

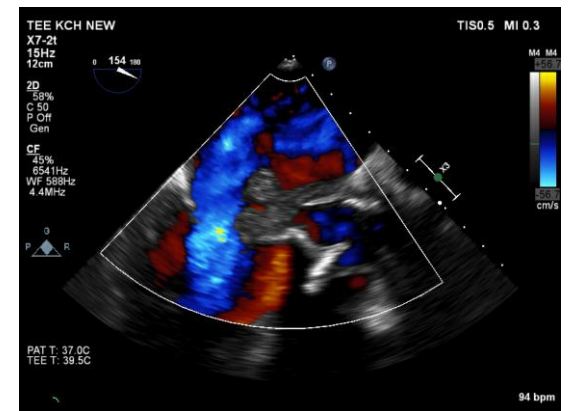
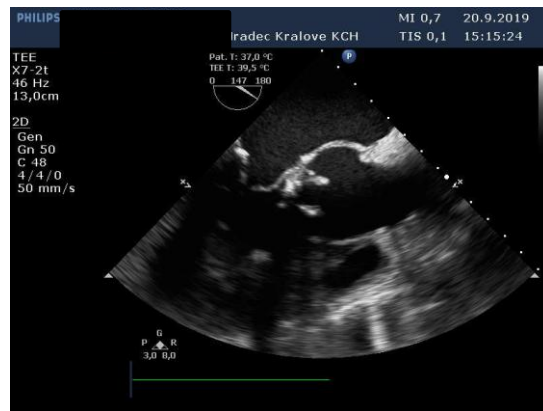
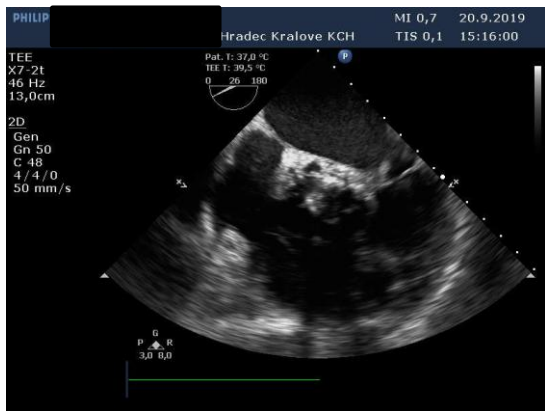
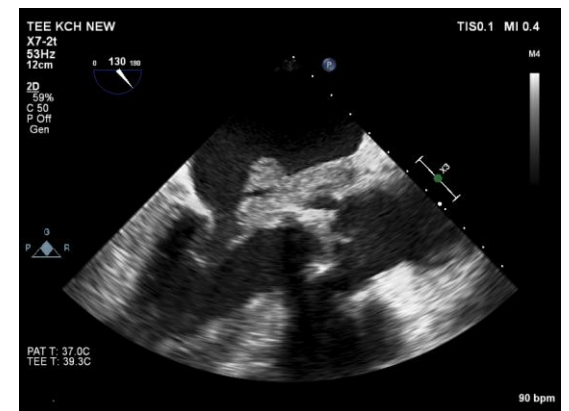
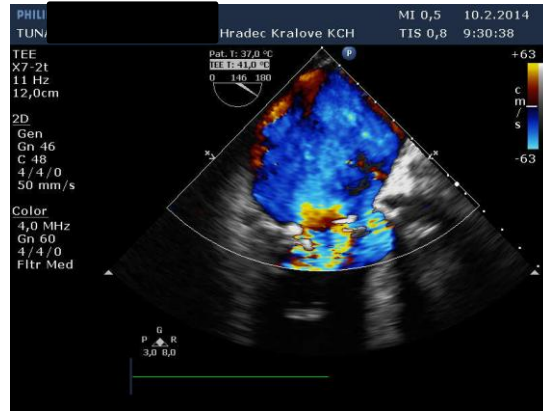
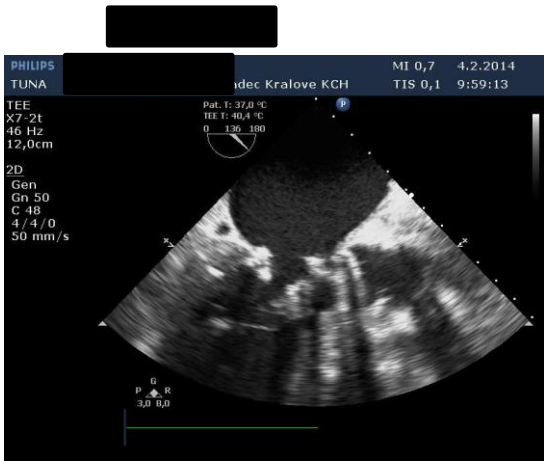
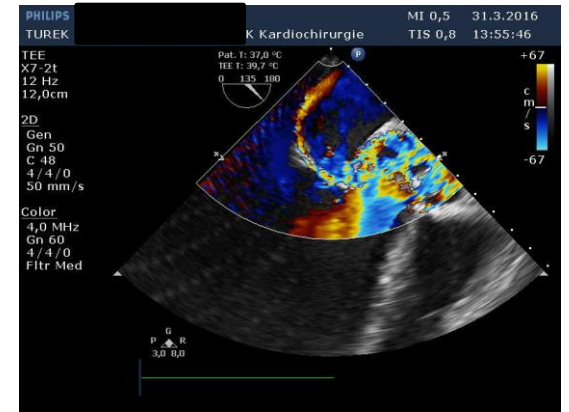
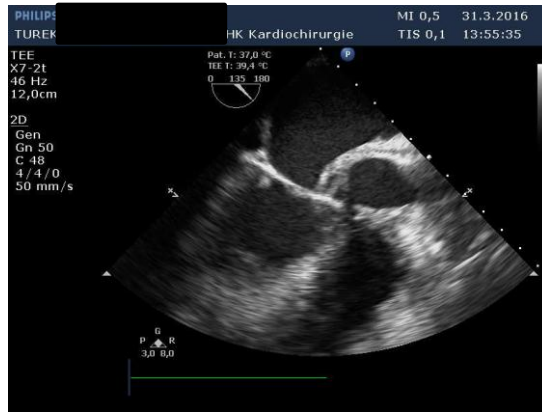
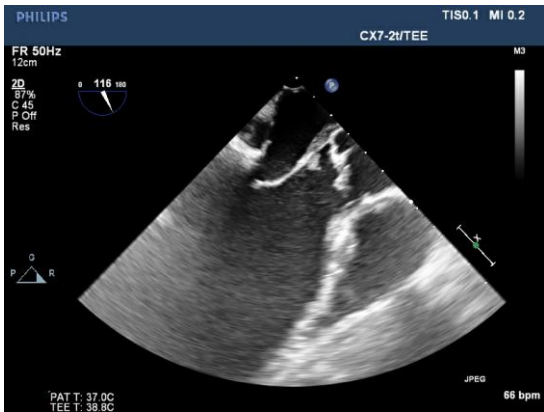
# Aortomitralní infekční endokarditida s postižením srdečního skeletu

