



Surgical Extraction of a Transcatheter-Implanted Aortic Valve

Transkateter İmlante Edilmiş Aortik Kapağın Cerrahi Olarak Çıkarılması

Ahmet Barış Durukan, Ahmet Ünlü

Medical Park Uşak Hospital, Clinic of Cardiovascular Surgery, Uşak, Turkey

Transcatheter aortic valve implantation is popularly employed for aortic stenosis in elderly individuals with high surgical risk⁽¹⁾. However, severe residual insufficiency still remains an issue and seldom requires surgical valve implantation following valve explantation. The procedure may be challenging both for the patient and the surgeon. Here, we report the case of an 81-year-old female patient with a transcatheter-implanted aortic valve who was admitted due to shortness of breath. Severe aortic insufficiency was revealed upon performing echocardiography. Surgery was scheduled. The valve stent was integrated in the calcified ascending aorta wall, as observed during surgery (Figure 1A). The aorta wall was damaged during extraction; hence, supracoronary ascending aorta replacement was performed simultaneously with bioprosthetic valve implantation. The explanted valve is presented in Figure 1B. The patient is now well at the 16-month follow-up.

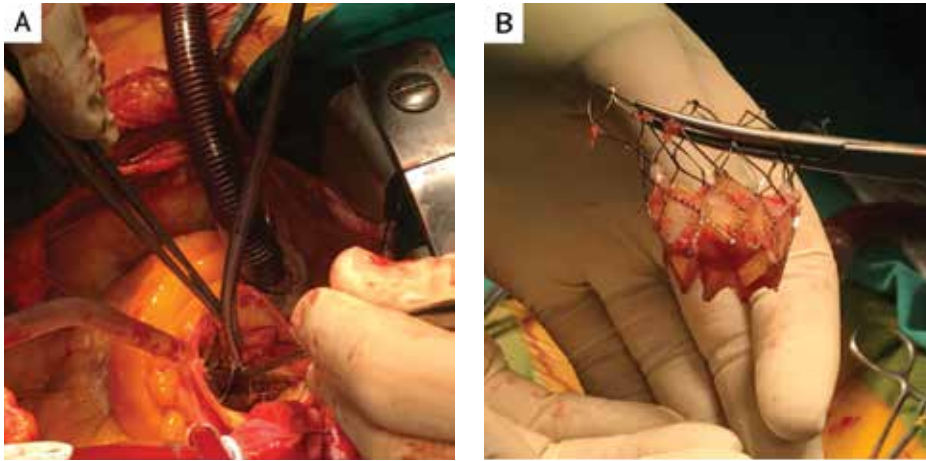


Figure 1. **A.** Transcatheter implanted aortic valve in position with severe aortic insufficiency; the stent of the valve was integrated in calcified ascending aortic wall that required replacement. **B.** Explanted valve.

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Correspondence

Ahmet Barış Durukan

E-mail: barisdurukan@yahoo.com

Submitted: 08.09.2018

Accepted: 17.09.2018

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