

EuroValve

November 8-9, 2013

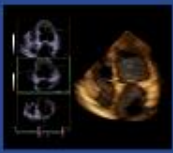


Complex Aortic Regurgitation

Arturo Evangelista



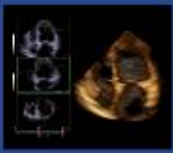
www.eurovalvecongress.com



Faculty Disclosure

Arturo
Evangelista

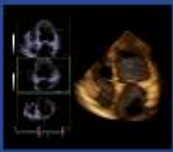
I have **no financial relationships** to disclose.



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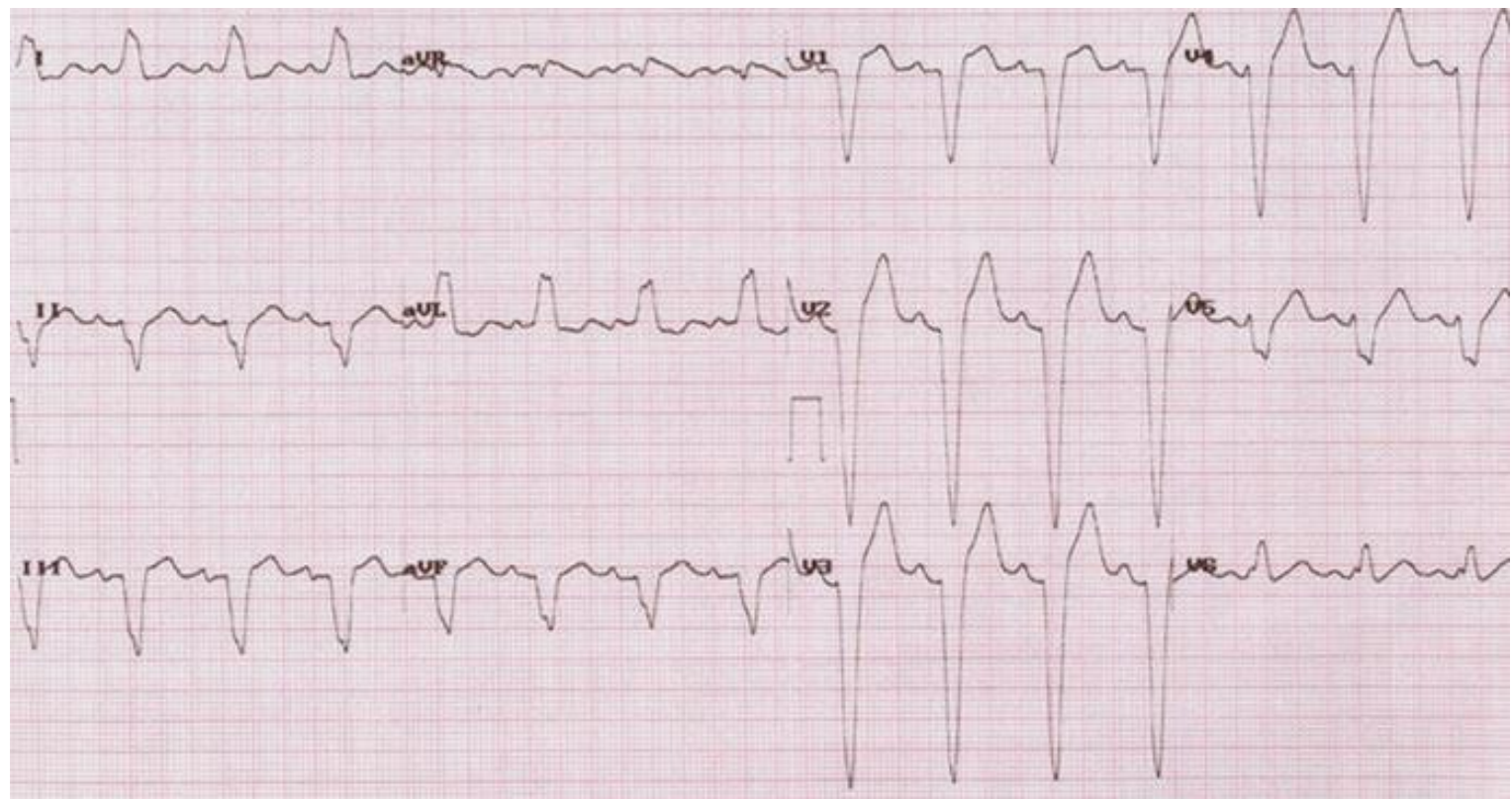
- A 67-y-old man moderate smoker with a history of well-controlled arterial hypertension.
- He had a chest pain ten years ago and attended another hospital.

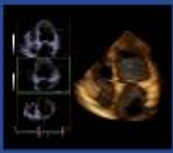


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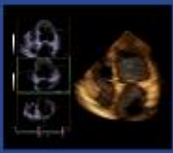