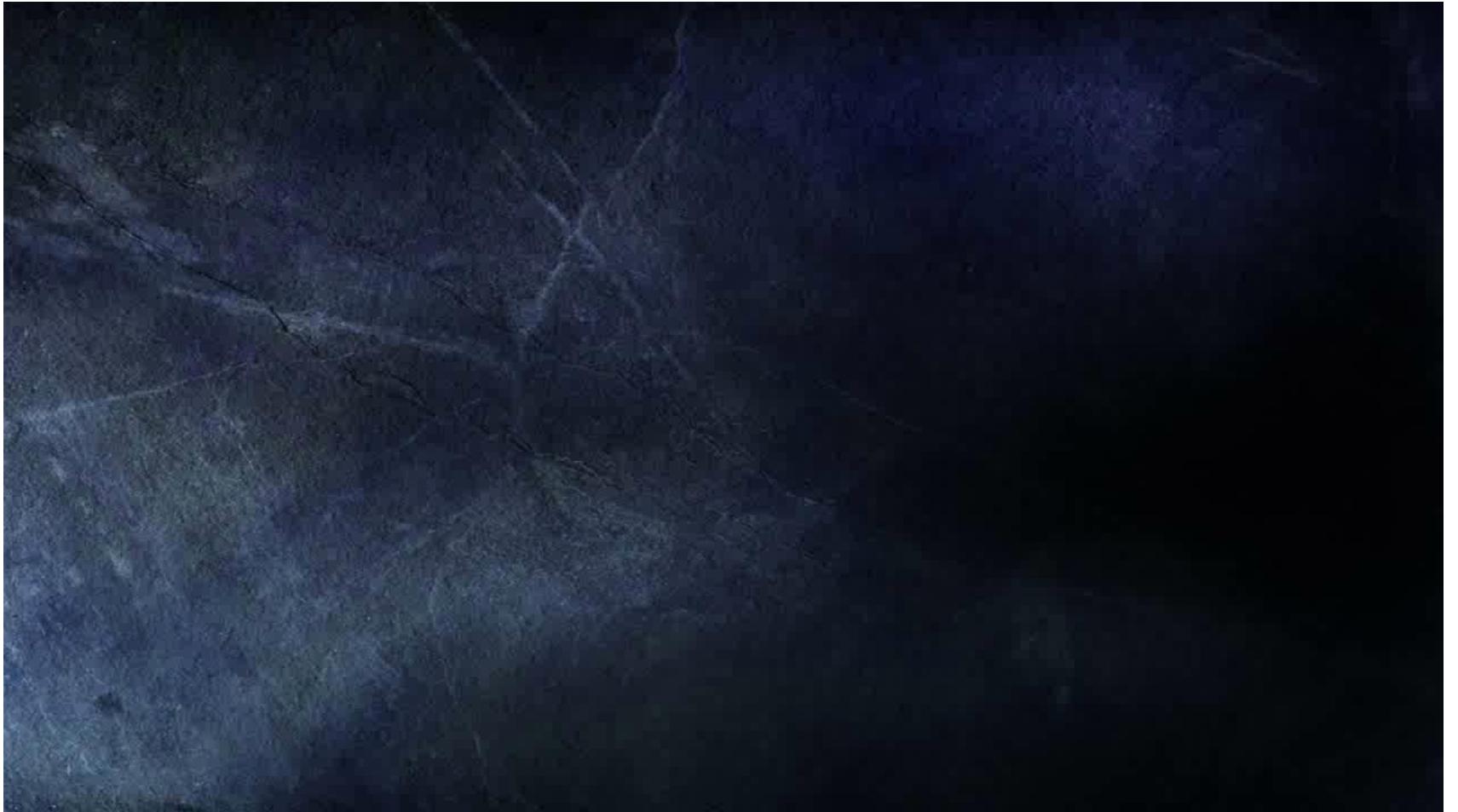
25. Sympozium PS Chlopenní a srdeční vady v dospělosti

Jan Vojáček

Kardiochirurgická klinika FN a LF v Hradci Králové





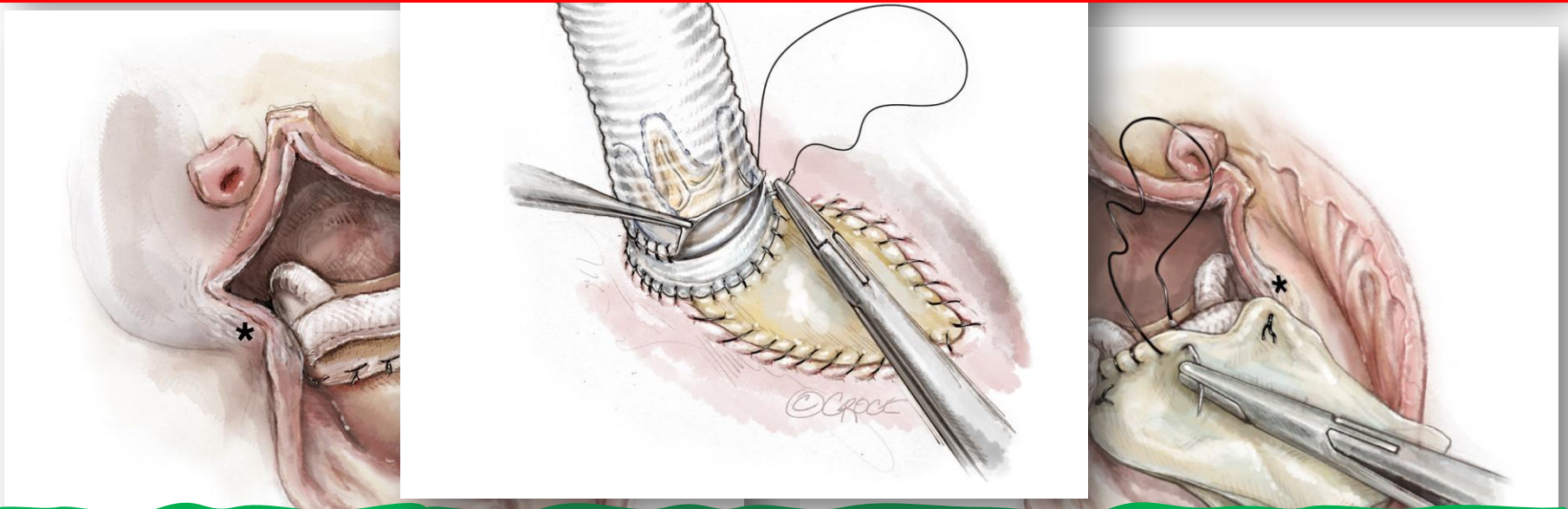


# Commando procedure

Art of Operative Techniques

## The “UFO” procedure

Martin Misfeld<sup>1,2</sup>, Piroze M. Davierwala<sup>1</sup>, Michael A. Borger<sup>1</sup>, Farhad Bakhtiary<sup>3</sup>



