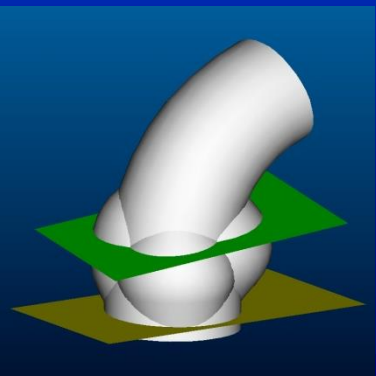
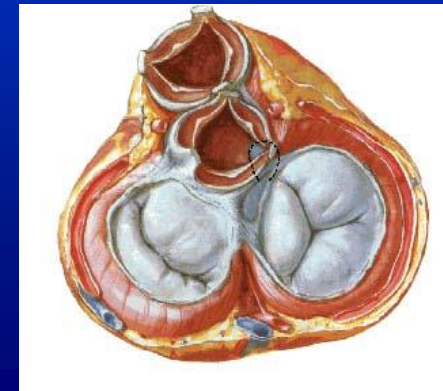


Anatomy of aortic valve and root

Emmanuel Lansac MD PhD



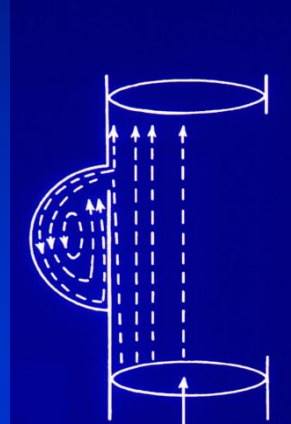
Cardiac Surgery
Institut Mutualiste Montsouris,
Paris, France



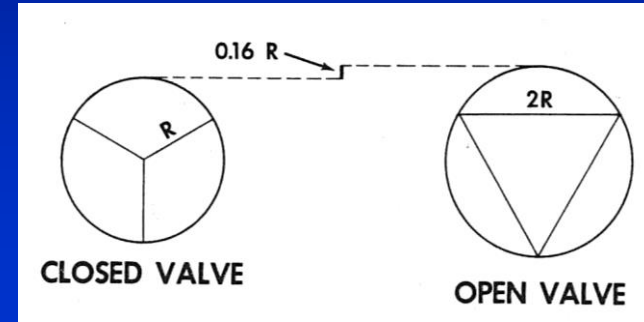
The aortic valve : a passive or dynamic structure?



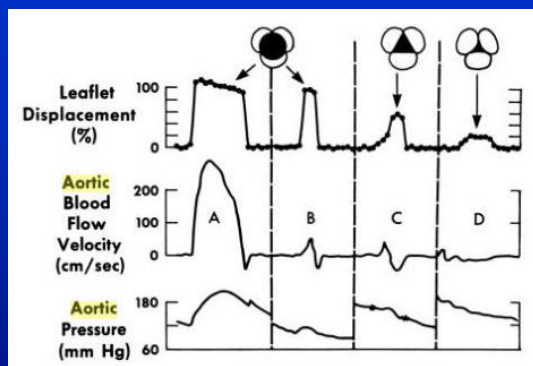
Leonardo da Vinci 1508
Quadr Anat IV



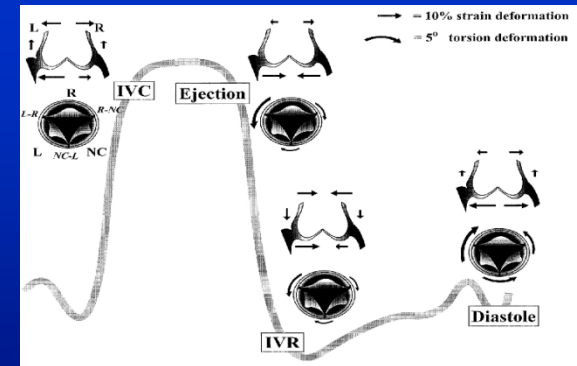
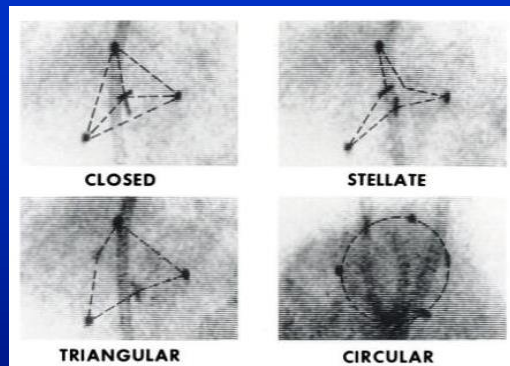
Belhouse Cir Res 1969
In vitro Vortex formation



Brewer JTCVS 1976
Interdependence of valve opening and root expansion



Thubrikar JTCVS 1979 : In vivo 9% commissural expansion prior ejection
Circular orifice



Dagum Circulation 1999
Deformational dynamics of the aortic root (60Hz)

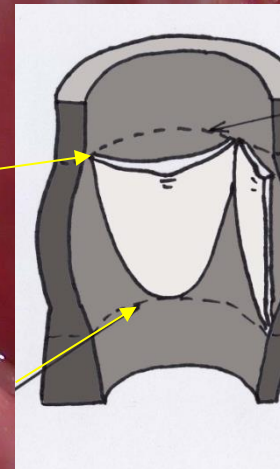
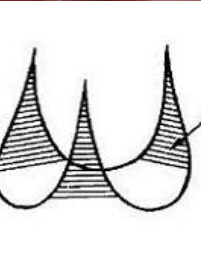
Sino-tubular junction

Aortic annulus

3D

2D

2D



Aortic Root = 2 functional compartments

SUPRAVALVULAR COMPARTMENT:

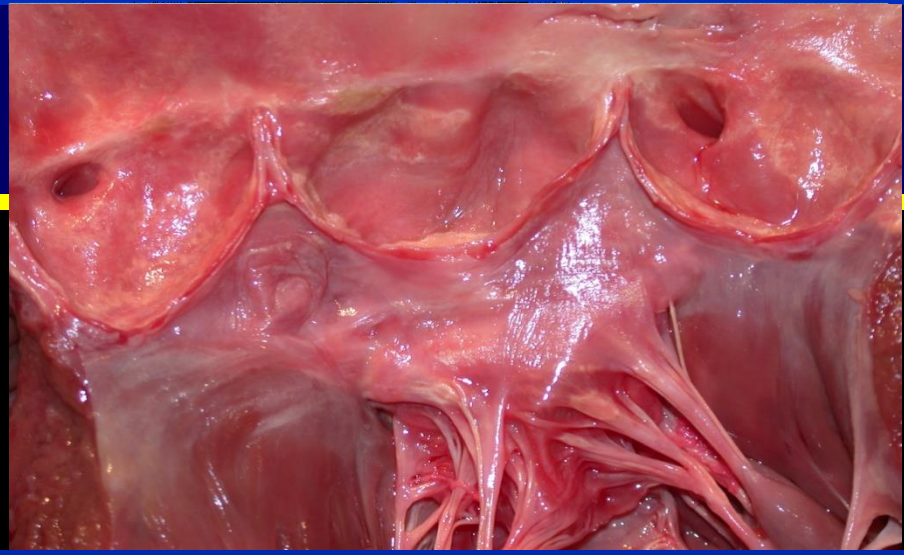
STJ + ascending aorta



Aortic Hemodynamics

SUPRA VALVULAR

SUBVALVULAR



Aortic Hemodynamics

LV Hemodynamics

SUBVALVULAR COMPARTMENT:

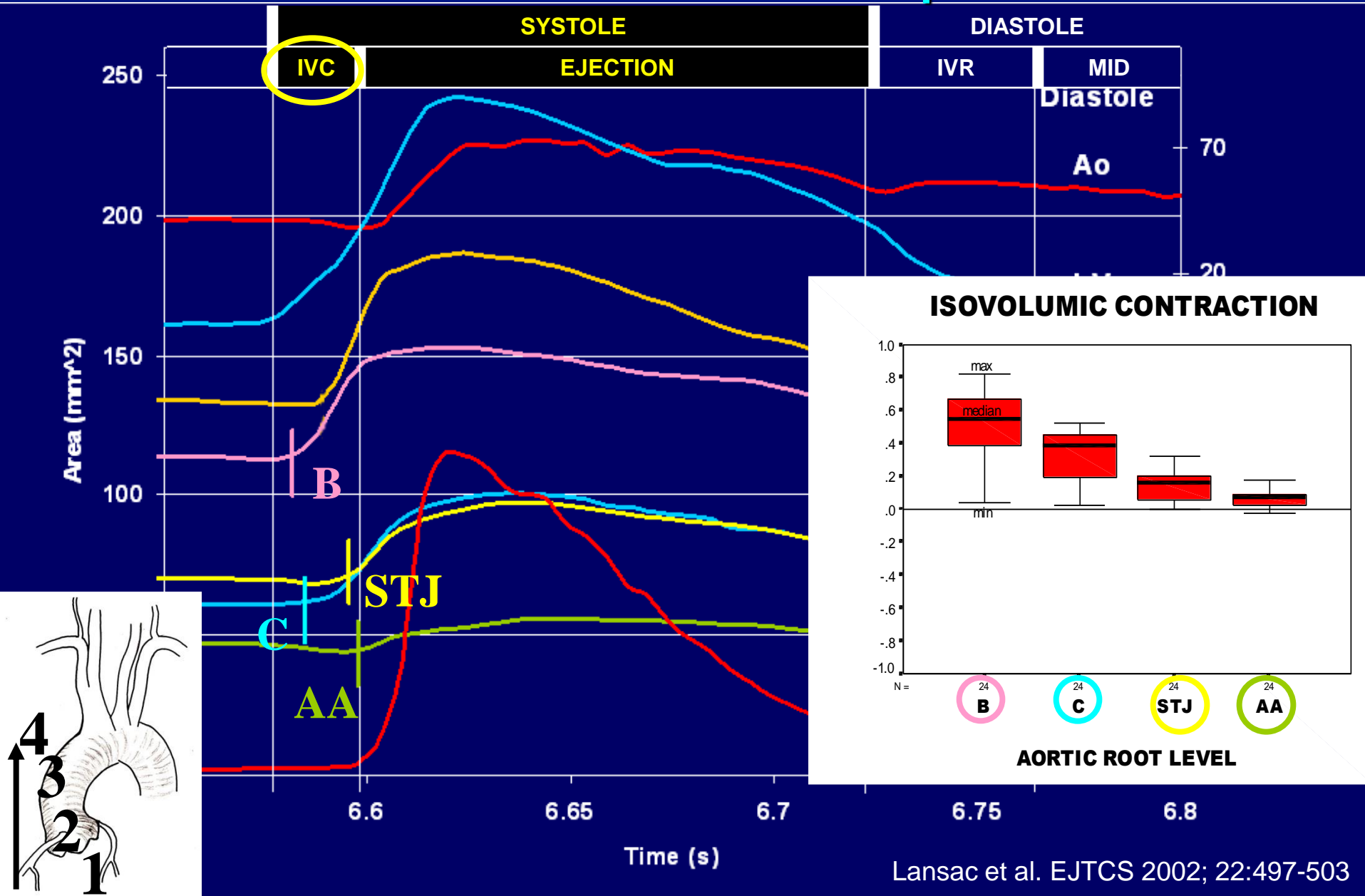
Aortic annular Base +
Commissures (inter-leaflet triangles)



LV Hemodynamics

Aortic root expansion starts prior to ejection

36.7 ± 3.3% of root volume expansion



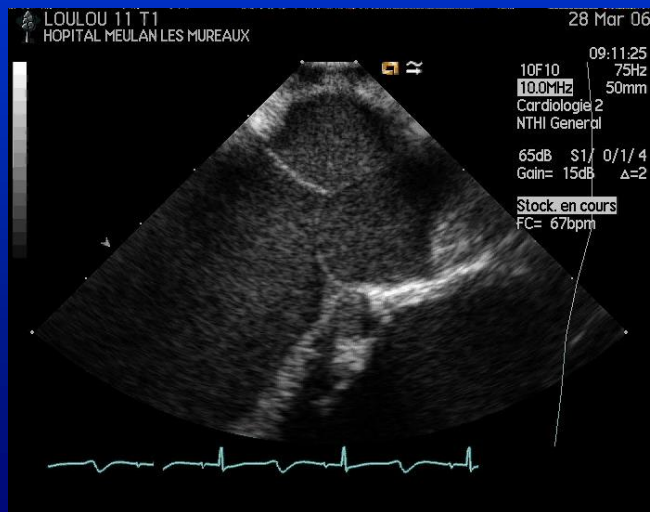
Aortic valve opening starts prior to ejection

($2.1 \pm 0.5\%$)

Related to annular base and commissural (subvalvular compartment) pre-ejectional expansion

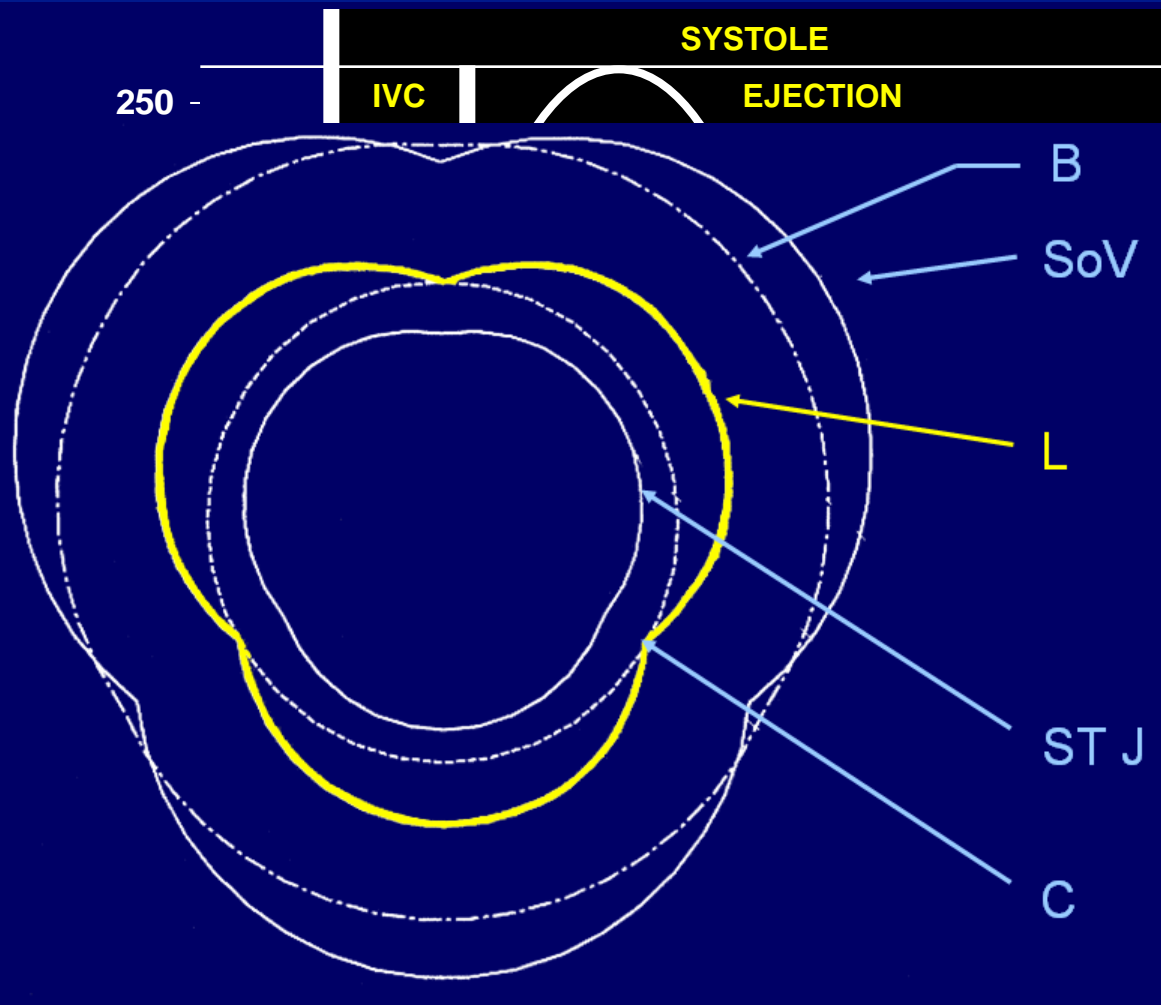
Correlated to LV pressure increase ($r=0.95$)

Due to a redistribution of LV volume below the leaflets (inter-leaflet triangle)