ECG

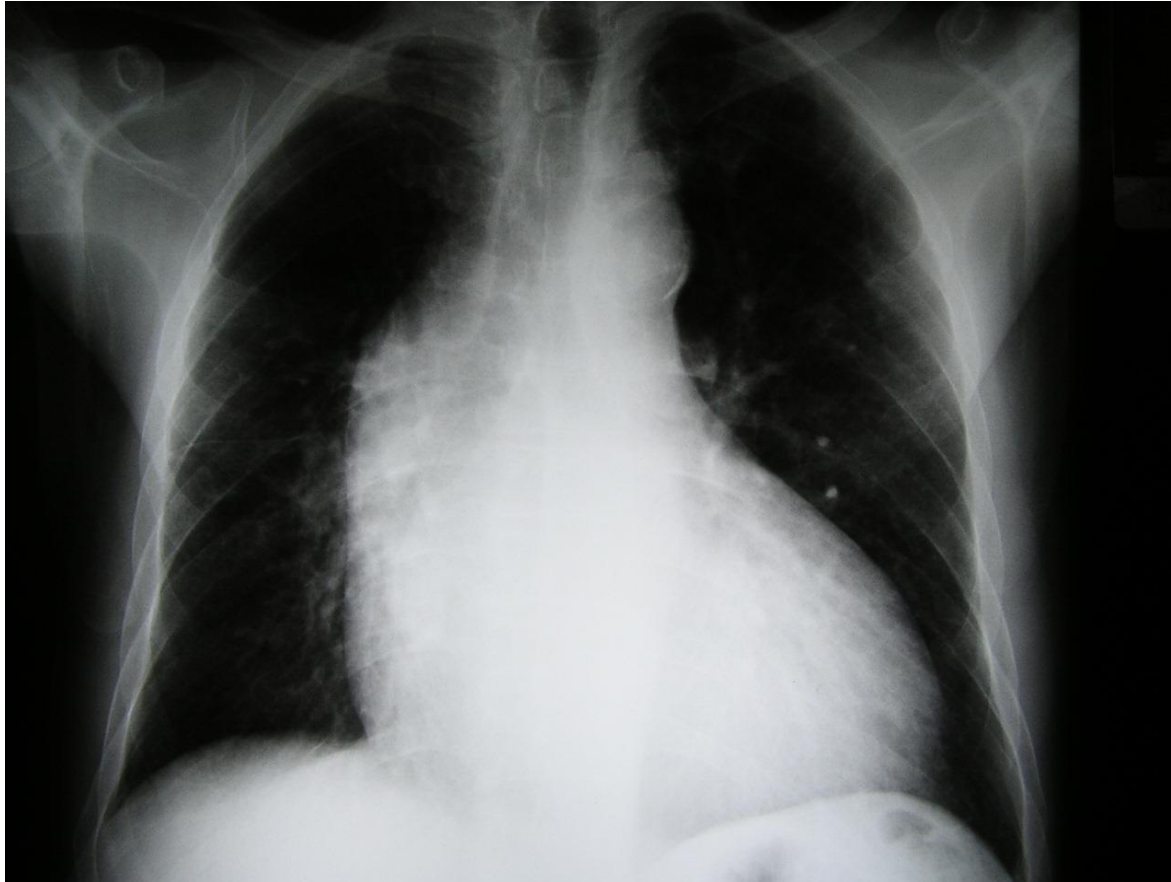


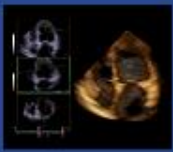


- He was diagnosed of myocardial infarction with raised enzymes.
- Coronariography showed no coronary lesions.
- He was referred to our hospital



Chest X-ray

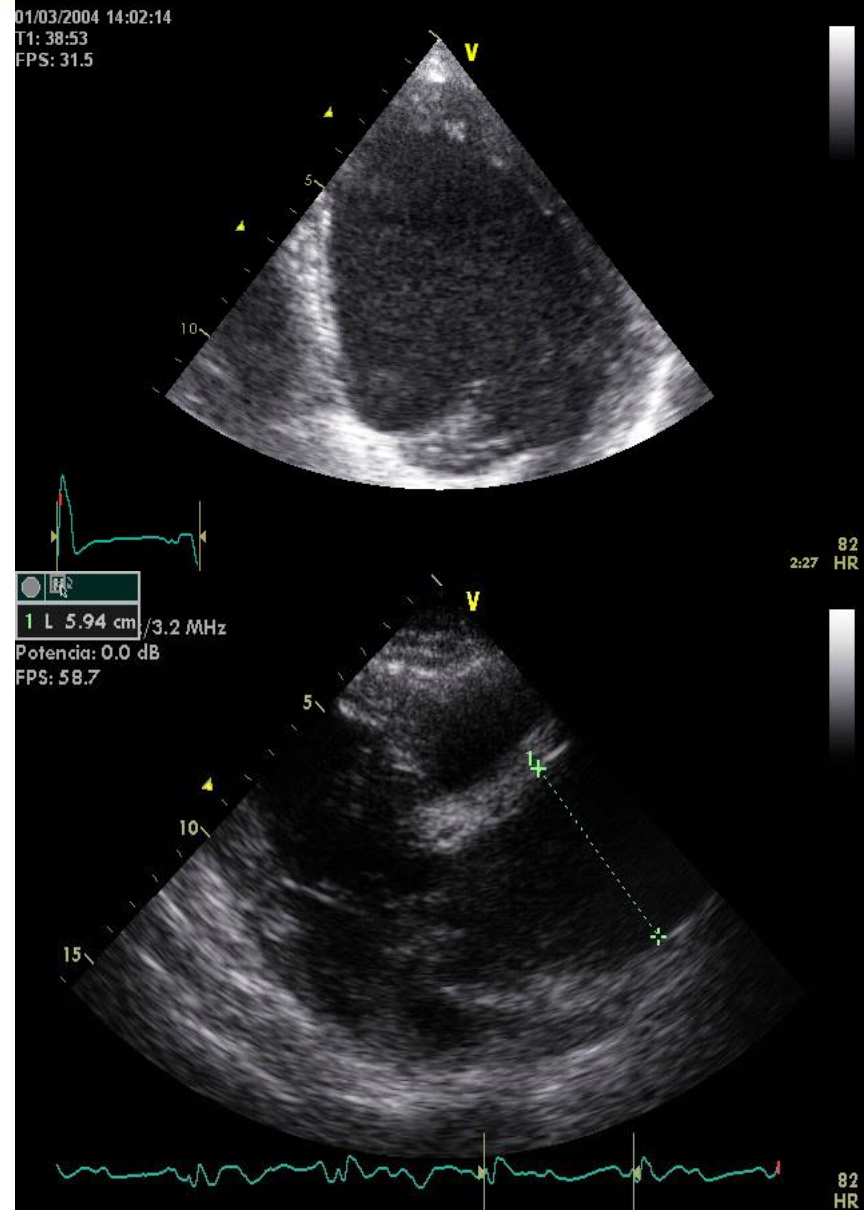
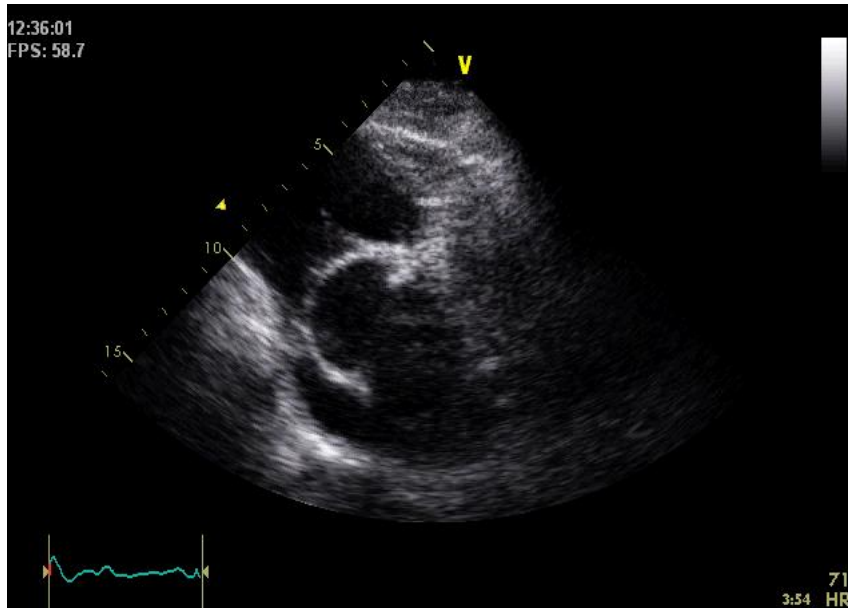


