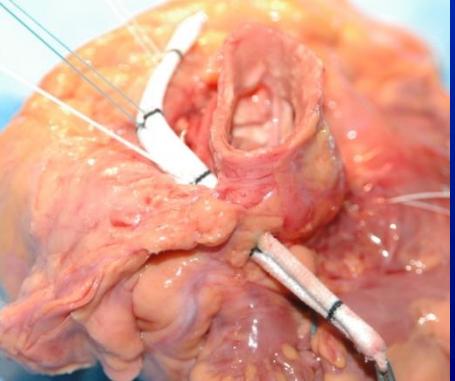


# The aorto-ventricular junction in aortic repair

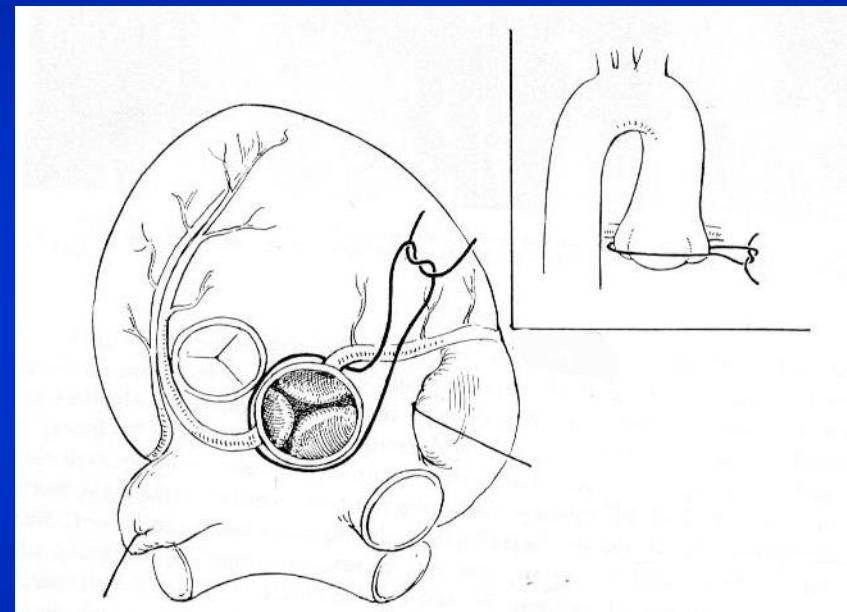
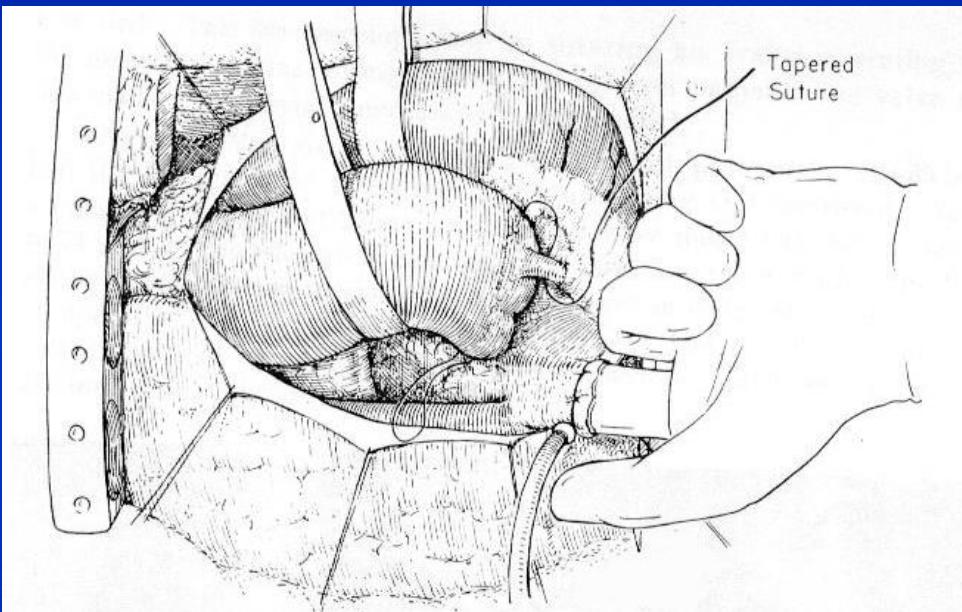
Emmanuel Lansac,  
Isabelle Di Centa

Cardiac Surgery  
Institut Mutualiste Montsouris,  
Paris, France



# The surgical correction of aortic insufficiency by circumclusion

Taylor WJ, et al. JTCVS 1958;35:192-231



**First subvalvular aortic annuloplasty**

Beating Heart Right thoracotomy

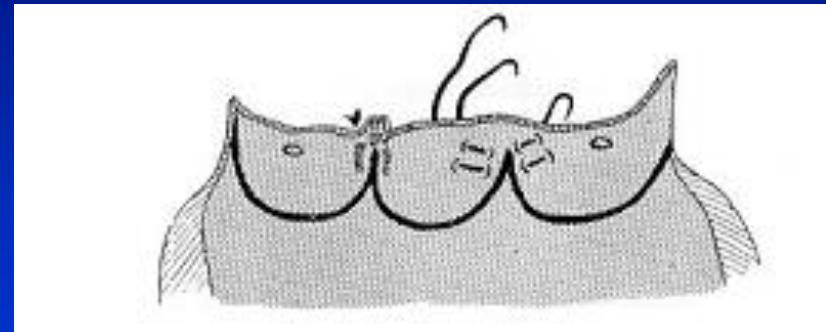
11 patients, rheumatic disease (8/11)

# Subcommissural plication stitches (Cabrol stitches 1966)



Plicating U stitches at the base  
of the interleaflet triangles

= partial subvalvular annuloplasty



Plicating U stitches at the  
commissures

= partial supravalvular annuloplasty

Plication of the interleaflet triangles impairing valve dynamics  
especially for bicuspid valves       $\Rightarrow$  significant gradient  
minimal reduction in aortic annular base diameter

Useful to protect a commissural repair or as a bailout  
technique

# Dilated aortic annulus > 25 - 28 mm

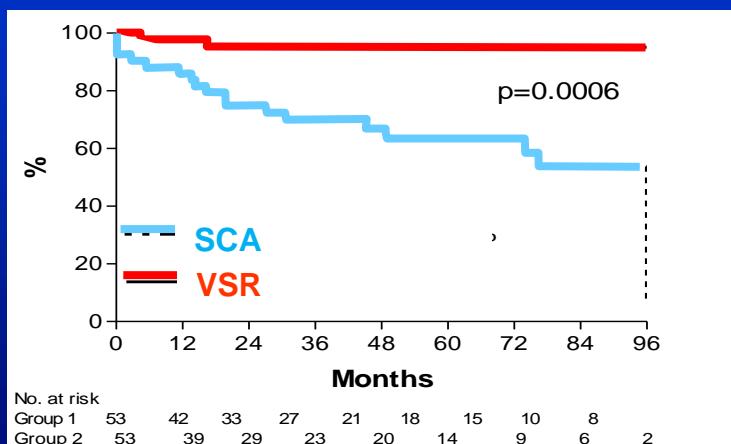
Risk factor for failure



Luciani ATS 1999, Lansac EJTCVS 2006,  
Hanke JTCVS 2008, de Kerchove JTCVS 2010,  
Schäfers JTCVS 2013, Navarra EJTCVS 2013,  
Aicher JTCVS 2013, Vallabhajosyula ATS 2014  
Fattouch ICVTS 2014, De Kerchove EJTCVS 2016

## Circumferential aortic annuloplasty improves the results

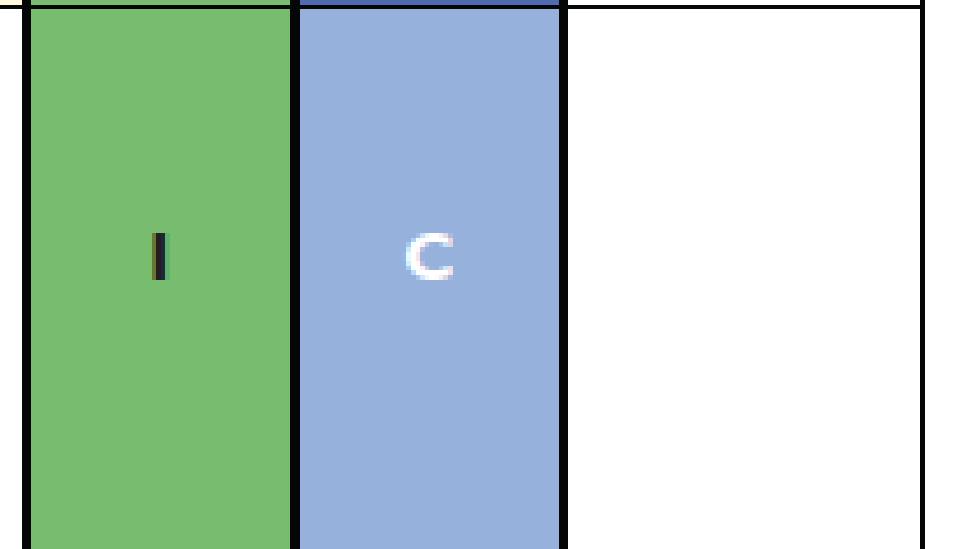
(External ring, proximal suture reimplantation, Annular stitch)



Root for all ?

# 2014 ESC Guidelines on the diagnosis and treatment of aortic diseases

Aortic valve repair, using the re-implantation technique or remodelling with aortic annuloplasty, is recommended in young patients with aortic root dilation and tricuspid aortic valves.

