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Late transcatheter aortic valve thrombosis – a case report

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We present the case of a 75 years old female admitted with retrosternal chest pain radiating to the neck and jaw. The patient had a prosthetic transcatheter aortic valve (AV) replacement (TAVR) - Corevale Evolut PRO 26 - a year prior; she also had an history of obesity, type 2 diabetes, hypertension, dyslipidemia and paroxysmal atrial fibrillation (AF) under anticoagulation with apixaban.

The patient complained of chest discomfort and shortness of breath, progressively worst over the last few months and at rest in the day of the admission. Admission electrocardiography revealed T wave inversion and ST segment depression in aVL, V4-V6 and V6-V9 leads. Blood tests showed an elevation of high sensitivity troponin I, maximum of 112 pg/ml (normal range <15.6), at admission. Transthoracic and transoesophageal echocardiograms revealed normal left ventricular function and a prosthetic transcatheter aortic valve with thickened AV leaflets, abnormal cusp mobility with significantly increased gradients (maximum gradient of 64 mmHg and medium gradient of 43 mmHg), as well as mild transprosthetic regurgitation. Therefore, prosthetic valve thrombosis was assumed and intravenous heparin was started, with slow but progressive clinical and echocardiographic improvement.

This case of late TARV thrombosis illustrates the importance of considering valve thrombosis as a possible complication of prosthetic biological valves, even beyond the first 3 to 6 months.