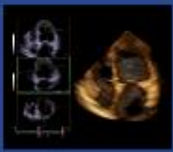


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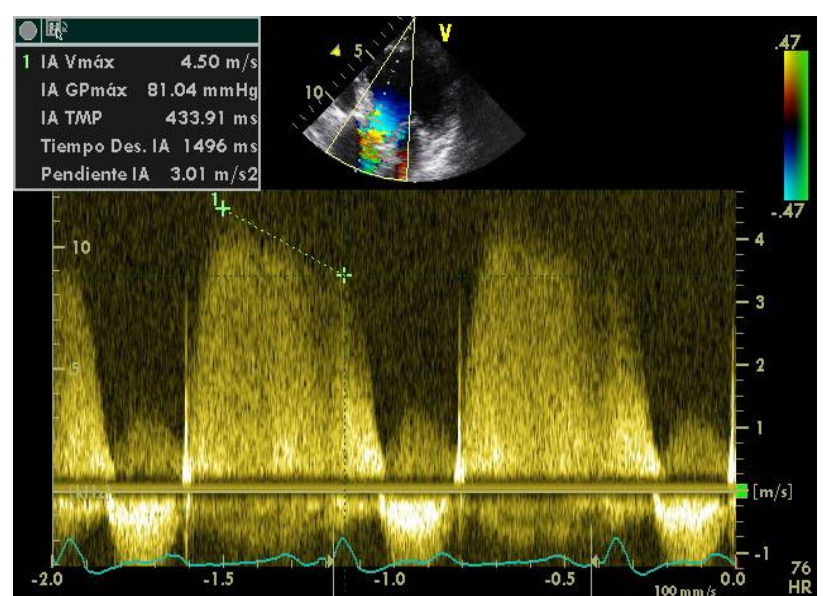
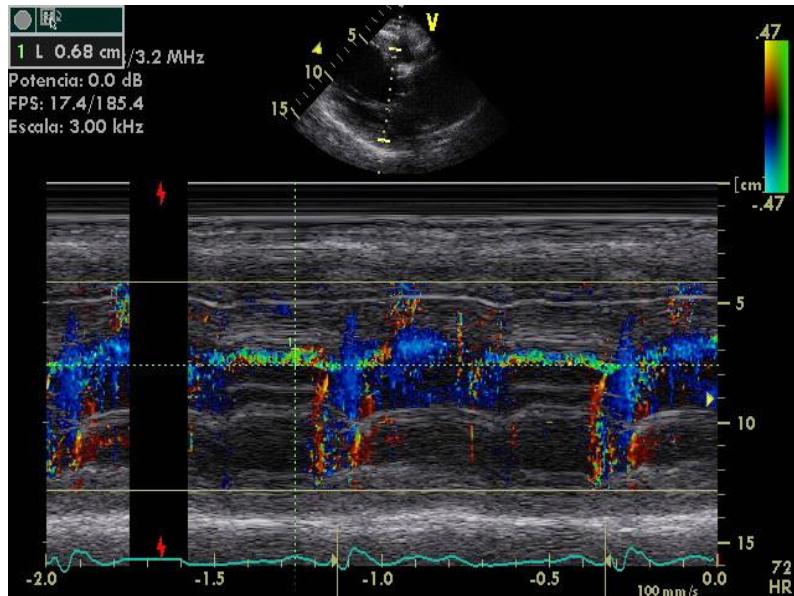
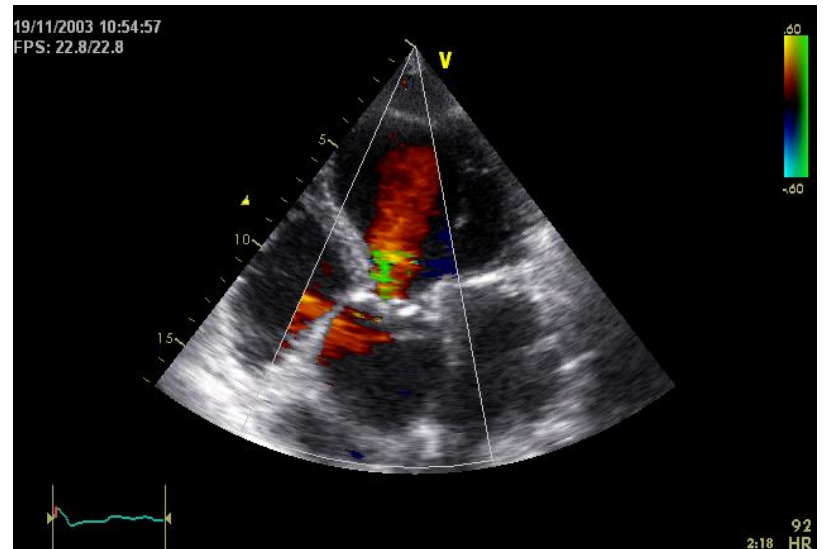
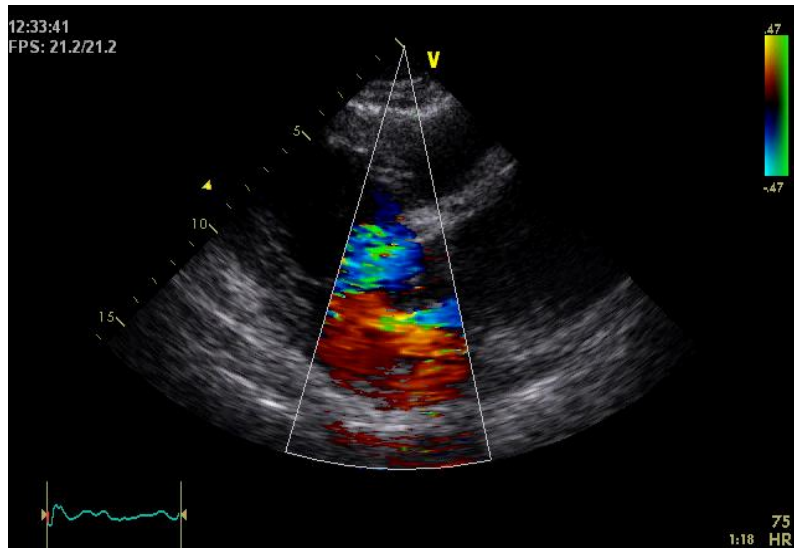