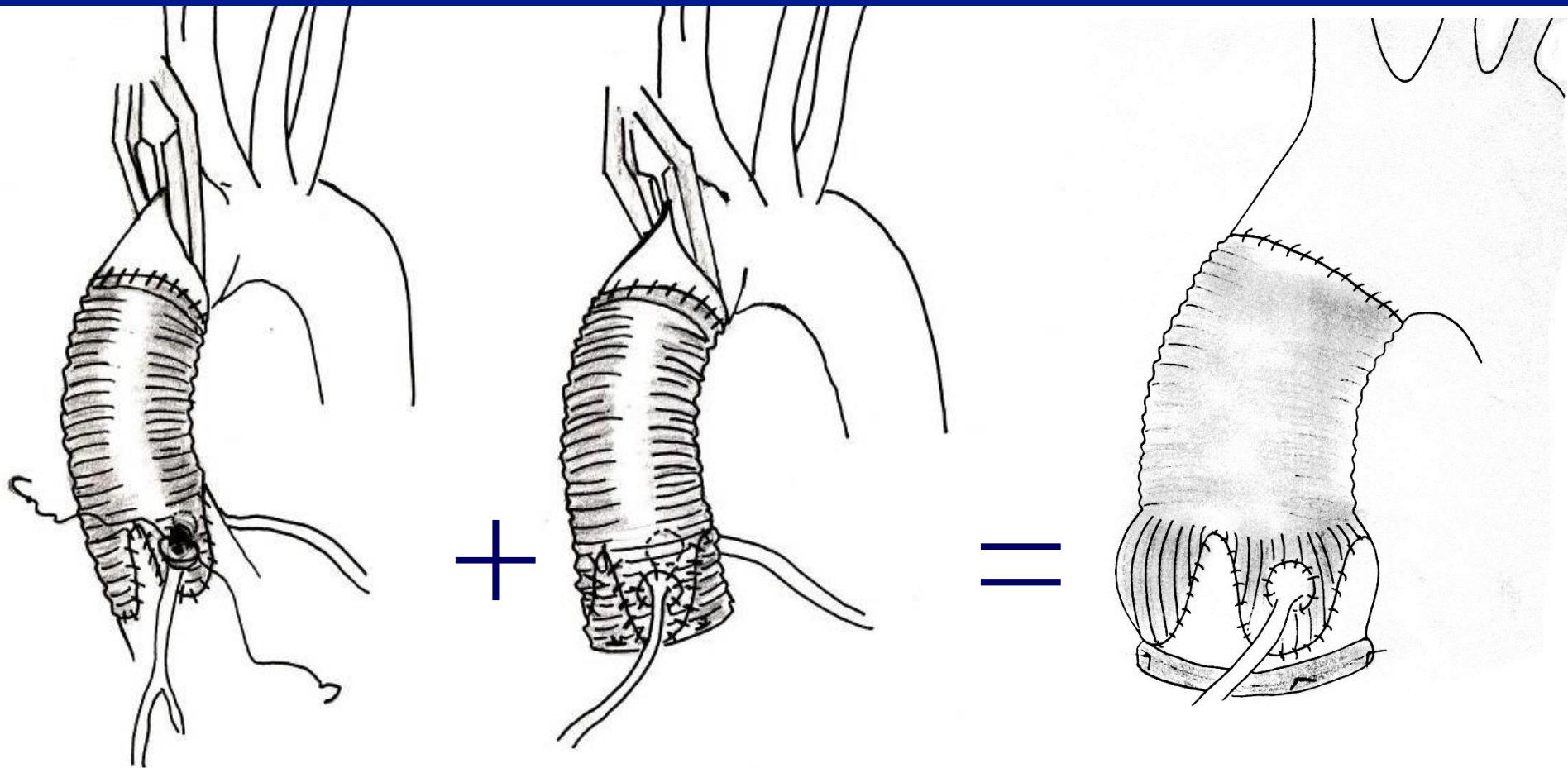


**Rate of VSRR remains low over times (15% STS database)**

**6% of high risk patients  
20 % of low risk patients**

**80 % of Bentall procedure are for dystrophic AI**

# Physiological and standardized approach to Valve Sparing Root Replacement



Remodeling  
1983 Yacoub

Reimplantation  
1992 David

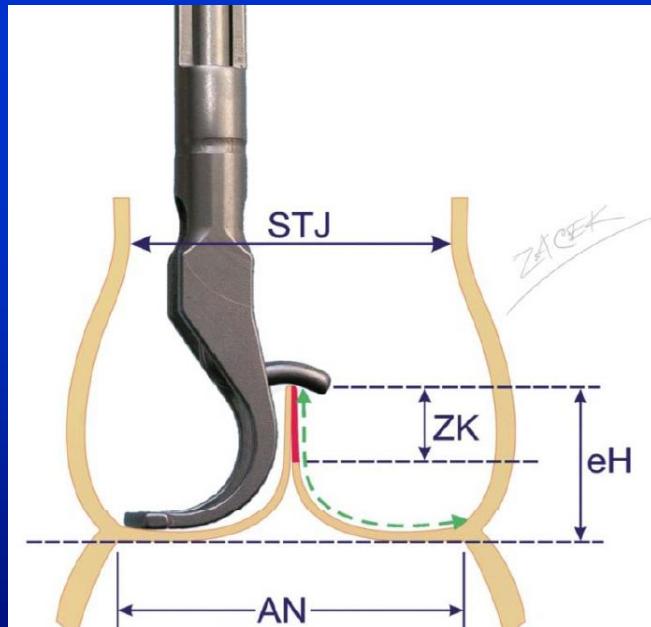
Remodeling +  
Aortic annuloplasty  
2003

# Reasons for valve sparing failures

## Cusp prolapse



↓ eH : - 3 to - 4 mm



Schäfers et al., JTCVS 2006

No eH resuspension  
(Eye balling repair)

