Regurgitant Lesions

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Case 1



- 76 Year old woman with bioprosthetic mitral valve and coronary bypass 6 years previously and prior breast radiation for ca.
- One year of increasing dyspnea and decreasing exercise tolerance. NYHA III
- Hospitalized 6 months previously for CHF and hemolysis and was told of paravalvular leak.
- Treated with iron infusions and blood transfusions.
- Exam → II/VI holosystolic murmur and pulsatile liver

Transthoracic Echo





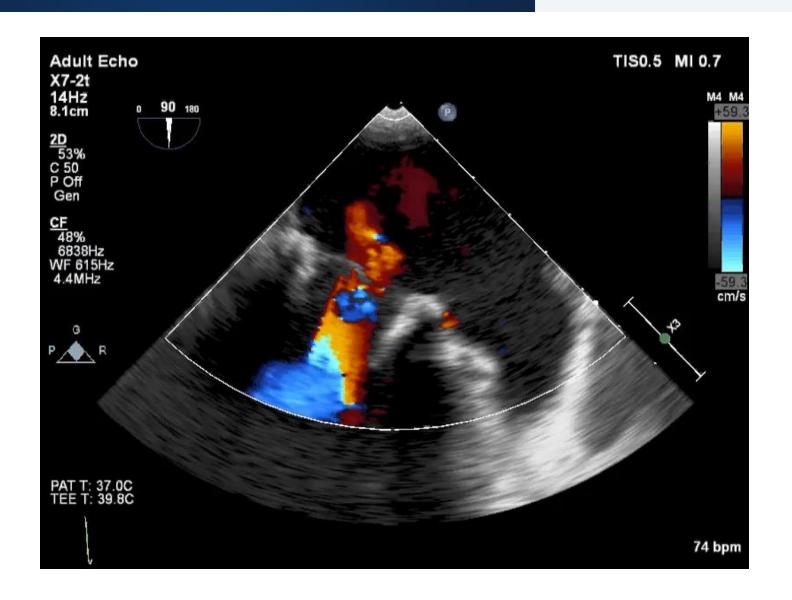
Baseline CMR





