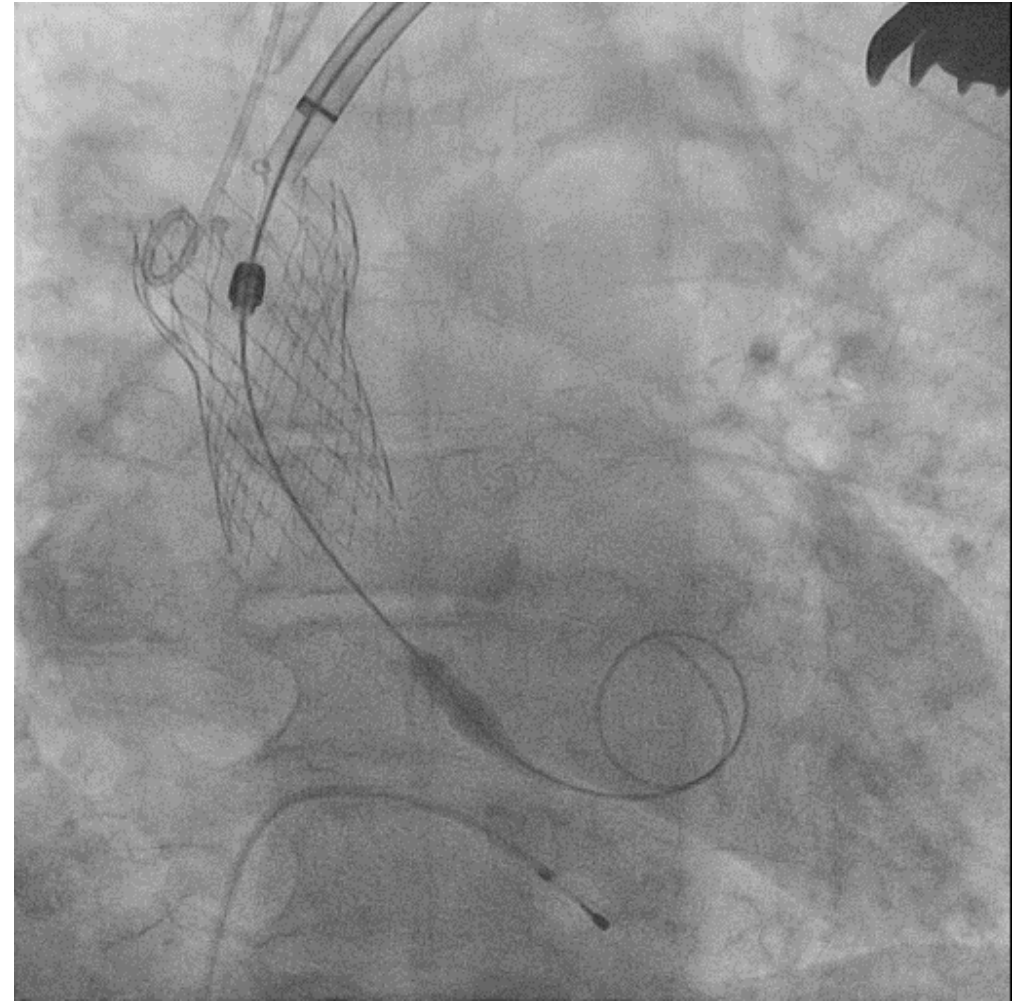
Left axillary artery with good calibers and without significant calcifications

