

“Aortaklepstenose anno 2022”

*Kleplijden: een steeds gediversifieerder arsenaal aan behandelingsmogelijkheden, aangestuurd vanuit een netwerk
Heart Team*

Dr. Guy Lenders
Interventiecardioloog



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Aortaklepstenose

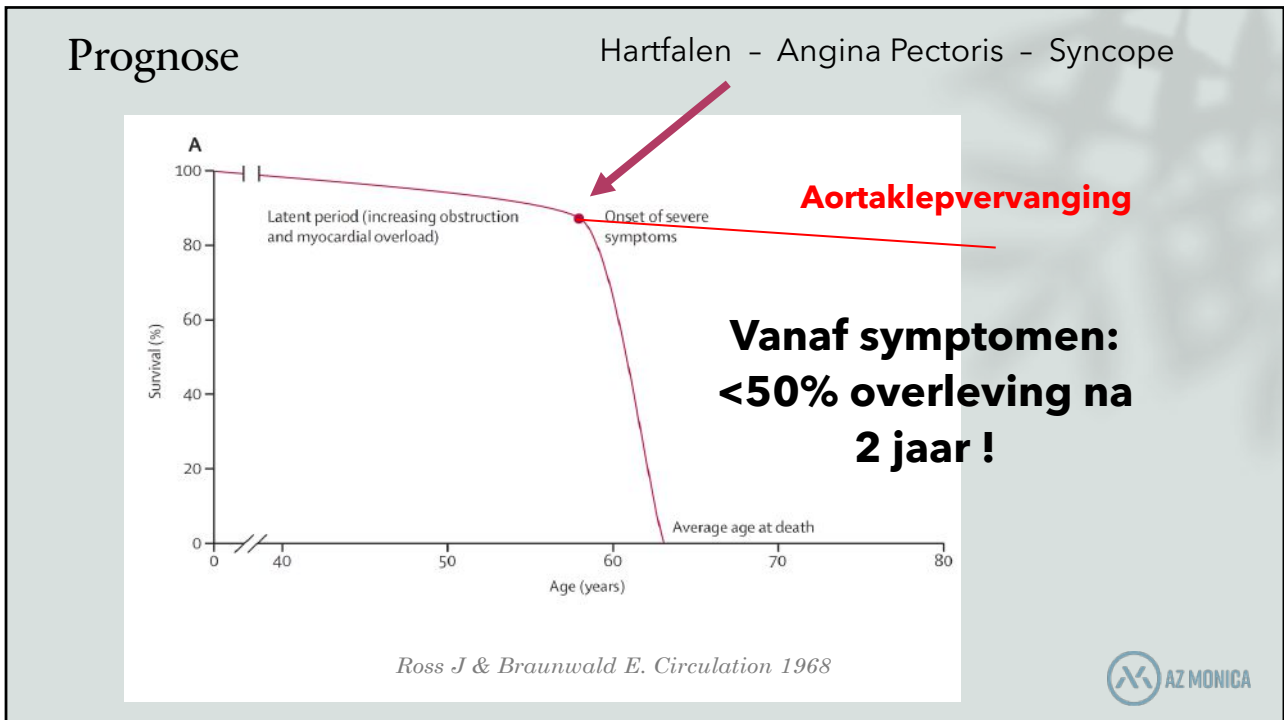
Degeneratieve ziekte

Leeftijd

Prevalentie



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Watchful waiting

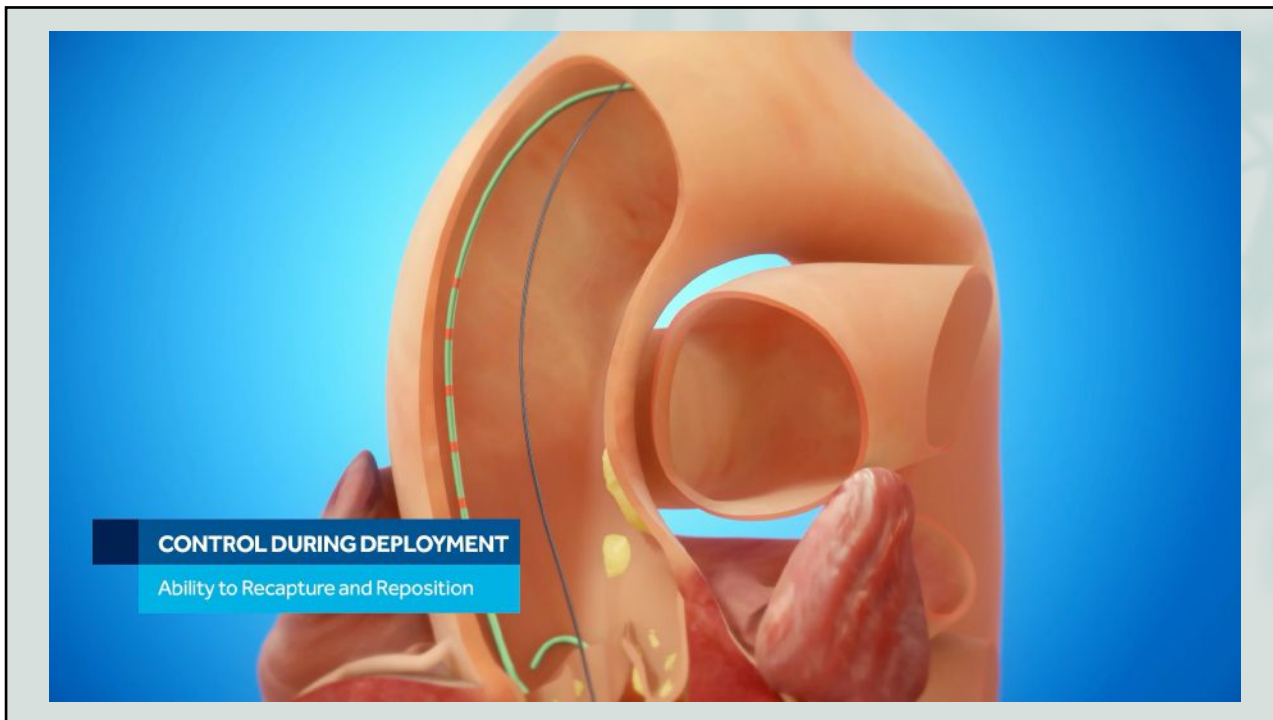
PTAV

Behandeling

TAVI

SAVR

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TAVI

- Enorme evolutie tussen 2002 en 2022: Inoperabel → high risk → low risk

University Hospital Antwerp
 (“high risk” + “inoperable”)
 “real world”

N = 650

	cohort 1 (pt 1-150)	cohort 2 (pt 151-350)	cohort 3 (pt 351 - 400)	cohort 4 (pt 401 - 650)
<i>30d survival</i>	92 %	98,5 %	100 %	99,2 %
<i>Major bleeding</i>	11 %	3 %	2 %	1 %
<i>New def PM</i>	41 %	16 %	14 %	12 %

TAVI is recommended in older patients (>75 years) or in those who are high risk (STS PROM/EuroSCORE II >8%) or unsuitable for surgery.
197-206,245

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TAVI versus SAVR ?

SAVR evoluties !

- Minimaal invasief
- Mini-sternotomie en RAT
- "Sutureless" kleppen
- Specifieke indicaties
 - Jonge patiënten, Mechanische kunstklep, Bicuspede aortaklep

	Favours TAVI	Favours SAVR
Clinical characteristics		
Lower surgical risk	-	+
Higher surgical risk	+	-
Younger age ^a	-	+
Older age ^a	+	-
Previous cardiac surgery (particularly intact coronary artery bypass grafts at risk of injury during repeat sternotomy)	+	-
Severe frailty ^b	+	-
Active or suspected endocarditis	-	+
Anatomical and procedural factors		
TAVI feasible via transfemoral approach	+	-
Transfemoral access challenging or impossible and SAVR feasible	-	+
Transfemoral access challenging or impossible and SAVR inadvisable	+ ^c	-
Sequelae of chest radiation	+	-
Porcelain aorta	+	-
High likelihood of severe patient-prosthesis mismatch (AVA <0.65 cm ² /m ² BSA)	+	-
Severe chest deformation or scoliosis	+	-
Aortic annular dimensions unsuitable for available TAVI devices	-	+
Bicuspid aortic valve	-	+