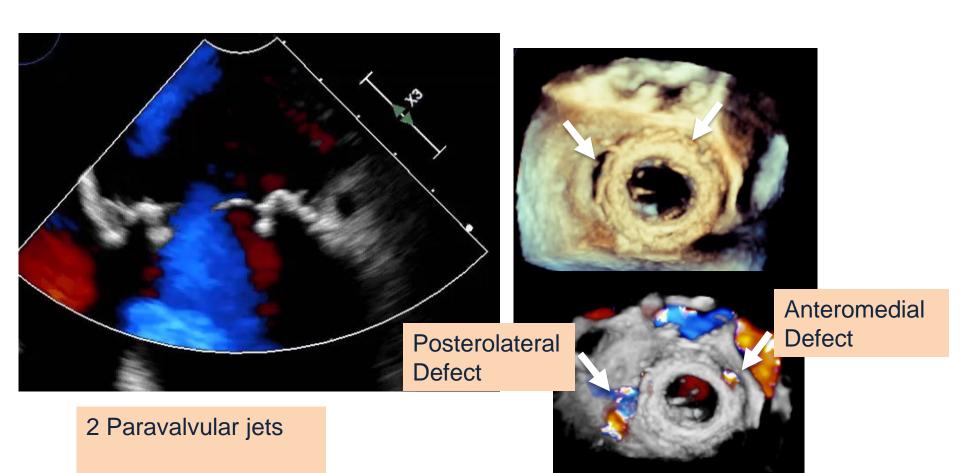


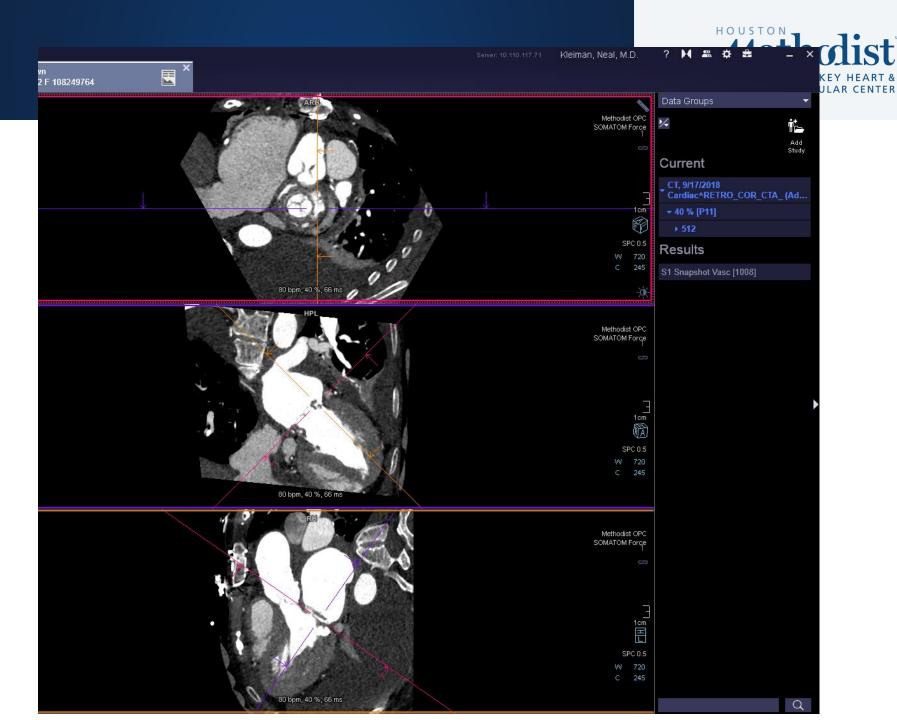




Baseline TEE









CT Image Fusion – 2D3D Fusion



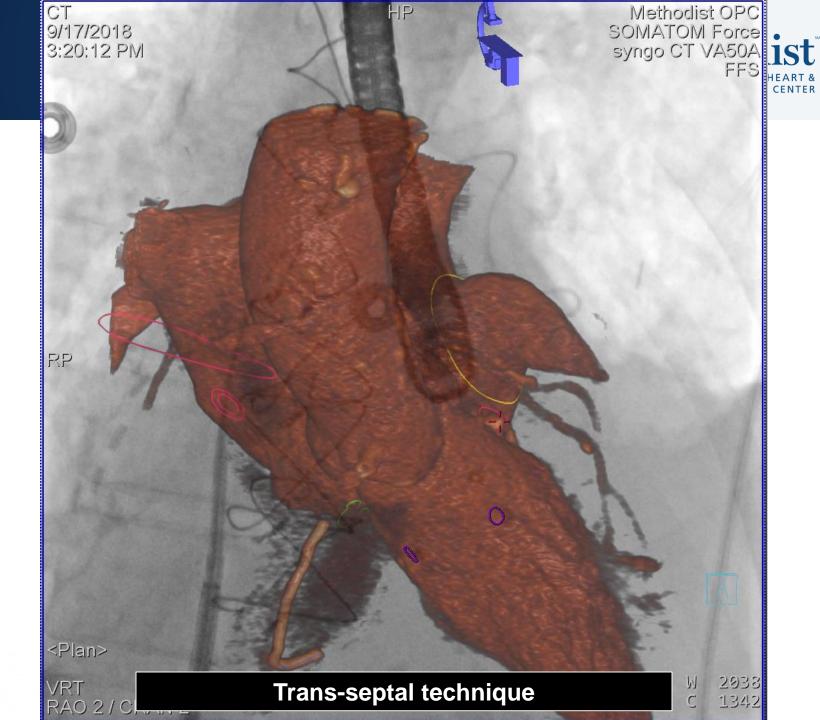
Angle = 63°

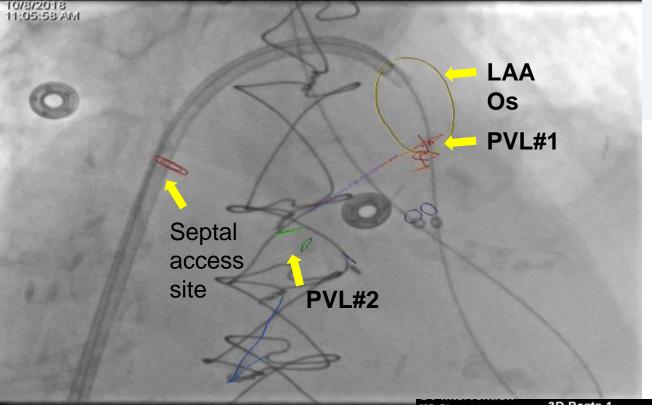
VRT LAO 18 / CRAN 4 VRT

RAO 45 / CRAN 4

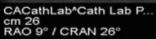
W 2122 C 1307

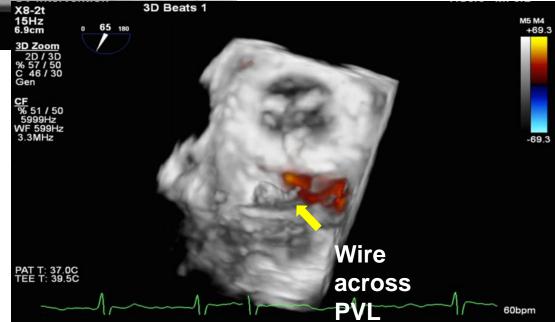
RA



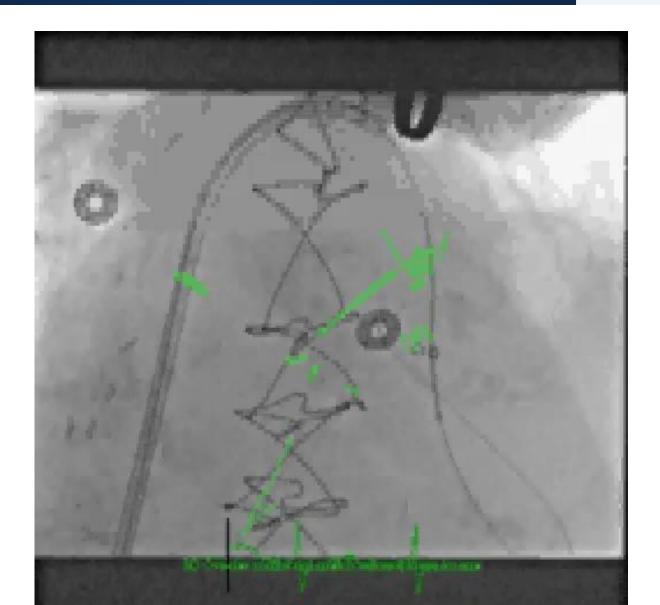






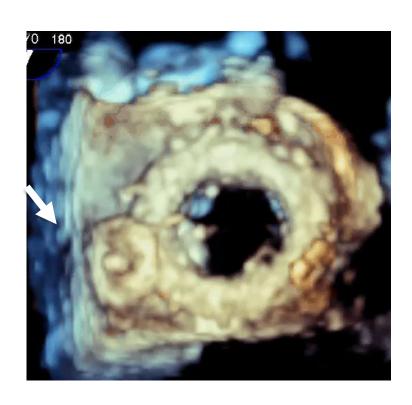


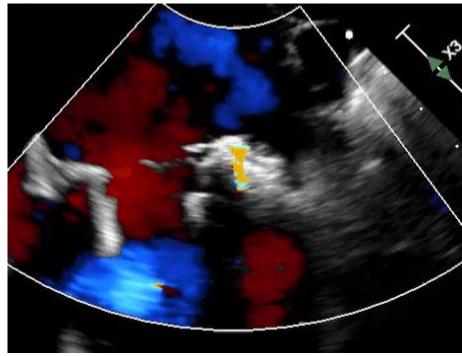




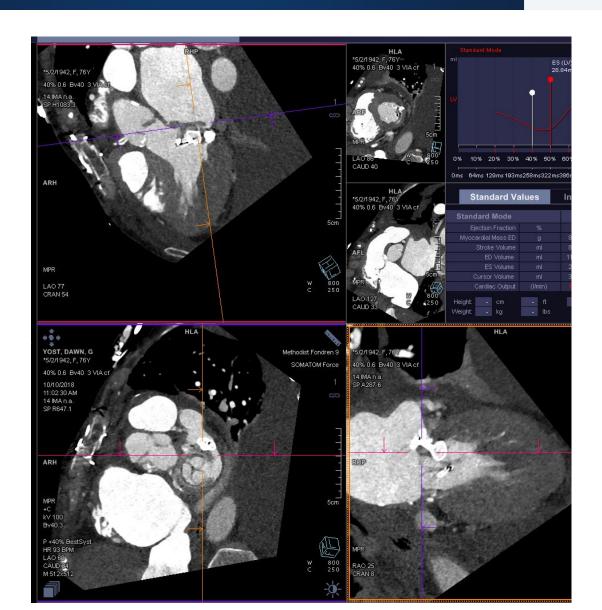
Post VSD Occluder Deployment