The procedure

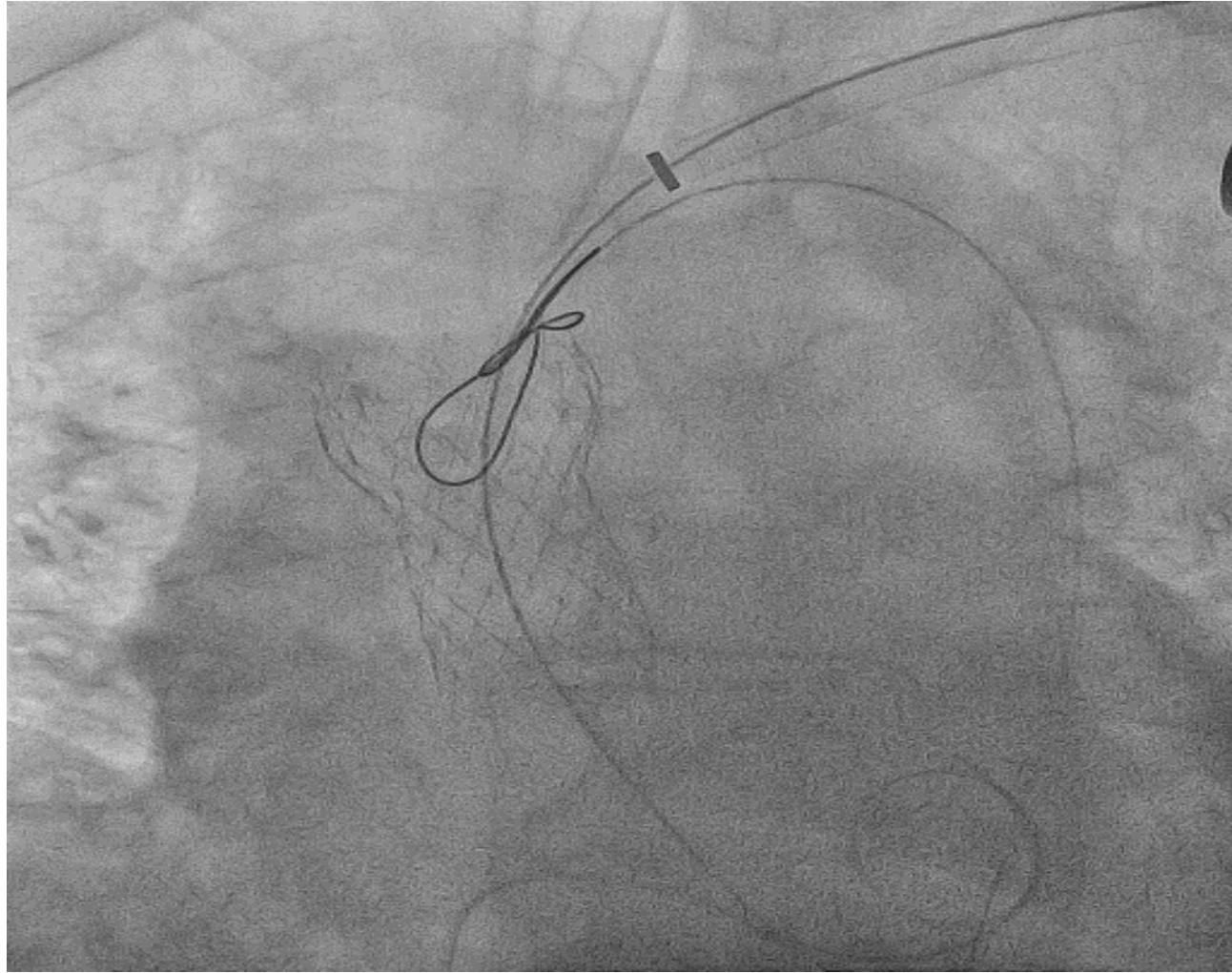




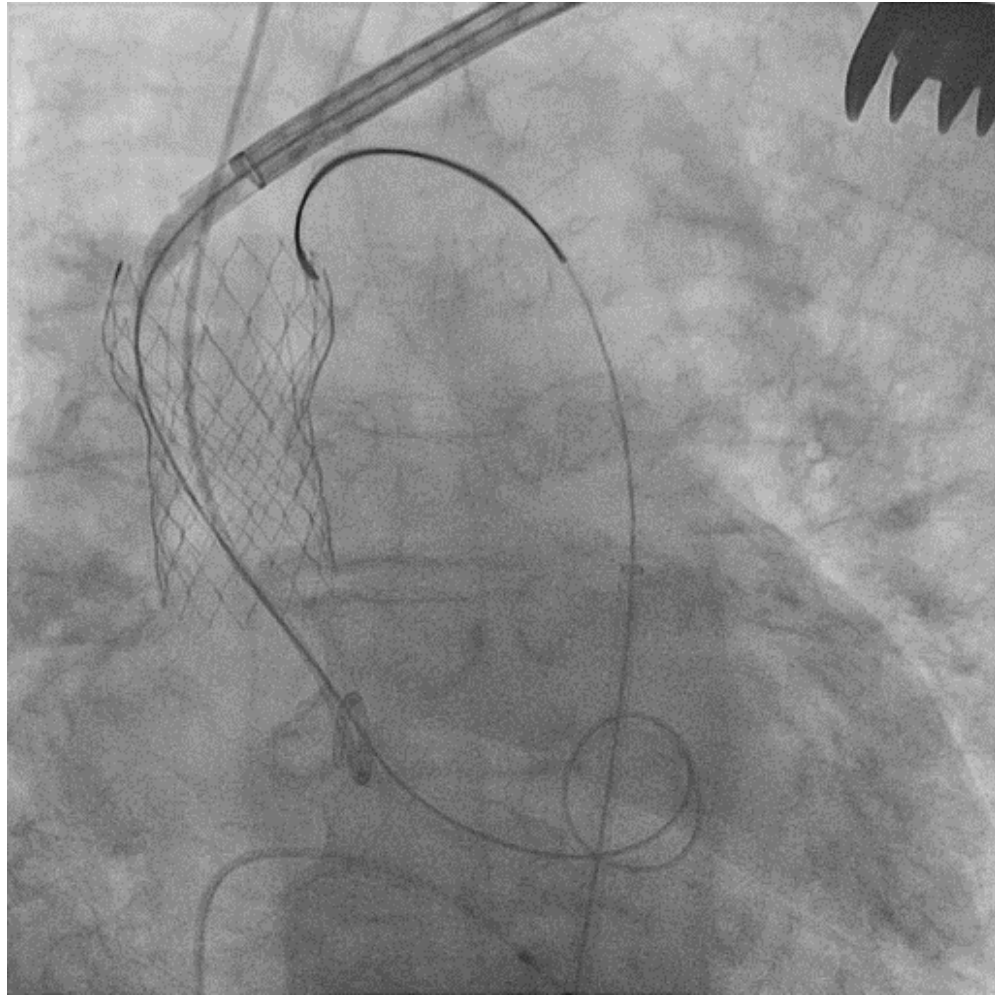
Evolut PRO+ 26 mm
implantation



