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**14th INTERNATIONAL CONGRESS OF UPDATE IN CARDIOLOGY AND CARDIOVASCULAR SURGERY**

*iii* \_\_\_\_\_  
Presidential Invitation

*iv–v* \_\_\_\_\_  
Committees

**e1** \_\_\_\_\_  
**Editorial**

**e2–e110** \_\_\_\_\_  
**Oral Abstracts**

**e111–e162** \_\_\_\_\_  
**Poster Presentations**

**e163–e167** \_\_\_\_\_  
**Author Index**

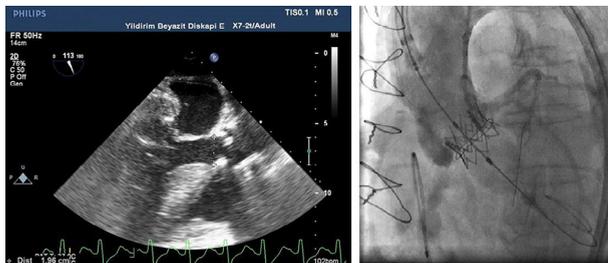


Figure 1.

achieved, with 8F sheath placement in the right common femoral artery and venous. After wire exchange for an extra-stiff Amplatz wire, a 23-mm Sapien XT valve was deployed under rapid ventricular pacing. Aortic root angiography and TEE showed excellent valve placement, without residual paravalvular leak (PVL). Aortic root angiography and TEE continued to demonstrate no PVL (Figure 1). Arterial and venous sheaths were removed, with percutaneous arterial closure. The procedure concluded, and the patient was extubated uneventfully. The patient had no major perioperative adverse events and was discharged after 3 days. A 10 day follow-up showed significant improvement in clinical and hemodynamic findings, the patient was in CCS class II, and in the TTE the peak pressure gradient 25 and mean pressure gradient 15 mm Hg, mild aortic insufficiency was detected.

In our case, significant clinical improvement (CCS Class IV to II) was achieved, and PPG and MPG decreased respectively. Valve in valve TAVI is seems promising in the treatment of the severe stenosis of bioprostheses even in high risk elderly patients.

## Topic: AJC » Peripheral Arterial Diseases

### PP-521

**High-Tech Diagnostic Methods Cannot Replace the Physical Examination: A Case of Subtotal Right Brachiocephalic and Total Left Subclavian Artery Occlusion in a Patient With Undetectable Blood Pressure.** *Buğra Özkan<sup>1</sup>, Özcan Örsçelik<sup>1</sup>, Pelin Özçelik Emlik<sup>2</sup>, and Ahmet Çelik<sup>1</sup>.* <sup>1</sup>Mersin University, Mersin; <sup>2</sup>Mersin City Hospital Cardiology, Mersin.

**Objective:** Total occlusion of the subclavian artery is sometimes seen in practice, but subtotal right brachiocephalic and total left subclavian artery occlusion is rare. In this report, we present a case of subtotal occlusion of the right brachiocephalic and total left subclavian arteries in a patient who was referred to our center after being followed elsewhere for low arterial blood pressure (BP) measured in the upper extremities.

**Case:** The patient was diagnosed at another center with acute coronary syndrome and underwent percutaneous coronary intervention in the circumflex artery. The patient's BP could not be detected in either arm after the procedure, and dopamine infusion was initiated. Echocardiography showed a left ventricular ejection fraction of 55%. Suspecting adrenal insufficiency, contrast-enhanced computed tomography and adrenocorticotropic hormone (ACTH) stimulation test were performed to investigate the etiology of the hypotension, and the patient was started on oral steroid therapy. The patient's hypotension persisted despite treatment and he was referred to our clinic. A sufficient history could not be obtained because the patient was a foreign national and there was no translator present. BP was 95/70 mm Hg in the right arm and 80/50 mm Hg in the left arm under dopamine infusion. On physical examination, upper extremity pulses were equally weak bilaterally. The pulses were much stronger in both lower extremities, and

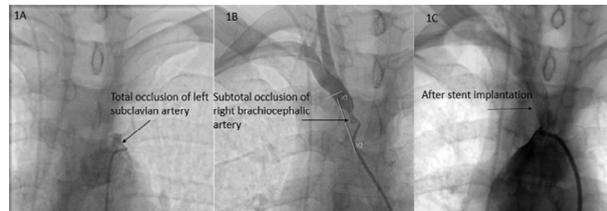


Figure 1.

BP was measured as 145/95 mm Hg in both ankles. Bilateral upper extremity angiography revealed subtotal ostial occlusion of the right brachiocephalic (Figure 1A) and total occlusion of left subclavian arteries (Figure 1B). Percutaneous intervention was performed successful in the right brachiocephalic artery (Figure 1C). BP was measured as 140/90 mm Hg in the upper right arm following the procedure. Percutaneous intervention in the left subclavian artery was planned for a separate procedure. During follow-up, the patient was discharged at his own request.

**Conclusions:** In parallel with technological advances, many new diagnostic devices have been and continue to be developed. Moreover, with the increasing use of high-tech devices, the use of history and physical examination, which should be the first step in the diagnosis and treatment algorithm, is unfortunately diminishing in daily practice all over the world. The lack of pulse difference between the arms seems to be the reason that upper extremity arterial disease was not initially considered. This case clearly illustrates the importance of evaluating all four extremities during pulse examination.

## Topic: AJC » Peripheral Arterial Diseases

### PP-522

**Abdominal Aortic Thrombosis in a Newborn as a Rare Result of Dehydration.** *Burcu Arıcı, Nur Dikmen Yaman, Ata Niyazi Ecevit, Fatma Begüm Atasay, Ömer Suat Fitöz, Bülent Kaya, Zeynep Eyileten, and Mustafa Adnan Uysalel.* Ankara Üniversitesi Tıp Fakültesi, Ankara.

**Objective:** Thrombotic diseases are rare in neonates and arterial thrombosis is less frequently observed than venous thrombosis. Arterial thrombosis following hypernatremic dehydration is rare. We aim to report a case of a 9 day old neonate with severe aortic thrombosis associated with hypernatremic dehydration managed with surgical thrombectomy and unfractionated heparin treatment.

**Methods and results:** A 9 day old baby boy with a body weight of 3.900 grams was born at 38 weeks of gestation. The prenatal history was normal. Over the next 9 days at home, the child had become increasingly lethargic, irritable and bruising on left leg. The baby was admitted to our newborn intensive care unit with an ischemic left foot. The child's weight was 2.850 g and the left foot was ischemic and cyanotic (Figure 1C). The femoral pulses were impalpable. Lower extremity doppler ultrasound and computed tomography angiography showed a normal sized abdominal aorta but a thrombus was present just below the level of the infrarenal segments extending down to the bilateral main, internal, external iliac arteries and left femoral, superficial and popliteal artery (Figure 1A). On the basis of these findings, intravenous infusion of 20 U/kg/h was initiated after 50 U/kg/h dose heparin bolus. Crystalloid solutions were started for rehydration. Thrombectomy was performed with 3F Fogarty catheter. On postoperative fifteen days, the appearance of lower extremity did not improved (Figure 1B), doppler ultrasonography and computed tomography angiography were applied for follow up and no



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UPDATE IN CARDIOLOGY AND  
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April 5-8, 2018 / Antalya-Turkey  
Royal Seginus Convention Center