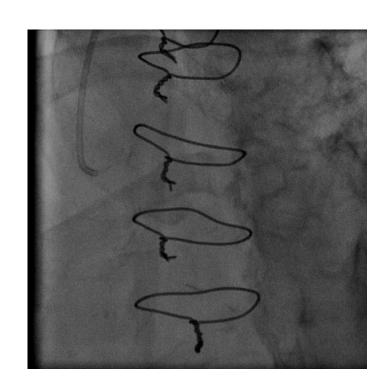




Case 2

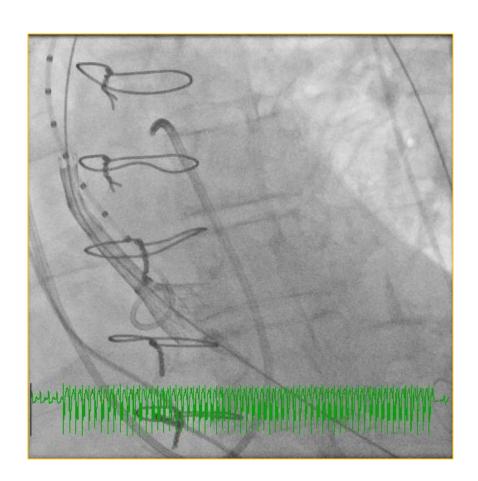


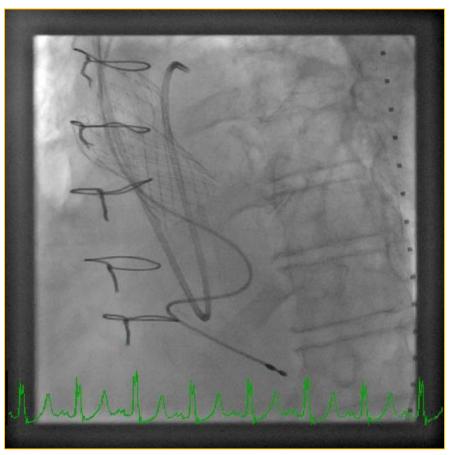
- 88 Year old man with remote CABG (1980s) and increasing exertional dyspnea.
- Creatinine = 1.6 mg/dL
- NYHA III
- LVEF = 0.49
- Peak velocity 3.07 m/s
 →4.6 m/s with
 dobutamine stress



Implant





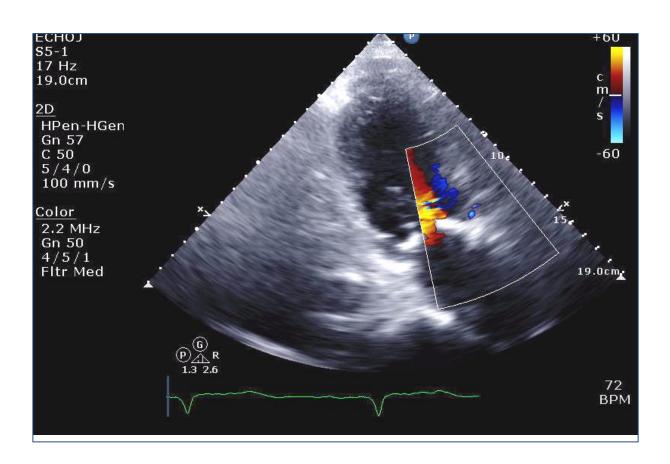


29 mm CoreValve: 13% oversized by perimeter measurement

POD #1



- "I feel great"
- No rales
- No murmur
- Ambulatory



Post Op Day #3



- "OK, I guess"
- Basilar rales
- Peripheral edema
- Rising creatinine
- Obstructive uropathy

