



LA IMAGEN CARDIACA A TRAVÉS DE CASOS CLÍNICOS

(CON UNA DOSIS DE FUNDAMENTOS BÁSICOS)

5 DE FEBRERO. COLEGIO DE MÉDICOS DE BIZKAIA. SALA AREILZA



16:30- 18:15 La válvula aórtica y la aorta: ese importante tándem.

Moderadora: Lara Ruiz. Hospital Universitario Basurto. Bizkaia.

- Paciente con estenosis aórtica candidato a TAVI: peculiaridades - Ángel Alonso. Hospital Universitario Araba. Araba – Álava.
- El TAC en la selección de candidato a TAVI - Garikoitz Lasa. Hospital Universitario Donostia. Gipuzkoa.
- TAVI en Insuficiencia aórtica: avanzando... - Abel Andres. Hospital Universitario Basurto. Bizkaia.
- Elección de una técnica de imagen en el Síndrome aórtico agudo: implicaciones para el tratamiento - Virginia Alvarez. Complejo Hospitalario de Navarra. Navarra.

INDICACIONES TAVI ESC 2017

2017 ESC/EACTS Guidelines for the management of valvular heart disease

Helmut Baumgartner , Volkmar Falk , Jeroen J Bax, Michele De Bonis, Christian Hamm, Per Johan Holm, Bernard Jung, Patrizio Lancellotti, Emmanuel Lansac, Daniel Rodriguez Muñoz, ... [Show more](#)

European Heart Journal, Volume 38, Issue 36, 21 September 2017, Pages 2739–2791, <https://doi.org/10.1093/eurheartj/ehx391>

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INDICACIONES TAVI ESC 2017

B) Choice of intervention in symptomatic aortic stenosis		
Aortic valve interventions should only be performed in centres with both departments of cardiology and cardiac surgery on site and with structured collaboration between the two, including a Heart Team (heart valve centres).	I	C
The choice for intervention must be based on careful individual evaluation of technical suitability and weighing of risks and benefits of each modality (aspects to be considered are listed in <i>Table 7</i>). In addition, the local expertise and outcomes data for the given intervention must be taken into account.	I	C
SAVR is recommended in patients at low surgical risk (STS or EuroSCORE II < 4% or logistic EuroSCORE I < 10% ^d and no other risk factors not included in these scores, such as frailty, porcelain aorta, sequelae of chest radiation). ⁹³	I	B
TAVI is recommended in patients who are not suitable for SAVR as assessed by the Heart Team. ^{91,94}	I	B
In patients who are at increased surgical risk (STS or EuroSCORE II ≥ 4% or logistic EuroSCORE I ≥ 10% ^d or other risk factors not included in these scores such as frailty, porcelain aorta, sequelae of chest radiation), the decision between SAVR and TAVI should be made by the Heart Team according to the individual patient characteristics (see <i>Table 7</i>), with TAVI being favoured in elderly patients suitable for transfemoral access. ^{91,94–102}	I	B
Balloon aortic valvotomy may be considered as a bridge to SAVR or TAVI in haemodynamically unstable patients or in patients with symptomatic severe aortic stenosis who require urgent major non-cardiac surgery.	IIb	C
Balloon aortic valvotomy may be considered as a diagnostic means in patients with severe aortic stenosis or other potential causes for symptoms (i.e. lung disease) and in patients with severe myocardial dysfunction, pre-renal insufficiency or other organ dysfunction that may be reversible with balloon aortic valvotomy when performed in centres that can escalate to TAVI.	IIb	C

Bajo riesgo (STS < 4% o Euroscore I < 10%), cirugía.

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Riesgo no bajo, valorar cirugía vs TAVI (Heart Team)

Individualizando de acuerdo con las características del paciente.

Siendo la TAVI de elección en pacientes añosos con posibilidad de acceso femoral.

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Pacientes inoperables, TAVI.

...Individuando de acuerdo con las características del paciente.

	Favours TAVI	Favours SAVR		Favours TAVI	Favours SAVR		Favours TAVI	Favours SAVR
Clinical characteristics			Anatomical and technical aspects			Cardiac conditions in addition to aortic stenosis that require consideration for concomitant intervention		
STS/EuroSCORE II <4% (logistic EuroSCORE I <10%) ^a		+	Favourable access for transfemoral TAVI	+		Severe CAD requiring revascularization by CABG		+
STS/EuroSCORE II ≥4% (logistic EuroSCORE I ≥10%) ^a	+		Unfavourable access (any) for TAVI		+	Severe primary mitral valve disease, which could be treated surgically		+
Presence of severe comorbidity (not adequately reflected by scores)	+		Sequelae of chest radiation	+		Severe tricuspid valve disease		+
Age <75 years		+	Porcelain aorta	+		Aneurysm of the ascending aorta		+
Age ≥75 years	+		Presence of intact coronary bypass grafts at risk when sternotomy is performed	+		Septal hypertrophy requiring myectomy		+
Previous cardiac surgery	+		Expected patient–prosthesis mismatch	+				
Frailty ^b	+		Severe chest deformation or scoliosis	+				
Restricted mobility and conditions that may affect the rehabilitation process after the procedure	+		Short distance between coronary ostia and aortic valve annulus		+			
Suspicion of endocarditis		+	Size of aortic valve annulus out of range for TAVI		+			
			Aortic root morphology unfavourable for TAVI		+			
			Valve morphology (bicuspid, degree of calcification, calcification pattern) unfavourable for TAVI		+			
			Presence of thrombi in aorta or LV		+			

EL TAC EN LA TAVI.

Respiración y FC.

Contraste. Fase aórtica.

Sincronización. Multifase. Intervalos 10%.

Cortes finos tórax. Run-off de cuello hasta femorales.

Software.