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# Severe aortic stenosis presenting as cardiogenic shock in a high-risk elderly patient


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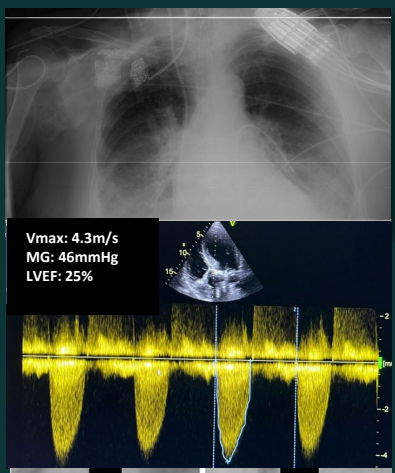
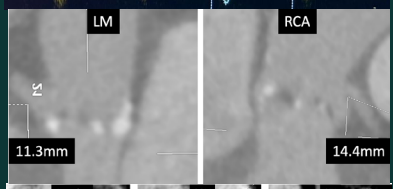
## Background

Severe aortic stenosis (AS) in cardiogenic shock represents a critical clinical scenario with limited time for intervention. TAVI has emerged as a potential life-saving option in high-risk patients.

## Case Summary

**Patient:** 71-year-old woman
**History:** Hypertension, myocardial infarction (5 years ago)
**Medications:** Bisoprolol, Enalapril, Clopidogrel
**NYHA:** Class II
**Clinical Presentation:**
•Progressive dyspnea, orthopnea
•Lower limb edema
•**Vital signs:** BP 88/45 mmHg, HR 88, $SpO_2$ 88%
•**Neurologic:** Disoriented
•**Cardiac exam:** Grade III/VI systolic murmur
•**Respiratory:** Crackles, basal hypoventilation
**Workup**
•**Troponin I:** 1.5 ng/mL
•**NT-proBNP:** 29,800 pg/mL, Lac 2.8
•**$SvO_2$:** 54%
**Coronary angiography:** No significant lesions



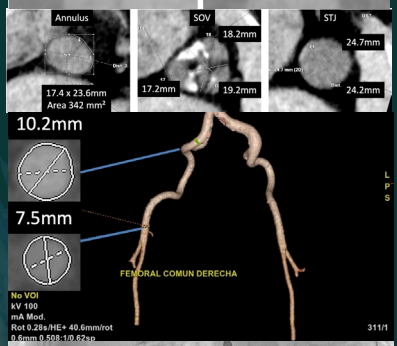




## Multidisciplinary Decision

Heart Team opted for **urgent transfemoral TAVI** due to:
•Hemodynamic instability
•High surgical risk

## Imaging & Access Planning

**Vascular Access (CT-based):**
•Right CFA: 7.5 mm
•Right CIA: 10.2 mm, minimal tortuosity
•No significant calcification




## Procedure

•Valve: **ACURATE neo2 S** (self-expanding)
•Access: Right transfemoral
•**PVL:** Moderate, improved after post-dilatation (22 mm balloon)
•**Final gradient:** 8 mmHg | **Vmax:** 1.3 m/s
•No coronary compromise
•Stable valve position


## Discussion

•**TAVI in shock:** Validates feasibility in unstable patients
•**Heart Team:** Timely coordination enabled successful outcome
•**Valve choice:** ACURATE neo2 suited for complex anatomy, rapid deployment

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