







PATIENT WITH SEVERE AORTIC STENOSIS AND CAD

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04/2010

P. Margherita

75 yo

Arterial hypertension, dyslipidemia

Previous breast cancer, underwent surgery+CT+RT > Sternal hyperostosis

Para-sternal chronic ulcus

→ Dyspnoea (NYHA III) and angina (CCS II)



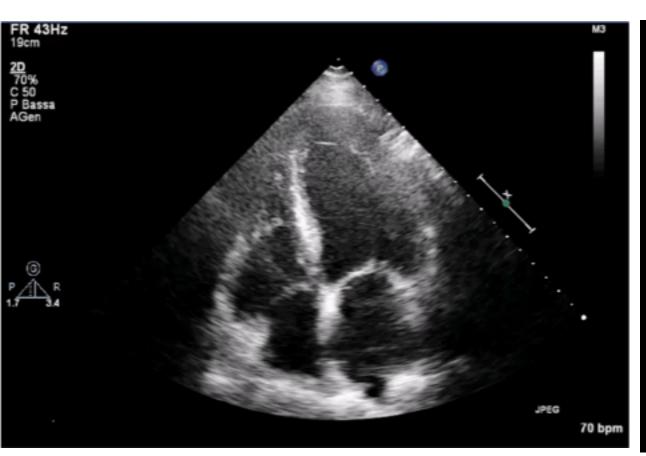


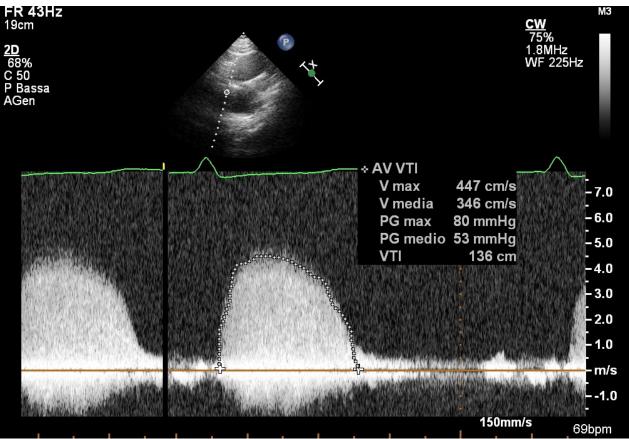






TT ECHO: LVEF 65%, severe aortic stenosis















Euroscore I-Log

Patient-related factors			Cardiac-related factors				
Age (years)	75	0	Unstable angina ⁶	No ∨	0		
Gender	Female V	.3304052	LV function	Good	0		
Chronic pulmonary disease ¹	No ∨	0	Recent MI ⁷	No ∨	0		
Extracardiac arteriopathy ²	No ∨	0	Pulmonary hypertension ⁸	No ∨	0		
Neurological dysfunction ³	No ∨	0	Operation-related factors				
Previous Cardiac Surgery	No ∨	0	Emergency ⁹	No ∨	0		
Creatinine > 200 μmol/ L	No ∨	0	Other than isolated CABG	Yes ∨	.5420364		
Active endocarditis ⁴	No ∨	0	Surgery on thoracic aorta	No ∨	0		
Critical preoperative state ⁵	No ∨	0	Post infarct septal rupture	No ∨	0		
Logistic V EuroSCORE 5.82 %							
Note: Logistic is now default calculator Calculate Clear							











Euroscore I-Standard

Patient-rel	ated factors		Cardiac-r	Cardiac-related factors			
Age (years)	75	4	Unstable angina ⁶	No ∨	0		
Gender	Female V	1	LV function	Good	0		
Chronic pulmonary disease ¹	No ∨	0	Recent MI ⁷	No ∨	0		
Extracardiac arteriopathy ²	No ∨	0	Pulmonary hypertension ⁸	No ∨	0		
Neurological dysfunction ³	No ∨	0	Operation-	Operation-related factors			
Previous Cardiac Surgery	No ∨	0	Emergency ⁹	No ∨	0		
Creatinine > 200 μmol/ L	No ∨	0	Other than isolated CABG	Yes ∨	2		
Active endocarditis ⁴	No ∨	0	Surgery on thoracic aorta	No ∨	0		
Critical preoperative state ⁵	No ∨	0	Post infarct septal rupture	No ∨	0		
Standard V EuroSCORE 7							
Note: Logistic is now default calculator Calculate Clear							











