Mind Your Stent: Managing Ostial Right Coronary Artery Stent Protrusion Before TAVR

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Disclosure of Financial Relationships

I, [Ahmed Hassanin] DO NOT have any financial relationships to disclose.

Faculty disclosure information can be found on the app



History of Present Illness

- 68-year old man with history of:
 - CAD s/p distal RCA PCI in 2018
 - Moderate AS diagnosed 1-year ago

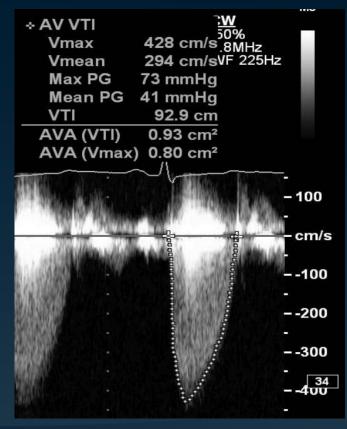
• Seen in clinic for new-onset chest pain and dyspnea on exertion x 1 month.

 Home meds: Clopidogrel 75, Lisinopril – HCTZ 20-12.5, Metoprolol succ 25, Rosuvastatin 40



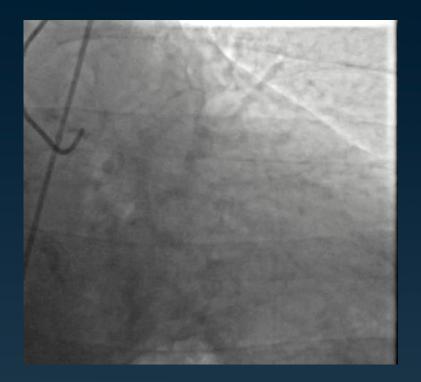
Transthoracic echo

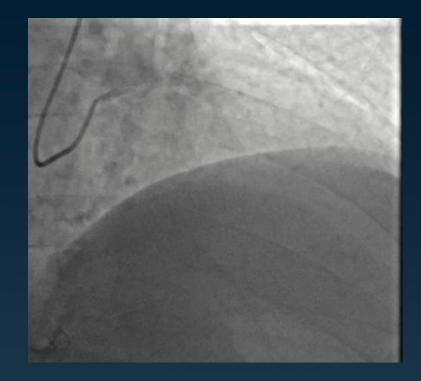






Coronary Angiography

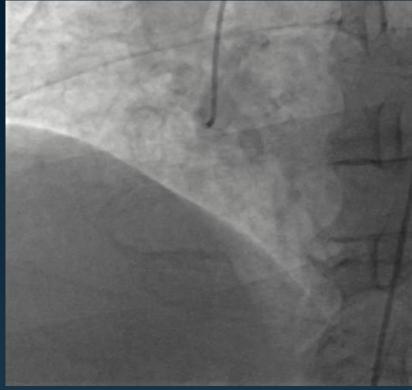






Coronary Angiography







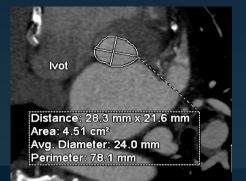






CTA Heart

Distance: 27.5 mm x 21.9 mm Area: 4.73 cm² Avg. Diameter: 24.5 mm Perimeter: 78.7 mm







So far ...

 68 yo man with symptomatic severe AS and severe ostial RCA stenosis

• STS 0.9%, frailty 0/4

• Options?

