



# TAVI – velký anulus

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# Kazuistika

- Muž – 80 let
- Kombinovaná symptomatická aortální vada degenerativní etiologie
- EF 60%, PGmean 42mmHg, AVAi 0,4cm<sup>2</sup>/m<sup>2</sup>, DVI 0,18
- NYHA II-III
  
- Nepravidelný flutter síní, terapie NOAC
- Hyperlipidemie
- Arteriální hypertenze
  
- SKG – nemoc 1 tepny ACD 80%
- Heart team – PCI ACD + TAVI

### Aortic Valve

Phase: 25,0%

**Aortic Annulus**

Perimeter: 93,6 mm

Perimeter Derived Ø: 29,8 mm

Area: 677,0 mm<sup>2</sup>

Area Derived Ø: 29,4 mm

LVOT Ø: 29,4 mm

Asc. Aorta Ø: \_\_\_\_\_

STJ Ø: \_\_\_\_\_

RCA Height: 19,6 mm

LCA Height: 15,6 mm

Sinus Of Valsalva Diameters:

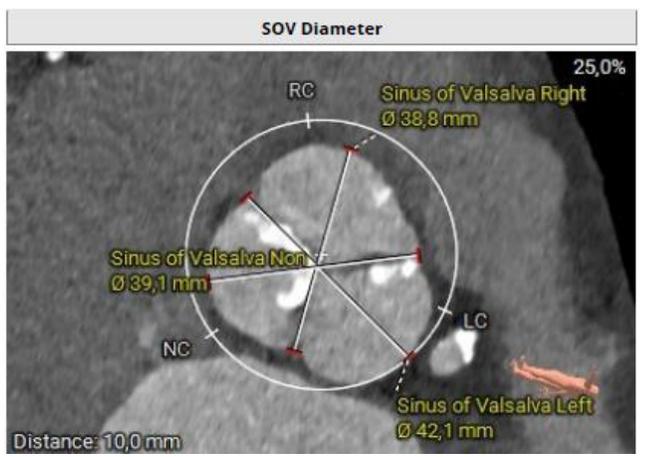
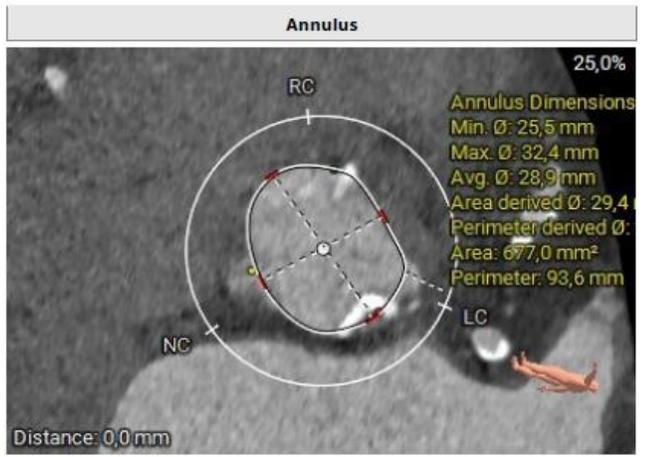
Left: 42,1 mm

