How to reach us

Public transport (ATM)
From the city centre:
(1) Take subway 3 (yellow line) toward San Donato up to the last station. Take bus number 45, Via Vittorini stop which is 50 m from Centro Cardiologico Monzino.
(2) Take tram number 27 to Viale Ungheria stop, then take bus number 66 or 67 toward Linate airport and get off in Via Vittorini.
From the Central Station and Rogoredo: Take subway 3 (yellow line) and follow the directions above.

By car
The Centro Cardiologico Monzino is situated 100 metres from "Via Mecenate" exit of the Tangenziale Est (bypass road) .
From Milan:
Enter Via Mecenate, turn left at the traffic-light just before the entrance to Tangenziale Est and follow indications for CCM (Centro Cardiologico Monzino).
From the A1 (Bologna) motorway:
Take Tangenziale Est (toward Venezia) up to the exit of Via Mecenate, then follow the indication for CCM (Centro Cardiologico Monzino).
From the A1 (Venezia) motorway:
Take Tangenziale Est (toward Bologna) up to the exit of Via Mecenate, then follow the indication for CCM (Centro Cardiologico Monzino).
From the A4 (Torino), A8 (Varese), A7 (Genova), A9 (Como) motorways:
Take Tangenziale Ovest (toward Bologna) and then enter Tangenziale Est (toward Venezia) up to the exit "Via Mecenate" and follow the indications for CCM (Centro Cardiologico Monzino).

Map
You can find the map indicating how to reach us on the web-site www.cardiologicomonzino.it in the "come raggiungerci" area, then clicking on PIANTINA.

Centro Cardiologico Monzino

Centro Cardiologico Monzino

Dipartimento DISCCO - Sezione Cardiovascolare
Università degli Studi di Milano

ECM

18 ottobre 2019

FOCUS ON PARAVALVULAR LEAK 2019

Sede corso:
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More than 200.000 surgical valve replacements are performed in Europe, Middle East and Africa annually.
Paravalvular leak (PVL) is a common complication associated with surgical and transcatheter procedures and is related to a gap between the outer edge of the prosthetic valve and the native annulus. Technical aspects of the index surgery, native tissue properties including the presence of annular calcification, and size mismatch are some of the factors associated with PVLs.
Approximately 1% to 5% of patients undergoing mitral or aortic valve replacements experience PVLs of various severities, ranging from asymptomatic and benign to life-threatening such as hemolysis and heart failure. A repeated surgical procedure is generally related to high perioperative risk. For the high-risk symptomatic PVL patient, catheter closure conversely has significantly less morbidity and is a viable therapeutic alternative strategy to surgical PVL repair, with a high success and low complication rate. Surgical PVL closure also remains an effective treatment for selected cases.
Early recognition and intervention are imperative for appropriate management of PVL, as medical therapy is not effective. Multimodality imaging techniques such as multidimensional CT scan and 3-D TEE are essential for pre-procedural planning and procedural guidance.
A surprising number of different devices and more recently vascular plugs have been used to close aortic or mitral paravalvular leaks. Nevertheless, transcatheter interventions have followed a difficult path of development. The difficulties have been mostly linked to the technical issues, such as visualization of the defect, suboptimal delivery systems, and the lack of dedicated occluders.
A newly PLD occlude was recently CE marked and represent the first transcatheter device specifically designed for the treatment of aortic or mitral PVL of bioprosthetic and mechanical heart valve, been conceived to minimize the technical limitations of previous devices.
The Congress will summarize the most relevant data on the clinical, diagnostic and technical aspects of paravalvular leak treatment and will point out to its limitations and future development.
This “Focus Meeting” should be of interest not only for interventional cardiologists dedicated to structural heart disease interventions but also for general cardiologists, cardiac surgeons, internal medicine doctors who often encounter patients with this problem in their clinical practice.
We are very pleased to have several leading experts in the field as presenters and invited guests. We would like to express our sincere thanks for sharing their expertise.
We hope that this “Focus on PVL 2019” will contribute to an increase in the understanding of the problem and will foster international collaboration on the development in this area.

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7 h

Destinatari dell’iniziativa

Medici Chirurghi

Discipline di riferimento

cardiologia; cardiochirurgia; geriatria; medicina interna; medicina generale (medici di famiglia); chirurgia vascolare; malattie infettive.

Programma

8.15-8.45 Registration

8.45-9.00 Introduction
Elena Tremoli - Cesare Fiorentini

Session I: Paravalvular Leak Imaging Modalities

Moderators: Mauro Pepi - Daniele Andreini

9.00-9.15 How to evaluate aortic and mitral paravalvular leaks using echocardiography
Manuela Muratori

9.15-9.30 How to evaluate paravalvular leaks after transcatheter aortic valve implantation (TAVI)
Anna Maria Costante

9.30-9.45 Just measuring the hole?-the significance of surrounding space and expected tissue quality
Mauro Pepi

9.45-10.00 The role of pre-procedure imaging by CT and MR
Daniele Andreini

10.00-10.15 Discussion

10.15-10.30 Coffee break

Session II: Paravalvular Leak Closure

Moderators: Antonio Bartorelli - Francesco Alamanni

10.30-10.50 Which approach to which leak?
Grzegorz Smolka

10.50-11.10 Choosing the right device for the right patient
Grzegorz Smolka

11.10-11.30 3D patient-specific simulation-guided treatment strategy for PVL closure
Luis Paiva

11.30-12.00 Intraprocedural Fusion of real-time 3D transesopphageal echocardiography and cardiac fluoroscopy imaging:
- during aortic PVL closure
  Rita Kramena
- during transapical mitral PVL closure
  Diana Zakarkaite

12.00-12.20 Trans-apical mitral paravalvular leak closure: Vilnius experience
Aleksejus Zorinas

12.20-12.30 Is surgery still an option?
Francesco Alamanni

12.30-13.00 Discussion

13.00-14.00 Lunch

Session III: Clinical Studies

Moderators: Eustaquio Maria Onorato - Tullio Tesorio

14.00-14.15 Overview of the clinical indications and expected outcomes
Mauro Pepi

14.15-14.30 RESEAL Study: first prospective trial of PLD for paravalvular leak closure with PLD in Japan
- Clinical and procedural outcomes
  Takeshi Arita-via Skype
- Post-closure hemolysis and recurrent leaks
  Hideiko Hara-via Skype

14.30-14.45 Transcatheter PVL closure in Kocaeli University: a monocentric Turkish experience
Teoman Kilic

14.45-15.00 Multicenter International PLD Registry: mid-term outcomes
Eustaquio Maria Onorato

15.00-15.10 Discussion

Session IV: Live in the box: challenging cases and complications

Moderators: Francois Godart - Christos Christou

- High risk endovascular repair of a complex and large mechanical aortic valve deshiscence
  Christos Christou
- Persistent mitral leakage after implantation of two devices
  Alessandro Santoro
- Paravalvular leak post-surgically implanted pulmonary valve in a Fallot Tetralogy patient
  François Godart
- Transient impingement of a mechanical tilting-disc mitral prosthetic valve
  Manuela Muratori
- Obstruction of a mechanical tilting-disc mitral prosthetic valve: any solution?
  Luis Paiva
- My worst nightmare!
  Matteo Vercellino

16.10-17.30 Round Table