Optimize ejection
Stressless opening

Aortic valve opening is maximum during the 1/3 of ejection



**Leaflet area overshoot
Commissural area
by $28.8 \pm 3.4\%$
=
Clover-shaped
orifice**

**Maximizes hemodynamic performance
unimpeded blood flow through the sino-tubular
junction to the systemic circulation**



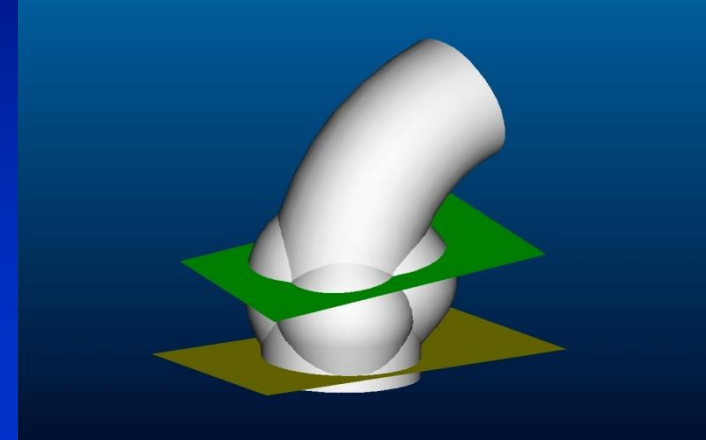
Aortic root expansion is asymmetric

Tilt angle of the aortic valve during cardiac cycle

End diastole: $16.3 \pm 1.5^\circ$ postero-left

During systole: - $6.6 \pm 1.5^\circ$

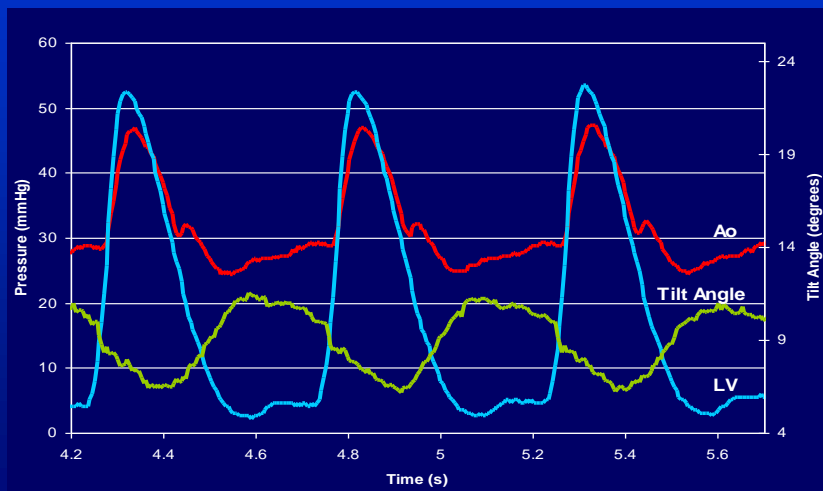
Alignment of LVOT and ascending aorta



➔ Maximize ejection

During diastole: + $6.6 \pm 1.5^\circ$

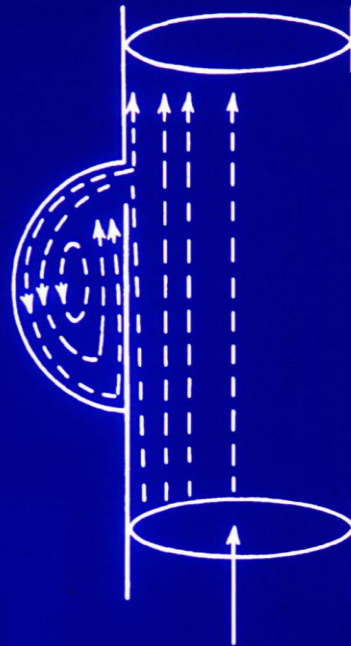
➔ Shock absorber



Importance of Sinuses of Valsalva



Leonardo da Vinci 1508
Quadr Anat IV



Belhouse Cir Res 1969
In vitro Vortex formation

Streamlines in the aortic valve near peak systole



Kilner Circulation 1993
3D MRI

Recirculating flows (vortices) accommodated by the sinuses contribute to efficient and smooth valve closure at end systole

Aorto mitral junction dynamics : two to tango

DIASTOLE

SYSTOLE

Aortic \emptyset
 $+ 10.6 \pm 0.3\%$

T1 $-11.5 \pm 2.3\%$ T2

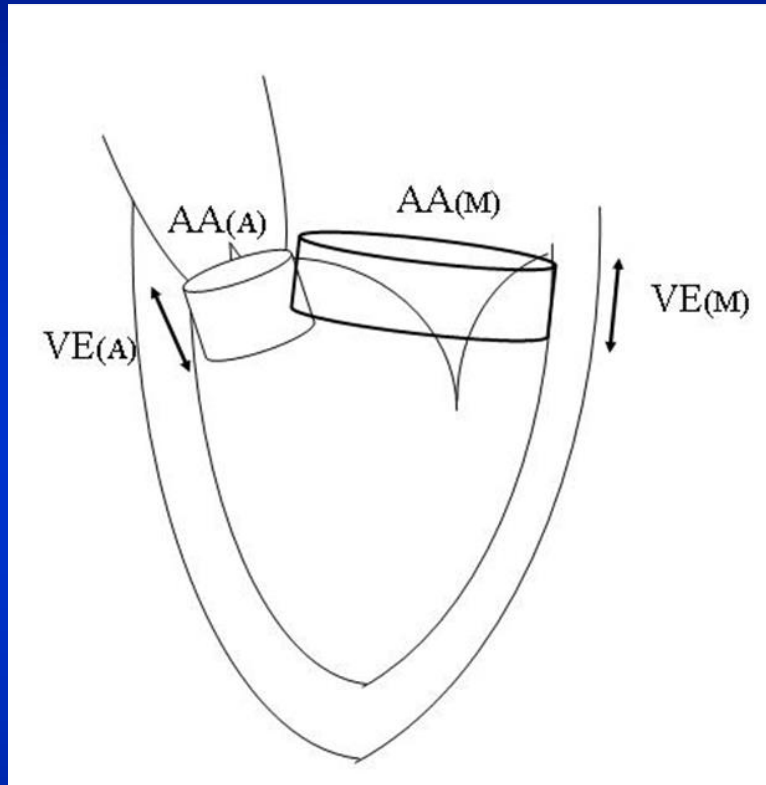
T1 $+11.5 \pm 2.3\%$ T2

Transverse \emptyset : $-12.1 \pm 1.5\%$
Antero Posterior \emptyset : $-23.6 \pm 2.5\%$

