



## Current Trends and Future Challenges in Transcatheter Aortic Valve Replacement

Guest Editors:

**Prof. Dr. Florence Leclercq**

Department of Cardiology,  
Arnaud de Villeneuve University  
Hospital, 34295 Montpellier,  
France

**Dr. Mariama Akodad**

Ramsay Générale de Santé,  
Institut Cardiovasculaire Paris  
Sud, Massy, France

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### Message from the Guest Editors

Dear Colleagues,

The experience of operators and improvement in the technique have resulted in a drastic reduction in complications following TAVR in patients with lower surgical risk. In parallel, the procedure has been considerably simplified with a routine default approach, including local anesthesia in the cath lab, percutaneous femoral approach, radial approach including secondary access, prosthesis implantation without predilatation, and left ventricle wire pacing without secondary venous access. TAVR has become a routine procedure allowing for rapid recovery and early ambulation and discharge, with an improvement in patient satisfaction and reduction in hospital costs, without compromising safety. The future challenges of TAVR may be related to rationalizing the management of conductive disorders and pace maker indications, the prevention of asymptomatic thrombosis, concerns regarding durability and reintervention in younger and lower risk patients, coronary access, and also the choice of device regarding valve and aortic anatomy.





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Internal Medicine Department,  
University Hospital Strasbourg,  
67000 Strasbourg, France

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Department of Emergency and  
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of Tokyo, Tokyo 113-8655, Japan

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*Journal of Clinical Medicine* Editorial  
Office  
MDPI, St. Alban-Anlage 66  
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Tel: +41 61 683 77 34  
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