

SUCCESSFUL TRANSFERAL TAVI UNDER LOCAL ANESTHESIA FOR A PATIENTS WITH SEVERE STENOSIS OF BILATERAL ILIAC AND SEVERE INTERSTITIAL PNEUMONIA

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HISTORY AND PHYSICAL

A 78-year-old man with symptomatic severe aortic stenosis was transmitted to our institution from another center because of progressive low-output and uncontrolled heart failure. In addition to that, he had significant calcification in ascending aorta, severe interstitial pneumonia and myelodysplastic syndromes.

IMAGING

Significant calcification in ascending aorta and severe stenosis of bilateral iliac arteries were seen in CT.

INDICATION FOR INTERVENTION

Our heart team concluded the patient to be inoperable. Although we considered TAVI, it was difficult to make a decision about the approach site. Transapical, transsubclavian and transaortic approaches were unsuitable because the patient with marginal respiratory function could not receive general anesthesia. Transfemoral approach was also unsuitable because of severe stenosis of bilateral iliac arteries.

INTERVENTION

Ultimately we performed TAVI via a transfemoral approach under local anesthesia using a 23-mm balloon-expandable SAPIEN 3 (Edwards Lifesciences, Irvine, CA, USA). Fortunately, that did not cause perforation of iliac arteries, however caused dissections of bilateral arteries, so that endovascular therapy was required. After the intervention, the symptoms of heart failure dramatically improved.

LEARNING POINTS OF THE PROCEDURE

We performed transfemoral TAVI under local anesthesia for a patient with severe stenosis of bilateral iliac arteries and severe interstitial pneumonia.

