
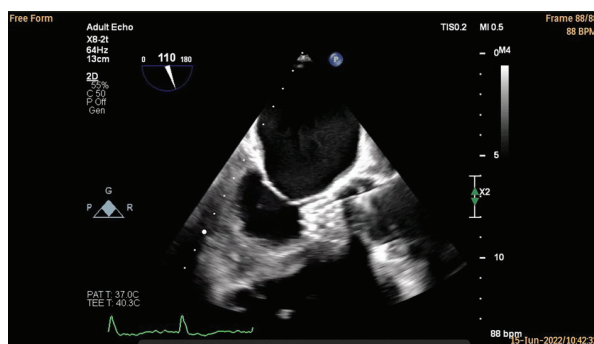
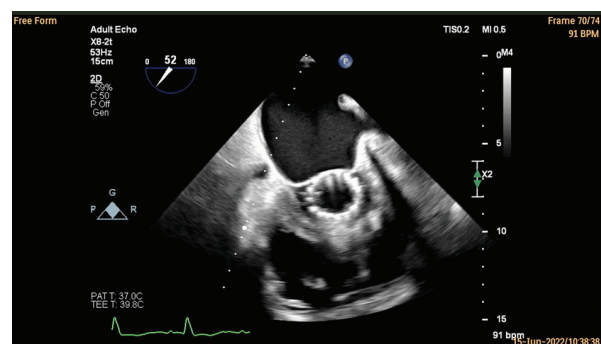
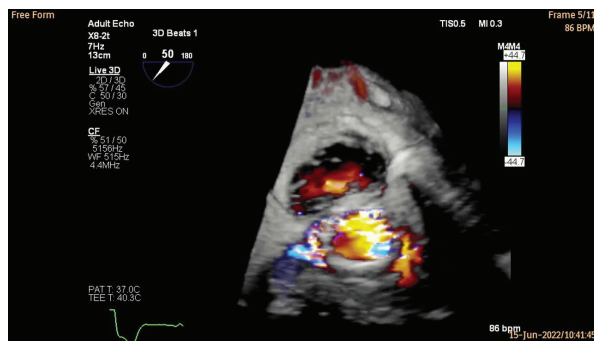
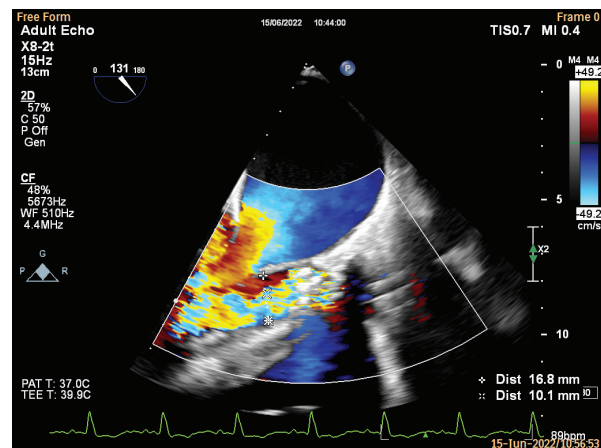


## Images in Medicine

## Malposition of the Aortic Valve After TAVI with Consequent Severe Aortic Regurgitation

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Pages: 52-53 / Published online: 9 Jul 2024

Cite this article: Milic G, Mladenovic Z. Malposition of the Aortic Valve After TAVI with Consequent Severe Aortic Regurgitation. Sar Med J. 2024; 1(1): Online ahead of print.  DOI: 10.70119/0010-24**Original submission:** 24 March 2024; **Revised submission:** 17 June 2024; **Accepted:** 24 July 2024**Figure 1.** 2D transoesophageal echocardiography – Long axis (LAX) aortic bioprosthesis malposition with displacement towards left ventricular outflow tract (LVOT)**Figure 2.** 2D transoesophageal echocardiography – Short axis (SAX) aortic bioprosthesis dehiscence**Figure 3.** 3D Color transoesophageal echocardiography – SAX visualization of paravalvular leak**Figure 4.** 2D Color transoesophageal echocardiography – LAX moderate to severe aortic regurgitation due to aortic bioprosthesis malposition (AR/LVOT 60%)

Male, 63 years old, with a long-term history of ischemic heart disease. After an myocardial infarction 20 years ago, a surgical revascularization was performed with left anterior descending (LAD) bypass. Elective percutaneous coronary intervention (PCI) with the implantation of one bare metal stent in the circumflex artery was done 4 years ago. Du-

ring this procedure, an indication for transcatheter aortic valve implantation (TAVI) was set due to the progression of stenosis gradient in the bicuspid aortic valve.

Immediately after the TAVI procedure, the patient developed symptoms and signs of acute heart failure due to the malposition of the aortic valve and consequent severe aortic regurgitation (AR)(1).

The images depict a transesophageal echocardiographic examination after TAVI (Figure 1-4). Severe AR with paravalvular jets is the result of the malposition of the biological valve after TAVI, where the valve partially occupies the left ventricular outflow tract. The inadequately positioned aortic valve was surgically removed, followed by the implantation of a mechanical aortic valve. Subsequently, as the patient was dependent on a temporary pacemaker, a permanent dual-chamber pacemaker was implanted. Following the surgical treatment, the patient recovered successfully (2,3).

**Consent:** The authors have obtained written consent from the patient to submit and publish this case report, including images and accompanying text, in accordance with COPE guidelines.

**Authors' Contributions:** Gordana Milic and Zorica Mladenovic participated in the conceptualization, methodology, formal analysis, visualization, writing (original draft), and review & editing of the paper.

**Conflict of interest:** None declared.

**Funding:** None declared.

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