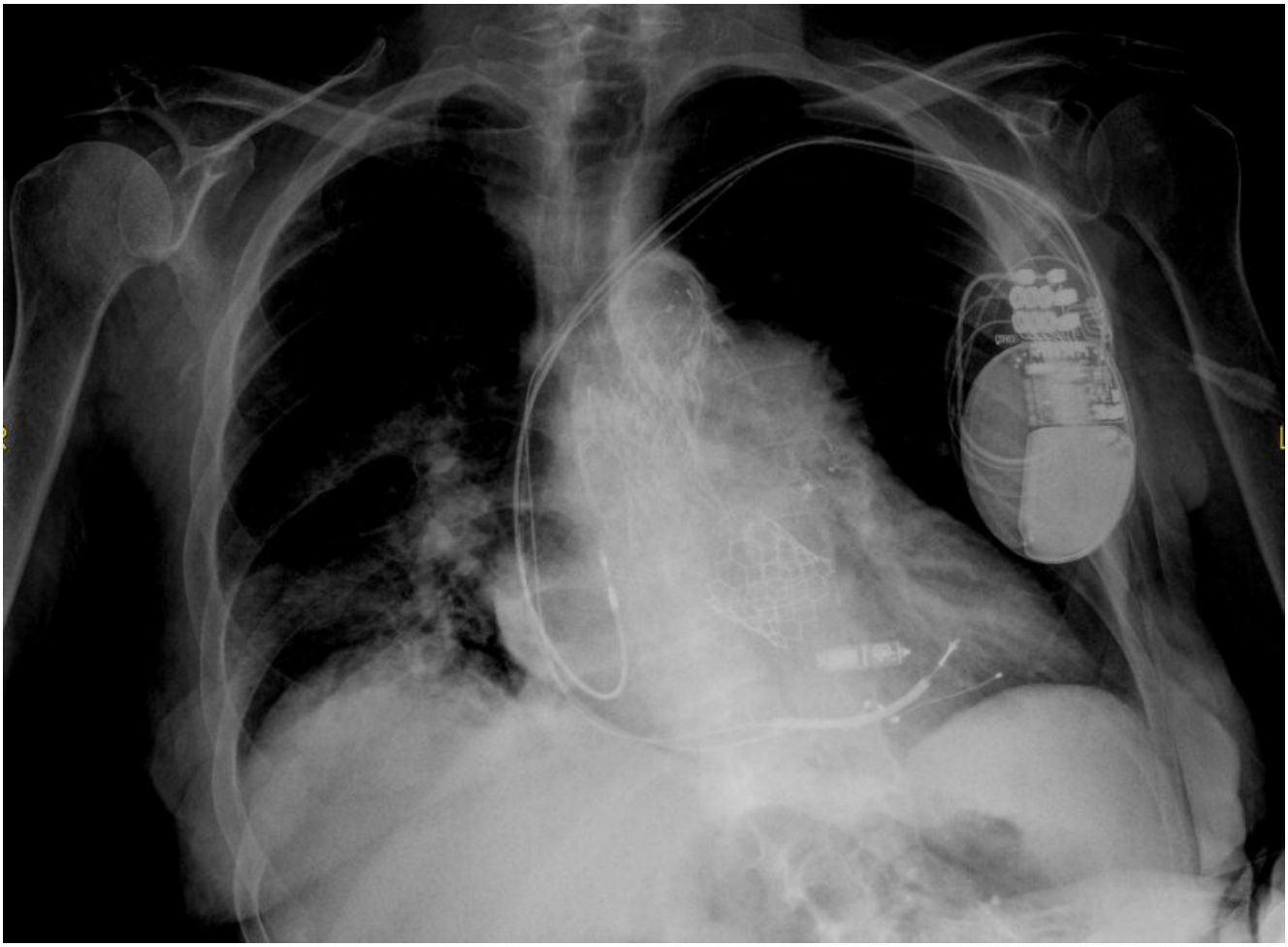
Rad to Rad Learning: Cardiac Device Complications