STS Adult Cardiac Surgery Risk Score

RISK SCORES

About the STS Risk Calculator

Procedure: AV Replacement + CAB

Risk of Mortality: 4.483%

Morbidity or Mortality: 23.081%

Long Length of Stay: 9.483%

Short Length of Stay: 21.911%

Permanent Stroke: 3.083%

Prolonged Ventilation: 16.038%

DSW Infection: 0.32%

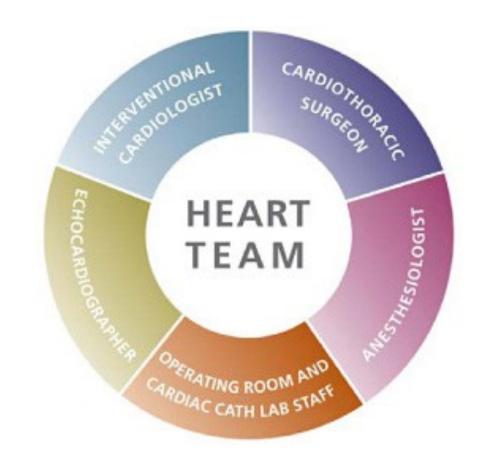
Renal Failure: 5.821%

Reoperation: 9.004%

















Work-up pre-TAVI:

→ coronary angiography







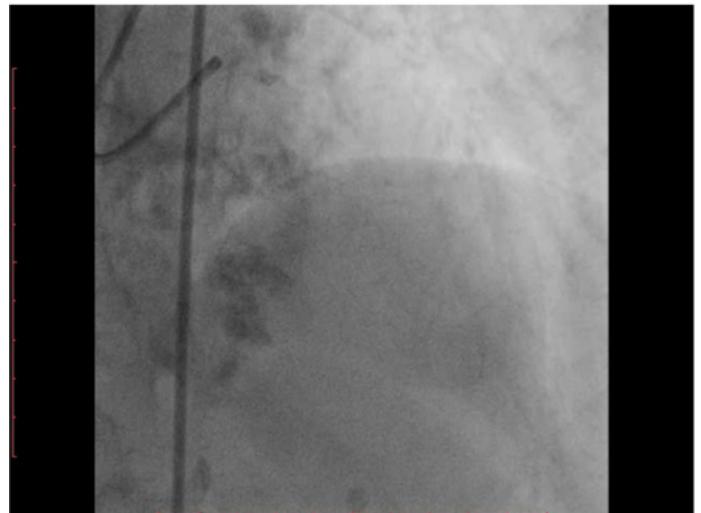






















What to do?

- 1. Surgery (AVR + CABG)
- 2. PTCA of RCA before TAVI
- 3. PTCA of 3 vessels before TAVI
- 4. TAVI + PTCA of RCA at the same time
- 5. Ischaemia-guided revascularization











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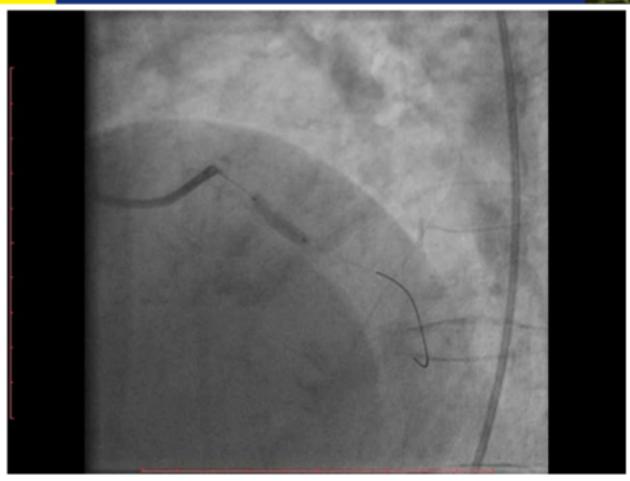
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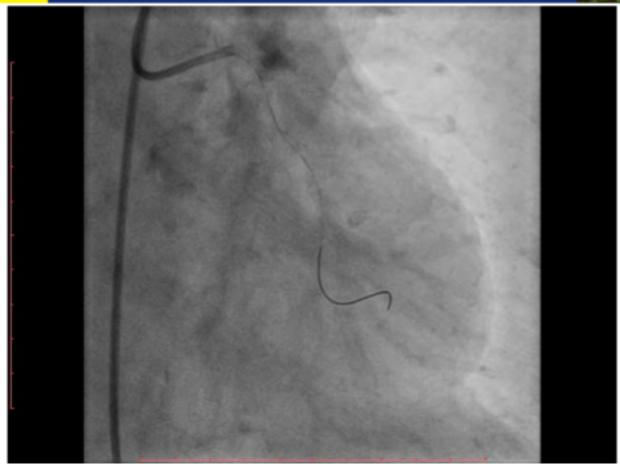
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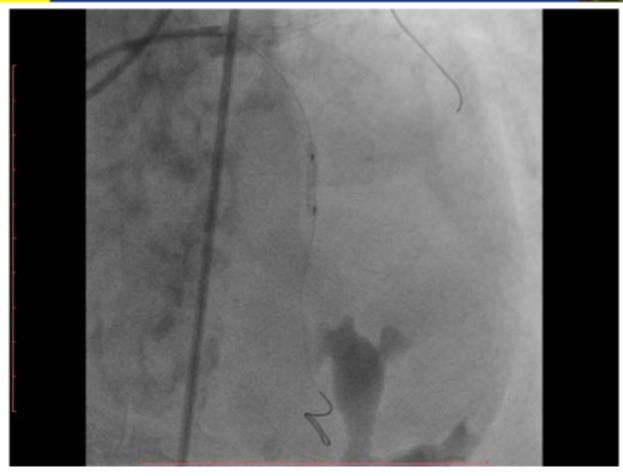