Risk factor for  
AI recurrence  
Reoperation

Lansac JTCVS 2010

Soncini. MEP 2009

Bierbach E JTCVS 2010

Jeanmart ATS 2007

De Paulis 2010

Oka ATS 2011

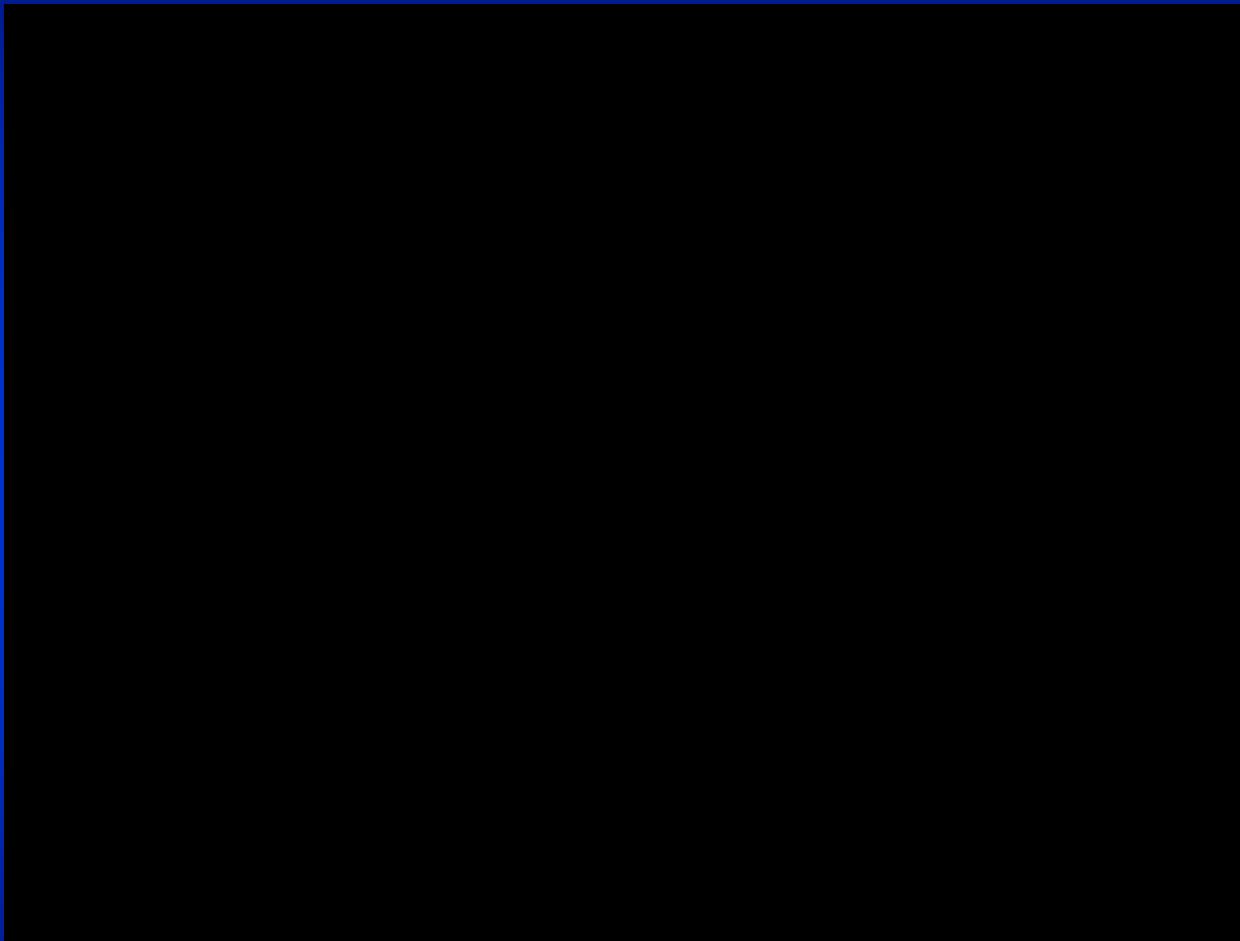
Kunihara JTCVS 2011

**Cusp eH resuspension**

Marom JTCVS 2012

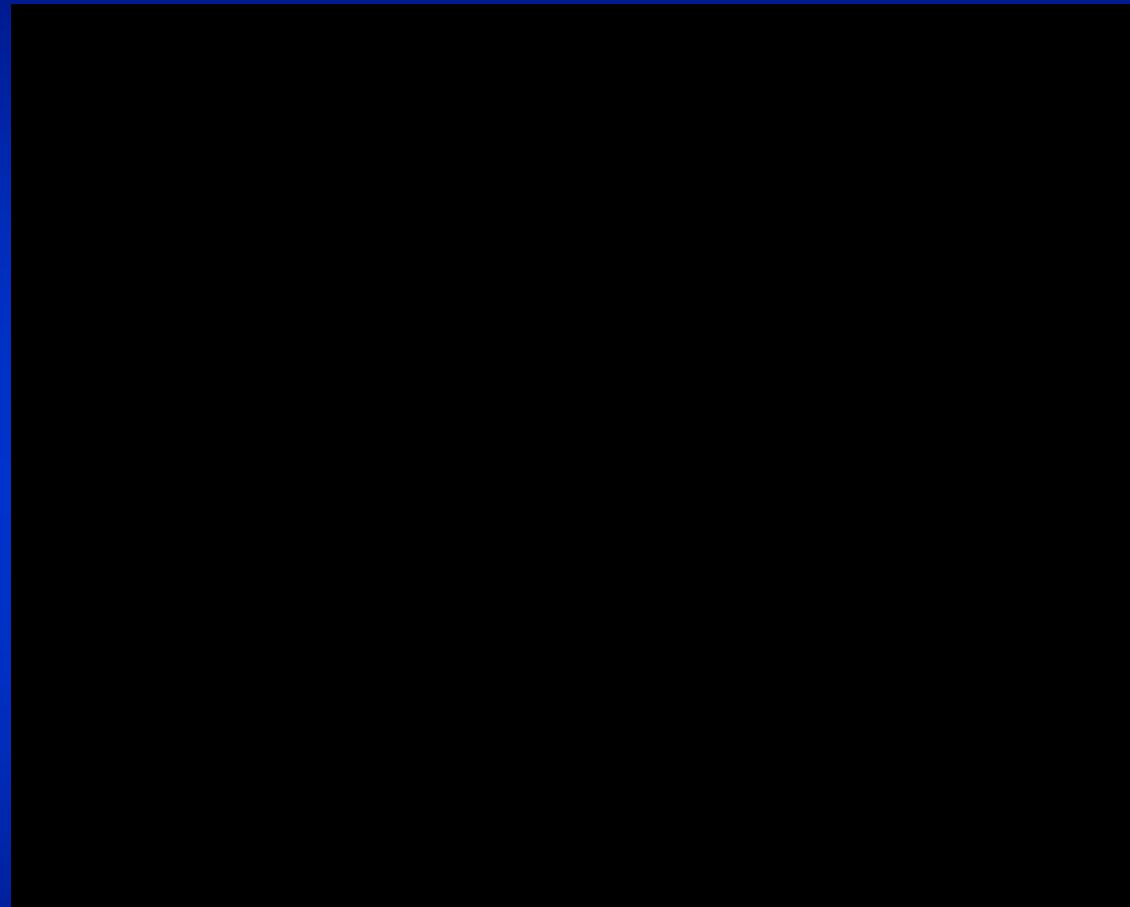
Zacek with permission

# 1. Dissection of the subvalvular plane



# Inspection of cusp lesions

## Geometric height

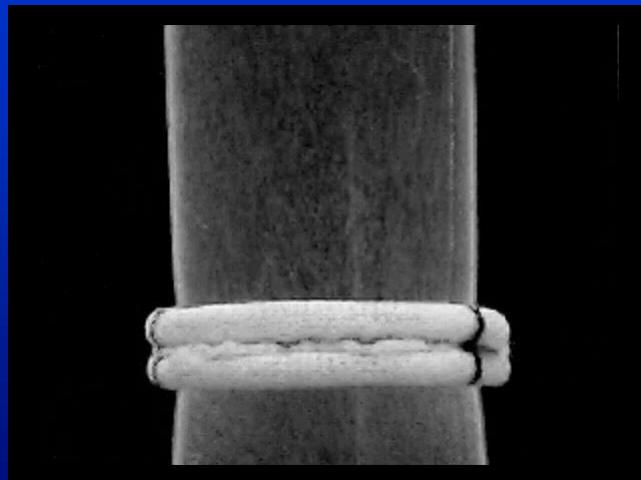


**Retracted if <16 mm in tricuspid  
and <19 mm in bicupid**

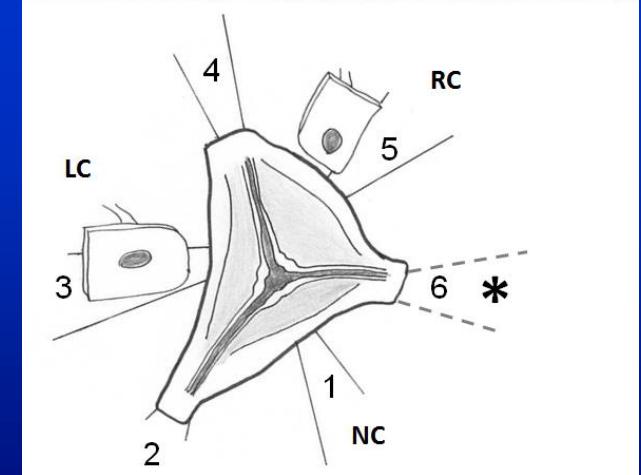
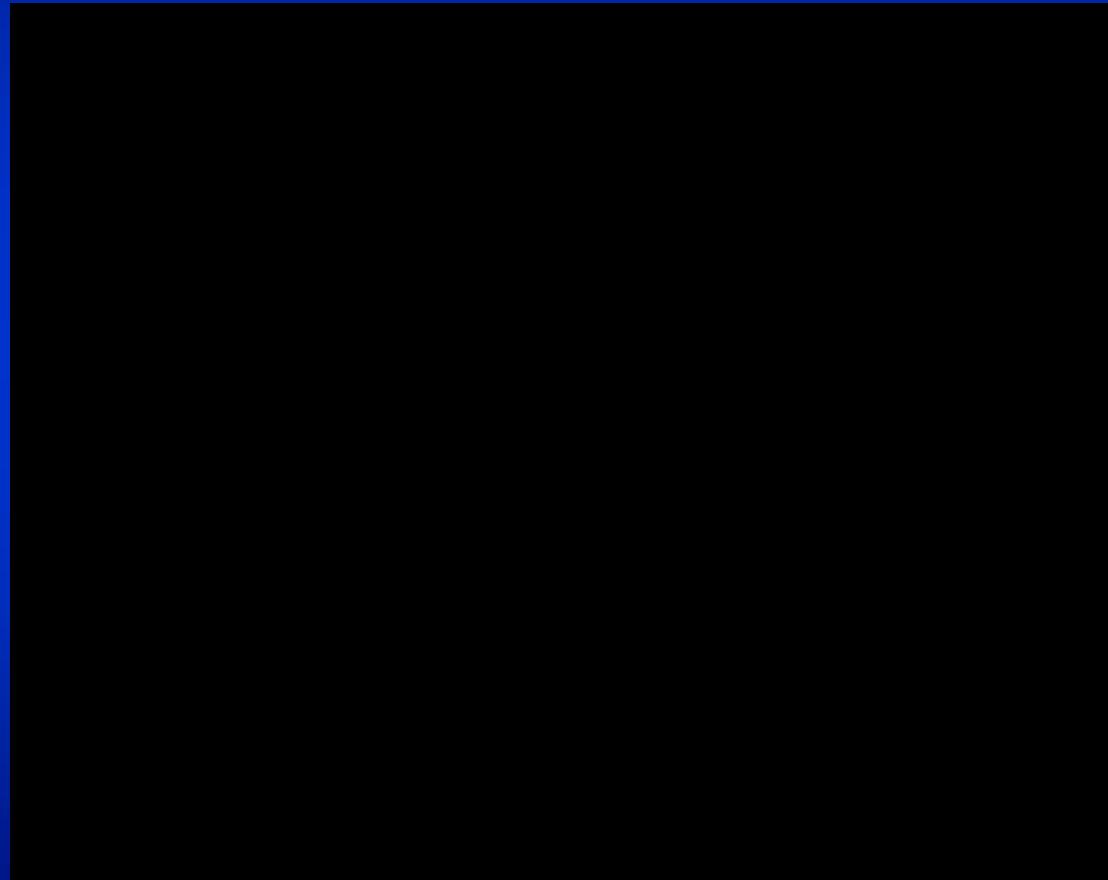
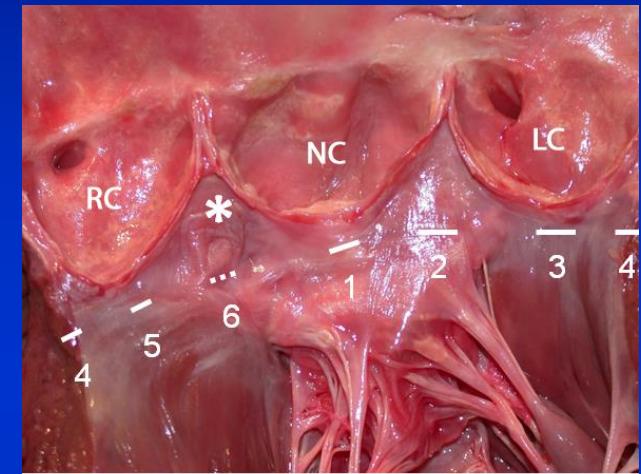
# Standardization based on aortic annulus Ø

