



Balloon Aortic Valvuloplasty complicated by acute aortic regurgitation

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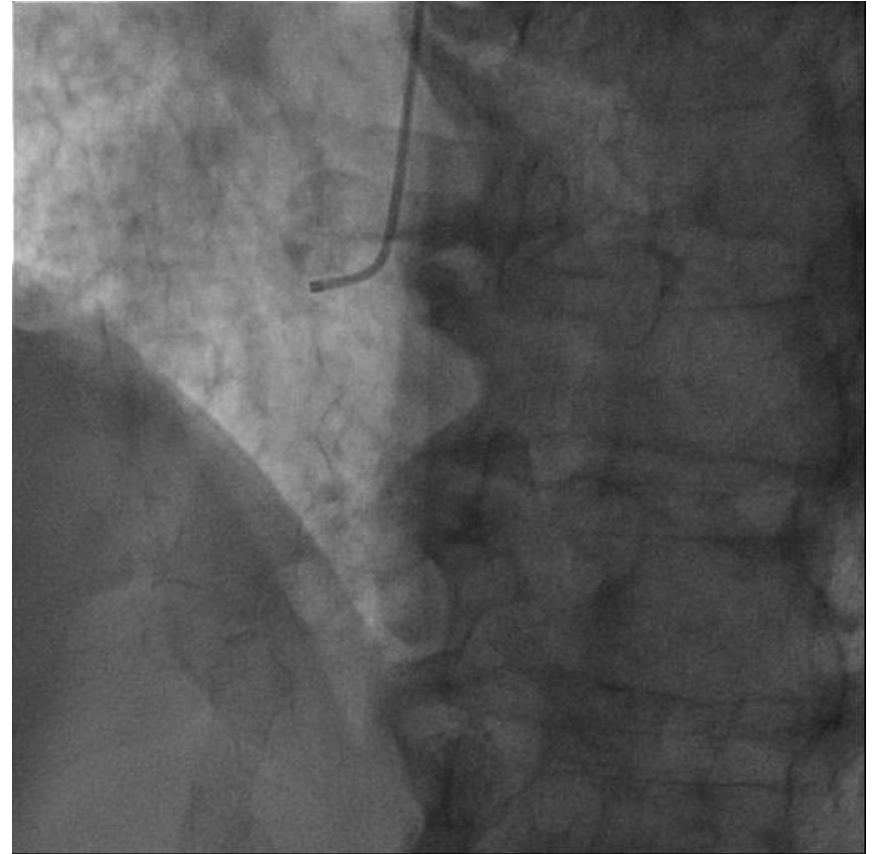
Interventional Cardiology Unit