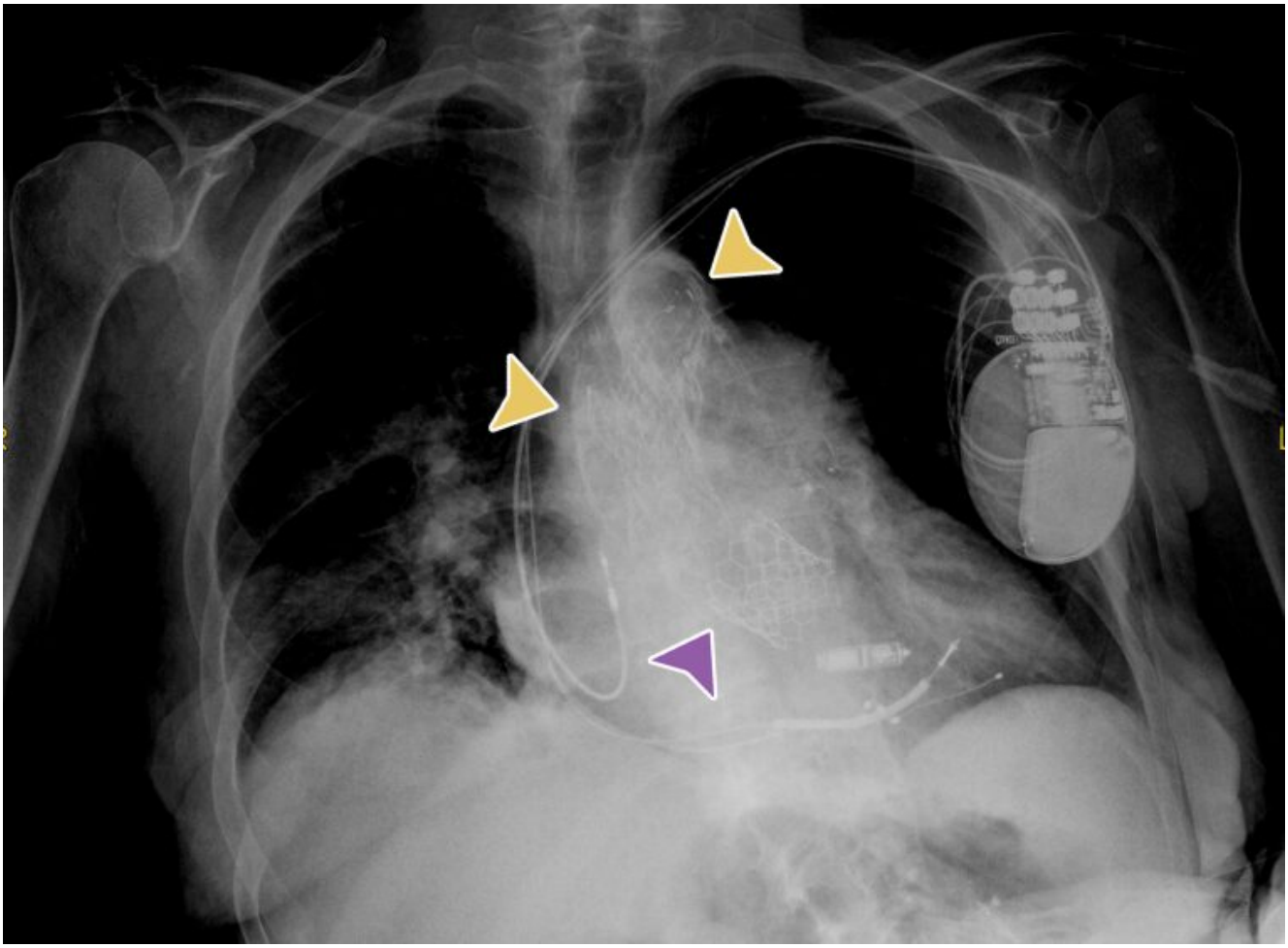
The Radiology Partners (RP) Cardiothoracic Imaging National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

Peer Learning Opportunity

How many TAVRs?

History is two valve-in-valve TAVR implant redos for a total of 3 implants. Two of the implants (yellow arrows) have embolized into the ascending aorta, with the original (purple arrow) still in normal position.





Practical Insights

- **Endovascular stent graphs in the ascending aorta are very rare.**
- **Valve-in-valve repairs of TAVRs are becoming more common.**
- **Know the complications of cardiac devices including migration.**
- **When in doubt, recommend a CT.**

Takeaway: One appropriately-positioned device doesn’t exclude other devices being malpositioned.

*Shared to improve patient safety and healthcare delivery in the provision of radiology services. The circumstances and facts are changed, altered, or deidentified to preserve confidentiality. Privileges have not been waived.*The Cardiothoracic Imaging Radiology National Subspecialty Division (NSD) is part of RP’s Clinical Value Team, which works to elevate patient care and enhance value through innovation, collaboration and education. To advance this goal, our radiologists and advanced practice providers are committed to sharing peer learning as valuable reminders and insights about what we encounter in our day-to-day practice. Check back here and on X, LinkedIn and Instagram to see these common cases and our findings.

Visit the Clinical Resources page for more cases and to see what we’ve developed to enhance best practice recommendations, elevate image quality and patient care and update current

standards throughout RP's network of practices, all to deliver excellent radiology services to patients, referring clinicians and client partners.



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