Right: 38,8 mm

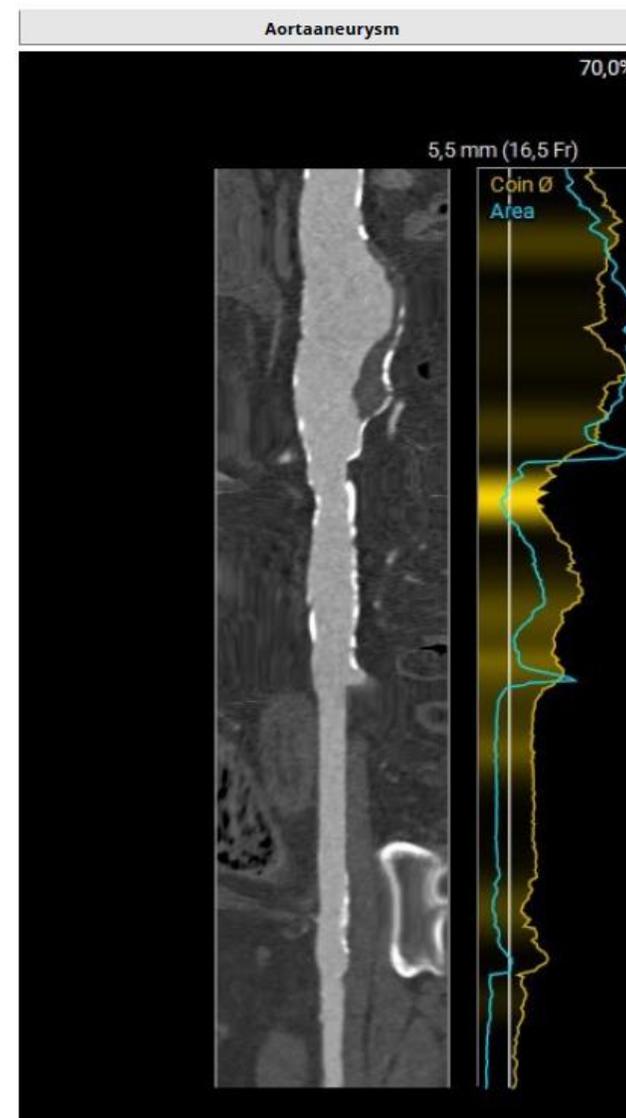
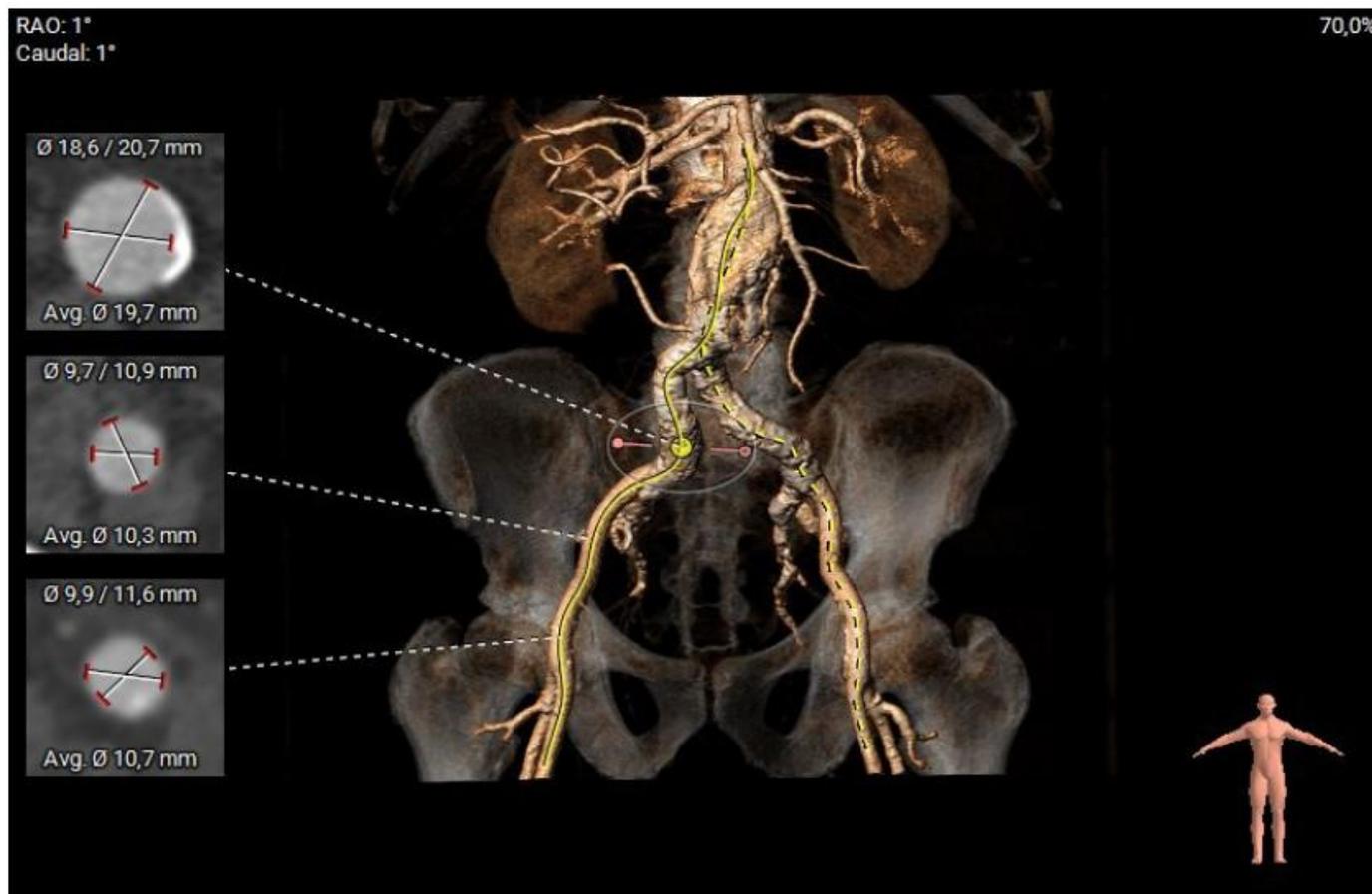
Non: 39,1 mm

Aortic Valve Calcification: -

Measurements:		Sinotubular Junction Ø	
Ascending Aorta Ø		Min: 21,1 mm	
Aortic Annulus	Min Ø: 25,5 mm	Max: 37,8 mm	
	Max Ø: 32,4 mm	Average: 29,4 mm	
	Average Ø: 28,9 mm		
	Eccentricity: 0,21		
		Aorto-Mitral Continuity Length	

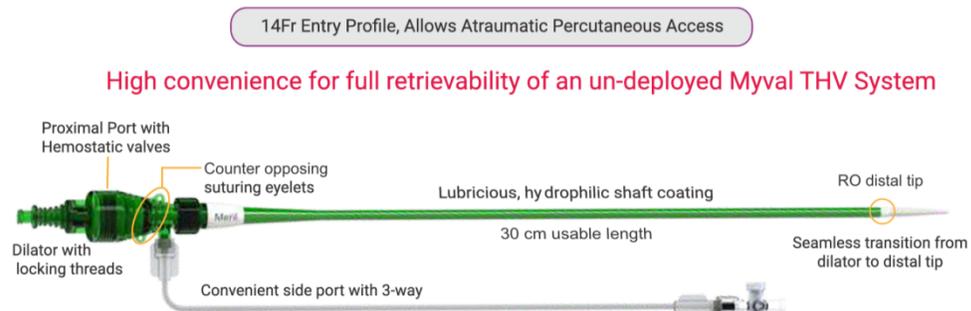


# CT – přístupové cesty



# Plánovaná strategie

- TAVI v analgosedaci bez přítomnosti anesteziologa
- Přístupy – a. radialis dx. 6F  
- a .femoralis. dx.



<p>Area 731 mm<sup>2</sup> 20.9 mm 30.5 mm</p>	95.82 mm	630-770 mm <sup>2</sup>	28.3-31.3 mm	25.5-29.5 mm
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- Dočasná stimulace v.femoralis. sin.
- Predilace – Mammoth 25mm

