

Henry Ford Health System

Henry Ford Health System Scholarly Commons

Case Reports

Medical Education Research Forum 2019

5-2019

A Case of 3D Printing Shaping the Future of Percutaneous Cardiac Procedures

Georgi Fram

Henry Ford Health System

Dee Dee Wang

Henry Ford Health System

Hussayn Alrayes

Henry Ford Health System

Follow this and additional works at: <https://scholarlycommons.henryford.com/merf2019caserpt>

Recommended Citation

Fram, Georgi; Wang, Dee Dee; and Alrayes, Hussayn, "A Case of 3D Printing Shaping the Future of Percutaneous Cardiac Procedures" (2019). *Case Reports*. 47.

<https://scholarlycommons.henryford.com/merf2019caserpt/47>

This Poster is brought to you for free and open access by the Medical Education Research Forum 2019 at Henry Ford Health System Scholarly Commons. It has been accepted for inclusion in Case Reports by an authorized administrator of Henry Ford Health System Scholarly Commons.

Background

- Paravalvular leaks (PVL) of surgically implanted aortic and mitral valves are a highly morbid complication [1,2].
- Repairing PVL surgically is associated with poor outcomes, such as persistent PVL and high mortality rates [3].
- Furthermore, these patients are often poor surgical candidates, due to age and accumulating comorbidities, making transcatheter repair a desirable alternative [4].
- Appropriate imaging prior to a percutaneous intervention to close a PVL is vital to success of the procedure.
- Complementing transesophageal echocardiography has been multi-slice computed tomography to assist with optimal device sizing and visualization of the anatomy [5].
- There are limitations with these imaging modalities, and three-dimensional (3D) printing of the patients desired anatomy has emerged as a new tool to help guide interventions with increased precision.
- 3D printing based on CT imaging datasets has been shown to improve outcomes among a variety of structural heart interventions [6,7].
- Here we report a case of a patient with a complex PVL which failed repair with conventional imaging, and returned to our structural heart team for 3D printing of his anatomy.
- His subsequent attempt using a 3D model for peri-procedural guidance aided with successful closure of his PVL.

Case Presentation

- A 69 year old male with a history of a surgically replaced aortic valve in 2004 presented to our hospital with symptoms of decompensated heart failure
- Found to have a severe PVL on a transesophageal echocardiogram
- Attempted PVL repair conducted with conventional imaging using 3D transesophageal echocardiography interprocedurally was unsuccessful.
- Unable to cross the defect due to irregular shape of the defect, and wire not supportive to deliver a catheter
- Procedure was terminated

Images

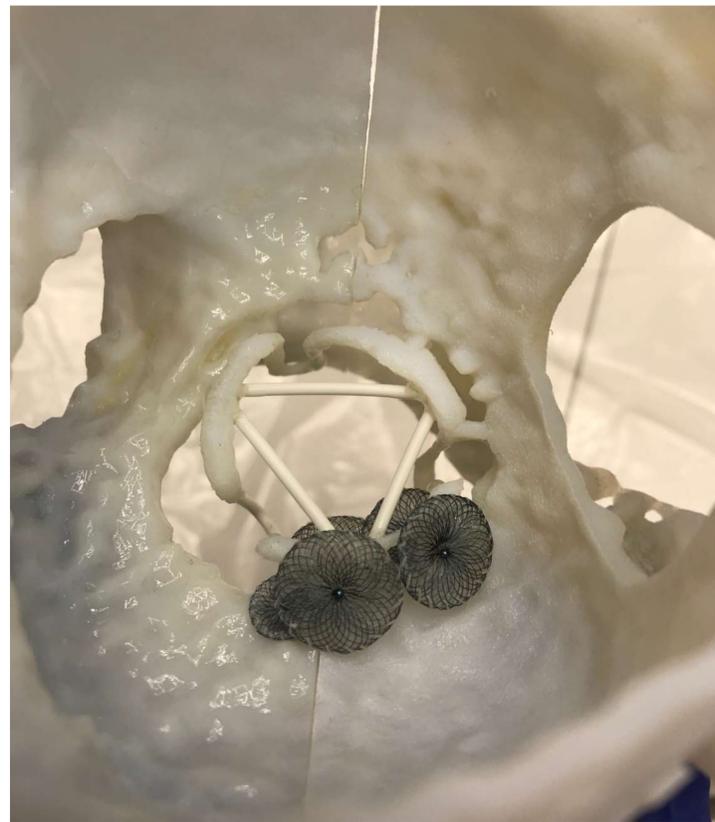


Image 1: A 3D Printed model of a patients paravalvular leak demonstrating ADO devices for plugging of a mitral valve leak



Image 2: Collage of 3D printed left atrial appendages demonstrating the unique characteristics of each one [8]

Case Presentation (cont.)

- 3D CT imaging with 3D printed model created subsequently to assist with a second attempt at percutaneous closure
- At second attempt with guidance and assistance peri-procedurally with 3D model, successfully closed the PVL with a 6/4 ADO II.
- No residual leak seen by aortogram or TEE.
- Resolution of symptoms after closure of PVL
- Patient discharged home following day without complication
- At most recent follow up, approximately 20 months after, patient still with no signs or symptoms of decompensated heart failure
- 20-month follow up echo confirming persistent successful closure

Conclusion

- Paravalvular leaks can present with signs and symptoms similar to decompensated heart failure, among other symptoms, such as hemolytic anemia.
- Conventional imaging, while improving, remains suboptimal for viewing patients anatomy from various angles.
- Three-dimensional CT imaging with 3D printing may help interventionalists with high-risk patients with challenging anatomy.
- Device selection, case planning, assistance with navigating defects are all aided with the use of 3D models.
- Further study is needed to determine full potential benefits, such as reduced contrast exposure, and reduced operation time.

References

1. Cho, I.J., et al., *Different clinical outcome of paravalvular leakage after aortic or mitral valve replacement.* Am J Cardiol, 2011. **107**(2): p. 280-4.
2. Shah, S., et al., *Characteristics and longer-term outcomes of paravalvular leak after aortic and mitral valve surgery.* J Thorac Cardiovasc Surg, 2018.
3. Echevarria, J.R., et al., *Reoperation for bioprosthetic valve dysfunction. A decade of clinical experience.* Eur J Cardiothorac Surg, 1991. **5**(10): p. 523-6; discussion 527.
4. Leon, M.B., et al., *Transcatheter or Surgical Aortic-Valve Replacement in Intermediate-Risk Patients.* New England Journal of Medicine, 2016. **374**(17): p. 1609-1620.
5. Vaquerizo, B., et al., *Three-dimensional echocardiography vs. computed tomography for transcatheter aortic valve replacement sizing.* Eur Heart J Cardiovasc Imaging, 2016. **17**(1): p. 15-23.
6. Eng, M.H., et al., *Prospective, randomized comparison of 3-dimensional computed tomography guidance versus TEE data for left atrial appendage occlusion (PRO3DLAAO).* Catheter Cardiovasc Interv, 2018. **92**(2): p. 401-407.
7. Wang, D.D., et al., *Application of 3-Dimensional Computed Tomographic Image Guidance to WATCHMAN Implantation and Impact on Early Operator Learning Curve: Single-Center Experience.* JACC Cardiovasc Interv, 2016. **9**(22): p. 2329-2340.
8. Wang, D.D., et al., *Three-Dimensional Printing for Planning of Structural Heart Interventions.* Interv Cardiol Clin, 2018. **7**(3): p. 415-423