Valve morphology unfavourable for TAVI (e.g. high risk of coronary obstruction due to low coronary ostia or heavy leaflet/LVOT calcification)	-	+
Thrombus in aorta or LV	-	+
Concomitant cardiac conditions requiring intervention		
Significant multi-vessel CAD requiring surgical revascularization ^d	-	+
Severe primary mitral valve disease	-	+
Severe tricuspid valve disease	-	+
Significant dilatation/aneurysm of the aortic root and/or ascending aorta	-	+
Septal hypertrophy requiring myectomy	-	+

SAVR is recommended in patients who are low risk for surgery (STS-PROM/EuroSCORE II < 4%) and who are operable and anatomically suitable for transfemoral TAVI.²⁴⁴

TAVI is recommended in patients who are high risk for surgery (STS-PROM/EuroSCORE II > 8%), or in those who are intermediate risk (STS-PROM/EuroSCORE II 4-8%) and anatomically suitable for transfemoral TAVI.^{197-206,245}

SAVR or TAVI are recommended in patients according to individual anatomical, and procedural characteristics.^{202-205,207,209,210,211}

Non-transfemoral TAVI is recommended in patients who are inoperable for transfemoral TAVI.

HYBRID SPECIALISME ?

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Management of patients with severe aortic stenosis*

The choice between surgical and transcatheter intervention must be based upon careful evaluation of clinical, anatomical, and procedural factors by the Heart Team, weighing the risks and benefits of each approach for an individual patient. The Heart Team recommendation should be discussed with the patient who can then make an informed treatment choice.

Interventiecardioloog
 Cardiochirurg
 (Verwijzend cardioloog)
 (Beeldvormer)
 (Anesthesist)
 (Internist, ...)

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Netwerk Heart Team – AZ Monica en UZA

De praktijk



DE JUISTE BEHANDELING BIJ DE JUISTE PATIENT



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Aortaklepstenose anno 2022

HOGE PREVALENTIE + SLECHTE PROGNOSE

→ Medicatie, PTAV, TAVI of SAVR

Paradigma shift naar TAVI toe (>75j) - Financiële beperkingen in België

"Hybride specialisme" → Belang van het Netwerk Heart Team

SAVR

bij contra-indicatie voor

TAVI



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