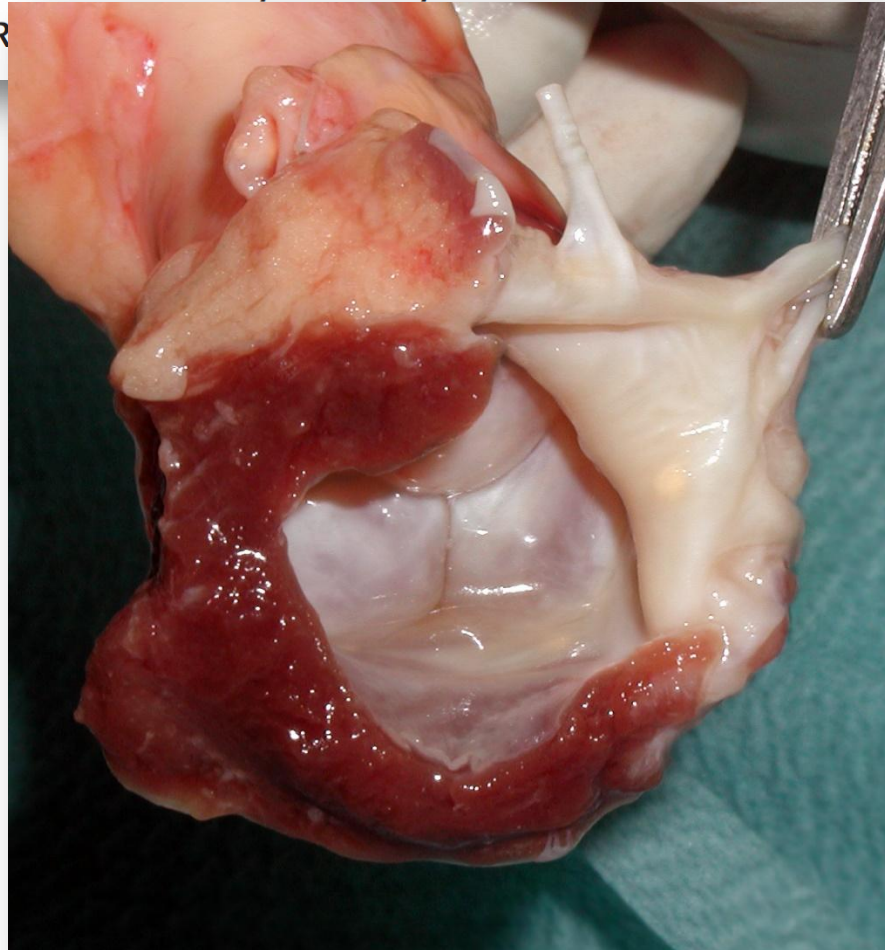
The term “UFO” is not a medical term, but helps emphasize the extremely high degree of complexity of a surgical repair that is akin to someone observing an unidentified flying object. It involves replacement of the mitral and aortic valves with reconstruction of the intervalvular fibrous body (IVFB). Specific pathologies



Cite this article as: Elgharably H, Hakim AH, Unai S, Hussain ST, Shrestha NK, Gordon S *et al.* The incorporated aortomitral homograft for double-valve endocarditis: the 'hemi-Commando' procedure. Early and mid-term outcomes. *Eur J Cardiothorac Surg* 2018;53:1055–61.

## The incorporated aortomitral homograft for double-valve endocarditis: the 'hemi-Commando' procedure. Early and mid-term outcomes†

Haytham Elgharably<sup>a</sup>, Ali H. Hakim<sup>b</sup>, Shinya Unai<sup>c</sup>, Syed T. Hussain<sup>a</sup>, Nabin K. Shrestha<sup>c</sup>, Steven Gordon<sup>c</sup>,  
Leonardo R. Navia<sup>a,\*</sup>



# Homograft\_AML





# ACS

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Masters of Cardiothoracic Surgery

## Multiple valve endocarditis: a Hemi-Commando procedure

Jan Vojacek<sup>1</sup>, Pavel Zacek<sup>1</sup>, Jiri Ondrasek<sup>2</sup>

<sup>1</sup>Department of Cardiac Surgery, Faculty of Medicine and University Hospital in Hradec Kralove, Hradec Kralove, Charles University, Czech Republic; <sup>2</sup>Centre of Cardiovascular and Transplantation Surgery, Brno, Czech Republic