MAXIMIZE LV FILLING

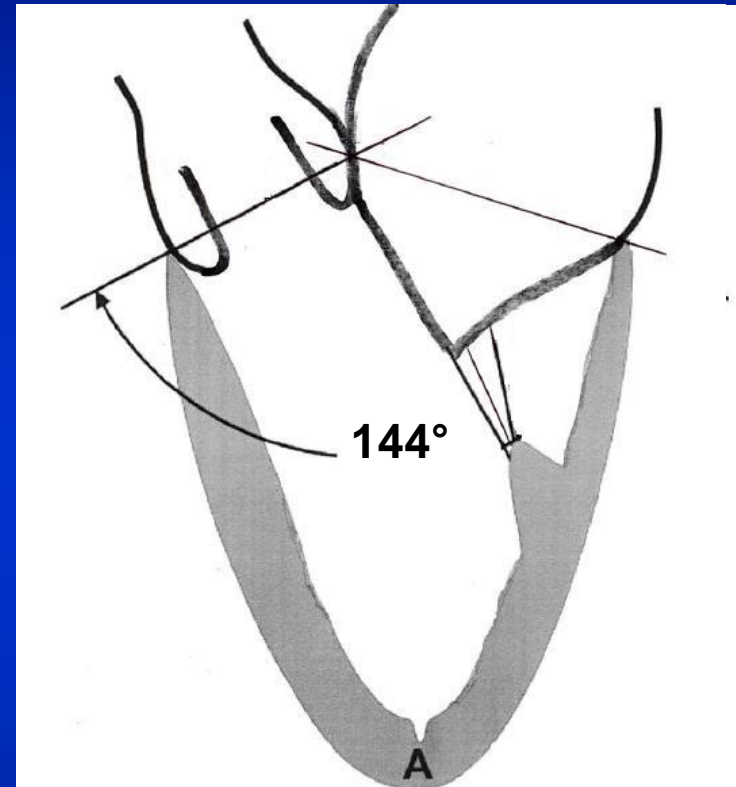
MAXIMIZE EJECTION

**Annulus excursion
during cardiac cycle
 13 ± 2.3 mm**



**Annulus excursion
contributes to an efficient
cardiac output**

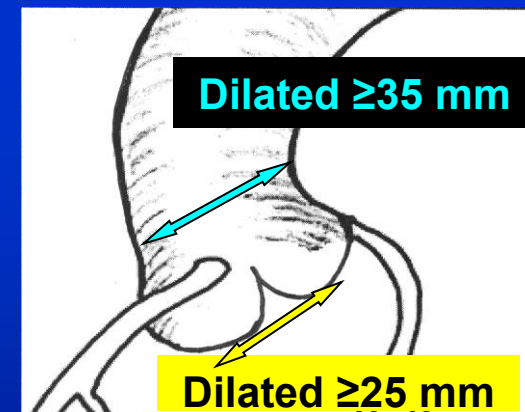
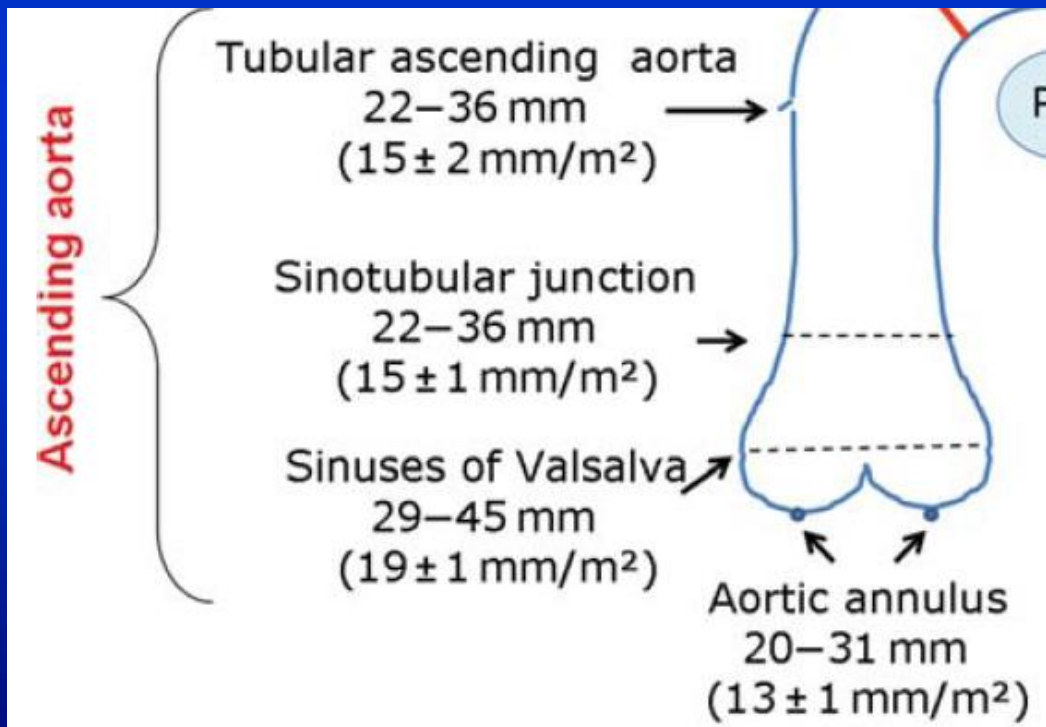
**The angle between the
mitral and aortic annulus
reduces 11° in systole.**



**Alignment of LVOT
and ascending aorta
Maximize ejection**

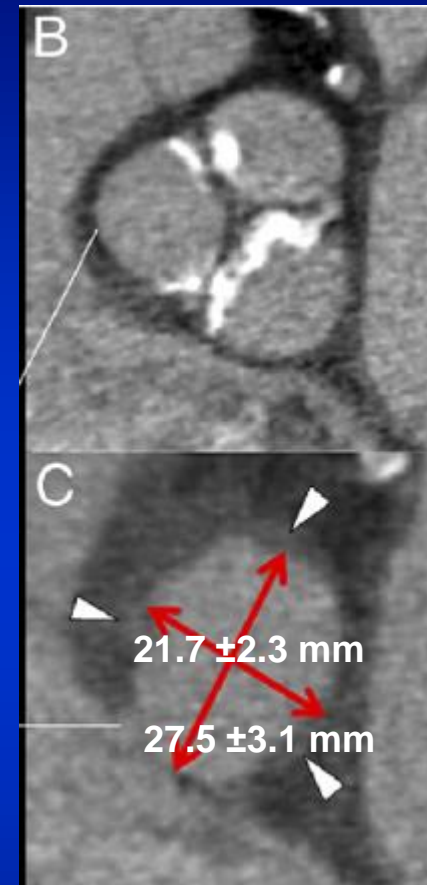
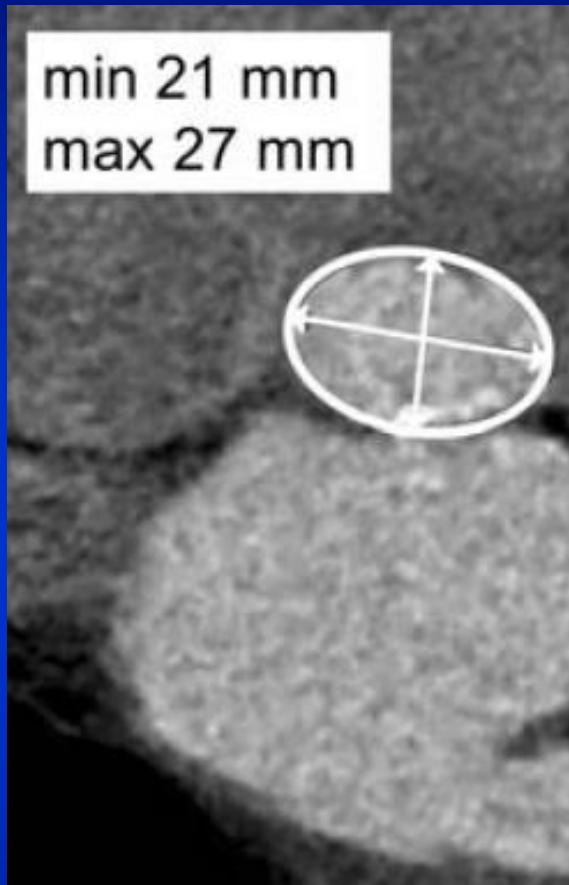
What are the normal diameters of the aortic root?

| N | 1132 |
|---------------------|----------------------------|
| Annulus \emptyset | 22.3 \pm 1.4 (20.5-32.4) |
| STJ \emptyset | 26.7 \pm 2.2 (31.2-23.4) |
| STJ/ annulus | 1.2 \pm 0.1 (1.1-1.3) |



STJ > Annulus
Ratio = 1.2 (1.1-1.3)

Geometry of the aortic annulus



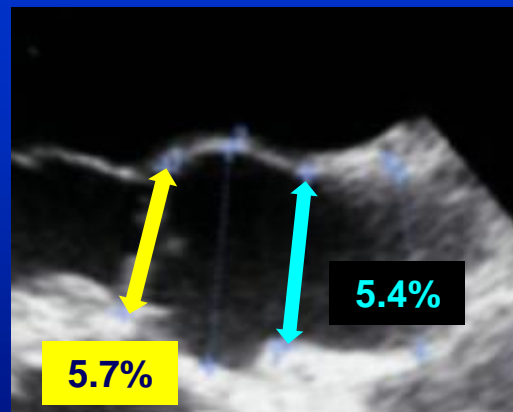
Echo diameter in long axes correspond to smallest diameter

maximum CT-Ø / minimum CT-Ø = 1.26

Aortic annulus is oval shaped

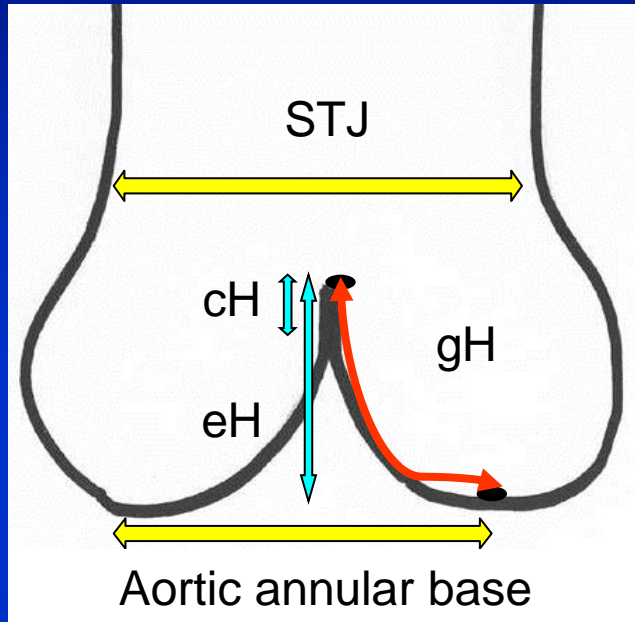
Expansibility of the aortic root

| | Leygh 1999 Echo | De Paulis 2002 Echo | Varnous 2003 Echo | Kazui 2004 Echo | Maselli 2005 Echo | Matsumori 2007 Echo | De Heer 2011 CT scan | Zhu 2001 Echo |
|--------------|-----------------------|---------------------------|-------------------------|-----------------------|-------------------------|---------------------------|----------------------------|---------------------|
| N | 599 | | | | | | | |
| Annular base | 5.7% (2.5-9.6) | | | | | | | |
| SoV | 4.3% (0.5-10.3) | | | | | | | |
| STJ | 5.4% (1.7-9.8) | | | | | | | |

