




Transradial balloon aortic valvuloplasty: a case report

 Nikola Crnčević*,
 Andrija Matetić,
 Frane Runjić,
 Ivica Kristić

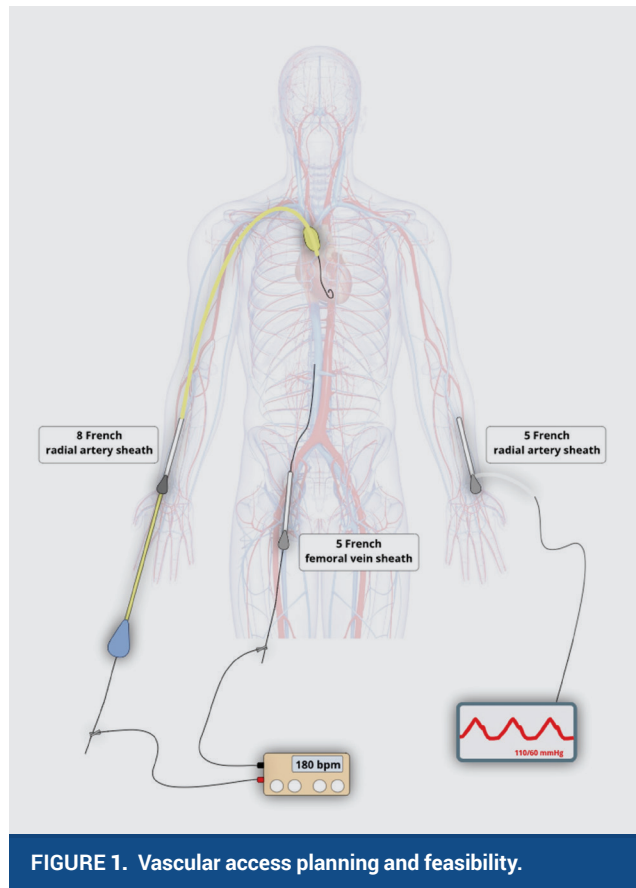
University Hospital Centre
Split, Split, Croatia

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***ADDRESS FOR CORRESPONDENCE:** Nikola Crnčević, Klinički bolnički centar Split, Spinčićeva 1, HR-21000 Split, Croatia. / Phone: +38598741324 / E-mail: ncrncev1@gmail.com

ORCID: Nikola Crnčević, <https://orcid.org/0000-0002-1399-3406> • Andrija Matetić, <https://orcid.org/0000-0001-9272-6906>
Frane Runjić, <https://orcid.org/0000-0001-6639-5971> • Ivica Kristić, <https://orcid.org/0000-0002-9882-9145>



Background and Aims: Balloon aortic valvuloplasty (BAV) is usually used as a bridge to percutaneous or surgical aortic valve intervention. While BAV is traditionally performed via transfemoral approach, transradial BAV is a safe and feasible alternative^{1,2}. We present a case of BAV performed via transradial access at the University Hospital Centre Split, which to our knowledge, is a first time this procedure was performed in Croatia.


Protocol presentation: 86-year-old lady was hospitalized on the vascular surgery department with symptoms of critical limb ischemia. Upon preoperative examination a strong heart murmur was noticed, with ECG changes suggestive of left ventricle strain. An echo was performed revealing an ejection fraction of 30%, and a low flow - low gradient aortic stenosis (MPG 38 mm Hg, and Vmax 3.7 m/s). A CTA of the aorta revealed a chronic infrarenal dissection and an occlusion of the right iliac artery, basically disabling the classic femoral access. We decided to perform a balloon aortic valvuloplasty using radial access, as described in the SOFTLY-II trial³. Right radial access was obtained using a 6F sheath and a contralateral radial artery was cannulated for pressure monitoring during the procedure and a 5F sheath was placed in the femoral vein. After aortic valve crossing, a 260cm wire (Medtronic CONFIDA) was placed in the left ventricle apex. At that point the 6F sheath was exchanged with an 8F sheath (**Figure 1**). A non-compliant 18x40mm (Bard Atlas Gold) balloon was used during rapid pacing over the wire at 180/min (positive electrode at the short wire placed in femoral vein and negative on the wire in the LV). Periprocedural analgesedation with propofol in the bolus-continuous infusion scheme was used during the rapid pacing.

Conclusions: Transradial BAV is a safe alternative to transfemoral BAV, especially in old and frail adults waiting for TAVR, while minimizing the bleeding risk, and femoral access complications.

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- LITERATURE** 
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