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Stroke after transcatheter aortic valve replacement - incidence, predictors and preventive strategies

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Transcatheter aortic valve replacement has revolutionized the modern-day management of patients with symptomatic severe aortic stenosis, especially patients who are high or prohibitive risk for the conventional open surgical procedure. With the therapy now approved for intermediate risk group patients as well, emphasis on understanding and mitigating morbid complications is imperative. Underlying comorbidities, calcified atherosclerotic vascular disease and manipulation of large bore devices across the aortic vasculature predispose these patients to both silents as well as major disabling infarcts. Major disabling stroke rates range from 1.6% to 5.9%. Ischemic stroke post transcatheter aortic valve replacement, unlike a conventional cardioembolic stroke, is caused by atherosclerotic calcified debris and is usually not retrievable or responsive to lytic therapy. Magnetic resonance imaging data suggest that ischemic events post procedure occurs in almost all patients. Thirty-day mortality rates are three-fold higher if the patient has experienced cerebrovascular event post transcatheter aortic valve replacement. In this talk, we will discuss the incidence patterns with the evolving technology, predictors of early and late cerebrovascular events and preventive strategies including approved and investigative embolic protection devices.

Biography

Sahil Khera has completed his MD in Maulana Azad Medical College, New Delhi, India. He served as Chief Medical Resident at New York Medical College. He did his fellowship in Interventional Cardiology at Massachusetts General Hospital. Currently, he is working as Assistant Attending Physician at Columbia University Medical Center.

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