

Case 1 : TAVI procedure

A 84 years old woman is admitted in the cardiology unit for a pre-TAVI assessment.

The internal liaison team is asked to perform CGA, and you are asked if she is eligible for a TAVI procedure.

Medical history

Symptomatic and severe aortic stenosis :

- Dyspnea NYHA class III, and syncope 1x
- Valve area $< 1\text{cm}^2$, transaortic gradient 46 mm Hg
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Based on clinical evaluation and EuroSCORE II (6.45%), cardiac surgeons declined to elect the patient for TAVR (mortality risk estimated at 10,93 to 11,54 %).

Other comorbidities

- Hypertension R/ Amlodipin 5mg 1x
- Atrial fibrillation R/ Rivaroxaban 20 mg 1x
- Chronic renal insufficiency (GFR 35 ml/min among G&C)
- Stroke (TIA) R/ Aspirin 100 mg 1x, simvastatin 20mg 1x
- Hip osteoarthritis, left hip replacement in 2014. Takes paracetamol 1g 3x and tramadol 100mg 1x

Biology

Hb 9.6 g/dL – MCV 72 fl – WBC 9000 – Neutrophils 4500 – Lymphocytes 1200
CRP < 5 mg/L – Urea 56 mg/dL – creatinine 1.2 mg/dL – ionogram ok
Total iron 56 ug/L – saturation 15% - ferritin 100 ng/mL
B12, folates: normal
Liver tests: normal
Cholesterol (total, LDL) : normal

Geriatric assessment

		Remark
FRAILITY	ISAR score : 2/6 Edmonton frail scale 7/17	
ADL/IADL	Katz scale : 6/24 Lawton scale : 7/8	She needs help to prepare meals, due to dyspnea
COGNITION	MMSE : 23/30	Lost points: floor - calculation 1/5 - repeat a sentence - copy the figure Scolarity : until 15 years old
NUTRITION	MNA-sf : 9/14 Weight 64 kg BMI 21.5 kg/m ²	Weight loss (3 kg in 3 months) induced by dyspnea and fatigue
MOOD	GDS-15 : 6/15	Due to loss of autonomy
FUNCTIONAL	Timed Up and Go test : 18 sec Tinetti : 18/28 Grip strength (Jamar) on dominant hand : 16 kgF Falls in last year : 1x	Problems due to hip osteoarthritis Fall due to syncope
SOCIAL	Italian origin, married, her husband has dementia, she is informal caregiver for 4 years. No home help except for housekeeping. Her daughter brings meals 5 times a week.	

Questions :

1. Do you acknowledge the cardiologists' decision to perform a TAVI in this patient?

If not, would you suggest an alternative therapy? Which one?

2. Do you have some geriatric (or other) interventions to propose for this patient?

3. Would these interventions be different if TAVI is performed or not?

4. Do you have an idea of what are the prognostic factors (geriatric or not) of mortality after a TAVI procedure?