	Aortic annular base Ø (Hegar dilators, mm)				
	25-27	28-30	31-35	36-40	> 40
Valsalva graft® Ø (mm)	26	28	30	32	34
Extra aortic ring® Ø (mm)	25	27	29	31	33

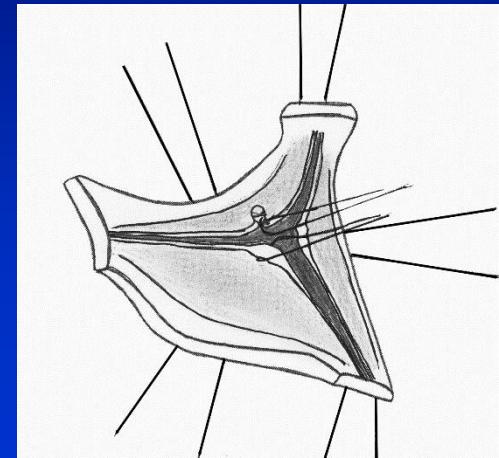
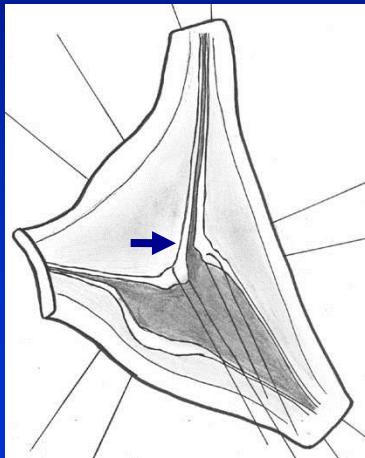
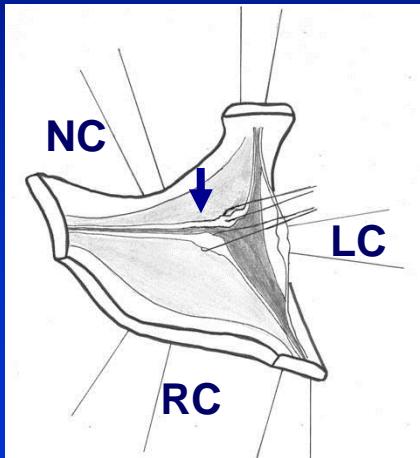
Annuloplasty ring = down size from one size



# 6 subvalvular « U » stitches



# Alignment of cusp free edges prior Remodeling





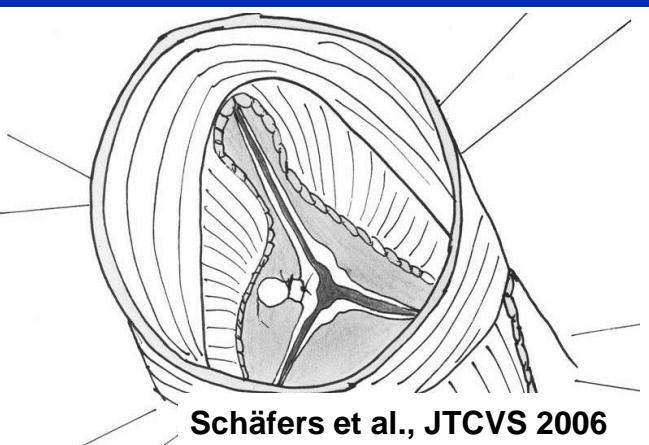
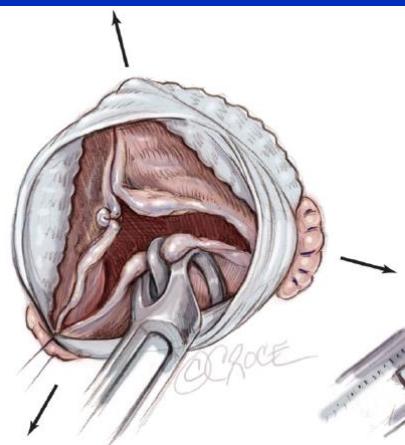
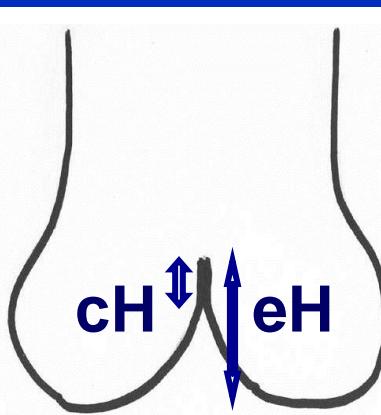
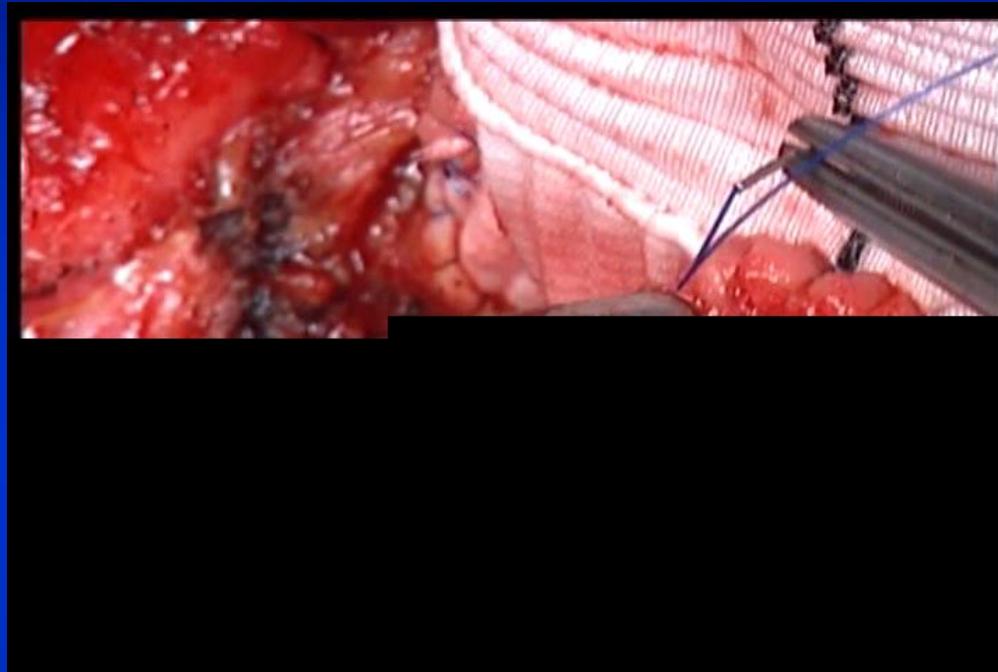
# Remodeling Root repair