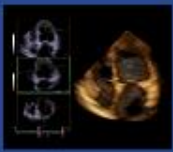
TTE



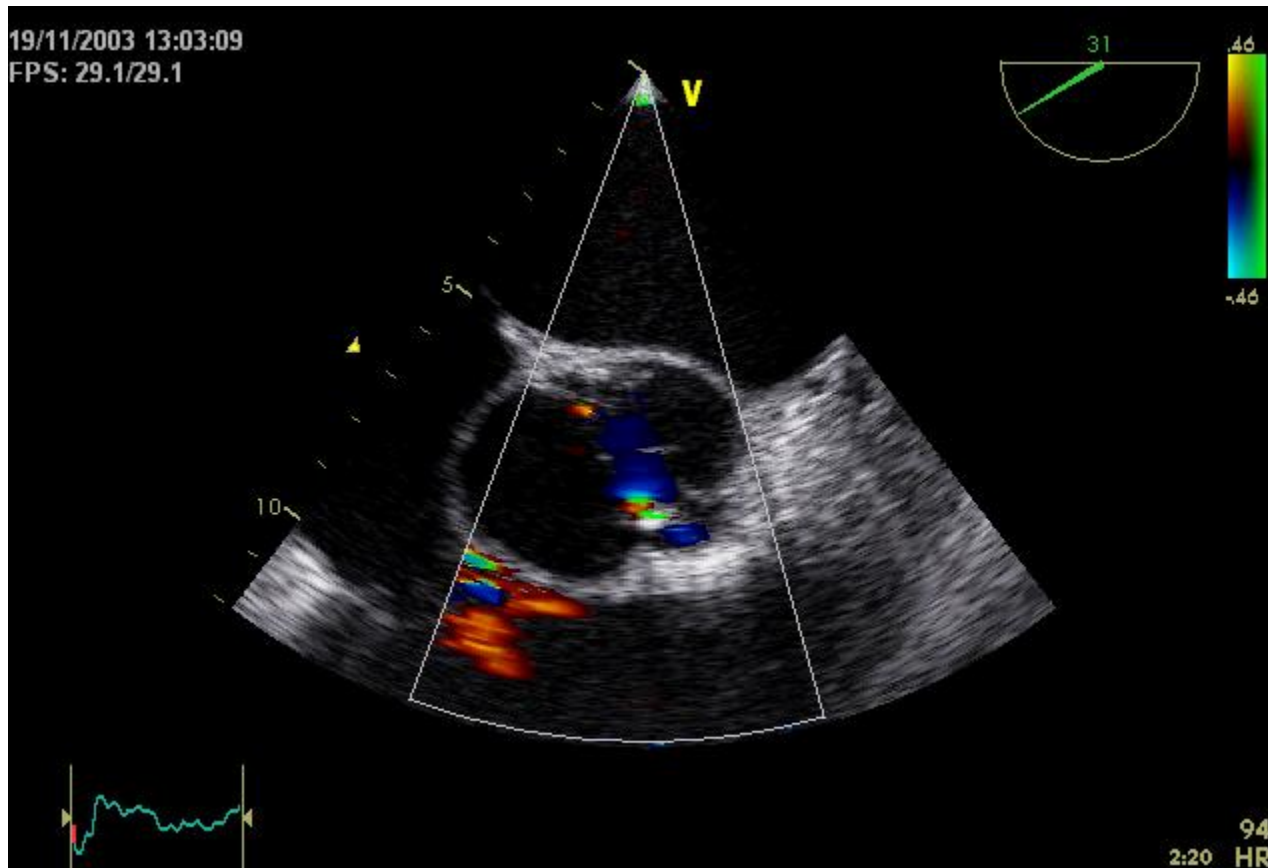


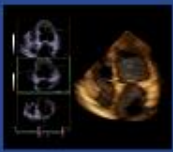
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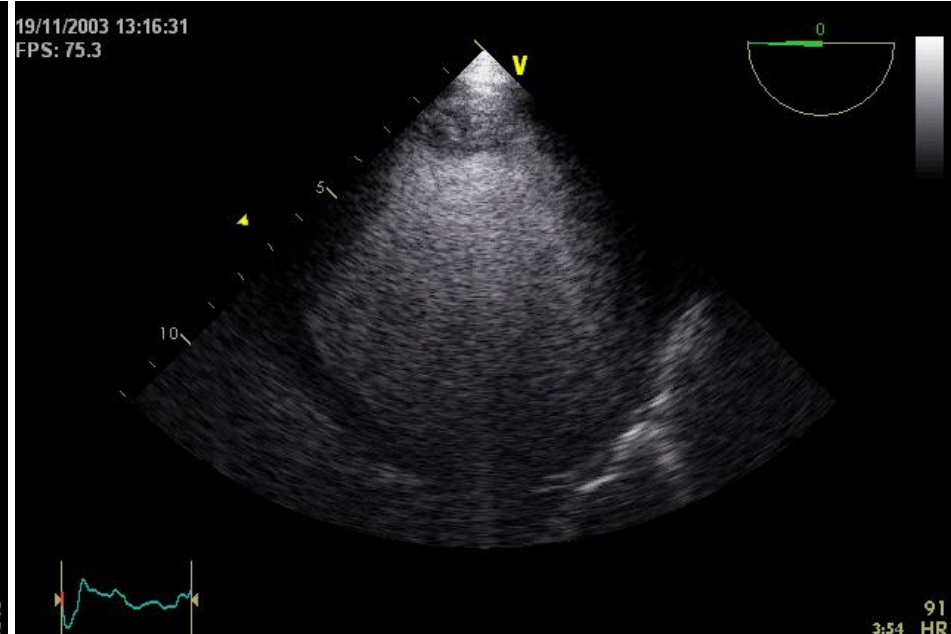
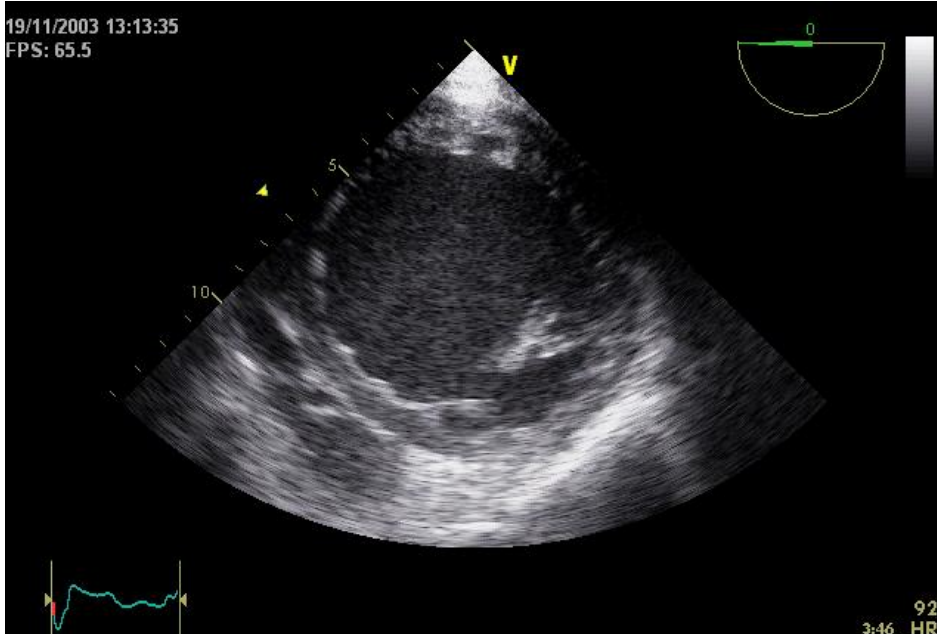