FEATURE

Characteristics of patients undergoing...  
Carolyn V

EDITORIAL

The Angiogram as an option in...  
Christoph

ART OF SCIENCE

The "UPPER" approach in...  
Martin M

MASTER CLASS

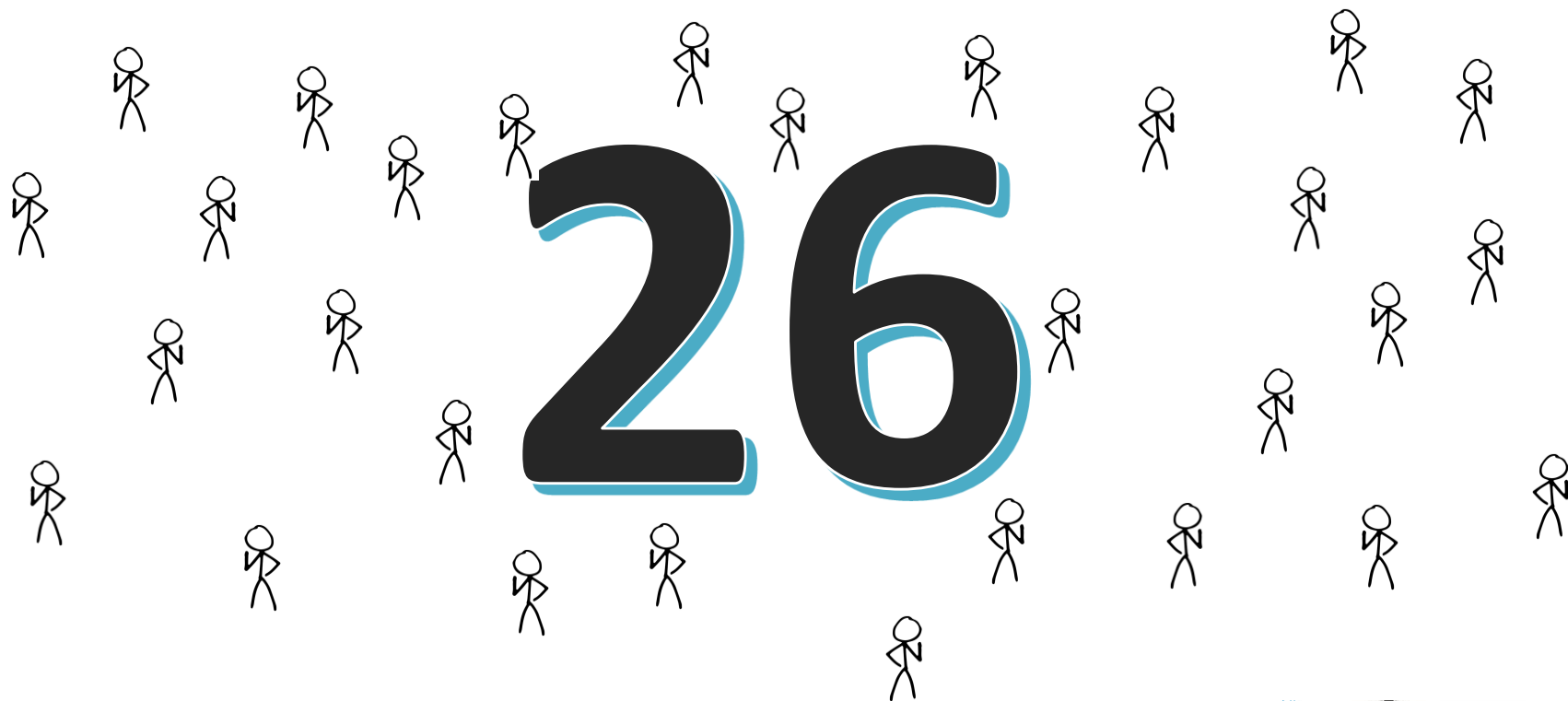
Surgical approach to endocarditis with the...  
Yukiharu

Frontiers 2023

# Aorto-mitral curtain reconstruction in invasive double-valve endocarditis: mid-term outcomes

Martin Vobornik<sup>1\*</sup>, Salifu Timbilla<sup>1</sup>, Jan Gofus<sup>1</sup>, Petr Smolak<sup>1</sup>, James Lago Chek<sup>1</sup>, Marek Pojar<sup>1</sup>, Eva Cermakova<sup>2</sup>, Pavel Zacek<sup>1</sup> and Jan Vojacek<sup>1</sup>

until today...





# Preoperative Patient Characteristics

	Overall Cohort (n=20)	Hemi-Commando (n=16)	Commando (n=4)
<b>Demographics</b>			
Age (years)	58±13	59±13	56±16
Male sex (n)	17	14	3
Body surface area (m <sup>2</sup> )	28±5	29±5	25±4
<b>Endocarditis pathology</b>			
Native valve (n)	7	6	1
Prosthetic valve (n)	13	10	3
<b>Prior cardiac surgery (n)</b>			
-0-	7	6	1
-1-	11	8	3
-2-	1	1	0
-3-	1	1	0

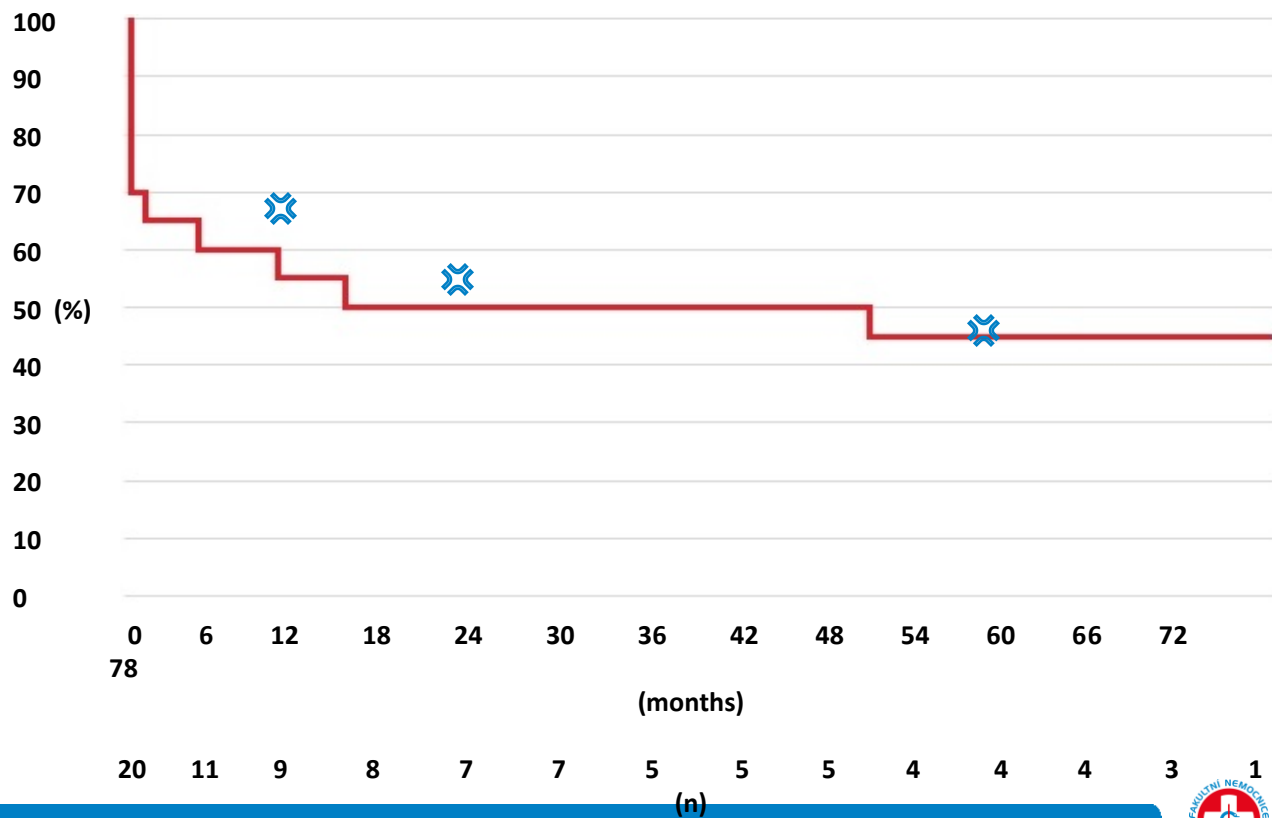


# Procedural Characteristics

	Overall Cohort (n=20)	Hemi-Commando (n=16)	Commando (n=4)
Concomitant procedures (n)			
TVP	2	2	0
CABG	1	1	0
VSD	1	0	1
hemiarch	1	1	0
Cardiopulmonary bypass (min)	239±47	236±51	251±31
Aortic clamp (min.)	186±32	184±35	197±17
MCS (n)	<u>7</u>	5	2
Delayed chest closure (n)	<u>7</u>	6	1