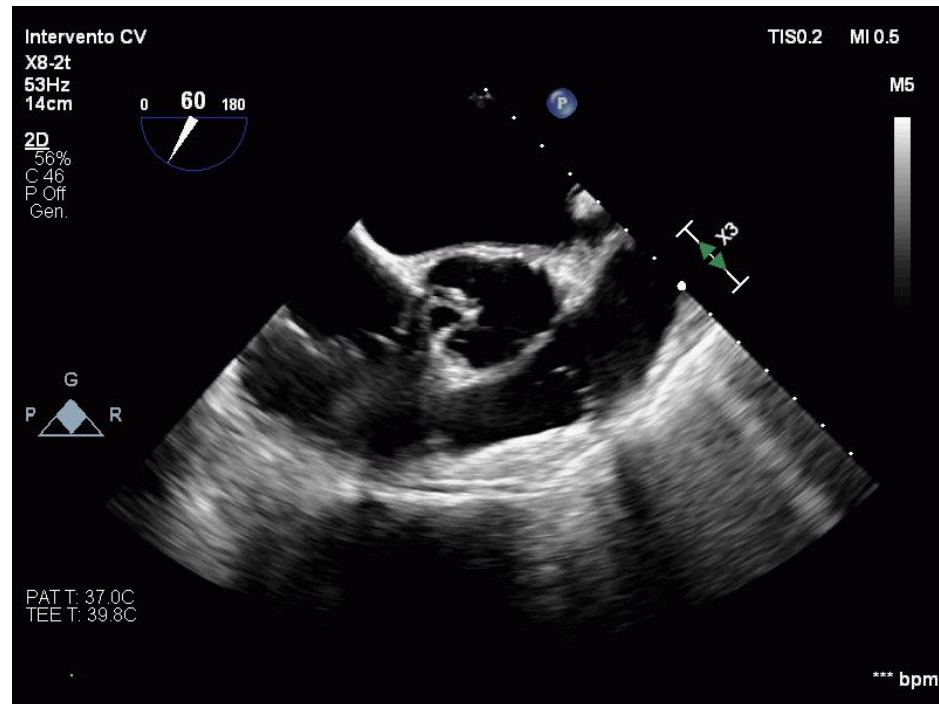
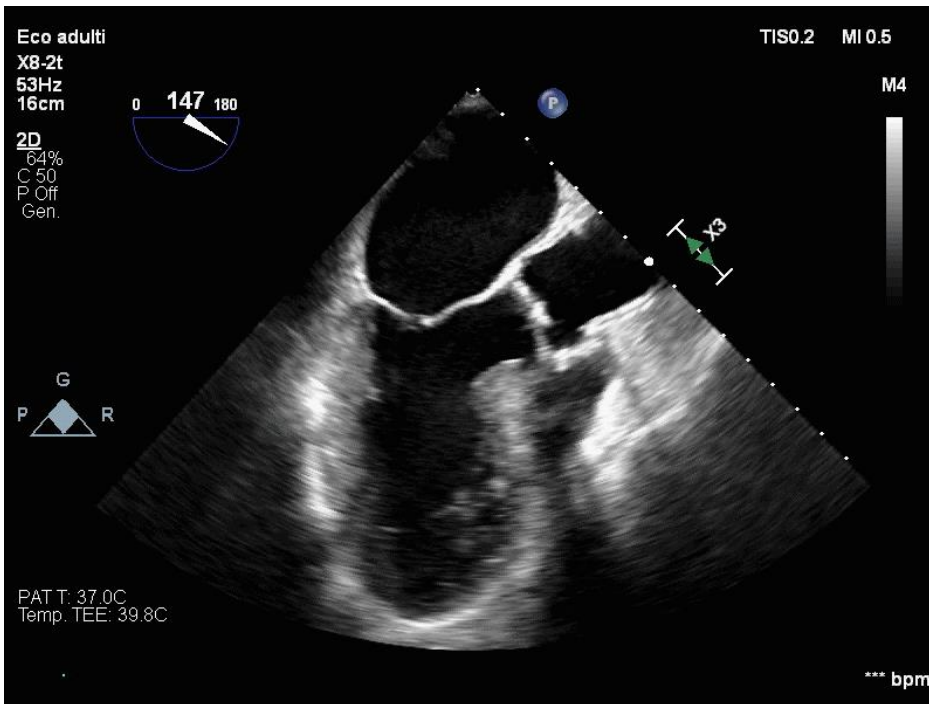
IRCCS San Raffaele Scientific Institute

Milan, Italy

- Speaker's fees from Abiomed

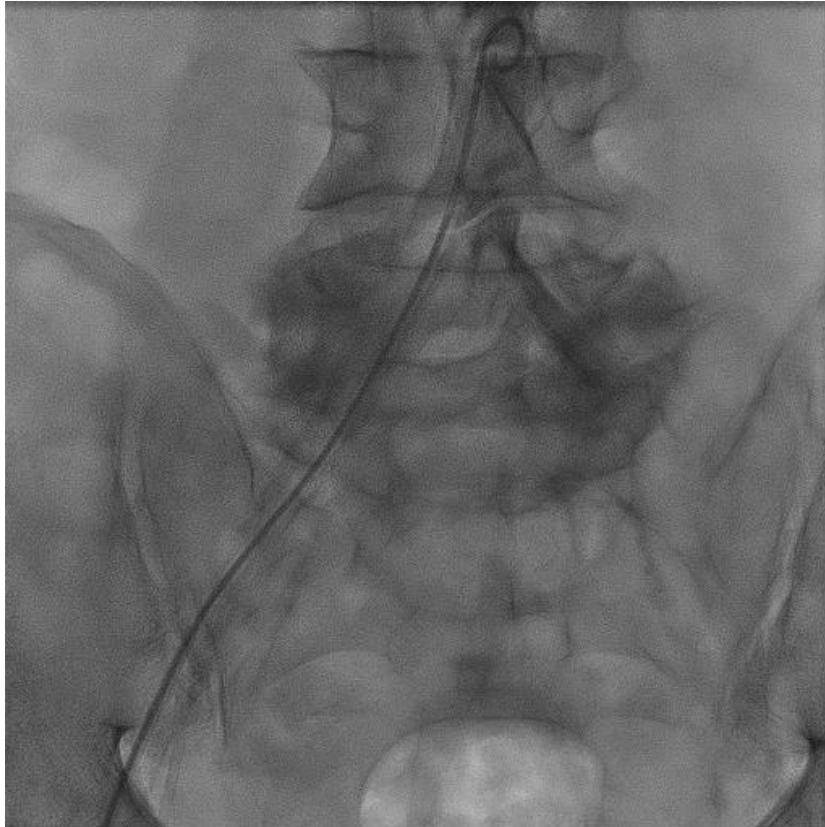
- **84-year-old gentleman**
- Hypertension, Peripheral vascular disease
- Hospitalization because NSTEMI and heart failure
- Coronary Angiography: Three vessels disease with Left Main involvement
- Echo: severe low flow – low gradient aortic stenosis; LVEF 25%
- Transferred to our center because of Cardiogenic shock



