

# When it pops-out: Restart all over again from the beginning?

An 82-year-old female with a severe aortic stenosis (AS) and a history of acute decompensated heart failure was scheduled for TAVR. A stiff wire accidentally dislodged from the left ventricle before delivering an S3 valve to the aortic valve plane. A successful S3 implantation was achieved by crossing a regular wire using the flex wheel of the delivery system handle to align the nose cone with the aortic orifice followed by an exchange to a stiff wire. This is the very first clinical case report of this technique for a possible bailout procedure during a premature LV guidewire dislodgement, which significantly reduces additional risk, procedural time and cost.

Keywords: Transcatheter aortic valve implantation/replacement (TAVI/TAVR) - Complication Guidewire dislodgment • Bailout

## Introduction

The dislodgment of a stiff wire from the Left ventricular (LV) cavity when a Sapien valve is already in the patient's vasculature is a rare but troublesome complication of transcatheter aortic valve replacement (TAVR). A theoretical bailout technique of retrying to cross the aortic valve with a regular wire using the original system has been suggested in a literature [1]. However, such clinical cases have never been reported.

## **Case Description**

stenosis (AS) and a history decompensated heart failure was scheduled for procedure during a premature LV echocardiography dislodgement, TAVR. Pre-procedural indicated the stenosis was very additional risk, procedural time and cost. results severe with the measurements of aortic valve Relationship with Industry area (AVA) 0.28 sq cm, AVA index 0.22, mean pressure gradient 95.9 mmHg and velocity 6.1 m/sec. Predilatation performed using a 20-mm balloon with a the contents of this paper to disclose. Safari XS guidewire (Boston Scientific, Boston, Supplementary Data MA, USA) placed in the LV but guidewire accidentally came out during struggle to cross a crimped 23-mm Sapien 3 valve (Edwards Lifesciences, Irvine, inside e-sheath an through the iliac artery, the valve was aligned to a proper position and delivered above native aortic valve over the dislodged wire

(Figure 1B). The Safari XS was then withdrawn and, using its flex function and manual torque of entire system, the nose manipulated in order to cross the valve orifice with a Radifocus wire (TERUMO, Tokyo, Japan). This guidewire was then successfully delivered into the LV (Figure 1C, Video 1) with just the tip of the nose cone going through the valve orifice (Figure 1D, Video 2), which enabled a guidewire exchange to a Safari XS (Figure 1E, Video 2) and the Sapien 3 implantation (Figure 1F).

## Conclusion

An 82-year-old female with a severe aortic To the best of our knowledge, this is the very first acute clinical report using this technique as a bailout significantly reduced which

Drs. Yamashita, Iwakiri, Kurebayashi, Suzuki and was Ohkawa have reported no relationships relevant to

Fluoroscopic imaging of the technique. Using its flex function and manual torque of the entire system, the nose cone was manipulated in order to cross the valve orifice with a Radifocus her wire. This guidewire was then successfully delivered right external iliac artery due to the extreme into the LV (Video 1) with just the tip of the nose friction (Figure 1A). After successfully crossing cone going through the valve orifice, which enabled a her guidewire exchange to a Safari XS (Video 2).

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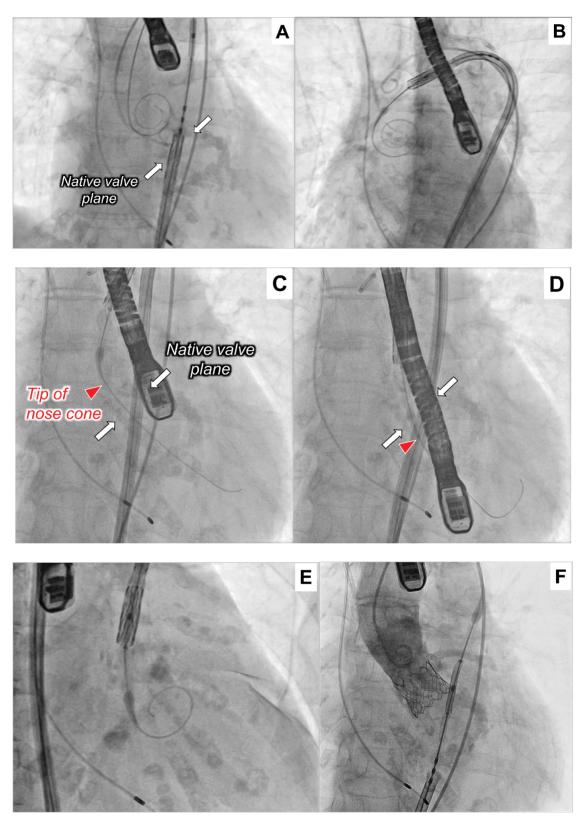
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**Figure 1:** (A) Dislodged Safari XS wire from left ventricular cavity (B) Aligned Sapien 3 valve advancement over dislodged wire above valve orifice (C) Radifocus wire crossing through valve orifice using original system (D) Nose cone crossing through valve plane (E) Guidewire exchange to Safari XS (F) Successful implantation of Sapien 3 valve.

guidewire was then successfully delivered into the LV (Video 1) with just the tip of the nose cone going

through the valve orifice, which enabled a guidewire exchange to a Safari XS (Video 2).



# References

1. Dall'Alla G, Moretti C, Marrozzini C, et al. How should I treat an unexpected deadlock at the time of transcatheter aortic valve prosthesis implantation? *Euro Intervention*. 13: 256-258 (2017).