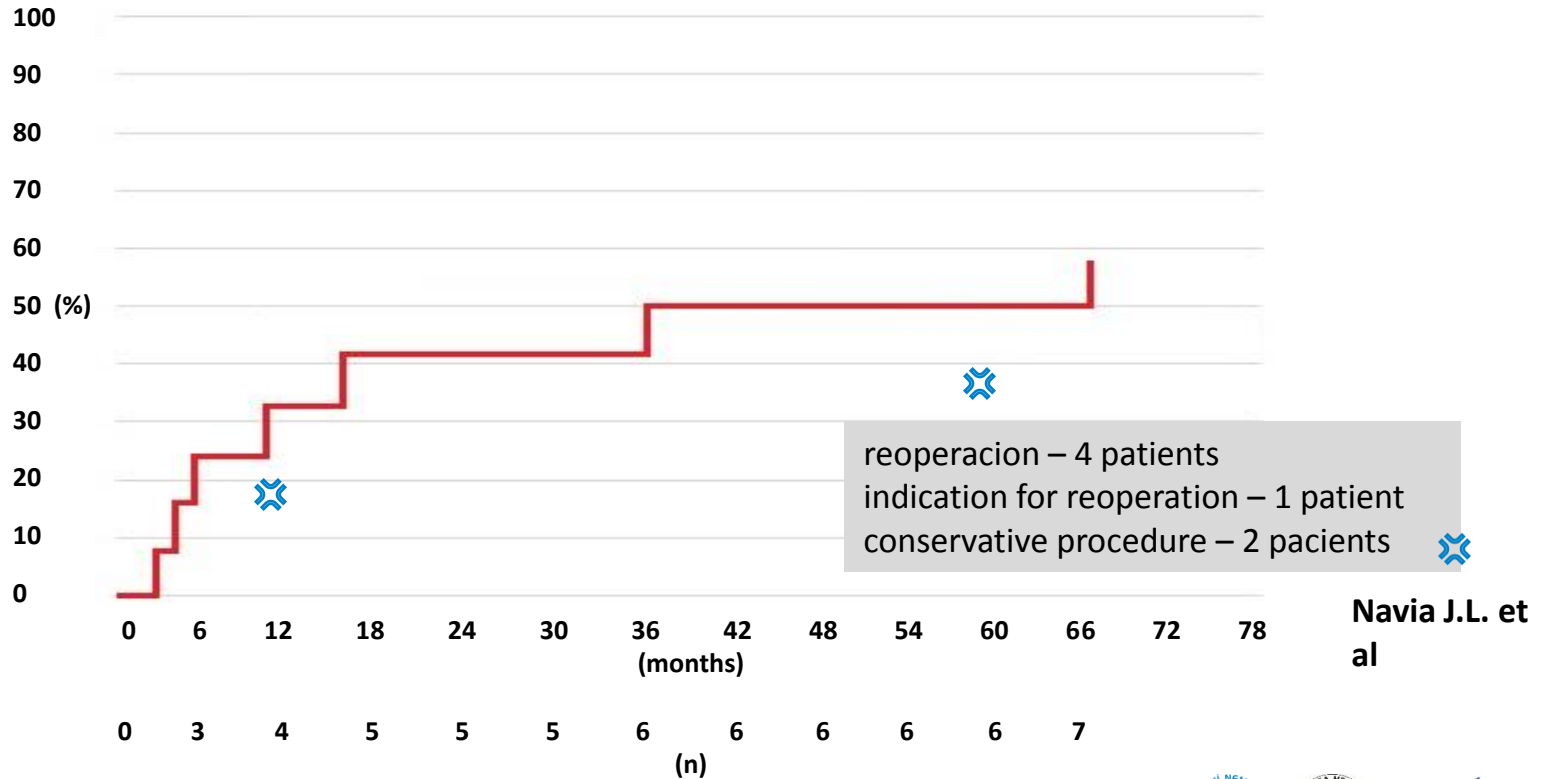
# Survival after surgery – Kaplan Meier



Navia J.L. et al



# Mitral valve failure



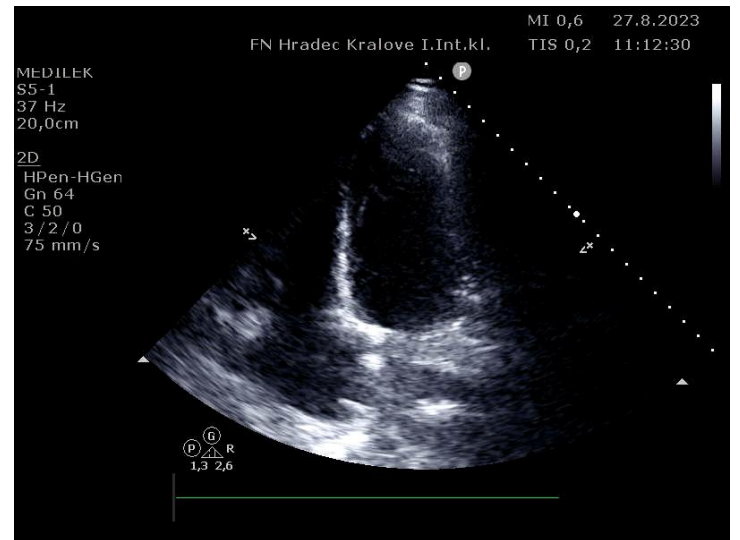
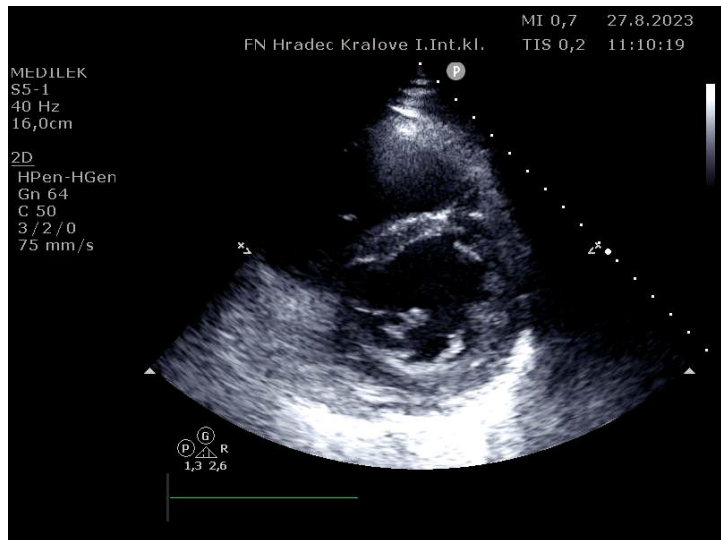
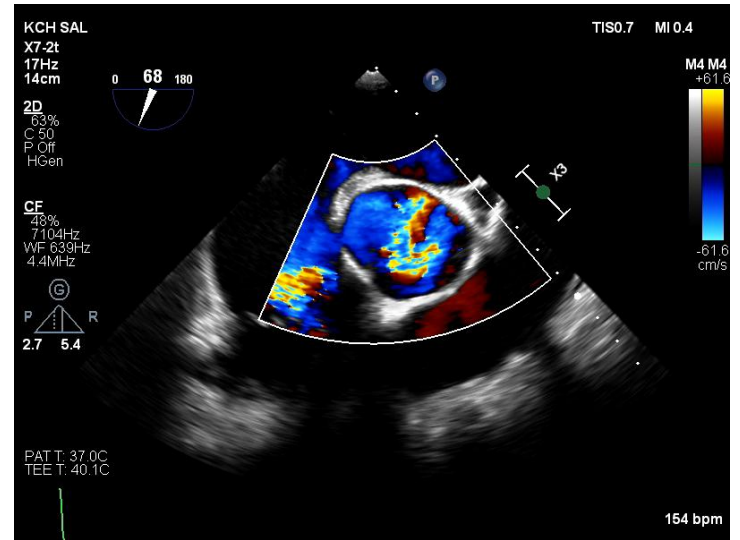
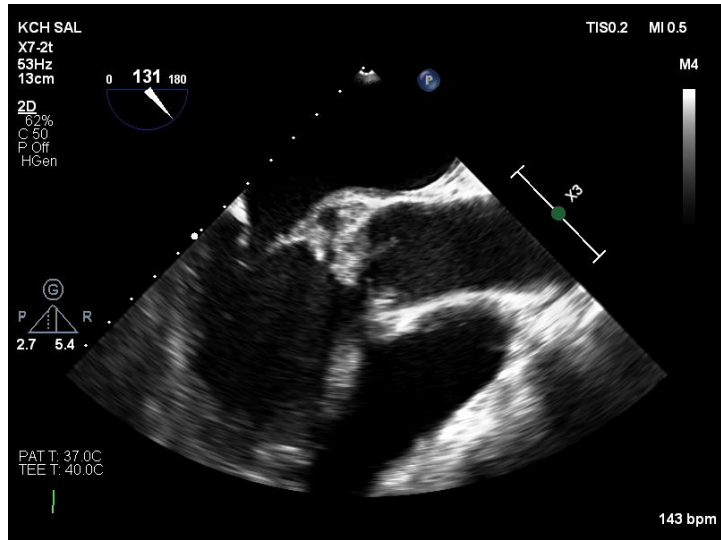
Navia J.L. et al



# Case report – den 0

- Muž, 27 let
- Přijat v septickém šoku, multiorgánové selhání, dialyzovaný, somnolentní
- Dg: IE, agens neznámé (MSSA)
- Septický + kardiogenní šok, EF 15%, katecholaminy
- Překlad na JIP KCHK
- Indikován k operaci (life salvage)





MI 0,5 27.8.2023

FN Hradec Kralove I.Int.kl.