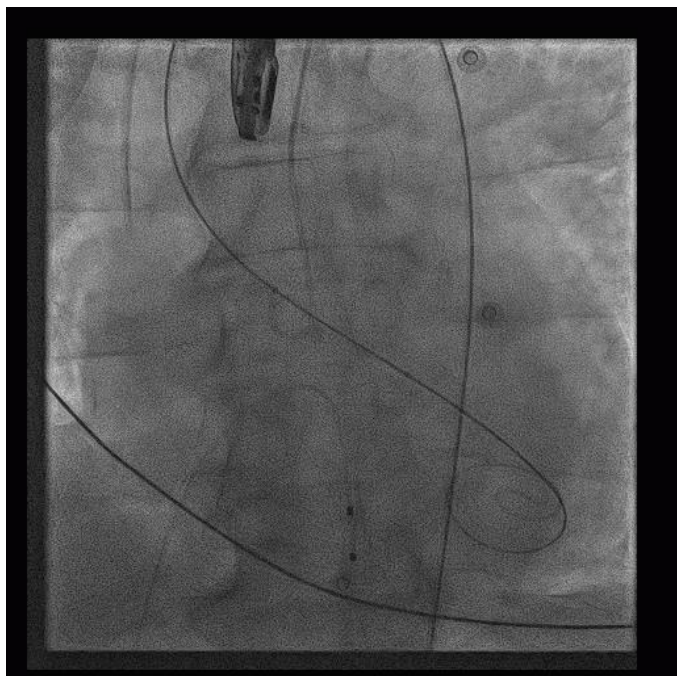


Severe Aortic Stenosis with severe left ventricular dysfunction

Planning: Balloon Aortic Valvuloplasty and PCI

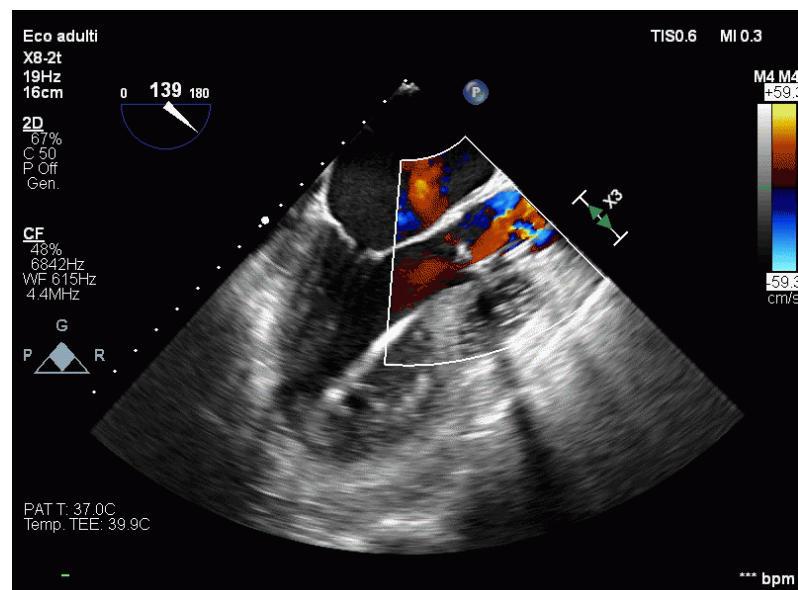
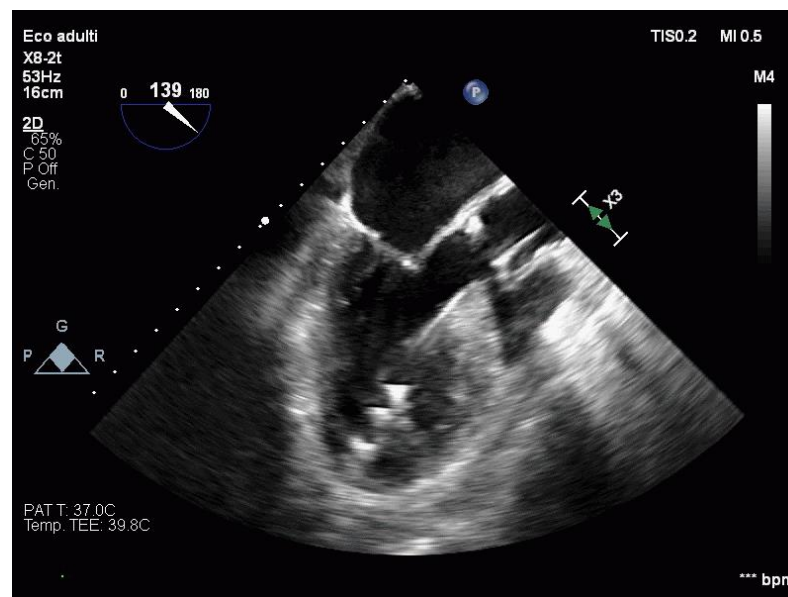