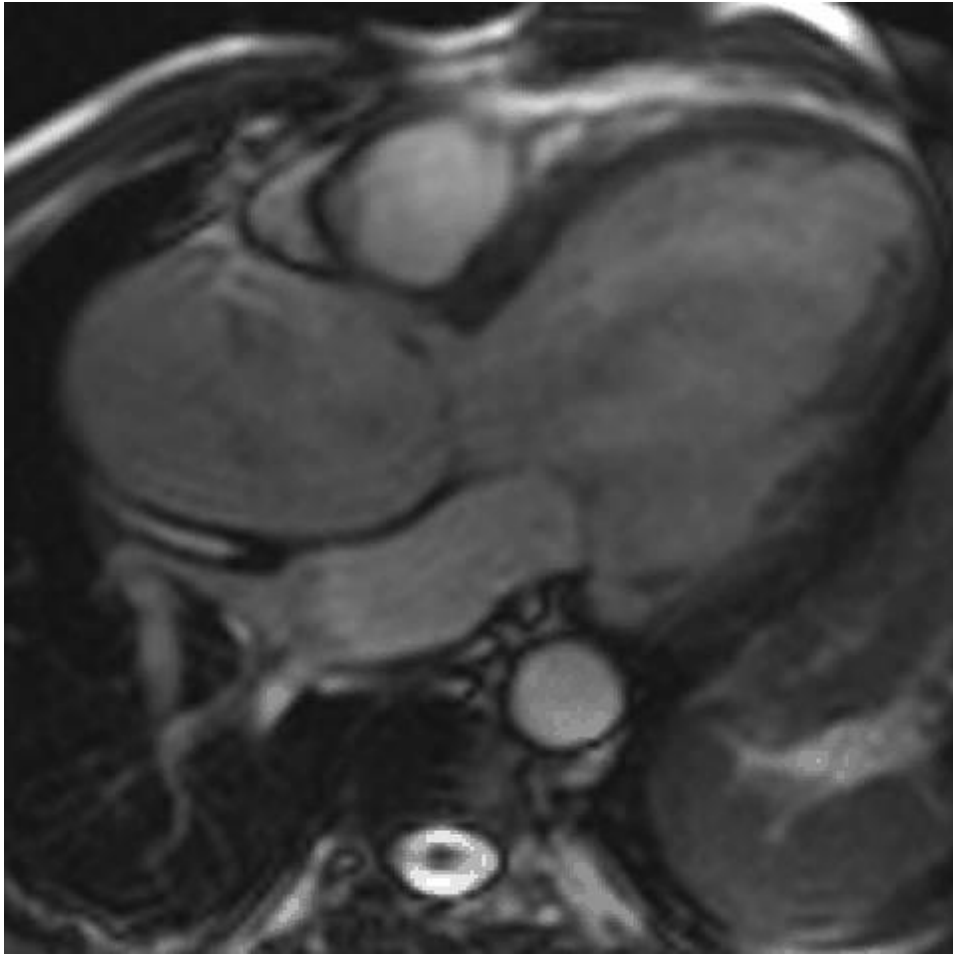
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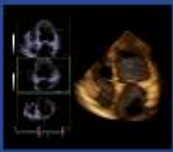




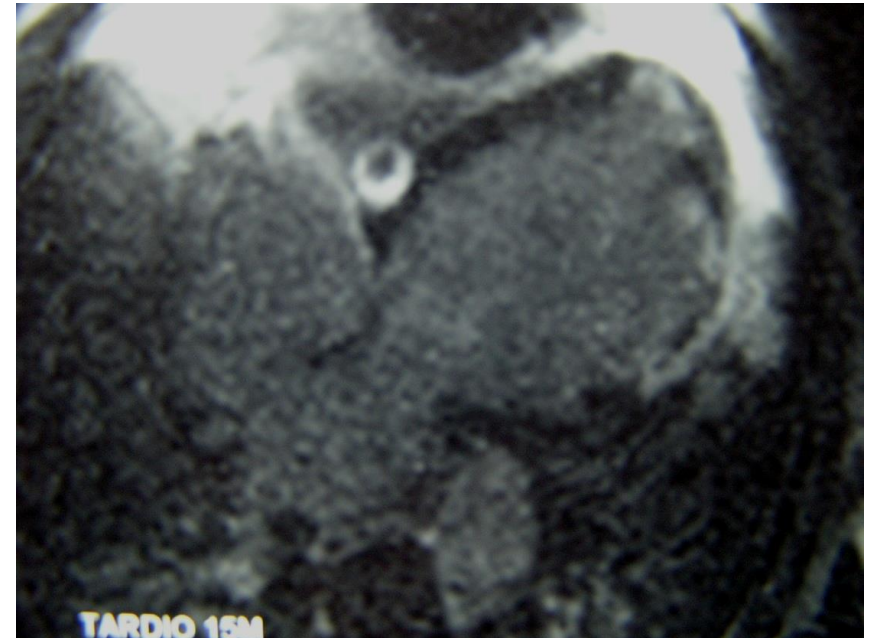
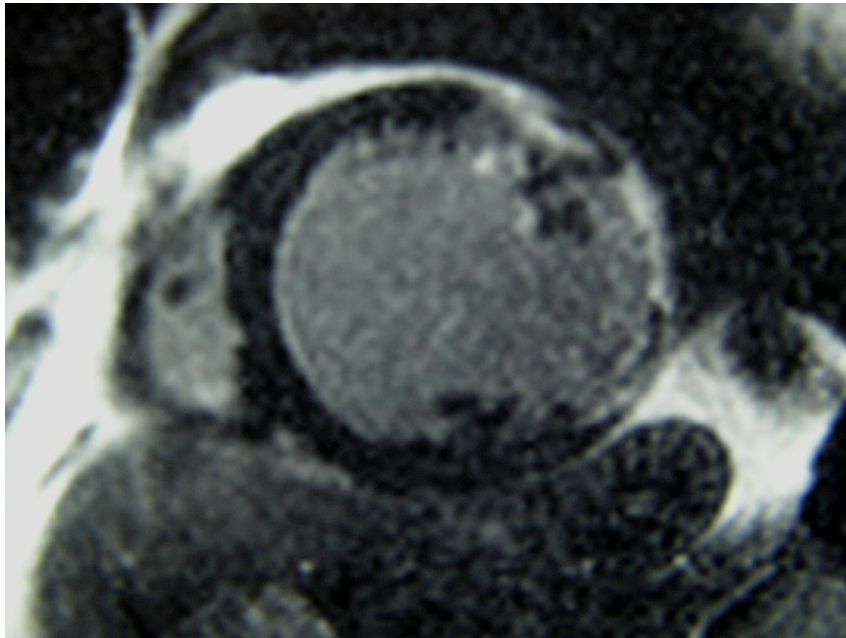
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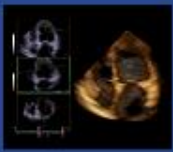