3 commissures at same level  
Symmetrically at  $120^\circ$

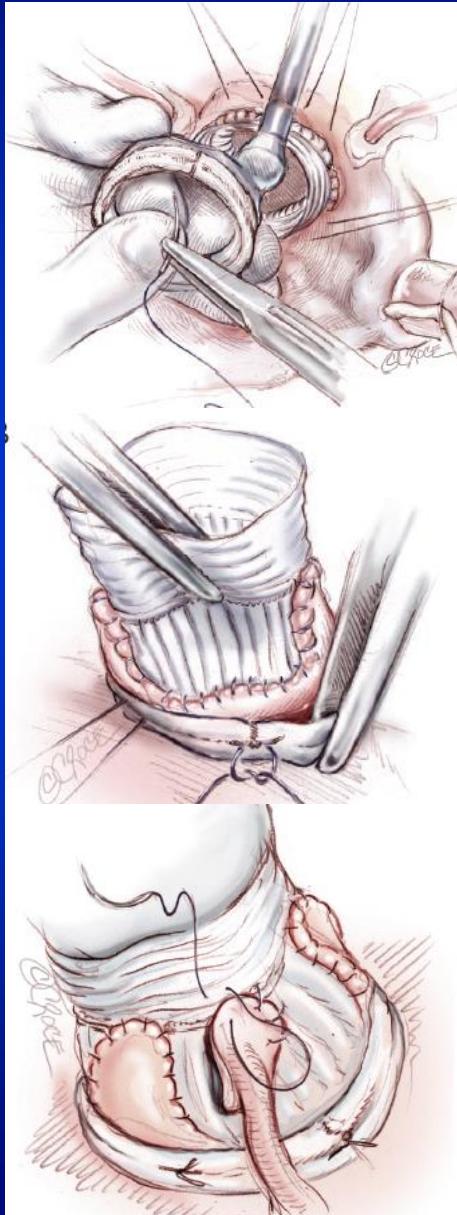


# Cusp resuspension after the Remodeling (effective height 9 mm)



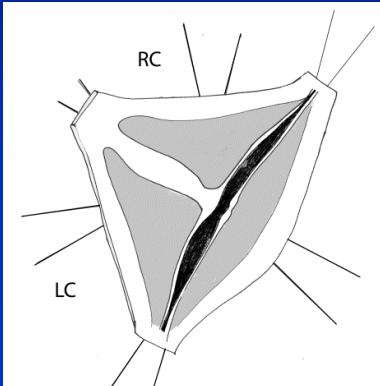
Schäfers et al., JTCVS 2006

# Subvalvular ring implantation

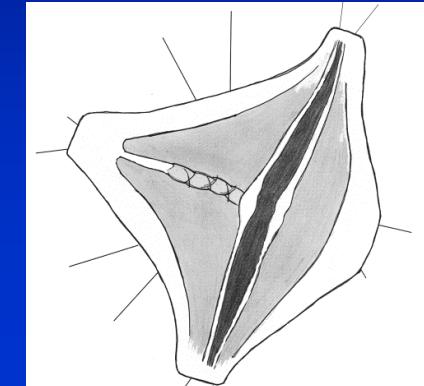
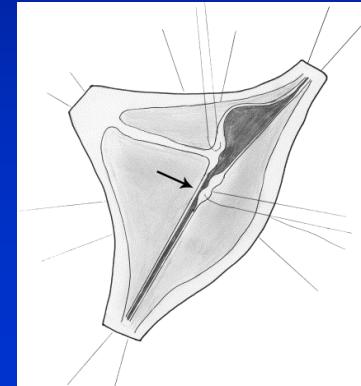
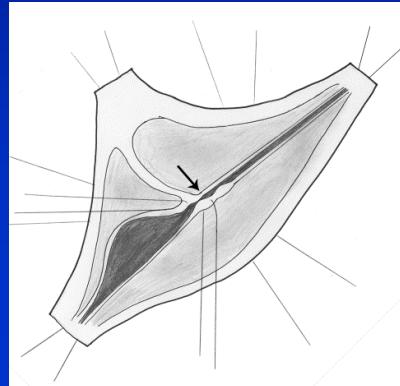


# Root aneurysms: Bicuspid valves (Sinus Valsalva Ø ≥ 45 mm)

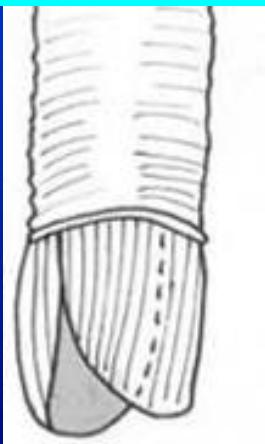
6 subvalvular  
« U » stitches



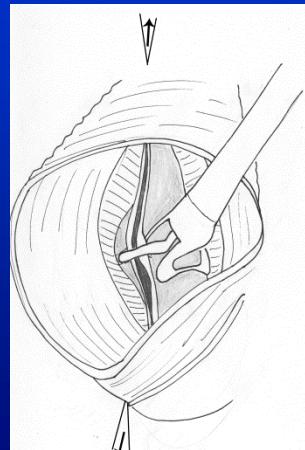
Alignment of cusp free edges



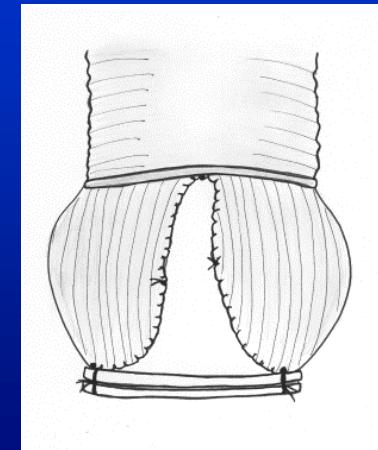
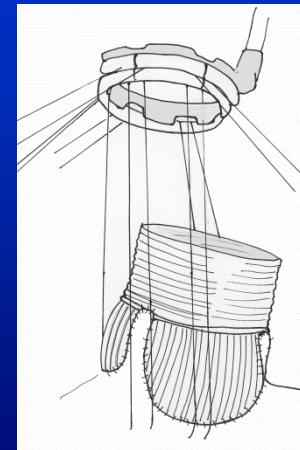
Commissures  
at 180°



