

Role of monitored anaesthesia care in peri-procedural stroke during unprotected transfemoral aortic valve replacement: A case report

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Abstract

Abstract: Background: Transcatheter aortic valve implantation (TAVI), with its improved valve technologies will also be an option for patients in the near future and improved operator experience. Cerebrovascular events are among the most feared complications of TAVI, since they cause high morbidity and mortality. Case: After the patient with EuroSCORE II = 8.6% was considered to be at high risk in terms of surgery, the decision to perform TAVI was taken. The valve (Medtronic 26 mm) was successfully placed during the 110 min procedure. Blood loss was 140 mL, no red blood cell (RBC) transfusion and catecholamines requirements were present, no VF (ventricular fibrillation) and cardiac tamponade were observed and post procedure left ventricular ejection fraction (LVEF) was 60%. At the end of the procedure, the BIS value of the patient was 70, regression in the Glasgow Coma Score (GCS = 12), anisocoria in the pupils (R = 2 mm < L = 4 mm) and motor loss in the right arm (3/5) and right leg (3/5) were detected. Modified Rankin scale (mRS) was evaluated as 4. Conclusions: The neurological complication rate of up to 80% during and in the days following the procedure, the long recovery period after embolism, the possibility of being a nursing patient and even the risk of death, remind us that the TAVI procedure and the sedation given during the procedure should never be underestimated. Keywords: Transcatheter aortic valve implantation, cerebral embolism, complications, neuroradiology, monitored anaesthesia care, aort stenosis.

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