Title
Treating aortic stenosis and mitral regurgitation with 1 transcatheter heart valve: 2 birds with 1 stone.

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An 82-year-old woman with severe aortic stenosis and left ventricular ejection fraction (LVEF) of 20% was referred for transcatheter aortic valve replacement (TAVR). Aortic regurgitation was moderate (A, Online Video 1), mean gradient was 38 mm Hg (B), mitral regurgitation (MR) was severe (C, Online Video 2), and the LV was markedly dilated to 251 ml (D). TAVR with a 23-mm Edwards Sapien valve was performed with cardiopulmonary bypass for hemodynamic stability during valve implantation. After TAVR, there was trace central aortic regurgitation (E), mean gradient was reduced to 9 mm Hg (F), MR disappeared completely (G, Online Video 3), and LV volume was reduced to 168 ml (H) with an LVEF of 30%.

TAVR relieved the pressure and volume overload within the LV, with dramatic acute effects on LV performance. The immediate reversal in MR proved that the MR was functional due to dilation of the LV and its effects on the mitral valve annulus and apparatus. TAVR successfully eliminated 2 valvular abnormalities.