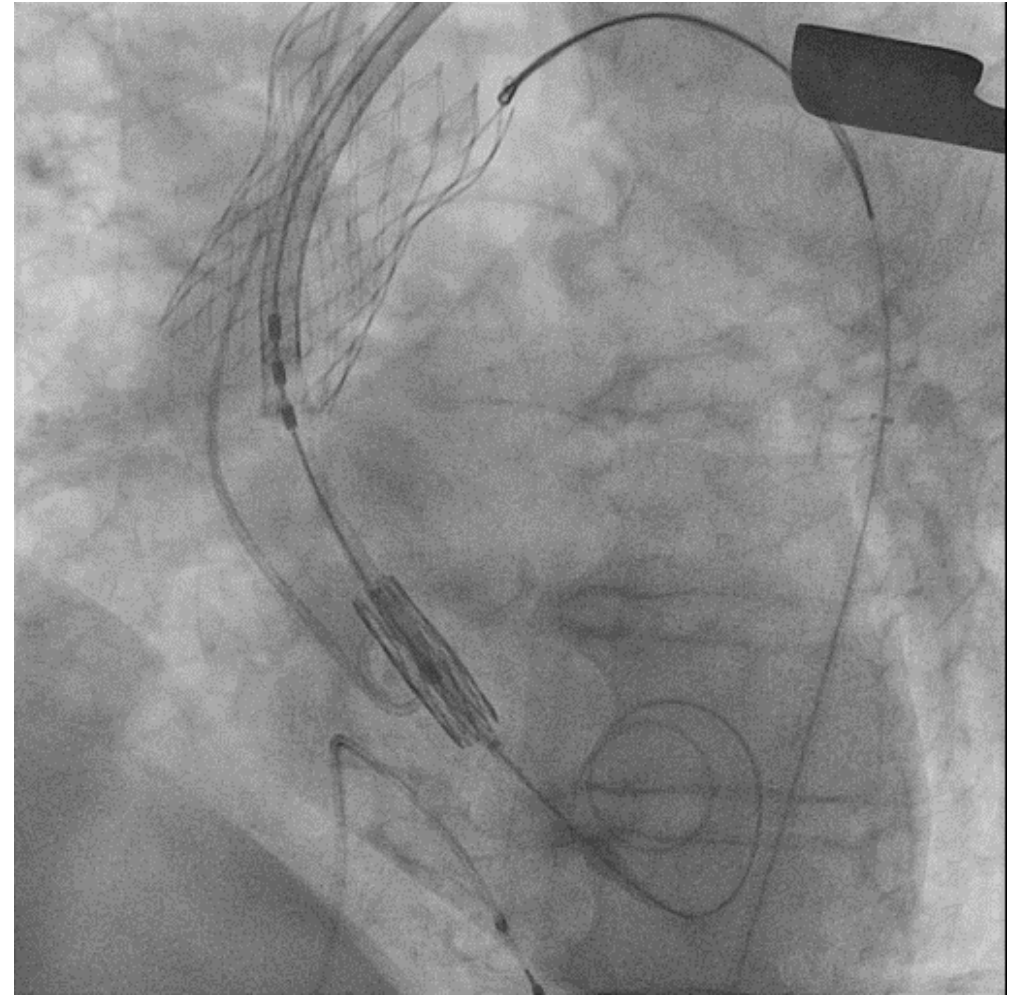
Evidence of Pop-Out of the
prosthesis during the first
angiographic control