Effective height  
measurement



Subvalvular aortic annuloplasty



PHILIPS

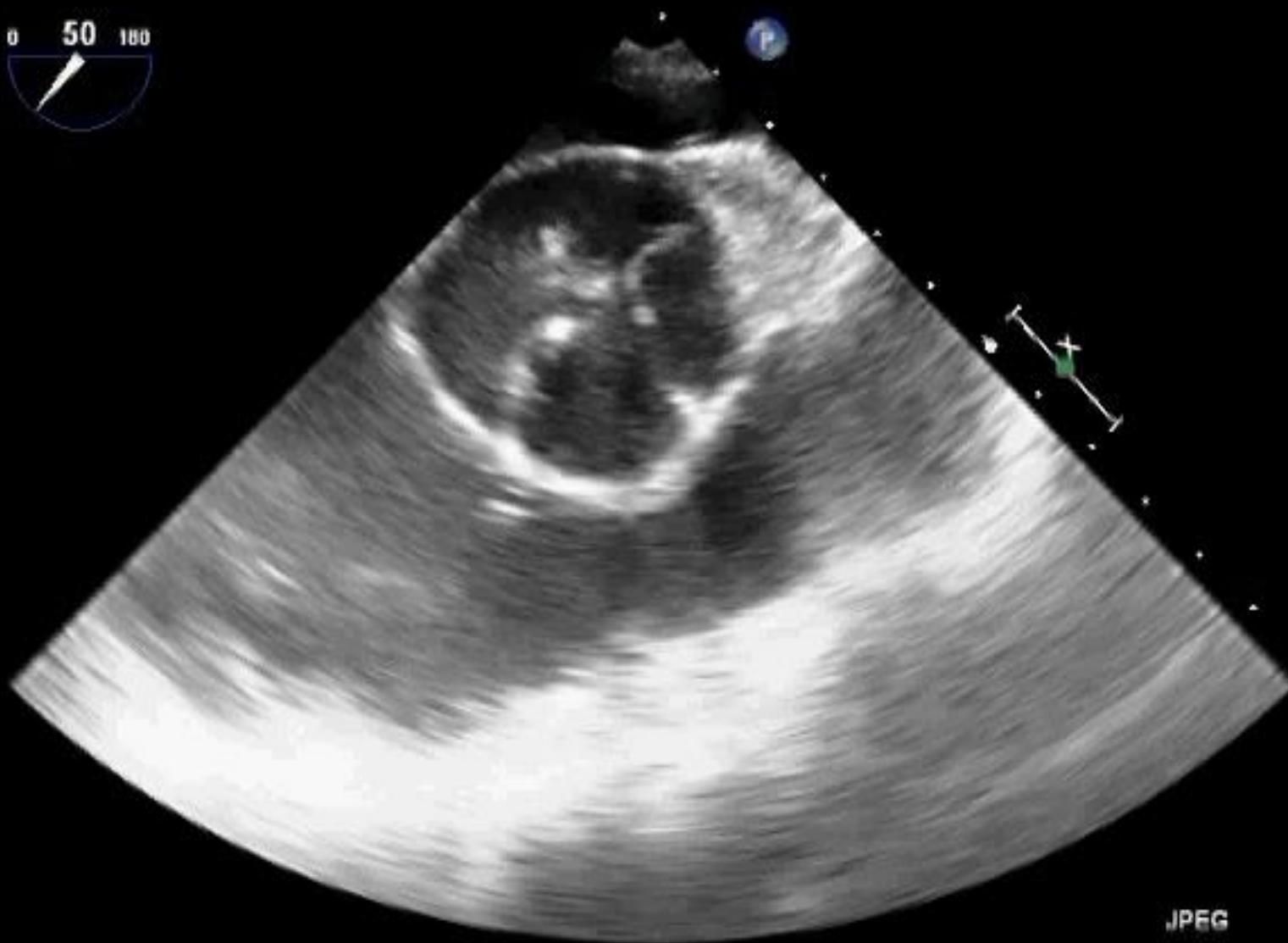
14/10/2013 16:46:09 ITm0.1 IM 0.5

54371620131014

CX7-2t/Adulte

C4

CI 50Hz  
12cm



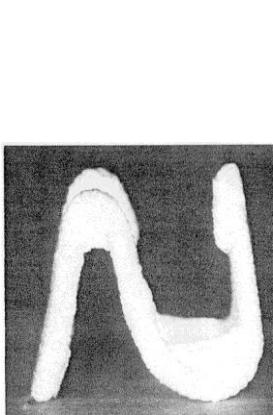
JPEG

T PAT: 37.0C  
T ETO: 38.4C

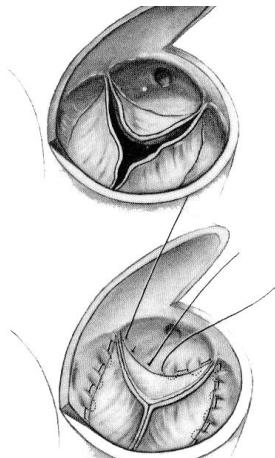
65 bpm

# Techniques for aortic annuloplasty

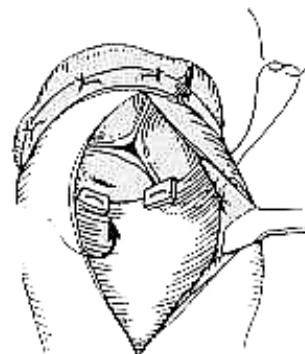
## Isolated AI



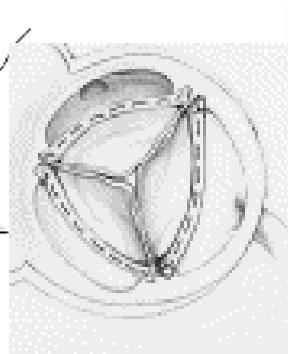
Duran  
1983



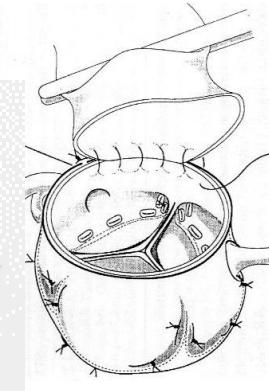
Carpentier  
1983



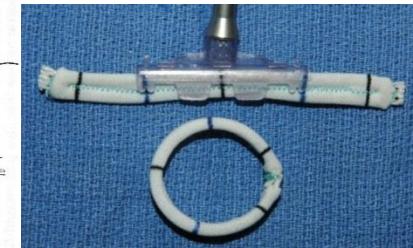
Frater  
1986



Haydar  
1997



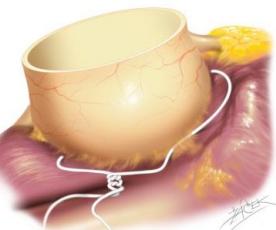
Izumoto  
2002



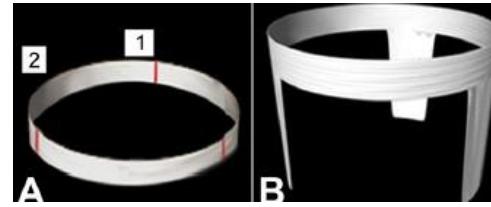
Lansac  
2003



Hahm  
2006



Schäfers  
2009



Fattouch  
2011



Scharfschwerdt  
2011



Rankin  
2011

Need for standardization

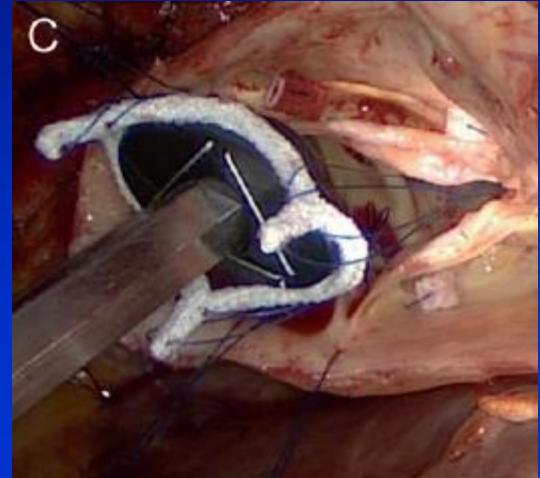
# Internal annuloplasty ring

## Tricuspid valve

65 patients with 62 % root aneurysm.

10.8% reoperation rate (7 patients) at 2 years FU  
(No KM freedom for reop)

**Advantage : place at the nadir**



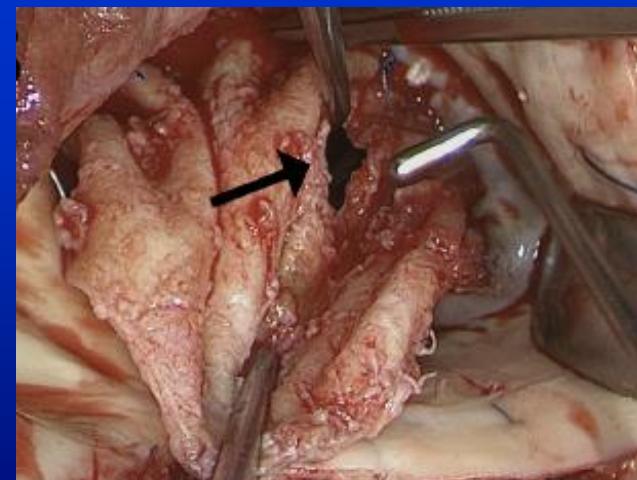
Mazzitelli EJCTS 2016

## Bicuspid valve

16 patients (43 % with ascending/root aneurysm)

12.5 % reoperation (2 patients) : leaflets tear from  
annular suture (Mean FU 9 months)

**Drawbacks : interference with leaflets  
Tension on the suture (internal device)**

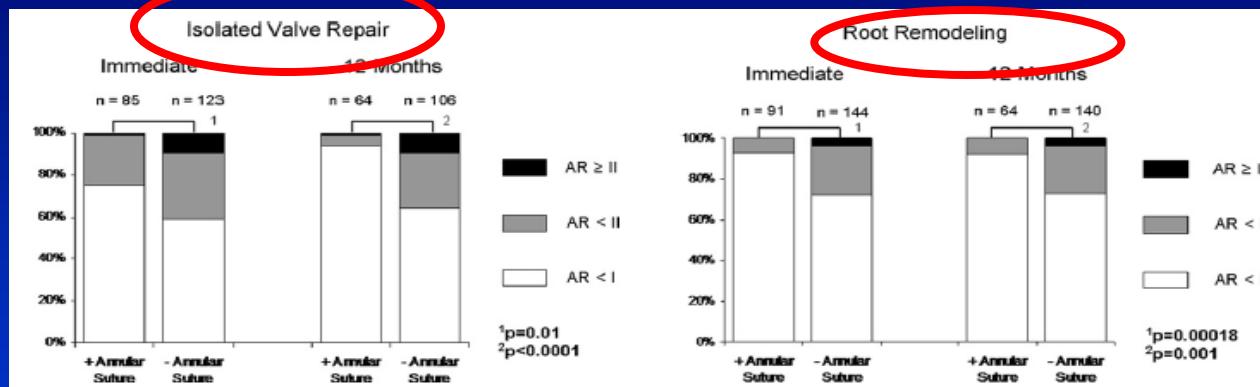


Mazzitelli ATS 2015

# Early results with annular support in reconstruction of the bicuspid aortic valve

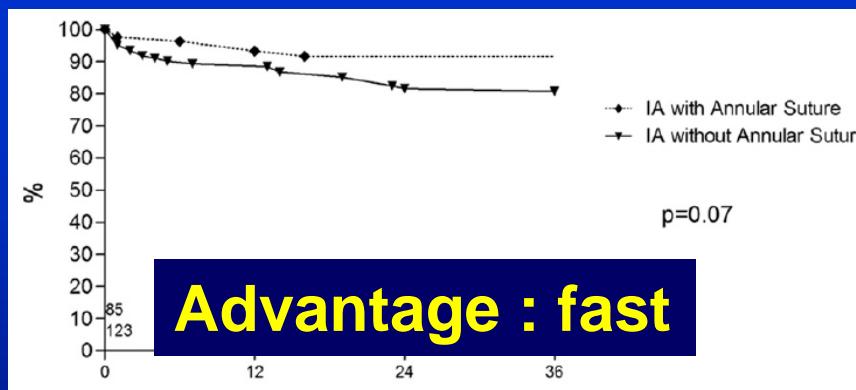
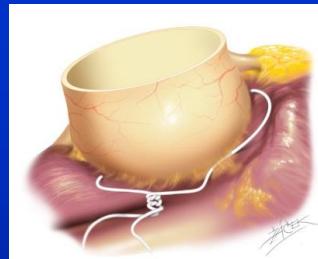
## Improve valve stability

Aicher JTCVS 2013



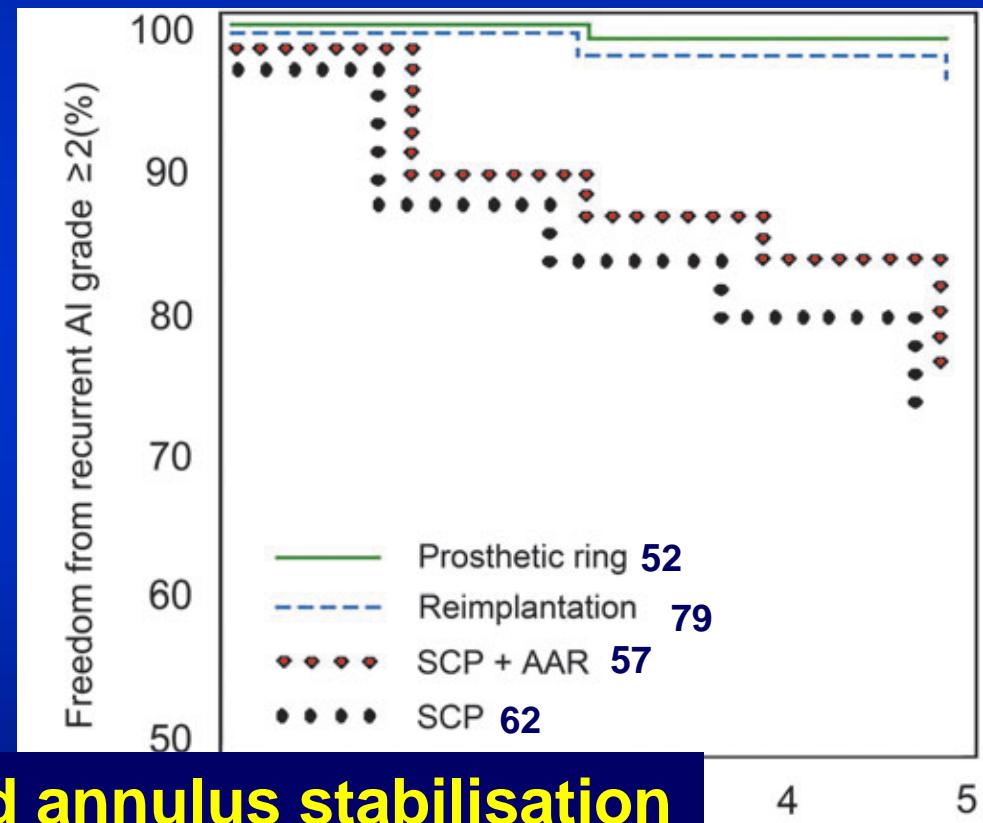
**Suture Annuloplasty Significantly Improves the Durability of Isolated Bicuspid Aortic Valve Repair.**