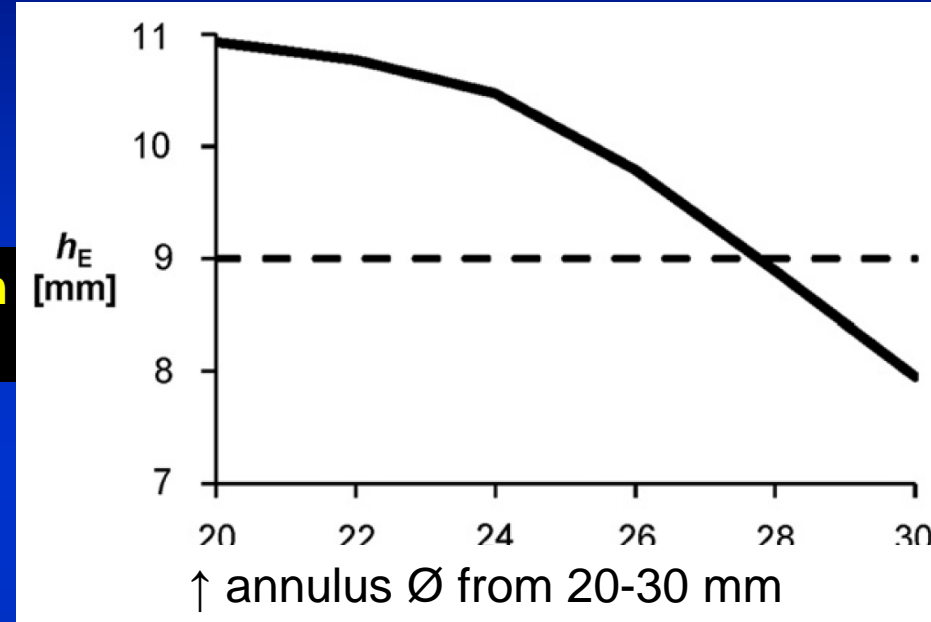


**Aortic annulus and
STJ expansion**

Parameters for valve coaptation



cH = 4-5 mm
eH = >9 mm



gH

Bicuspid : nonfused 24±2 mm

Tricuspid :

NC : 21±2 / LC : 20±2 / RC 20±2

↓ eH from 10.9 to 8.0 mm

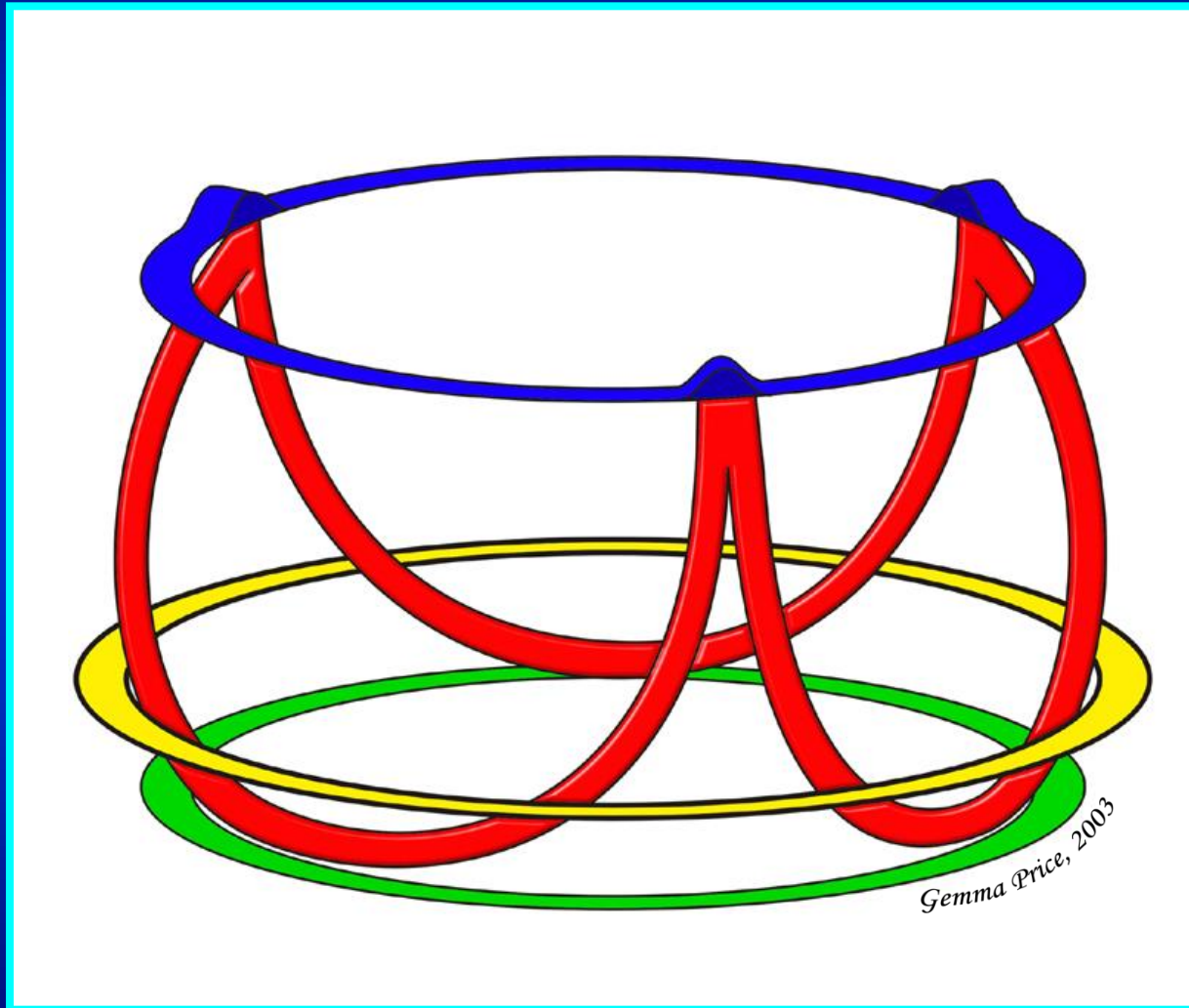
↓ cH from 3.3 to 0.3 mm

Correlates with body height, weight, BSA,
sinus \varnothing , aortoventricular \varnothing

Tamas JHVD 2007 Bierbach EJTCVS 2010

Schäfers JTCVS 2012 Marom JTCVS 2012

What is the aortic annulus from a surgical point of view ?

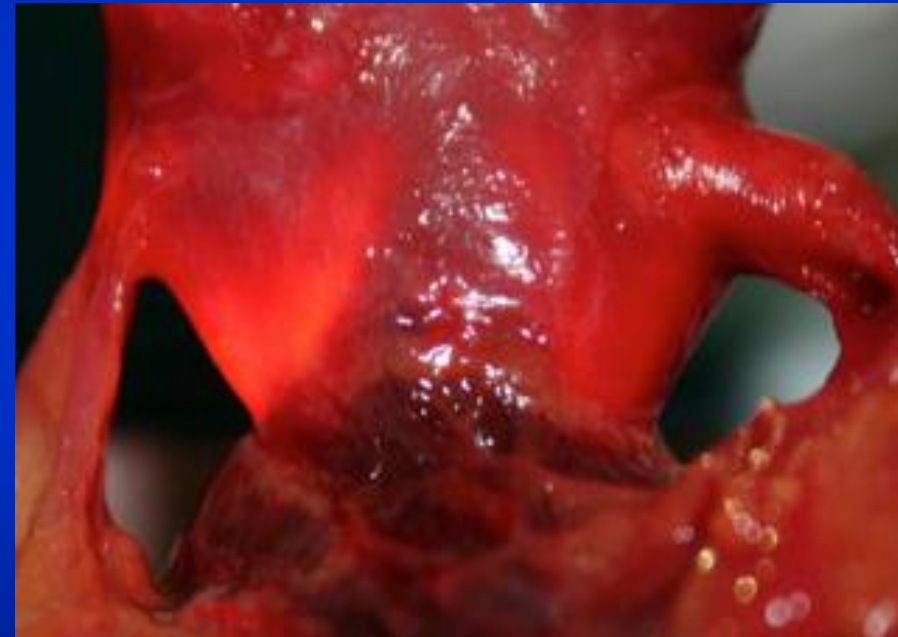
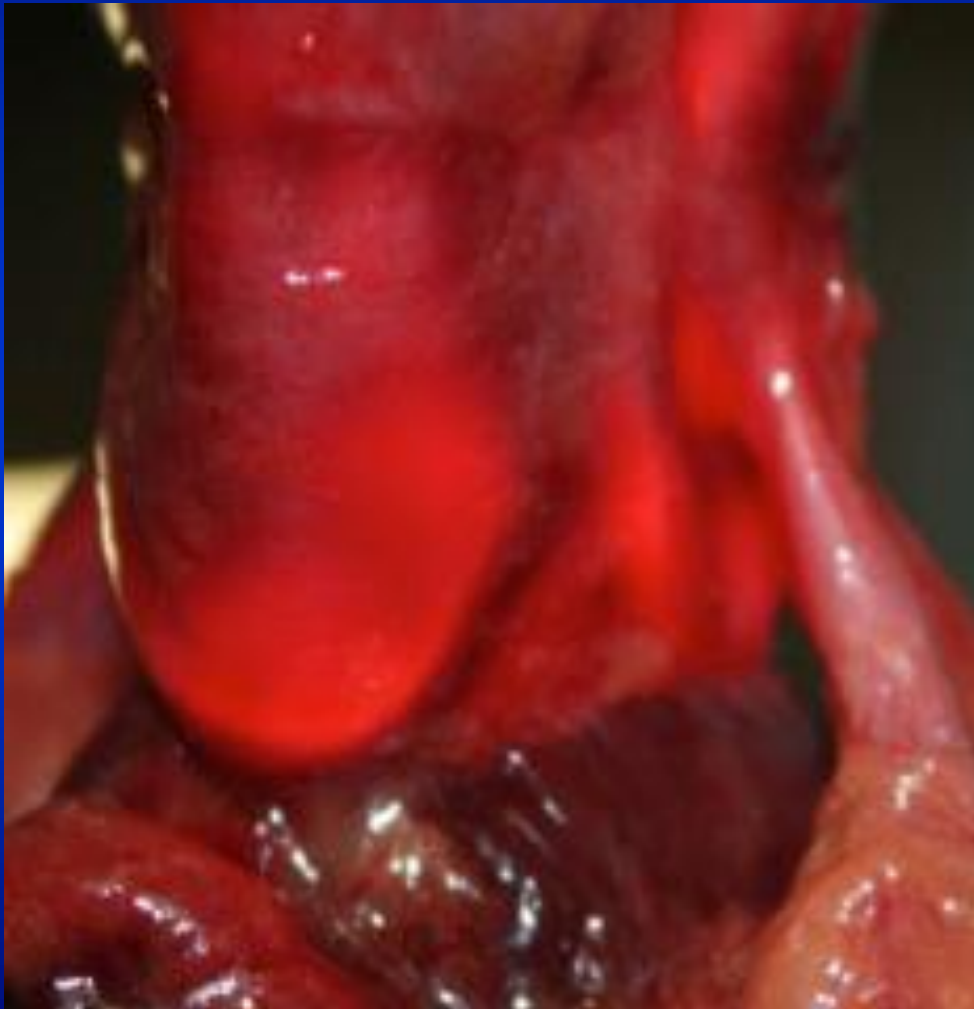