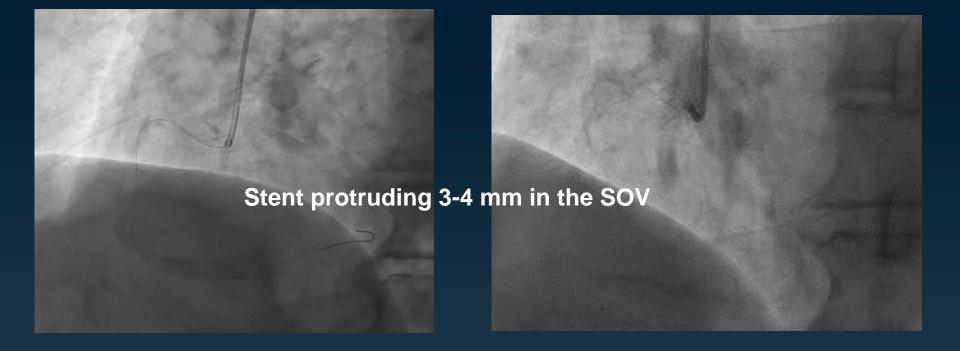




• TAVR then PCI the RCA vs SAVR with RCA bypass

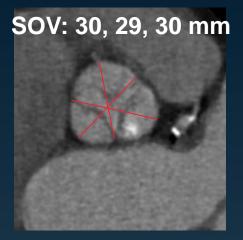


Admission for UA at an OSH



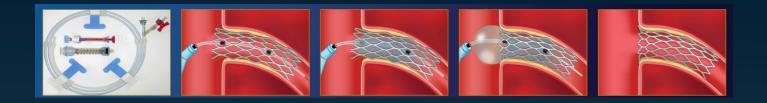


Concern for stent deformation during TAVR using a 26 mm S3 valve



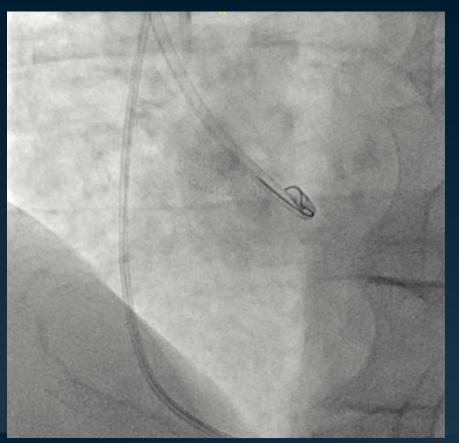


Procedural plan: TAVR with RCA protection



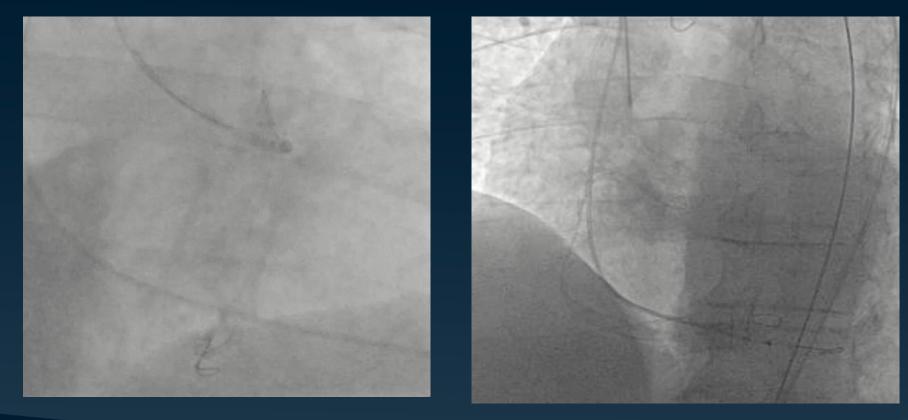


TAVR with RCA protection



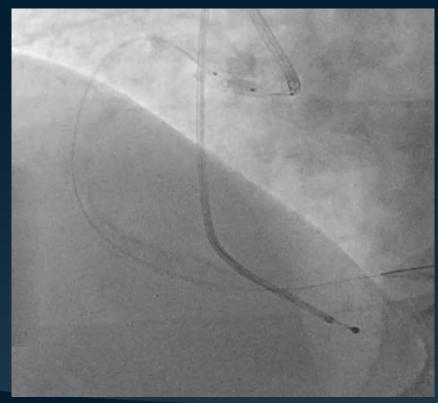


TAVR with RCA protection

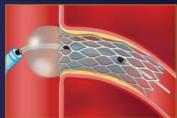




TAVR with RCA protection

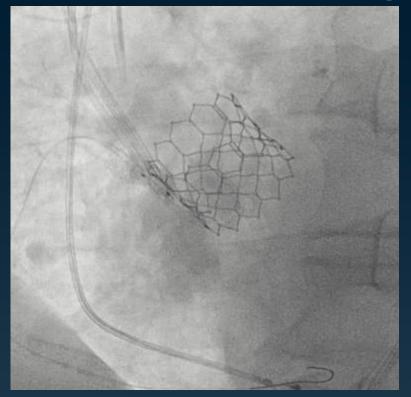


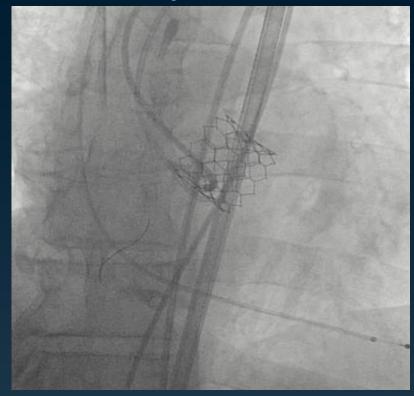






Results: procedural safety







Take home points:

- Ostial stents protruding into the SOV are at risk for deformation during TAVR
- Stent protection, i.e. balloon and guideliner, can mitigate the risk of RCA occlusion
- The Ostial Flash balloon can help conform the stent to the wall of the ostium, providing lesion coverage and facilitating future reaccess



Thank you