Schneider Ann Thorax Surg 2017



**Drawbacks : anatomical landmarks?**  
**Safety on multicentric use and long term stability?**

# Functional annulus remodelling using a prosthetic ring in tricuspid aortic valve repair: mid-term results



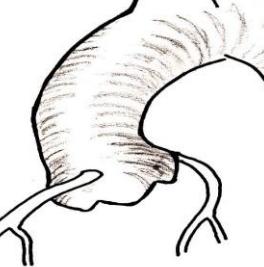
**Advantage : STJ and annulus stabilisation**

**Drawbacks : interference with leaflets,  
Tension on the suture (internal annuloplasty ring)**



**Advantage : safe with clear anatomical landmarks**

**Drawbacks : Right coronary sinus nadir (reimplantation limit)**  
**Importance of deep dissection of sub valvular plane**

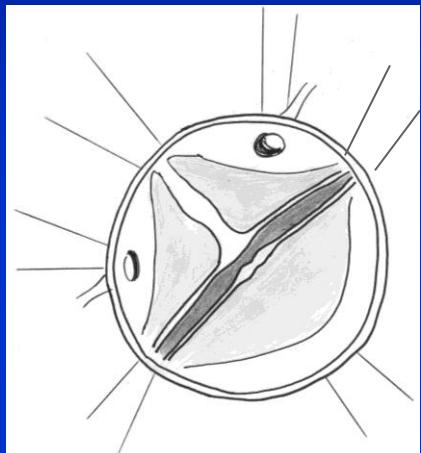


# Double annuloplasty For Isolated aortic valve repair

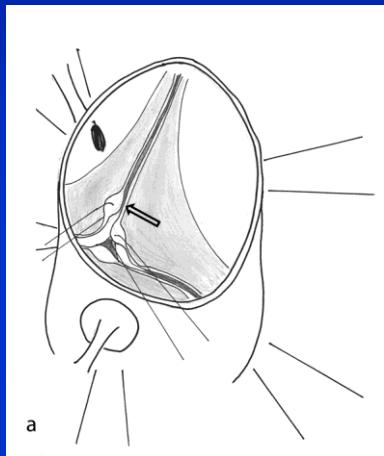
(all diameters  $\leq 40$  mm)



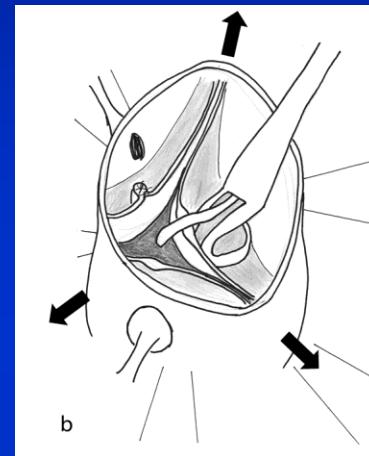
6 subvalvular « U »  
stitches



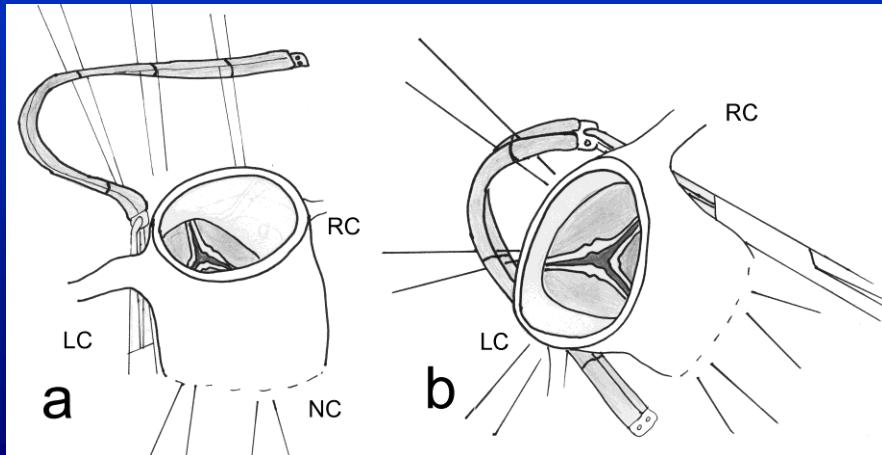
Alignment of cusp free edges



Cusp resuspension  
(effective height  $\geq 9$  mm)



Placement of the open subvalvular ring  
below the coronaries



Final aspect



# Standardization based on aortic annulus Ø

	Aortic annular base Ø (Hegar dilators, mm)				
	25-27	28-30	31-35	36-40	> 40
STJ ring Ø (mm)	25	27	29	31	33
Extra aortic ring® Ø (mm)	25	27	29	31	33