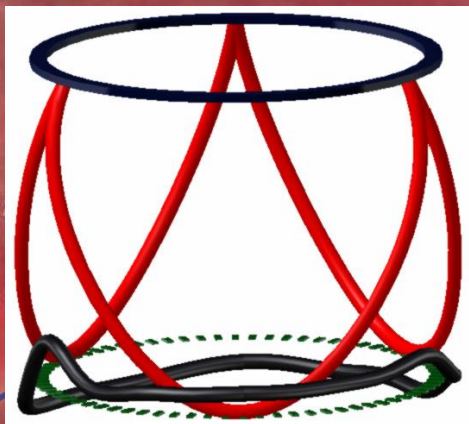
STJ

Ventriculo-aortic
junction

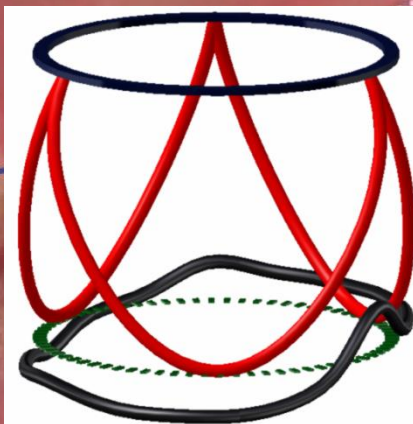
Virtual ring

External Dissection of the Subvalvular Plane

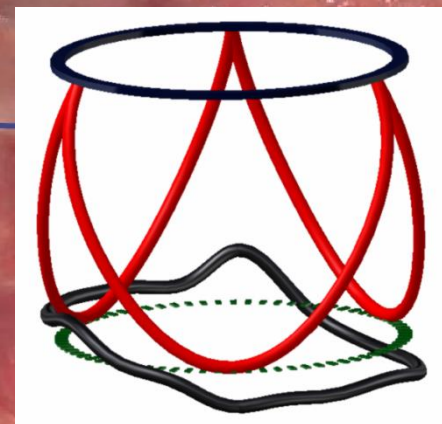




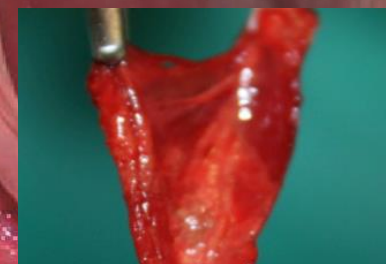
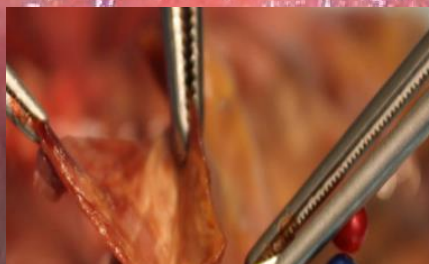
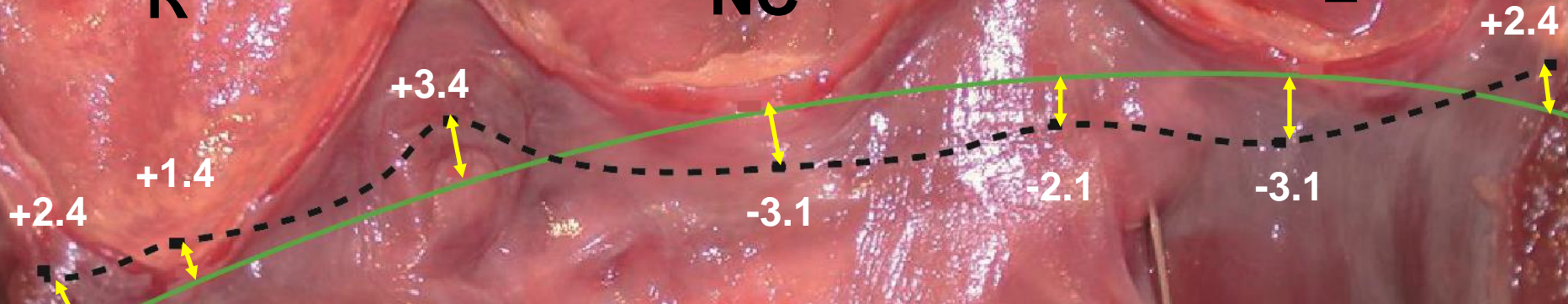
R