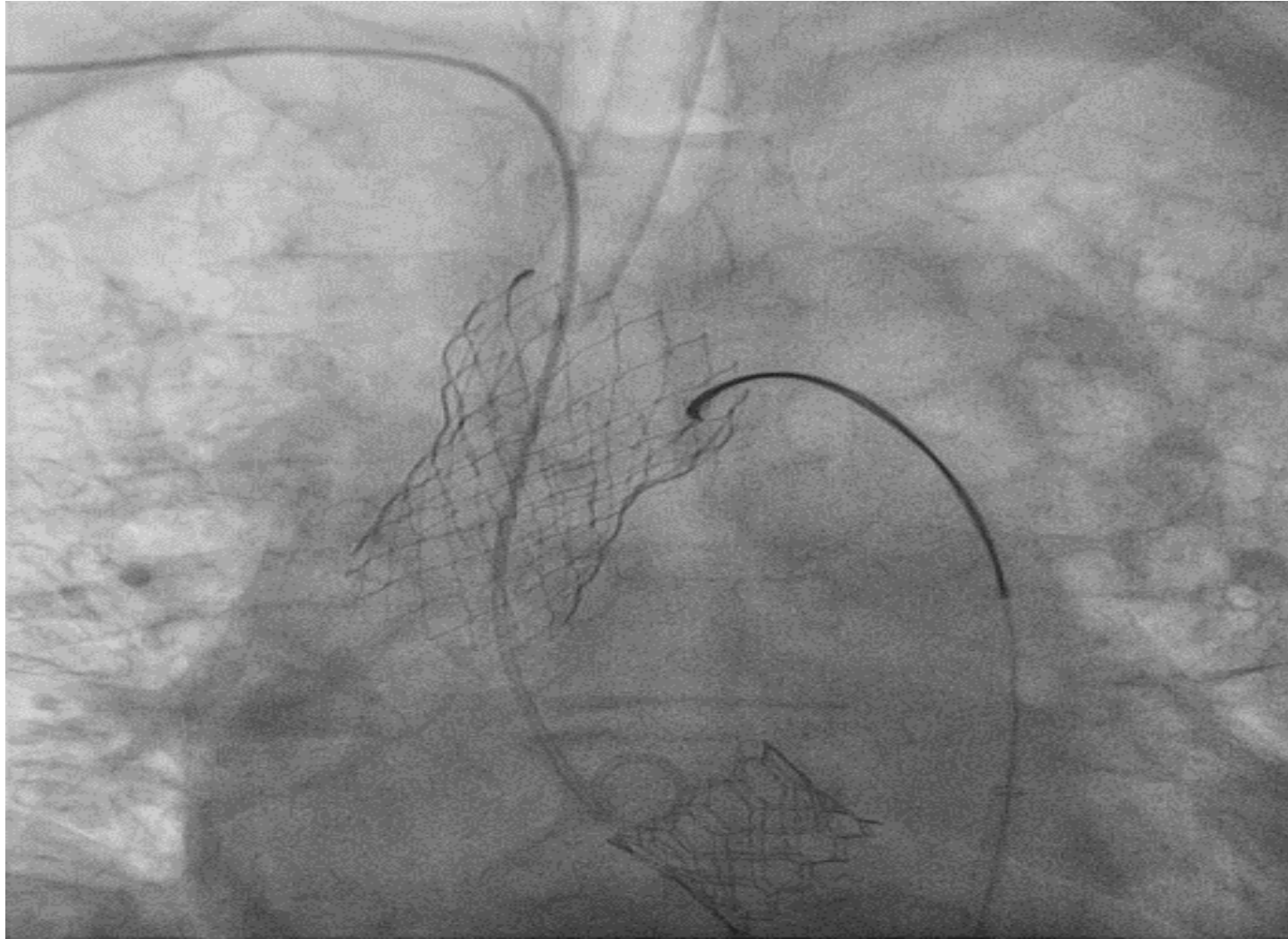
Effective snaring of the bioprosthesis with its successful placement in ascending aorta, in absence of embolic complications