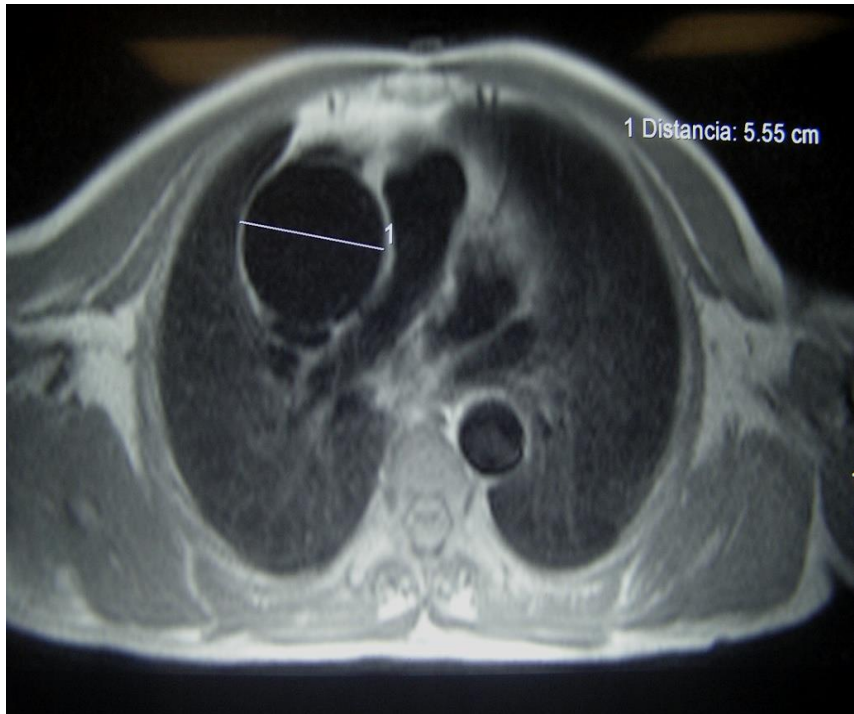
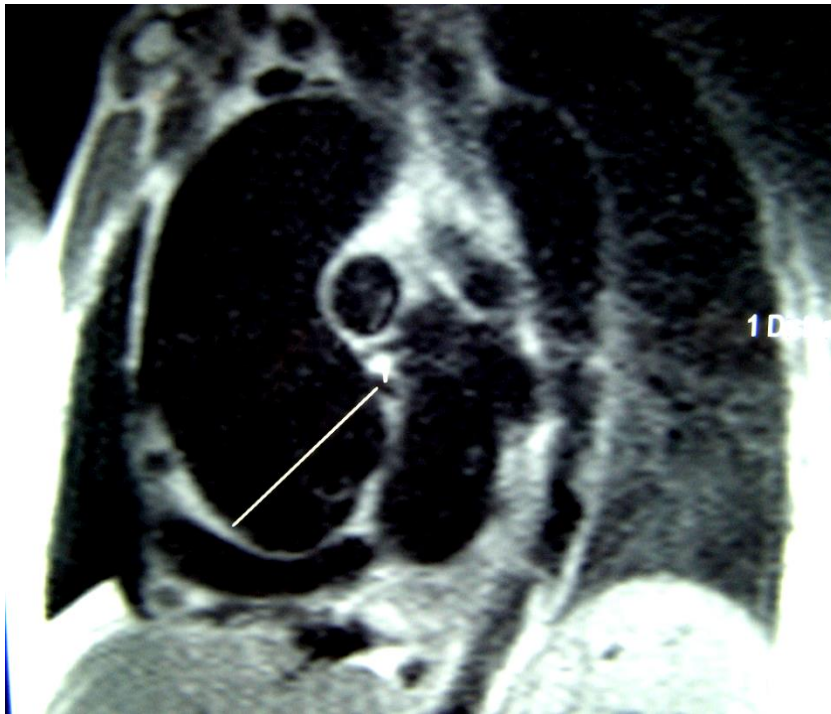


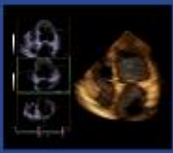
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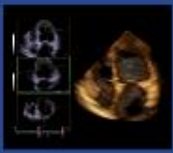
Asymptomatic (?)