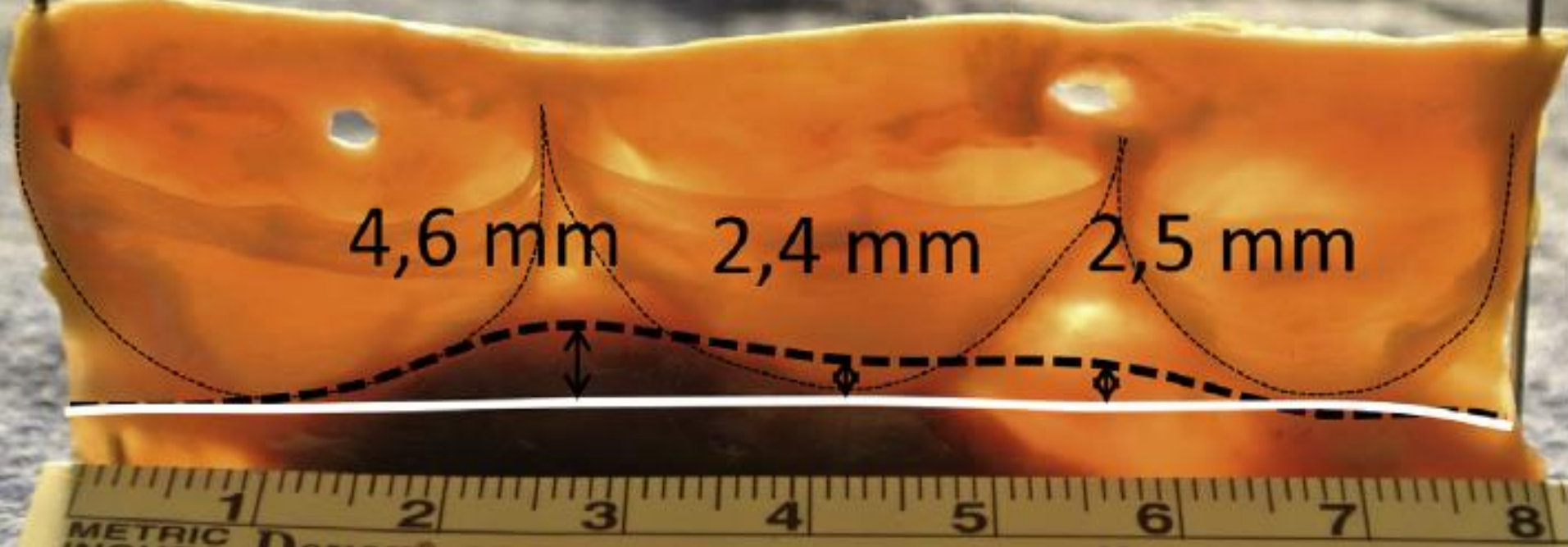
NC



L

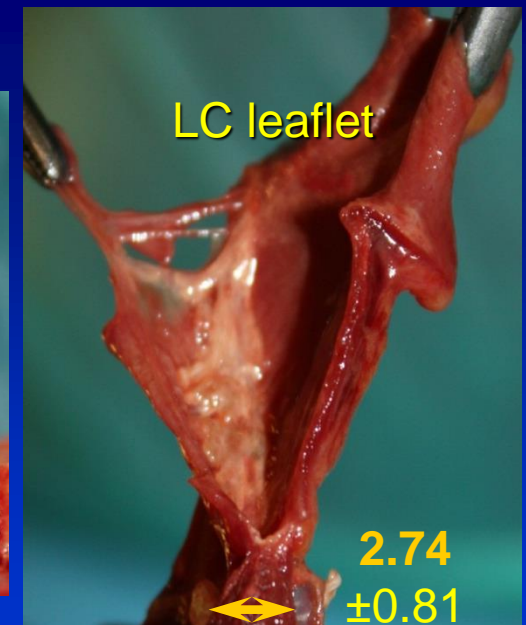
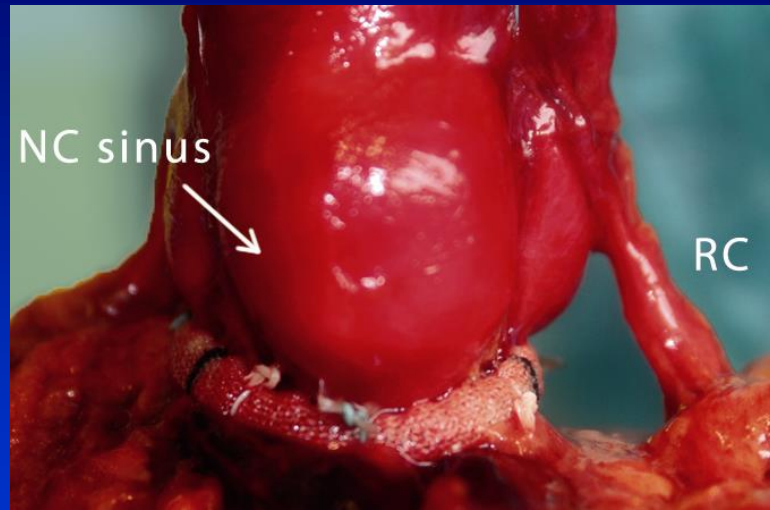
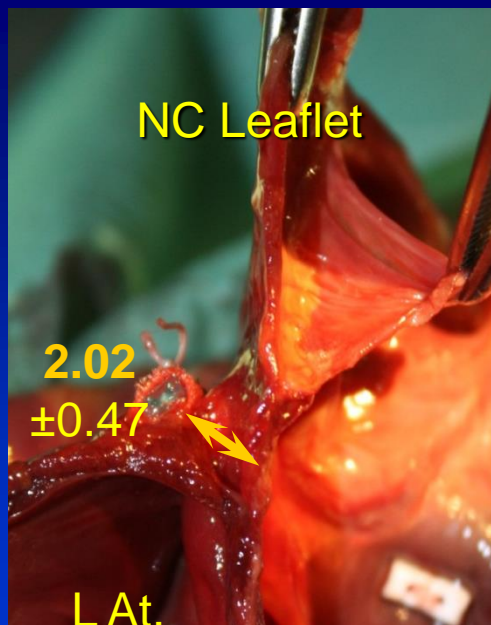


Aortic annuloplasty can be performed in the subvalvular plan, except at the level of the infundibulum where the dissection stops $1,4 \pm 1,8$ mm above the nadir of the right coronary sinus (80% below or within 3mm above the nadic of the

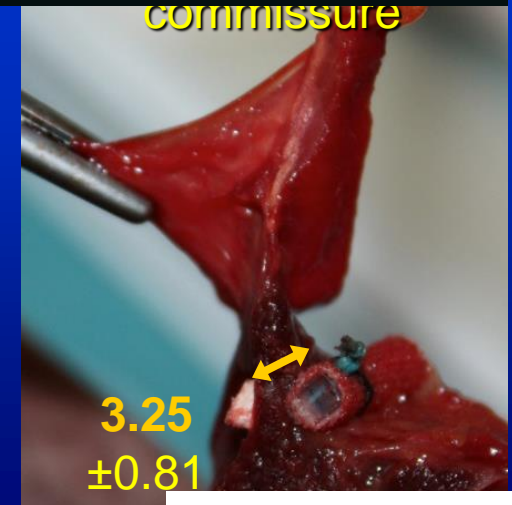


External dissection of the aortic root leads to above the level of the aortic annulus from the LC/RC to the RC/NC commissure.

Main limitation of external dissection of the subvalvular plane is the membranous septum



External aortic annuloplasty induces a minimum of 5 mm reduction of aortic annular base diameter, corresponding to tissue thickness

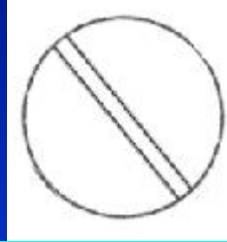


Aortic valve Tricuspid



Bicuspid valve

Type 0
0 raphe

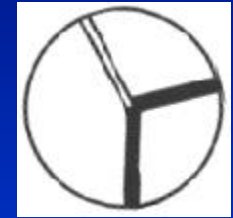


Type 1
1 raphe

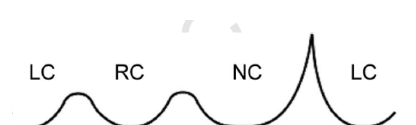
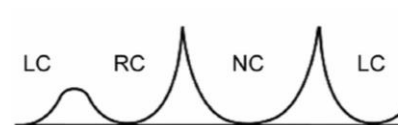
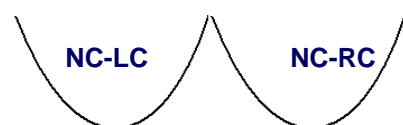
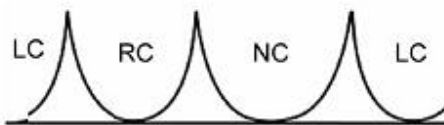
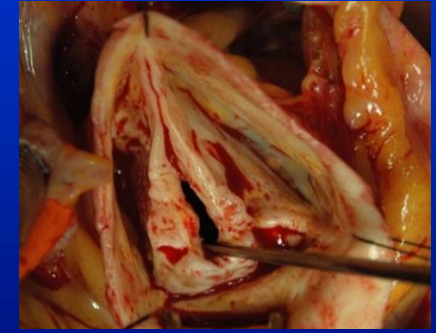
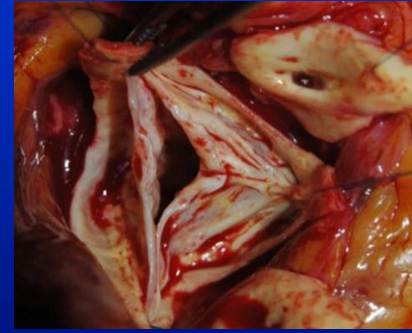
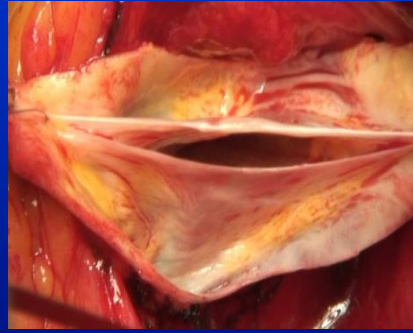
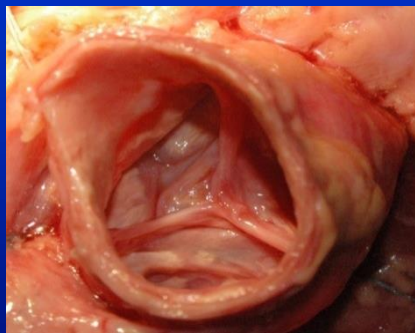
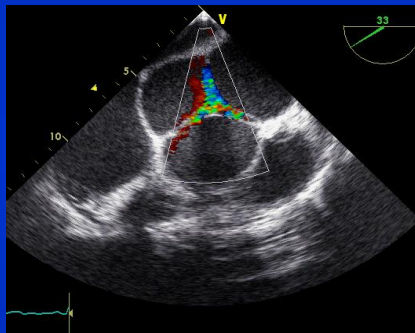