TIS 0,8 11:33:01

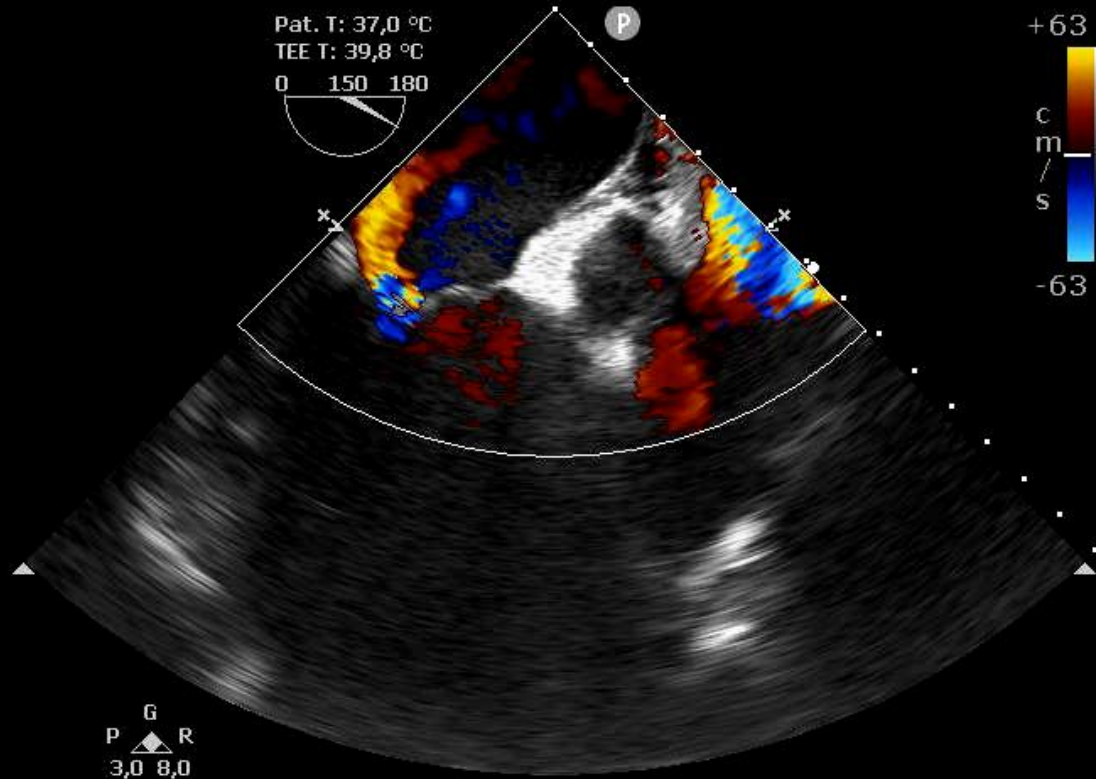
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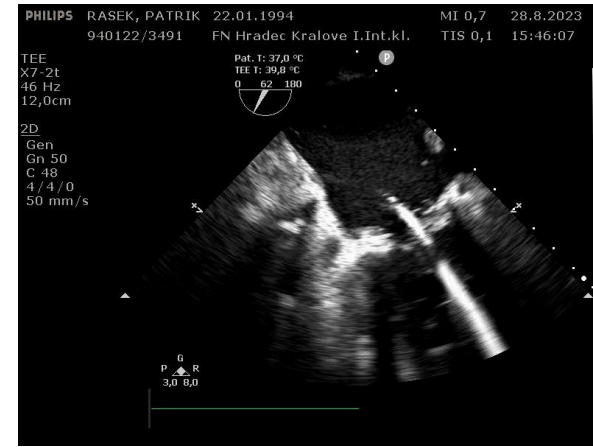
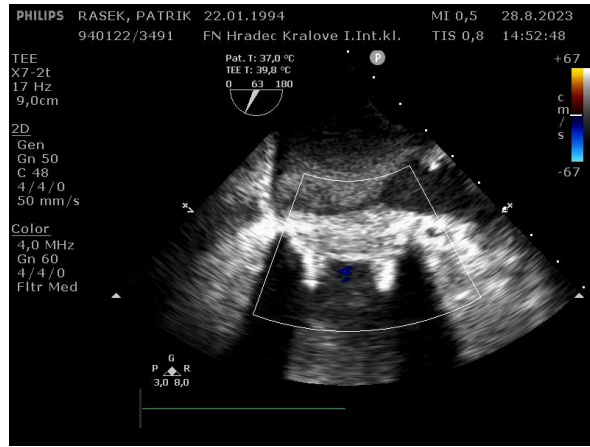
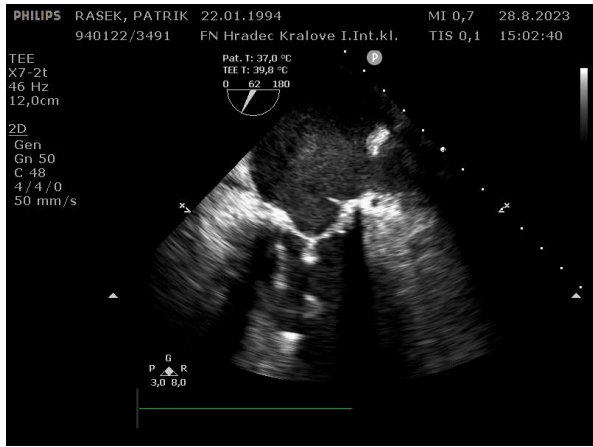
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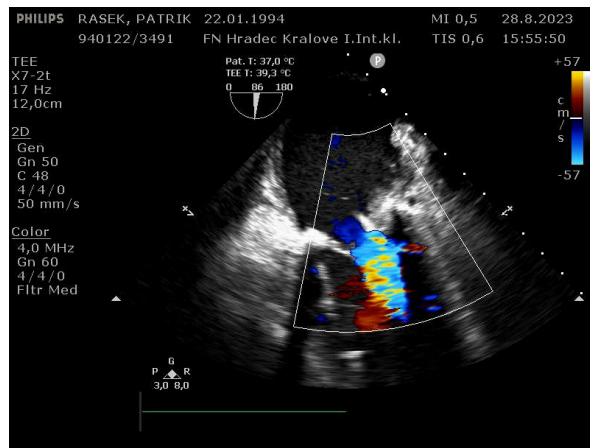
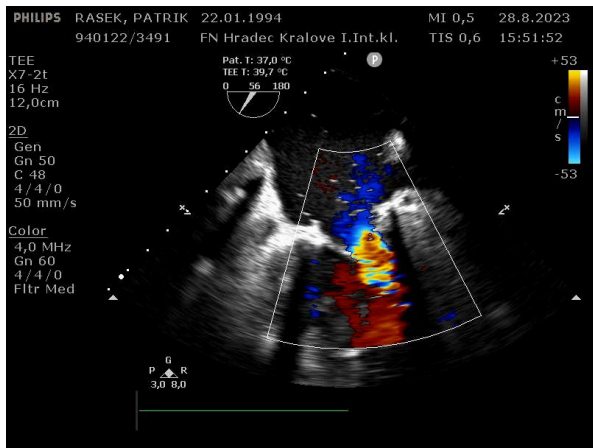
# Case report – den 0

- **Commando procedure**
  - bioAVR (Inspiris 27mm)
  - bioMVR (Magna 25)
- Těžká dysfunkce PK a LK
  - Septický, kardiogenní a hemoragický šok
  - Maximální farmakologická podpora, V-A ECMO, N7, open-chest
- Transport na JIP, operace – 10,5 hod.



DEN1: revize pro tamponádu; extrémní dysfunkce LK, distenze LK, trombóza bioprotézy

