

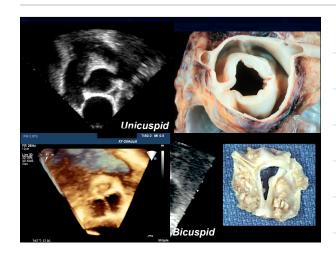
## **Aortic Valve Stenosis**

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No conflict, No off label use

## What is severe AS

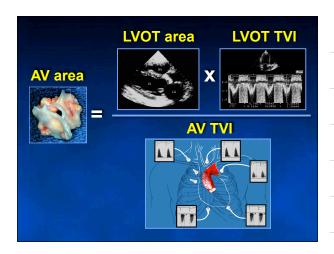
	ACC/AHA	ESC
Aortic Valve Area	< 1.0 cm <sup>2</sup> ; 0.6 cm <sup>2</sup> /m <sup>2</sup> of BSA	< 1.0 cm²; 0.6 cm²/m² of BSA
Aortic mean pressure gradient	> 40 mmHg	> 50 mmHg
Maximum aortic jet velocity	> 4 m/s	

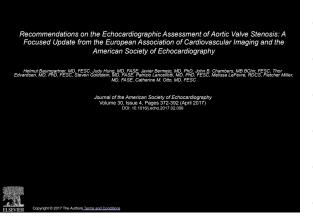


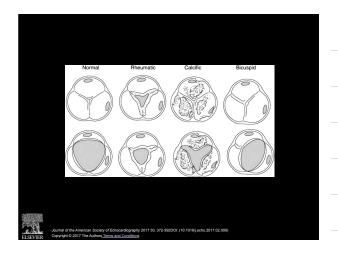


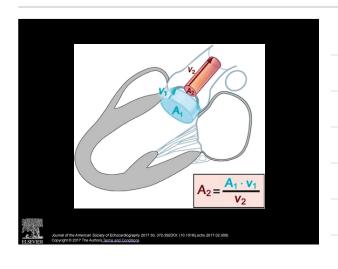












	Valve marphology by echocardiograp	thy suspicious of aortic stenosis	
Saga	1 Assess velocity/	gradient	
	LOW GRADIENT AS Viruse 4-4m/s &Pm 4-40mming	MIGH GRADIENT AS Vinux 2 4m/s £0m 2 40mmHg	
Step	2 Assess AVA	High flow status excluded	
Mark.	MAX > 1.0 cm² > moderate AS	Severe high gradient AS (normal flow) (see See) (normal flow)	
Step 3	Delade measurement errors that may cause gradient / flow / AWA underestimation!!	Define whether high flow status is reversible	
Step 4	Define flow status (SV index)		
Cone fi	Normal flow (SVI >35ml/m²) > severe A5 unikely	Not reversible -> re-assess at restored normal flow	
Step 1	Assess LVEF		
Sang	Distriction	[EVER 2 5035]  Integrated approach (table 5)	
	Flow reserve No flow reserve		
	nuclosowere AS true sovere AS		
Step	7 Calcium Score by	CT (see table S)	
Journal of the American Society of I	Echocardiography 2017 30, 372-3920 s and Conditions	Ol: (10.1016),echo.2017.02.009)	
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