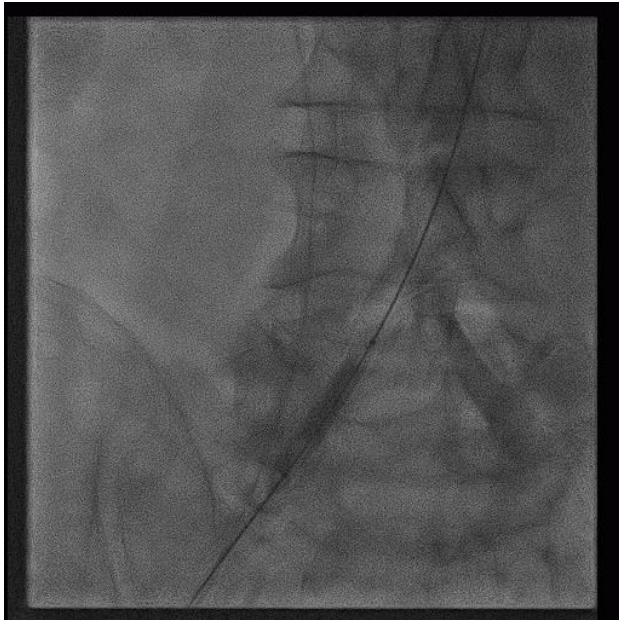
Severe Bilateral Iliac Disease



Balloon Aortic Valvuloplasty
(18 mm balloon)

