

## Replies from the FACULTY MEMBERS to the unanswered

- 1 What % of syncopal A.S. patients don't have auscultatable ejection-systolic murmurs?  
Reply **No precise answer but this is very rare. Only very few patients with AS have no audible**
- 2 If your patient has a concomitant thoracic Aortic Aneurysm how would you manage?  
Reply **In patients with bicuspid aortic valve the aortic root should be addressed if its diameter**
- 3 In a pt with h/o P.E. under what circumstances would it be right to recommend against TAVI?  
Reply **Pregnancy is contra-indicated in symptomatic AS but may not in asymptomatic AS patients**
- 4 How to manage patient with implanted mechanical aortic valves due to rheumatic heart disease?  
Reply **They should be treated according to guidelines using beta-blockers and ACE inhibitors**
- 5 What to do in female older than 85 years with reduced exercise capacity but no evidence of AS?  
Reply **Plan for aortic valve treatment using TAVI or even AVR**
- 6 What is your opinion of TAVI in young patients to avoid anticoagulation?  
Reply **You can avoid anticoagulation in young patients by using biological aortic valve prosthesis**
- 7 Is TAVI used for both AS and AR? if so which is a more risky procedure?  
Reply **TAVI is rarely performed in patients with AR as the anchoring of the valve is more challenging**
- 8 What can we do to reduce the risk of conduction defects following a TAVI?  
Reply **Implant TAVI valves in the right position and use the ones which are proven to cause less**
- 9 Can the non-invasive study of arterial-ventricle coupling in the evaluation of stenosis severity?  
Reply **No**
- 10 Would you do BAV First or PCI - if LM Needs PCI would you Use Impella or other assist (E)?  
Reply **We often perform PCI in combination with BAV before the TAVI in patients who have coronary**
- 11 What are the indications for permanent Pacemaker implantation in patients developing AV block?  
Reply **Complete heart block during TAVI is an indication for pacemaker if it does not resolve**
- 12 The role of CPET in assessing symptoms of AS. VO2 Max VE/Vco2 slope etc  
Reply **Only low evidence coming from small studies and therefore not considered in recommendations**
- 13 Do you think that is the time to introduce the use of the GLS in the surgical evaluation of AS?  
Reply **Not at the present time since data come from small series. In addition, standardization**
- 14 Could you specify an expected mismatch?  
Reply **Patients with small aortic roots in comparison to their overall BMI are at higher risk of**
- 15 What about three months of anticoagulant therapy after biological valve implantation?  
Reply **That has been the routine treatment in previous years. However, biological leaflet thrombosis**

## Open questions during the live event

• **regurgitant murmur (severe low-output).**

• **regurgitant murmur is more than 45 mm. In patients with tricuspid aortic valve the cut-off for root replacement would be 55 mm. Is pregnancy without risking hormonal contraceptives?**

• **Preoperative exercise testing is normal.**

• **What about diseases complicated with HFrEF? What about ACE inhibitors?**

• **What about the risk of overt heart failure and aortic valve area 0.75 cm? Alfio Stuto MD Italy**

• **Transcatheter aortic valve prostheses. These can be implanted through conventional AVR.**

• **What about the risk of aortic regurgitation longer than in patients with AS.**

• **What about the risk of conduction defects.**

• **What about the risk of embolism? Embolism severity play a role?**

• **What about the risk of ECMO?**

• **What about the risk of concomitant CAD. Impellas are contraindicated in patients with AS.**

• **What about the risk of complete heart block during TAVI ?**

• **What about the risk of stroke? How to solve immediately.**

• **What about the risk of embolism.**

• **What about the risk of embolism? How to solve immediately? What about the risk of embolism? How to solve immediately? Thank you**

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ild be 50 mm.