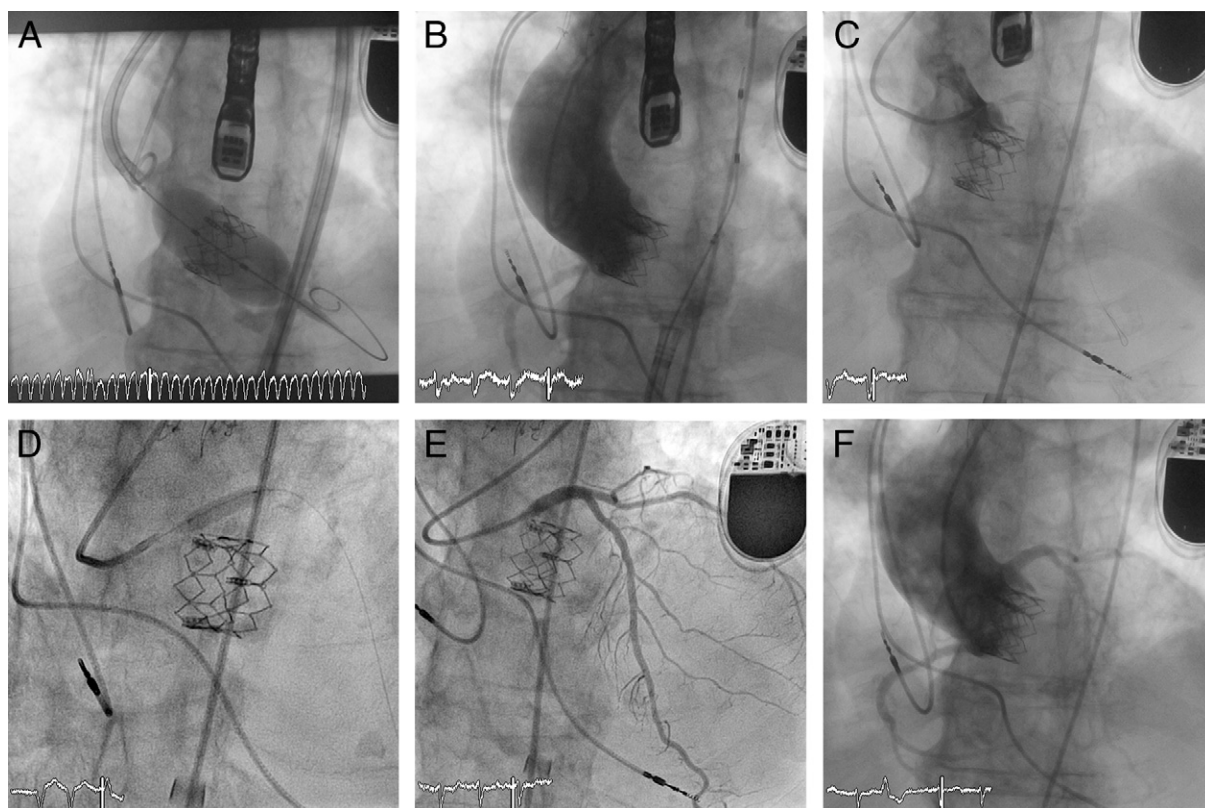


IMAGES IN CARDIOLOGY

## Acute Left Main Coronary Artery Occlusion After Percutaneous Aortic Valve Replacement

Gonzalo Barge-Caballero, MD, Manuel López-Pérez, MD, Alberto Bouzas-Mosquera, MD, Ramón Fábregas-Casal, MD, Nemesio Álvarez-García, MD, Eduardo Barge-Caballero, MD, PhD, Jorge Salgado-Fernández, MD, Nicolás Vázquez-González, MD, Alfonso Castro-Beiras, MD, PhD  
*A Coruña, Spain*



From the Department of Cardiology, A Coruña University Hospital, A Coruña, Spain. Manuscript received August 16, 2011; accepted September 15, 2011.

**A**n 86-year-old man with severe aortic stenosis and preserved left ventricular ejection fraction was referred for percutaneous aortic valve replacement. Pre-procedural coronary angiography showed normal coronary arteries.

After percutaneous aortic balloon valvuloplasty, the peak-to-peak aortic valve gradient fell from 80 to 40 mm Hg. A 23-mm Edwards SAPIEN transcatheter aortic prosthetic valve (Edwards Lifesciences, Irvine, California) was then deployed (**A**, Online Video 1). After this procedure, the patient developed profound hemodynamic instability. Transesophageal echocardiography showed severe left ventricular systolic dysfunction with extensive anterolateral akinesia (**B and C**, Online Video 2).

Coronary angiography demonstrated an acute occlusion of the left main coronary artery secondary to the displacement of the native calcified left coronary cusp (**B and C**, Online Videos 3 and 4). Percutaneous coronary intervention with bare-metal stent implantation was performed (**D**), restoring normal epicardial blood flow (**E and F**, Online Videos 5 and 6). Transesophageal echocardiography confirmed the recovery of the left ventricular contractility (**F**, Online Video 7).