Transcatheter Valve-in-Valve Repositioning of CoreValve® Evolut™ R in Aortic Prosthesis

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A 41-year-old man with history of surgical replacement of the aortic valve with a 21mm-Mitroflow bioprosthesis (1A), presented with functional class IV heart failure. Transesophageal echocardiography confirmed severe bioprosthesis obstruction (1B). We implanted a 23mm-CoreValve® Evolut™ R (Medtronic, Minneapolis, USA) in the aortic bioprosthesis, by transfemoral approach. The valve was recaptured and repositioned during deployment (1C-E). Immediate (1F), one (1G) and three-month (1H) transthoracic echocardiography confirmed significant reduction in transaortic gradients. The patient remained in functional class I.

Keywords

Aortic Vave, Bioprosthesis; Heart Valve Prosthesis Implantation; Heart Failure.

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Our experience in repositioning the valve during a valve-in-valve procedure demonstrates the usefulness of this resource in such challenging procedures.

Author contributions

Conception and design of the research and Writing of the manuscript: Azevedo AI; Acquisition of data: Azevedo AI, Ladeiras-Lopes R, Rodrigues A, Braga P, Gama Ribeiro V; Analysis and interpretation of the data: Azevedo AI, Ladeiras-Lopes R, Rodrigues A, Braga P; Critical revision of the manuscript for intellectual content: Azevedo AI, Rodrigues A, Braga P, Gama Ribeiro V.

Potential Conflict of Interest

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