Aortic ring = down size from one size



07/07/2016 09:07:26

ETO A/B

HR : 58

X7-2t

17Hz

13cm

2D

67%

C 50

P Arrêt

HGén

Coul

48%

6830Hz

FP 615Hz

4.4MHz

0 120 100



TIS0.6 MI 0.4

M4 M4

REG

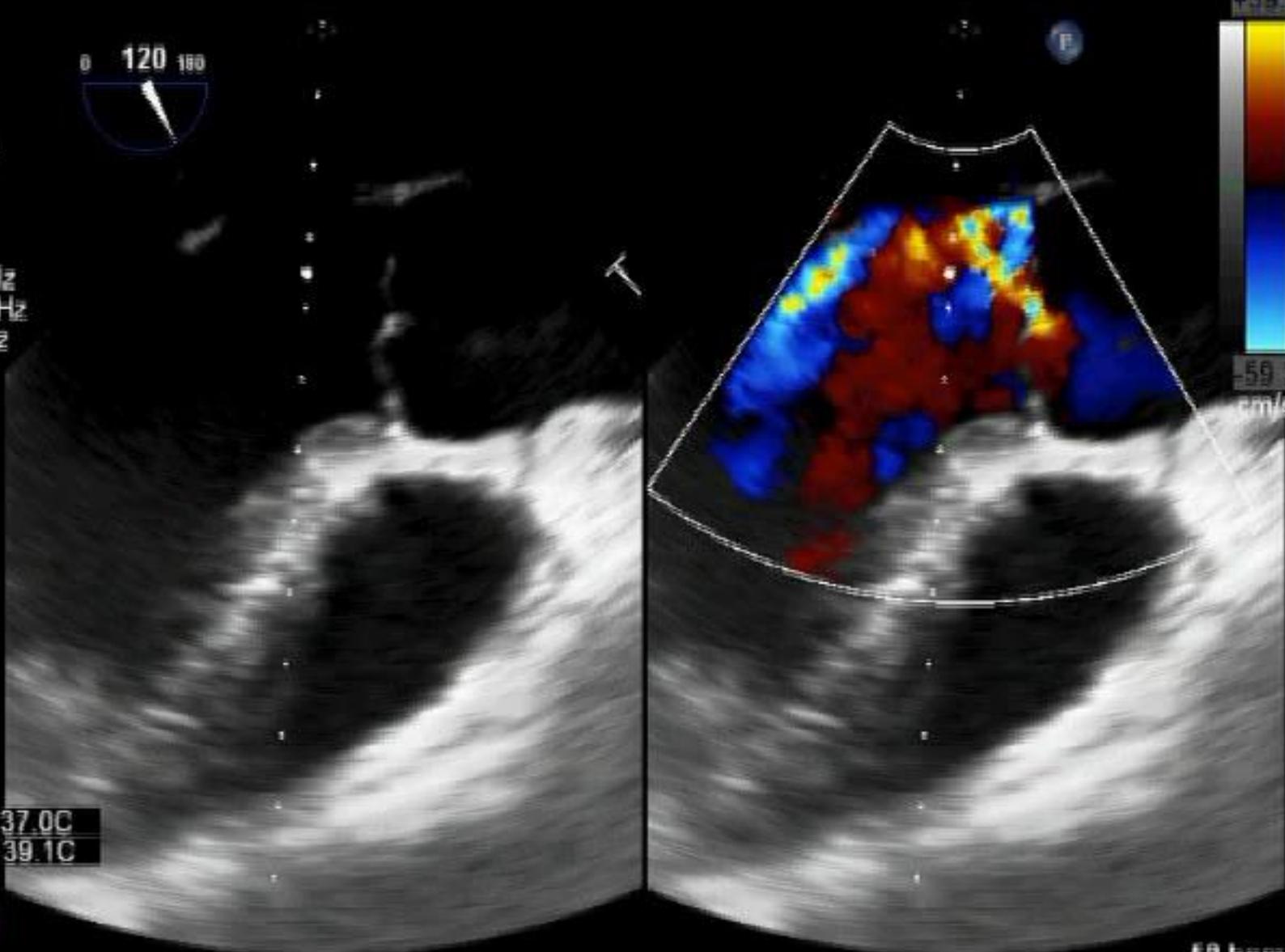
MI

PAT T: 37.0C

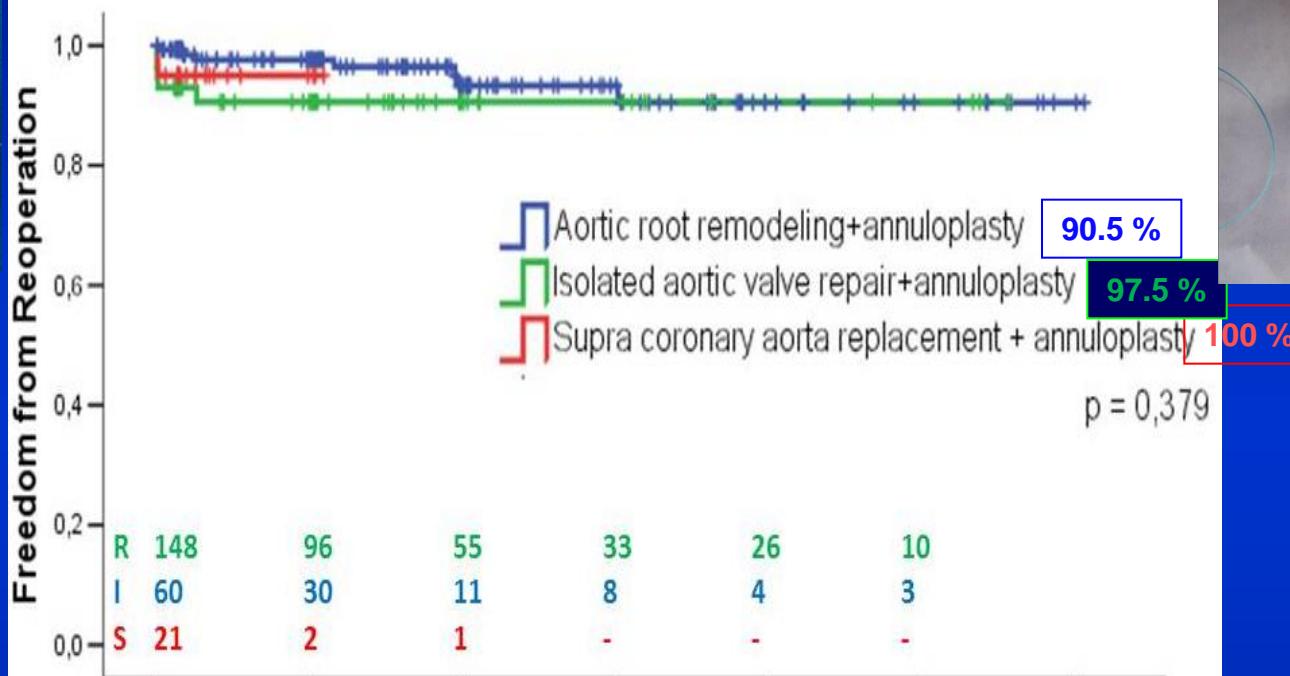
TEE T: 39.1C



58 bpm



# External annuloplasty ring 232 patients (2003 -2015)

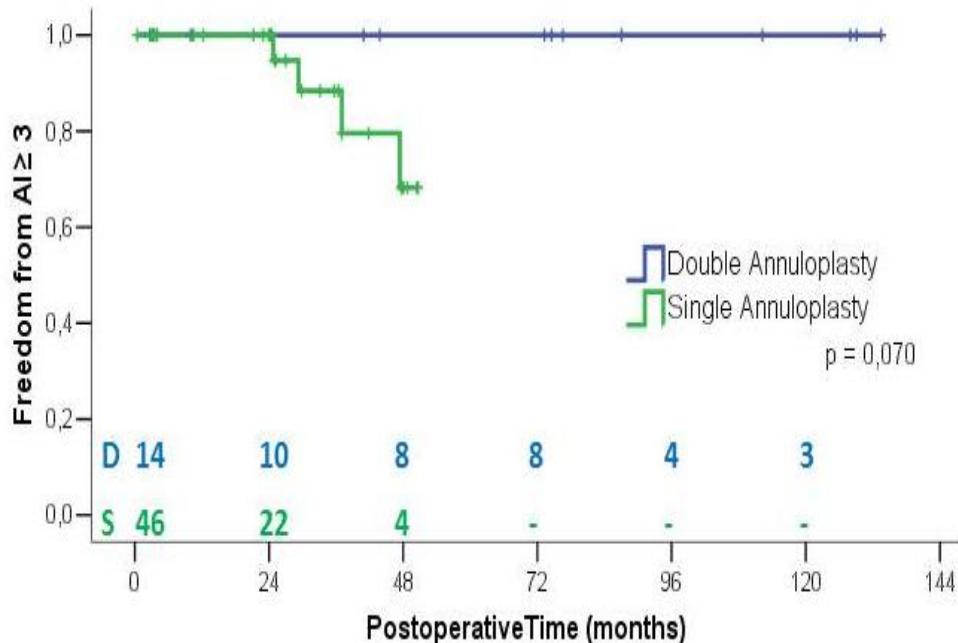
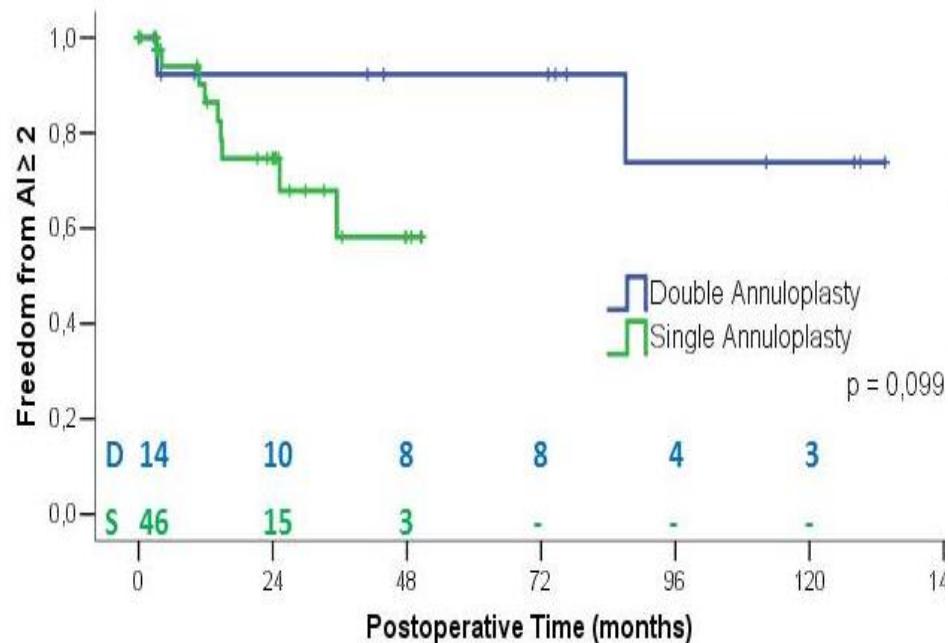


92% Freedom from reoperation at 7 years similar among each phenotype with no difference between bicuspid and tricuspid valve

Since 2007, calibrated annuloplasty and systematic cusp effective height assessment improve freedom from reoperation up to 98.9%

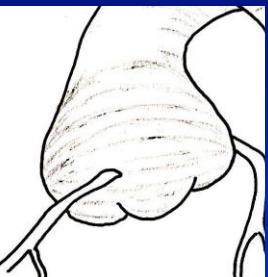
# Isolated AI repair+open aortic ring Single or double annuloplasty?

97.4 % Freedom from reoperation at 7 years



Additional ring at STJ level (double sub and supra-valvular annuloplasty)  
tend to reduce recurrent of AI  
when compared to single subvalvular annuloplasty

# Pliable bicuspid and tricuspid valves



Aortic root  
aneurysm

Valsalva  $\geq 45$  mm



Supra-  
coronary  
aneurysm

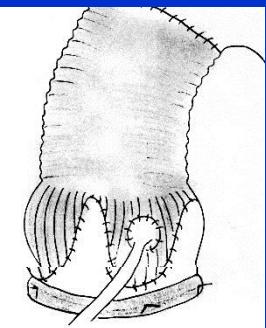
Valsalva  $< 40$  mm



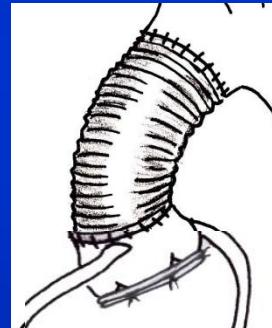
Isolated AI

all  $\varnothing < 40$  mm

## Standardized approach according to phenotypes



Remodeling  
+ aortic  
annuloplasty



Supra-coronary  
graft  
+ aortic  
annuloplasty  
(annulus  $> 25$  mm)

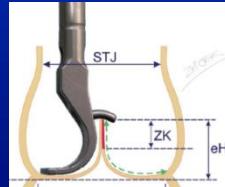


STJ  
annuloplasty  
aortic  
annuloplasty  
(annulus  $> 25$  mm)

## Cusp repair



Alignment of the cusp  
free edges



Resuspension of cusp  
effective height

+



External aortic annuloplasty





# Open Prospective International Multicenter Registry

Isolated AI and/or ascending aorta aneurysm  
Candidates for Aortic valve repair / sparing

## Surgical indication

No



**Medical Registry**  
(In process)

**Surgical Registry**  
Aortic valve Repair / sparing and Replacement

Yes

Evaluation of the Guidelines

Evaluation of the results