

# Aortenstenose – paradox oder was?

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### Summary 1

1. Assess valve morphology, measure velocity and mean gradient
2. Low vs High gradient
3. If low gradient: calculate AVA
4. If  $<1\text{cm}^2$ : measure flow status (low flow is  $<35\text{ml/m}^2$ )
5. If low flow – LVEF low ( $<50\%$ ) or normal?
6. Low dose dobutamine stress echo if low flow and low LVEF

### Summary 2

1. High gradient stenosis (mean gradient  $>40\text{mmHg}$ , peak velocity  $>4\text{m/s}$ )
2. Low-flow low-gradient stenosis with reduced ejection fraction  
(mean gradient  $<40\text{mmHg}$ , LVEF  $<50\%$ , area  $<1\text{cm}^2$ , SVI  $<35\text{ml/m}^2$ )
3. (Paradoxical) Low-flow low-gradient stenosis with preserved ejection fraction  
(mean gradient  $<40\text{mmHg}$ , LVEF  $>50\%$ , area  $<1\text{cm}^2$ , SVI  $<35\text{ml/m}^2$ )