Replies from the FACULTY MEMBERS to the unanswe

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 diamete

3. In a pt with h/o P.E. under what circumstances would it be right to recommend against |
   
   **Reply**
   
   Pregnancy is contra-indicated in symptomatic AS but may not in asymptomatic AS prov

4. How to manage patient with implanted mechanical aortic valves due rheumatic heart di
   
   **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 axercise capacity but no evidenci
   
   **Reply**
   
   Plan for aortic valve treatment using TAVI or even AVR

6. What is your opinion of TAVI in young patients to avoid anticoagulant?
   
   **Reply**
   
   You can avoid anticoagulation in young patients by using biological aortic valve prosthe

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 chall

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 le

9. can the non invasive study of arterial ventricle coupling in the evaluation of stenosis sev
   
   **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 c

11. What are the indications for permanent Pacemaker implantation in patients developing
    **Reply**
    
    Complete heart block is during TAVI is an indication for pacemaker if it does not not re

12. The role of CPET innassessing sympoms of AS. VO2 Max VE/Vco2 slope etc
    **Reply**
    
    Only low evidence coming from small studies and therefore not considered in recomm

13. Do you think that is the time to introduce the use of the GLS in the surgical evaluation of
    **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 theray after biological valve implant consid
    **Reply**
    
    That has been the routine treatment in previous years. However, biological leaflet thoi
Replies from the FACULTY MEMBERS to the unanswered questions during the live event

No precise answer but this is very rare. Only very few patients with AS have no audible murmur (severe low-output).

In patients with bicuspid aortic valve the aortic root should be addressed if its diameter is more than 45 mm. In patients with tricuspid aortic valve the cut-off for root replacement would be 50 mm.

In a pt with h/o P.E. under what circumstances would it be right to recommend against pregnancy without risking hormonal contraceptives?

Pregnancy is contra-indicated in symptomatic AS but may not in asymptomatic AS provided exercise testing is normal.

In patients with implanted mechanical aortic valves due to rheumatic heart diseases complicated with HFrEF? What about ACE inhibitors?

How to manage patient with implanted mechanical aortic valves due to rheumatic heart diseases complicated with HFrEF? What about ACE inhibitors?

What to do in female older than 85 years with reduced exercise capacity but no evidence of overt heart failure and aortic valve area 0.75 cm? Alfio Stuto MD Italy

Can the non invasive study of arterial ventricle coupling in the evaluation of stenosis severity play a role?

Would you do BAV First or PCI - if LM Needs PCI would you use Impella or other assist (ECMO)?

We often perform PCI in combination with BAV before the TAVI in patients who have concomitant CAD. Impellas are contraindicated in patients with AS.

What are the indications for permanent Pacemaker implantation in patients developing complete heart block during TAVI?

Complete heart block is during TAVI is an indication for pacemaker if it does not resolve immediately.

Only low evidence coming from small studies and therefore not considered in recommendations.

Do you think that is the time to introduce the use of the GLS in the surgical evaluation of the patient with aortic stenosis. Thank you

Not at the present time since data come from small series. In addition, standardization of GLS assessment may raise problems.

Patients with small aortic roots in comparison to their overall BMI are at higher risk of ending up with PPM.

What about three months of anticoagulant therapy after biological valve implant considering the possibility of thrombosis also in biological valves?

That has been the routine treatment in previous years. However, biological leaflet thrombosis after biological AVR can happen at any time, not only in the first three months.
In patients with bicuspid aortic valve the aortic root should be addressed if its diameter is more than 45 mm. In patients with tricuspid aortic valve the cut-off for root replacement would be 50 mm.