

Special Issue

Clinical and Procedural Update on Transcatheter Aortic Valve Replacement (TAVR)

Message from the Guest Editors

Transcatheter aortic replacement (TAVR) has revolutionized the treatment of aortic stenosis. Recently, successive improvements in transcatheter heart valve systems and growing experience in the field have led to a minimalist procedure, with a progressive reduction in periprocedural complications and death. However, there is still room for improvement in several aspects of the TAVR procedure. First, conduction disturbances such as high-degree atrioventricular block requiring permanent pacemaker implantation and new-onset left bundle branch block remain the most frequent drawback of the procedure. Additionally, the risk of paravalvular leak remains higher in TAVR compared to surgical aortic valve replacement. Other important aspects include periprocedural stroke, management of coronary artery disease before and after the procedure, choice of intervention in patients with small aortic annulus, antithrombotic treatment after the procedure, and very long-term durability (>5 years). This Special Issue will address several unresolved questions, including those involving clinical and procedural aspects. Both original research articles and state-of-the-art reviews are welcome.

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