Exercise echo: 80 watts,

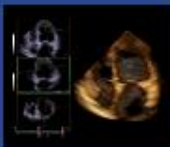
No contractile reserve

Treatment:

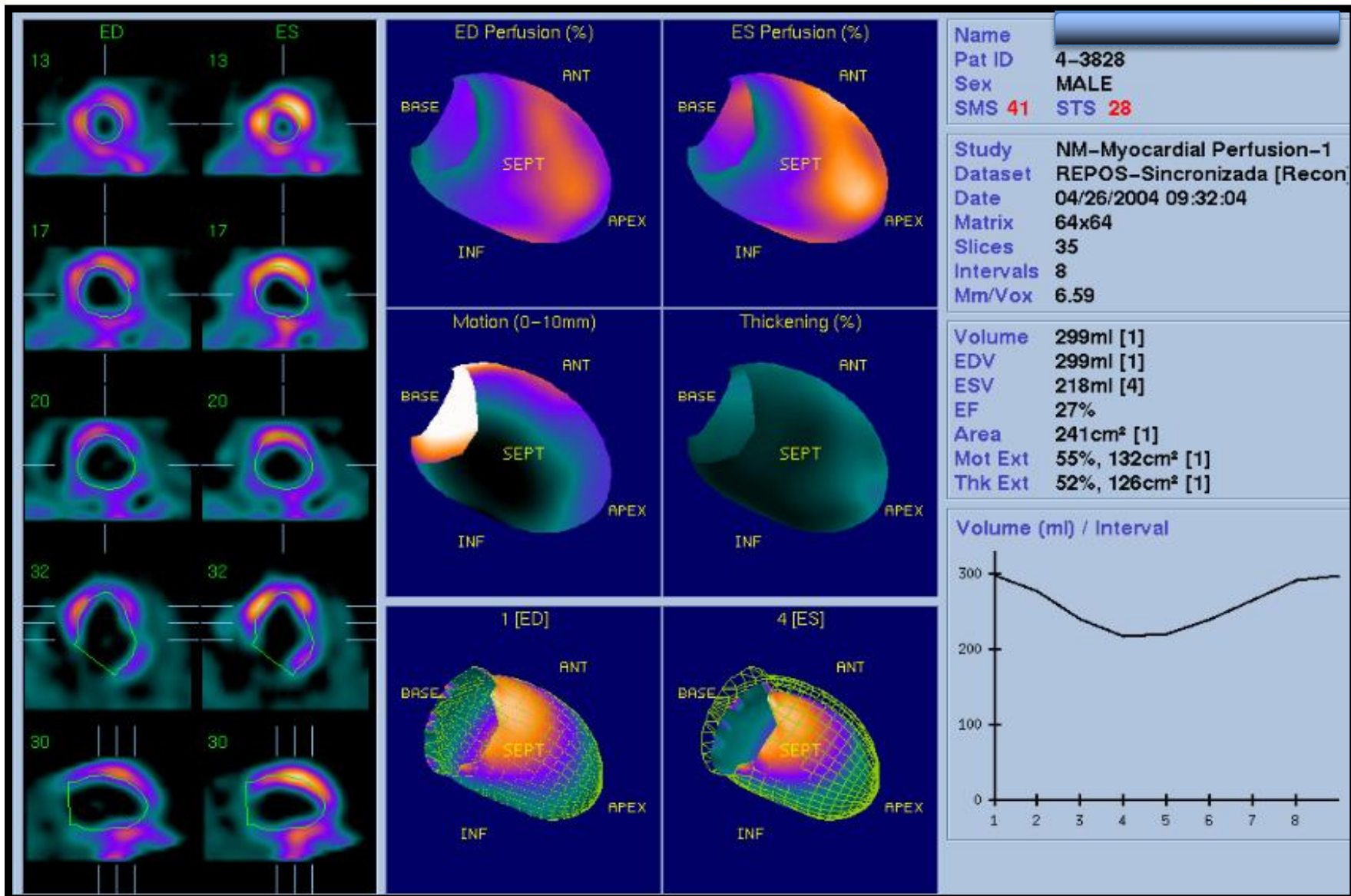
Enalapril, Carvedilol, Warfarin

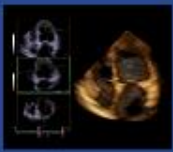


- What management would you recommend?
 - 1.- Bentall surgery+ICD
 - 2.- Resynchronization therapy (CRT)+ ICD
 - 3.- David surgery+ICD
 - 4.- Heart transplant
 - 5.- 1 and 2 are correct



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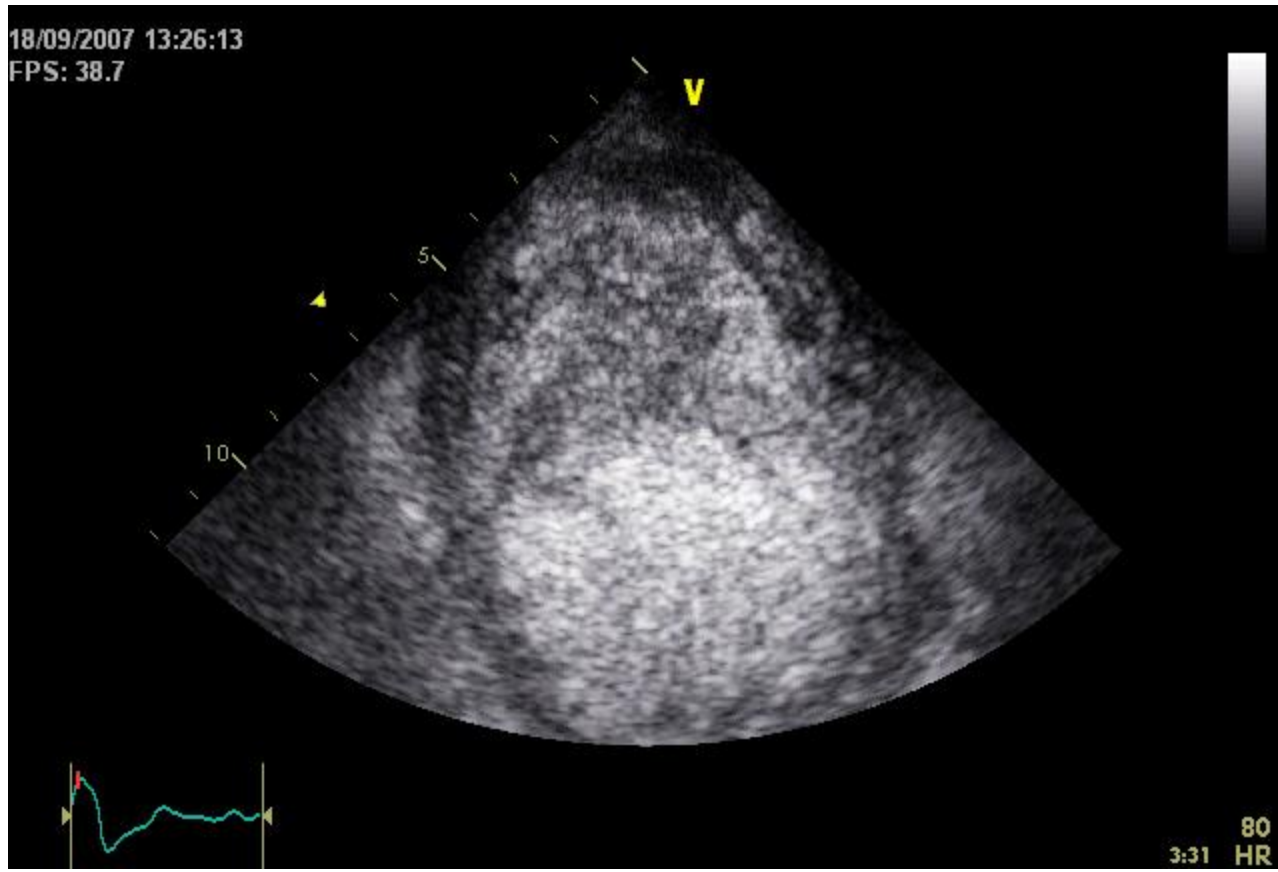