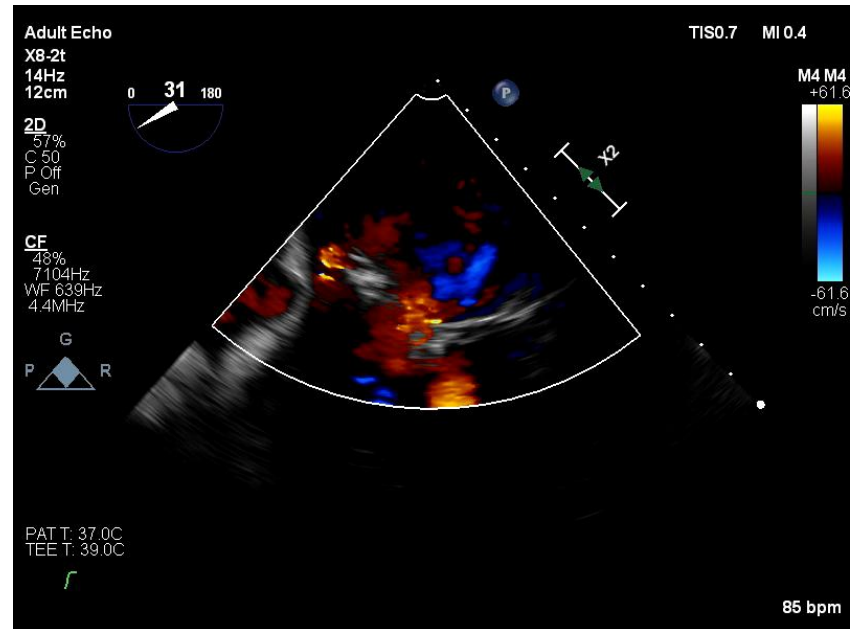
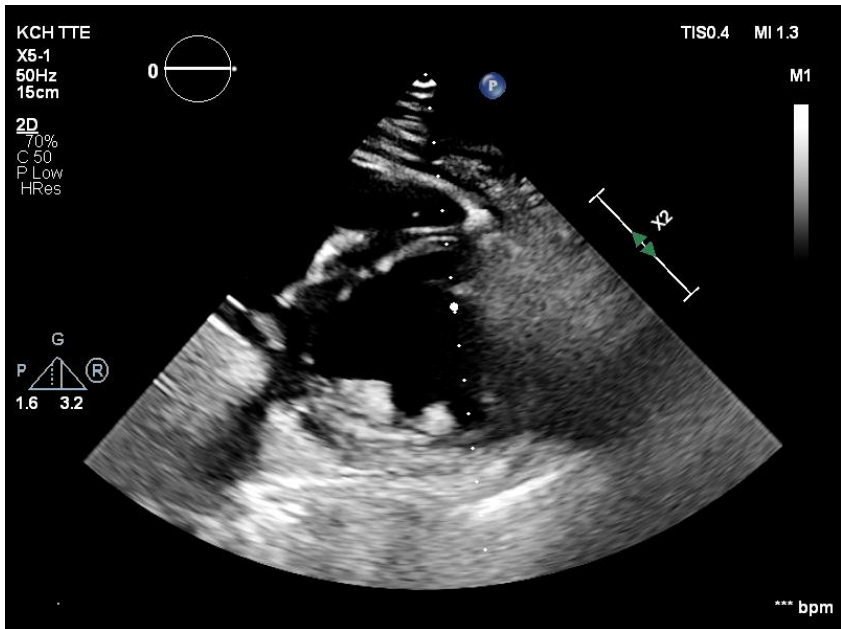
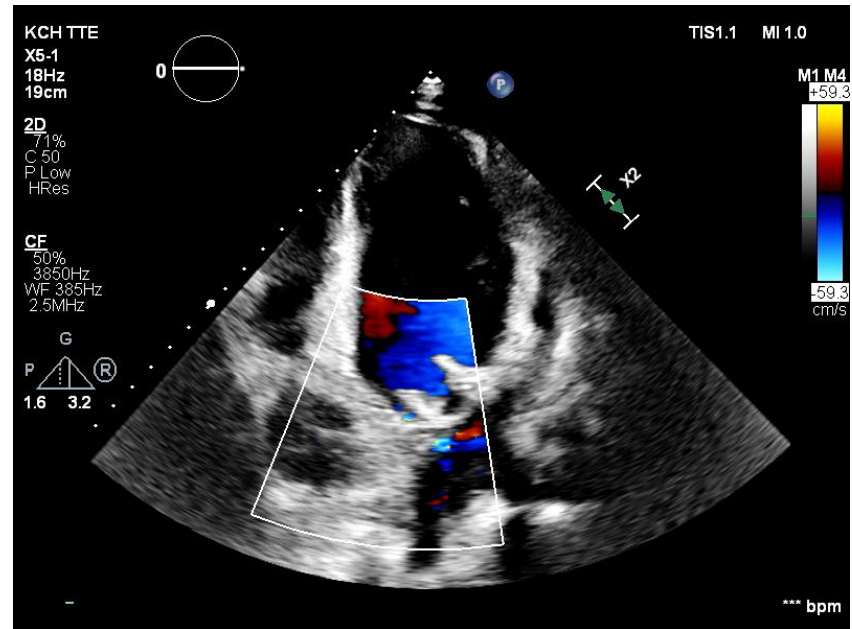
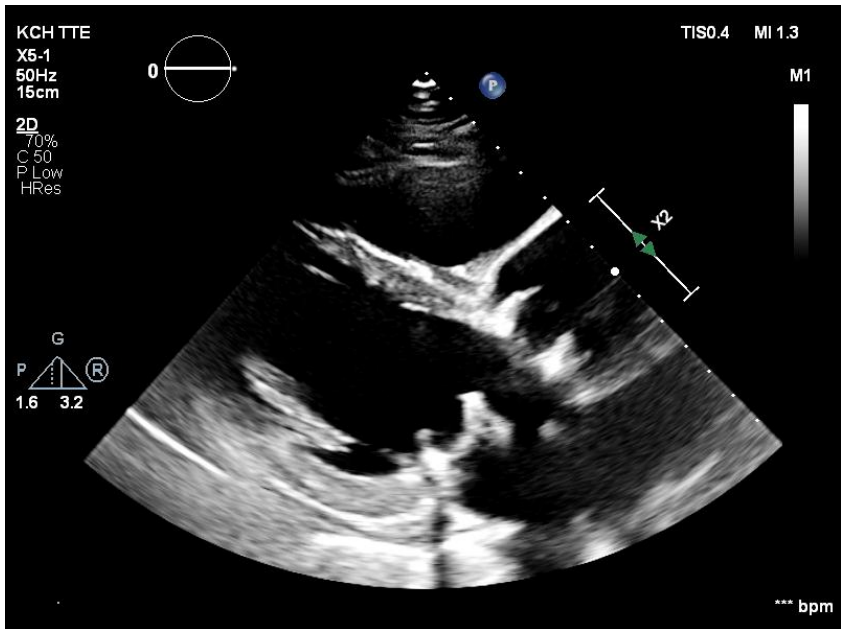
Impella CP smart



# Case report – den 2 - 105

- Selhání oběhu, ledvin, plic, jater,
- Explantace ECMO, následně explantace Impella, uzávěr sternu - (den 4)
- Mnohočetné revize včetně torakotomie
- Dehiscence sternotomie a třísla
- Tracheostomie (9 den)
- Candida albicans,
- Pneumonie (Klebsiella Pneumoniae ESBL+)
- Katérová seps (Pseudomonas Aeruginosa)
- Polyneuropatie
- Implantace LK elektrody z torakotomie (36 den)





Hospitalizace: 105 dní

Propuštěn v dobrém stavu, NYHA 1

Náklady > 6 mil. Kč

**ALE**

Residuální MR

2x bioprotéza

He will come again 😞

# Závěry

- ✓ Komplexní chirurgické řešení u vysoce rizikových pacientů
- ✓ Vysoké riziko komplikací, vysoká mortalita
- ✓ CAVE: funkce mitrální chlopně
  - ✓ Residuální MR, paravalvulární leak
- ✓ Selektivní indikace v rámci HT
- ✓ Optimálně centralizace ve specializovaných centrech



Thank you for your attention😊