Failure of implantation of a second Evolut PRO+ 26 mm bioprosthesis

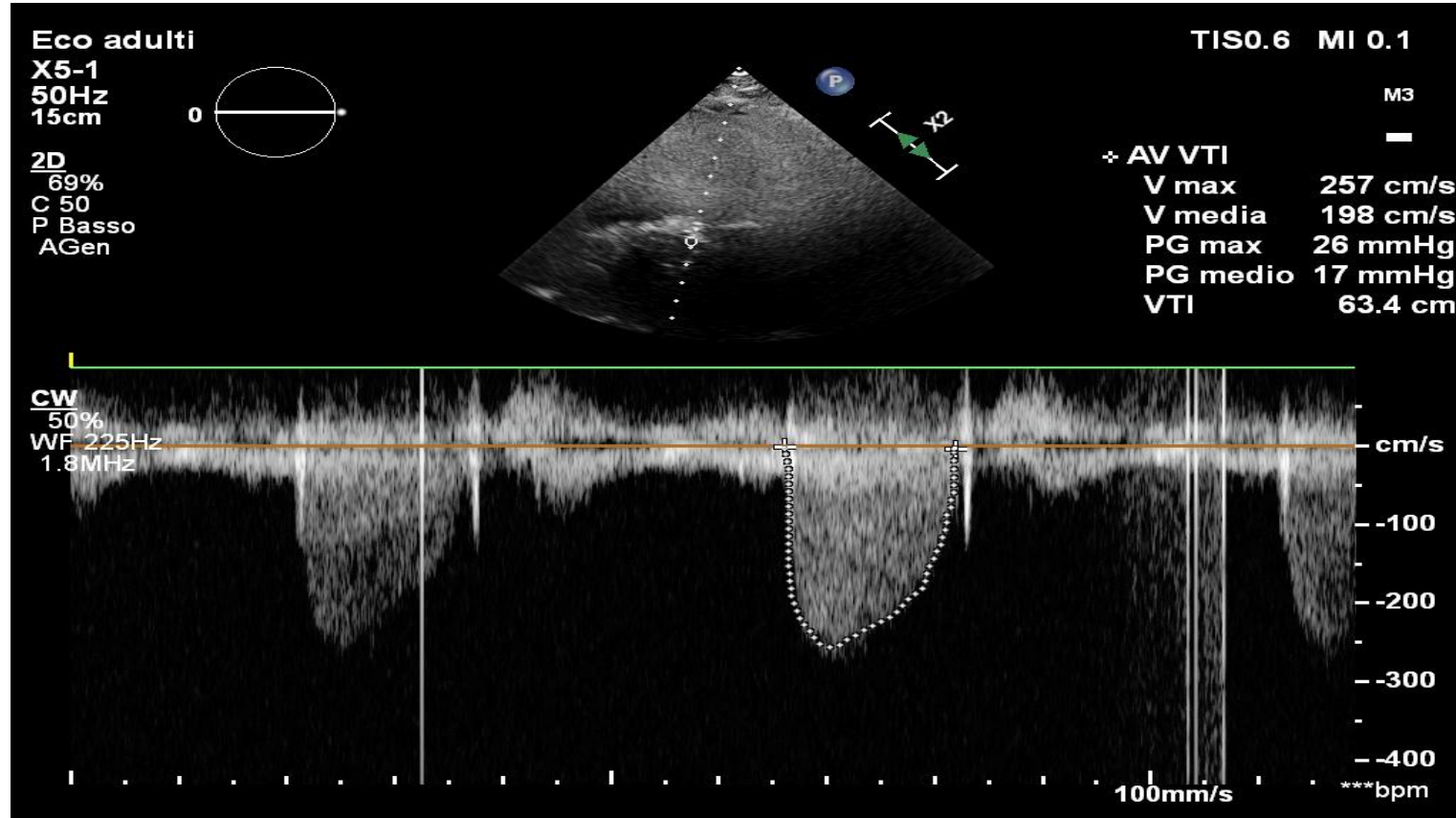


Effective implantation of Edwards Sapien 3 23 mm bioprosthesis



Optimal final result, with no evidence of any paravalvular leak

Six month follow-up



The patient is currently completely free from angina and dyspnoea. No recurrences of syncope have been observed.

Conclusions

- Edwards SAPIEN has a delivery system with a deflectable flex catheter, making it suitable in the majority of aortic anatomies.
- In the planning and execution of the procedure, having various types of bioprosthesis accessible in the cathlab for the same patient represents a noteworthy advantage mostly in case of need of bail-out solutions.
- Careful procedural planning is essential for evaluating the optimal selection in terms of bioprosthesis type and arterial access.

Thanks for your attention!