Acute Massive Aortic
regurgitation (cusp rupture) and
Cardiac arrest

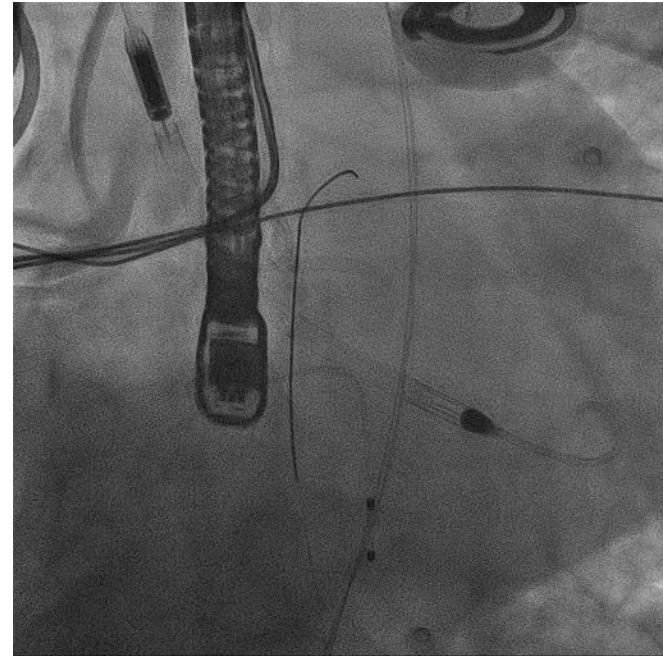




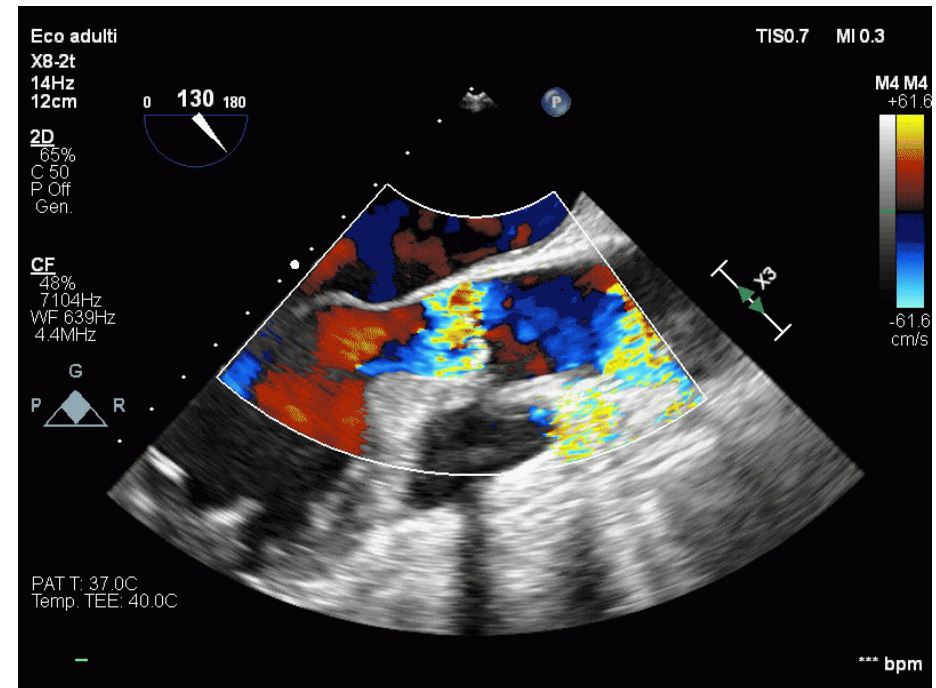
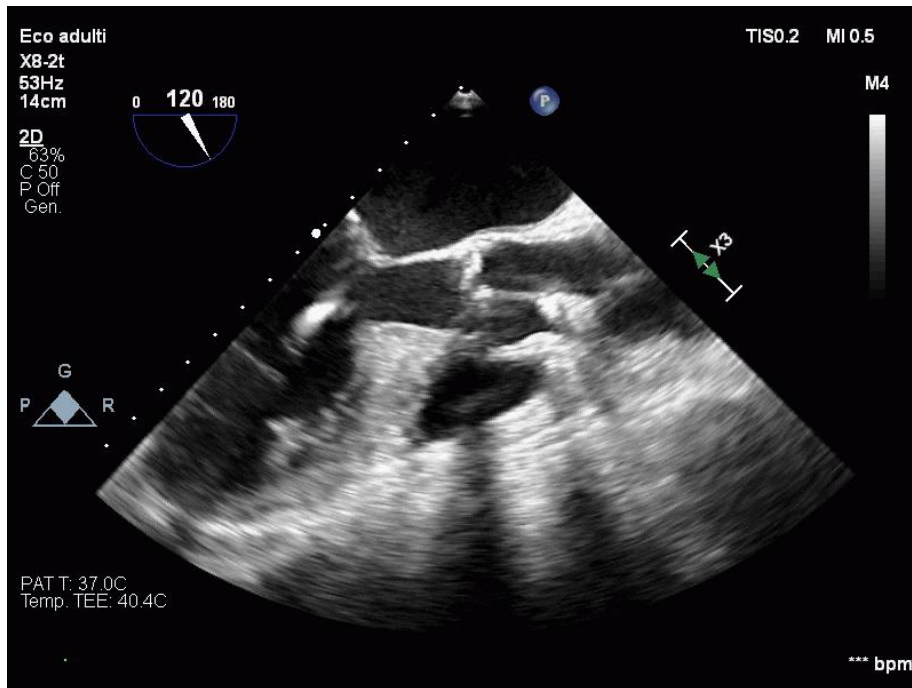
Iliac PTA (8 mm balloon)



Impella CP placement during cardiac arrest



Bailout Impella Placement during cardiac arrest



Impella was able to vent the left ventricle, thus allowing ROSC
Emergent surgical aortic valve replacement + CABG was performed
Patient discharged alive from hospital

- Massive aortic Regurgitation can complicate balloon aortic valvuloplasty
- Cardiac arrest can suddenly occur due to left ventricular overload
- **Impella implantation can be a rescue strategy in these cases: it can vent the left ventricle thus allowing rescue of circulation and subsequent aortic valve replacement**