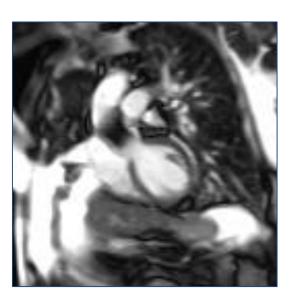
Discharged Day 5 on diuretics

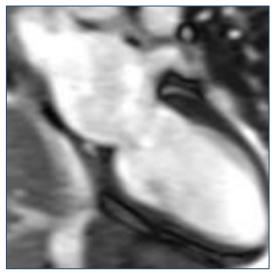


Case



- Day 35: Still dyspneic
- MRI:
 - LVEF = 0.45
 - Mild aortic regurgitation
 - Mild mitral regurgitation
 - LVEDV = 171 mL
 - -LVSV = 94 mL
 - Combined RV = 31 mL



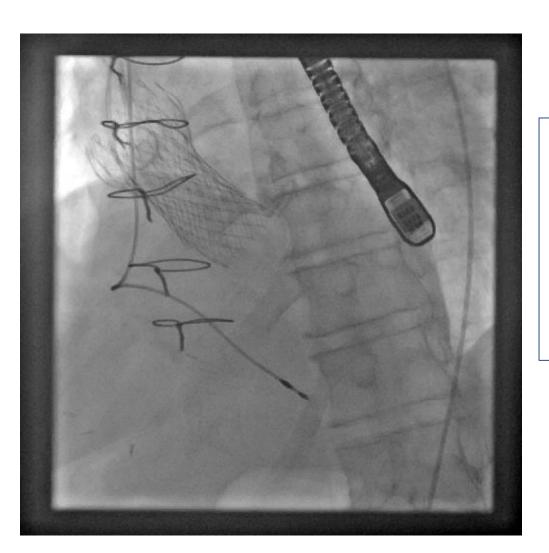




- Day 60: Rehospitalized for CHF
- TTE → mild paravalvular AR;
- LVEF = 0.30
- "Since valve is functioning well, valve svc consult isn't needed."







- Uneventful recovery
- Creatinine decreased to 1.2
- Discharged POD # 3
- NYHA 1 on at followup