

Books review

Manual of the percutaneous treatment of aortic stenosis

Editado por Pablo Avanzas Fernández y Diego López Otero. Elsevier España, España; 2022: 481 páginas, 63 tablas y 191 figuras. ISBN: 978-8-49-113892-1

Transcatheter aortic valve implantation (TAVI) has been one of the major advances in interventional cardiology in recent years. Before TAVI, the surgical management of elderly patients with severe aortic stenosis was rare due to the high risk associated with valve replacement surgery. Unfortunately, the natural course of the untreated disease is associated with a relatively short survival after symptom onset. The introduction of TAVI has modified this natural history and boosted the life expectancy of elderly patients with severe aortic stenosis. The first TAVIs were performed in elderly individuals with a contraindication to surgery. The technique was subsequently extended to operable patients with high surgical risk and was eventually used in patients with intermediate risk and even low risk. Generally speaking, TAVI and surgery show similar postprocedural prognoses but no correspondence in terms of patient comfort. TAVI is conducted under local anesthesia and does not usually require a stay in the critical care unit, and patients are discharged to home within days or even hours. Some problems remain to be resolved before the indications can be expanded to include young patients, such as catheter access to coronary arteries in the presence of a TAVI and the TAVI-in-TAVI technique for the prosthesis dysfunction expected years after implantation in young patients.

Training in TAVI is essential for all cardiologists wishing to subspecialize in interventional cardiology. This requires understanding of the latest developments published in the main scientific journals, as well as some basic knowledge to act as a foundation. This book by Pablo Avanzas Fernández and Diego López Otero achieves that objective. The editors and authors must be congratulated for their considerable effort and the end result.

The book exhaustively discusses all stages comprising the TAVI process, from the preprocedural assessment to the postprocedural course. The first chapter details the SEC-EXCELENTE project, an initiative of the Spanish Society of Cardiology that recognizes

catheterization laboratories meeting established criteria. Subsequently, the current and future indications for TAVI are covered while 2 chapters address the assessment of candidates for TAVI. The next chapters concern specific patient subgroups, such as low risk, low flow and low gradient, bicuspid aortic valve, and pure aortic regurgitation. In a series of chapters, the authors explain in considerable detail each of the prosthesis models for TAVI available on the market. This is followed by implantation complications, focusing on conduction disorders and bleeding. Five chapters describe how to perform a femoral approach and the indications and techniques for alternative access routes. In the final section of the book, the authors address the possible postimplantation complications, such as aortic regurgitation, prosthesis durability and thrombosis, stroke, and infectious endocarditis. The book concludes by discussing advanced imaging techniques and the relationship of TAVI with other interventional procedures.

The chapters are easy to read, are illustrated with tables and drawings that help to explain the text, and are accompanied by highly appealing figures.

In summary, this book is highly recommended for all interventional cardiologists and is essential reading for all fellows and residents interested in interventional cardiology. This manual should become a classic of the TAVI technique and should be found on the shelves of catheterization laboratories all over Spain. Congratulations to the editors and authors. Their effort deserves recognition from the interventional cardiology community.

CONFLICTS OF INTEREST

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