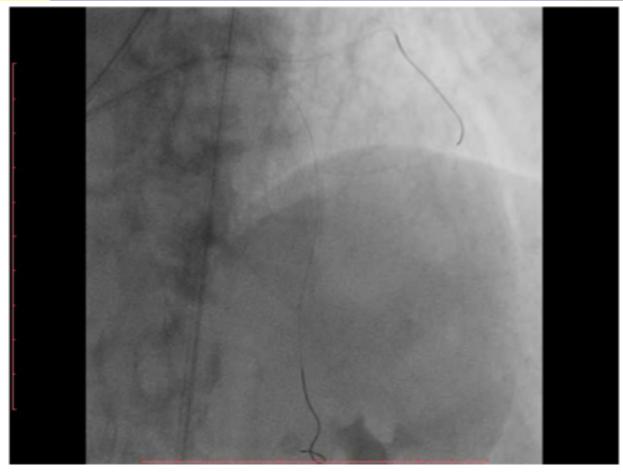








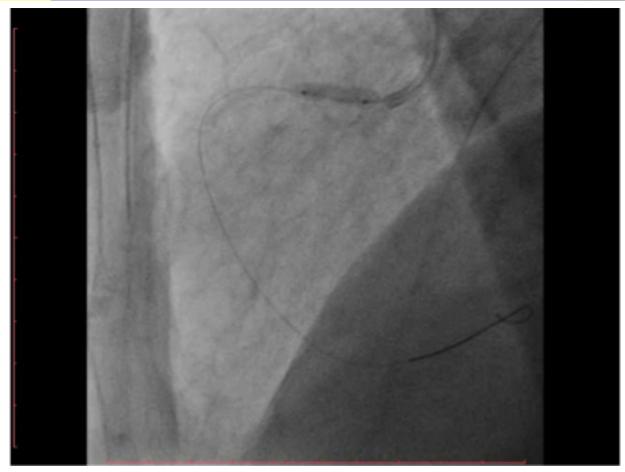








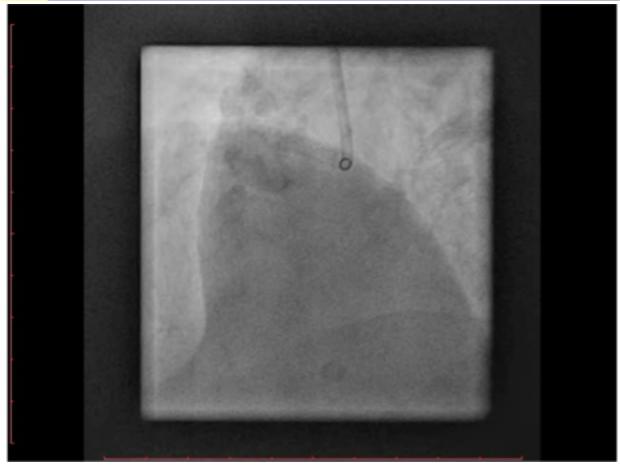














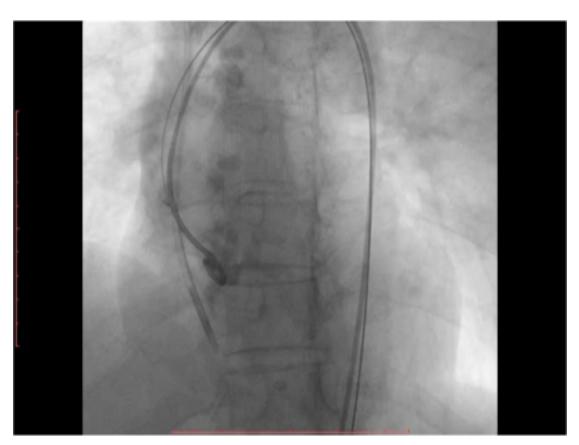








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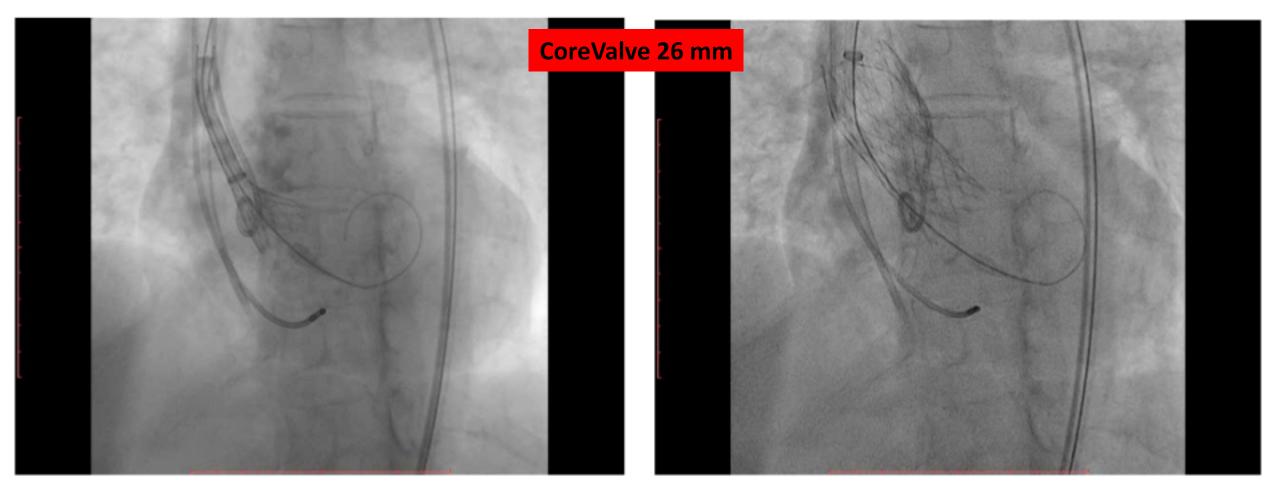








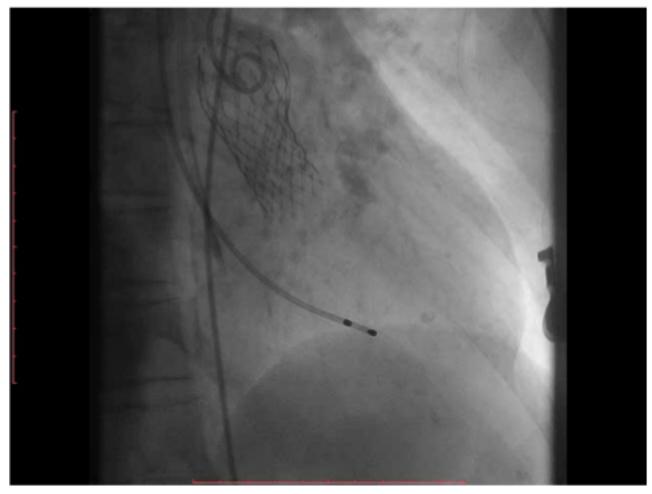






















At discharge:

TT ECHO

LVEF 65%

Il degree dyastolic disfunction Bioprosthesis with normal function (Grad 10/6 mmHg, Functional area 1,7 cm², DVI 0.66), trivial para-prosthesis leak

Trivial mitral regurgitation esPAP = 30 mmHg

Medical therapy

DAPT (Aspirin+Clopidogrel), ARB, BB, Statin











8-year follow-up:

- Patient independent in activities of daily life, NYHA class I
- Bioprosthesis with normal function (Grad 16/9 mmHg), trivial paraprosthesis leak
- 2 re-hospitalization:
 - 03/2013 radiodermatitis (previous RT)
 - 05/2017 implant of PM for III degree AVB. OAC + Amiodarone for parossistic atrial fibrillation.

















The heart's memory eliminates the bad and magnifies

the good; and thanks to this artifice we manage to

endure the burdens of the past.

—Gabriel Garcı´a Ma´rquez