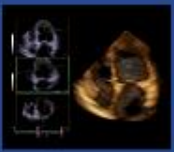


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After 4 years

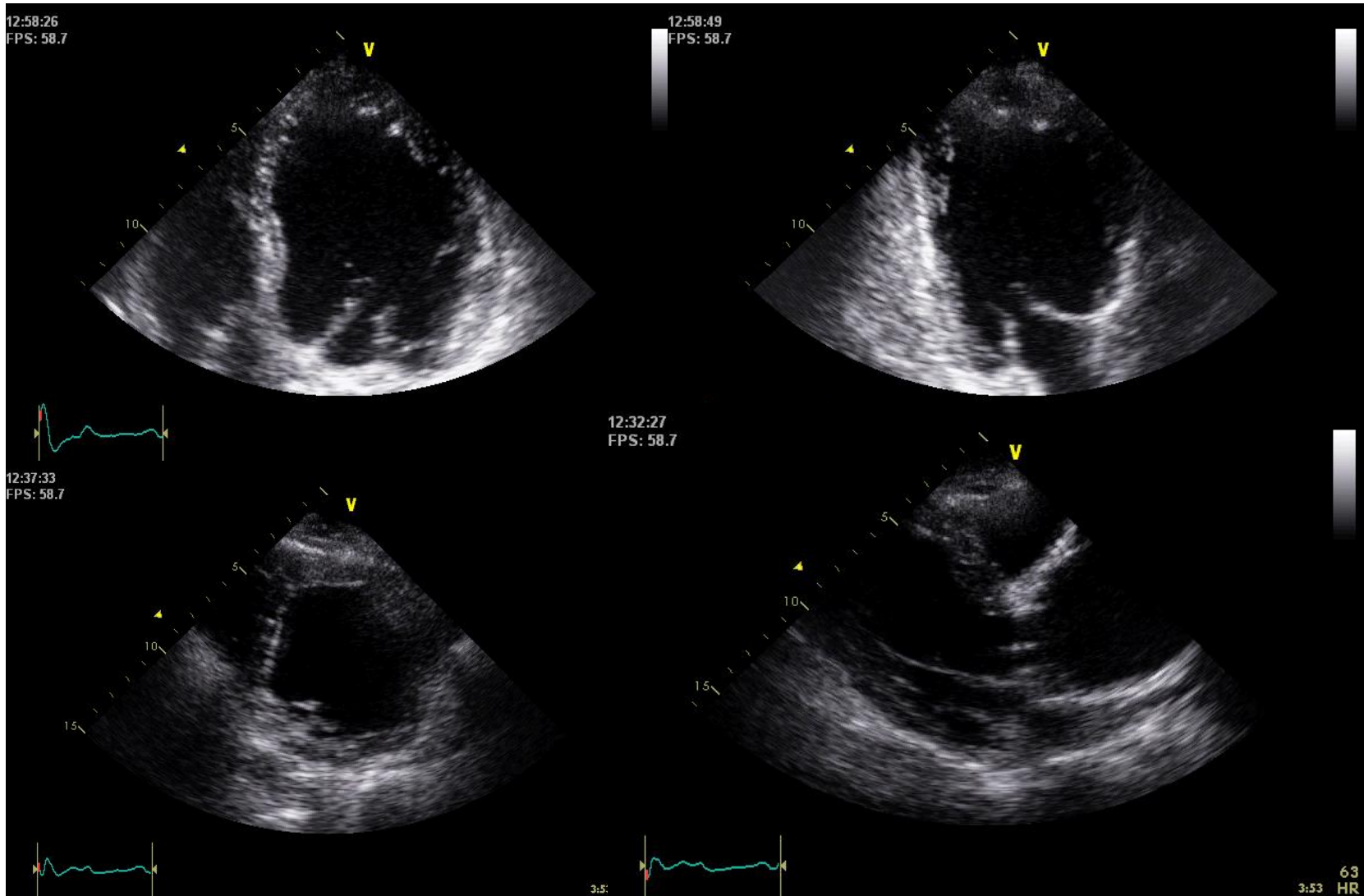


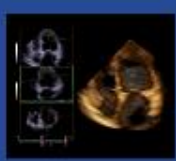


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...10 years later

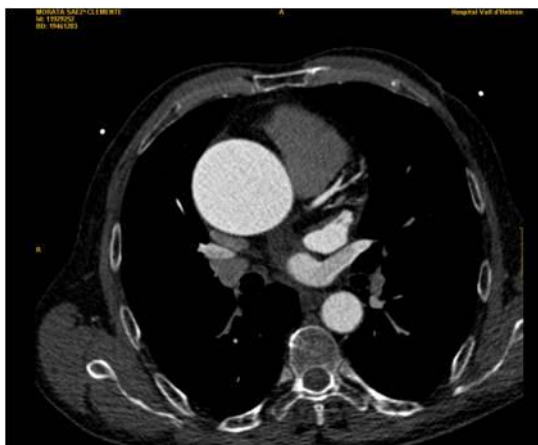
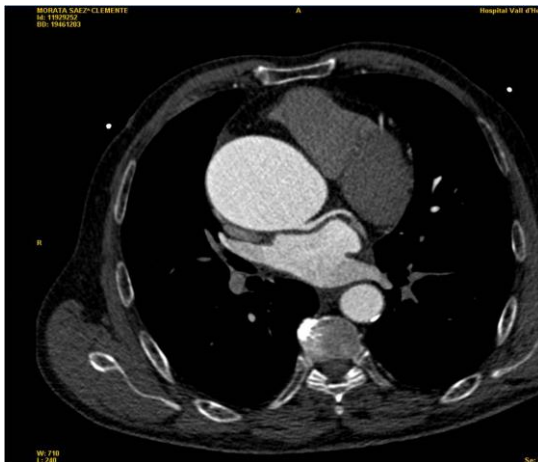




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Ascending Aorta



Aortic root from 57mm to 60mm
Ascending aorta from 55mm to 61 mm.