Unicuspid valve

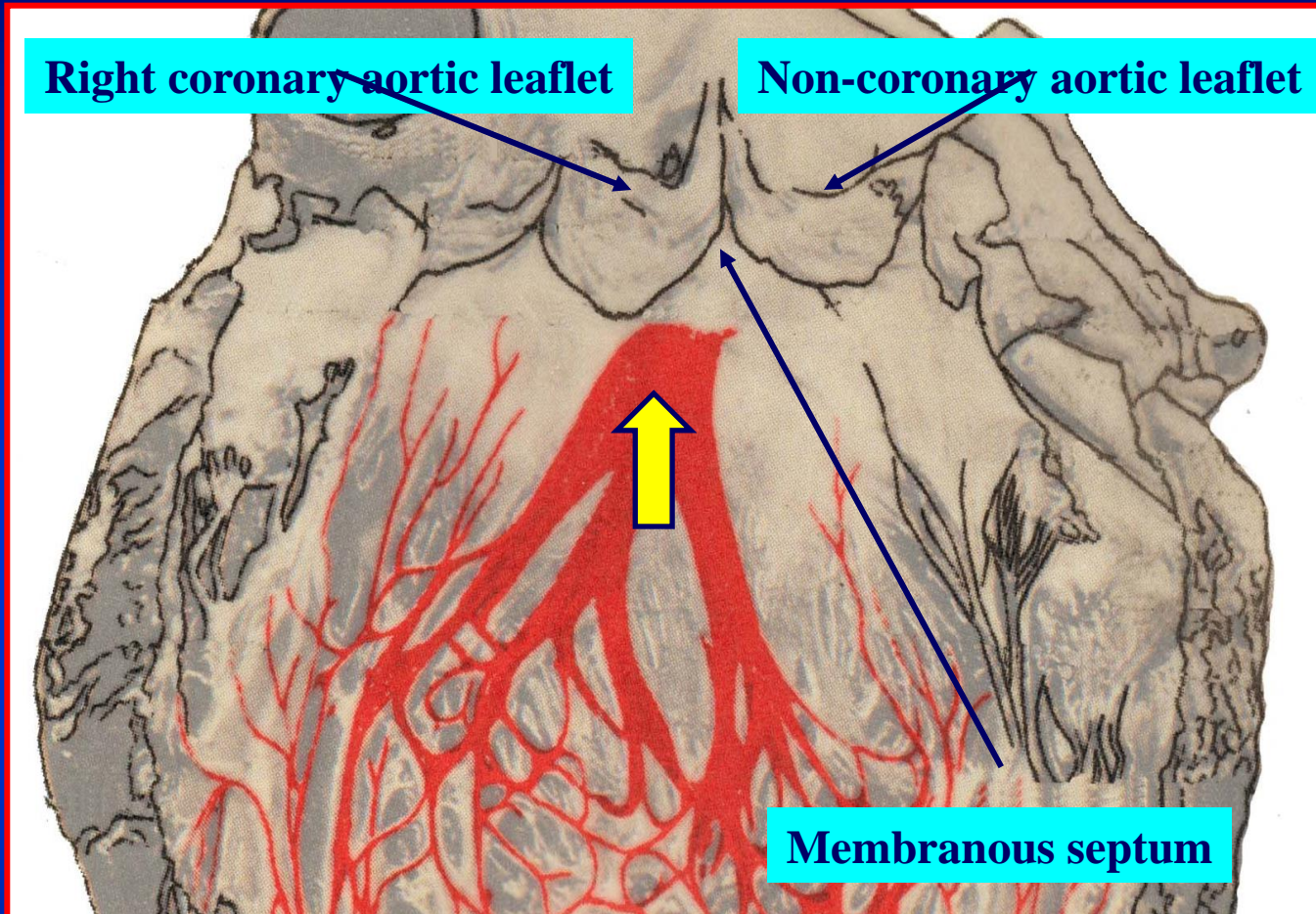
Type 2
2 raphes



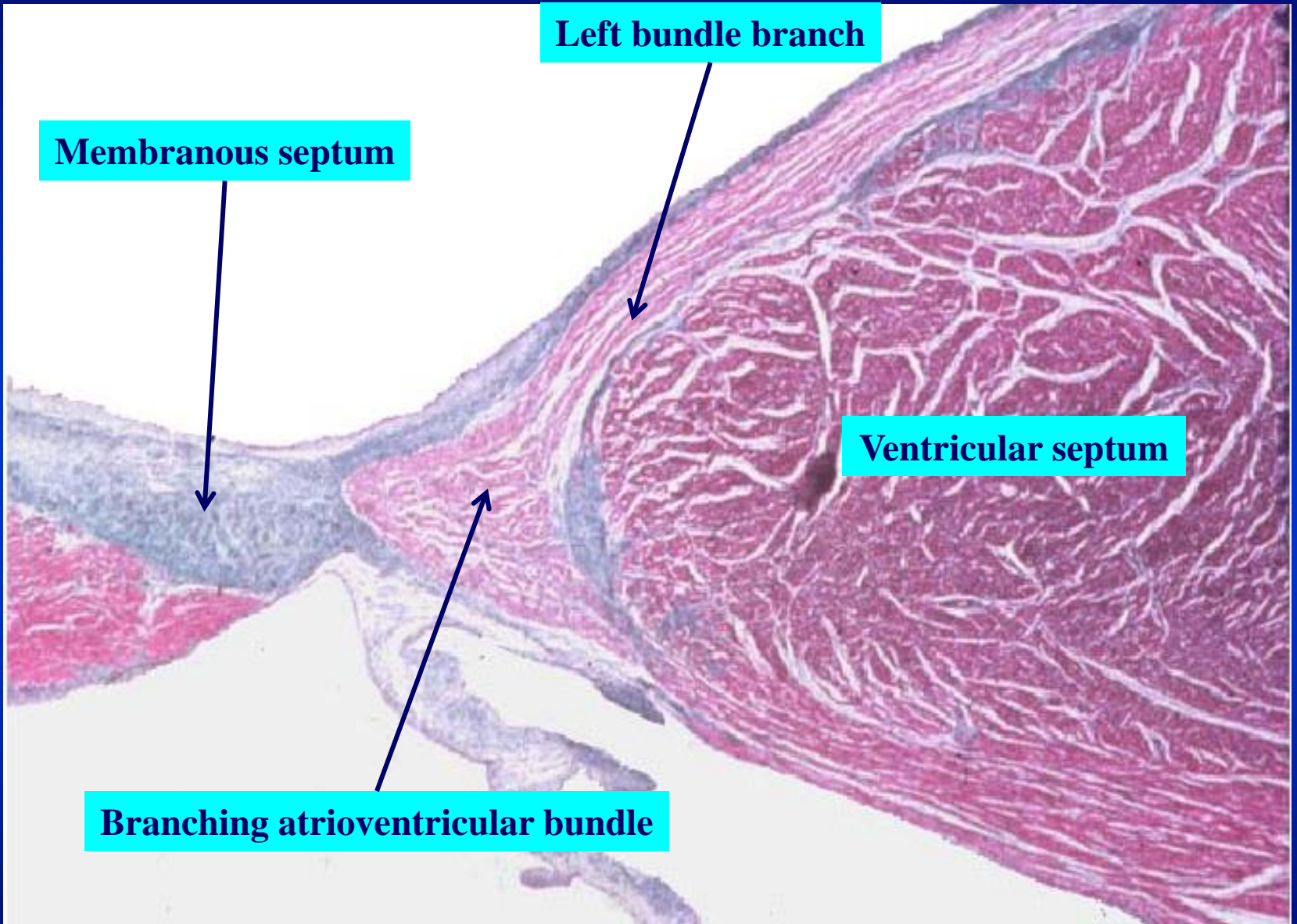
Good candidates for repair



Landmarks to AV conduction system



**Left bundle branch descends
from nadir of hinge of right coronary leaflet**



Membranous septum

Left bundle branch

Ventricular septum

Branching atrioventricular bundle

Dynamic anatomy

Valve repair

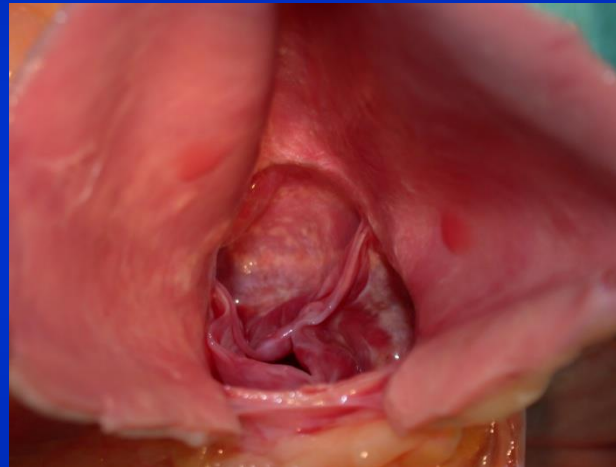
Aortic Root expansion
=
Stress less opening and
closure of the valve

Dilated STJ > 35 mm

Treatment of dilated
diameters

Aortic annular base \emptyset
STJ \emptyset

Clover shape orifice



Preserves root dynamics

Neosinuses of valsalva
Systolic expansion
(interleaflet triangles)

Cusp effective
height

Restores cusp
effective height

Annulus < STJ
Ratio 1.2

Dilated annulus >25 mm

Restores ratio

Durability of a native valve

Durability of repair