Simultaneous transfemoral TAVI and angioplasty of unprotected trifurcated left main coronary artery

Procedimientos simultáneos de TAVI transfemoral y angioplastia de tronco común trifurcado no protegido

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CASE PRESENTATION

Eighty-two year-old-woman with a past medical history of high blood pressure, dyslipidemia, primary hypothyroidism, iron deficiency anemia, chronic renal disease, a glomerular filtration rate of 52 mL/min, an episode of ischemic colitis resolved using conservative therapy 2 years ago and documented peripheral arterial disease with carotid artery atheromatous plaque without significant stenosis.

The patient showed long-term degenerative aortic valve disease with double aortic lesion with severe stenosis (mean flow velocity, 4.1 m/s; mean gradient, 42 mmHg; valve area, 0.98 cm²) and mild-to-moderate regurgitation, with preserved left ventricular ejection fraction, and symptomatic in class II of the New York Heart Association for dyspnea. The patient complained of episodes of non-exertional angina for which she required several hospital admissions over the last few months.

The coronary angiography revealed coronary artery disease of the left main coronary artery and 2 vessels: calcified and elongated left main coronary artery with a borderline significant distal lesion affecting the bifurcation with the anterior descending coronary artery, 2 ramus medianus and the circumflex coronary artery; the anterior descending coronary artery with a severely calcified ostial lesion, first and second ramus medianus with significant calcified ostial lesions, and circumflex coronary artery with a moderate ostial lesion (figure 1,

Figure 1. Coronary angiography in caudal left-anterior-oblique view showing significant distal left main coronary artery disease with damage to the anterior descending coronary artery and two intermediate branches.

Figure 2. Coronary angiography in caudal right-anterior-oblique view.
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HOW WOULD I APPROACH IT?

This is a challenging case that combines severe coronary artery disease of trifurcated left main coronary artery and severe aortic stenosis in an elderly female patient with chronic kidney disease.

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