Randomized Clinical Trial Comparing a Rivaroxaban-based Strategy With an Antiplatelet-based Strategy for the Prevention of Subclinical Leaflet Thrombosis in Transcatheter Aortic Valves
# Use of anticoagulation and antiplatelets in aortic bioprostheses

<table>
<thead>
<tr>
<th>AHA/ACC/STS</th>
<th>Type of prosthesis</th>
<th>ESC/EACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clopidogrel 75 mg/day for the first 6 months after TAVR + life-long aspirin 75-100 mg/day) (IIbC)</td>
<td>TAVR</td>
<td>Dual antiplatelet therapy for the first 3–6 months after TAVI, followed by lifelong single antiplatelet therapy (IIaC)</td>
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<tr>
<td>Anticoagulation with VKA for at least 3 months after TAVR in low bleeding risk (IIbC)</td>
<td></td>
<td>Single antiplatelet therapy in the case of high bleeding risk (IIbC)</td>
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<tr>
<td>Aspirin 75-100 mg/day in all patients (IIaB)</td>
<td>SAVR</td>
<td>Low-dose aspirin (75 - 100 mg/day) for the first 3 months (IIaC)</td>
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<tr>
<td>Anticoagulation with VKA is reasonable for at least 6 months and for as long as 6 months in low bleeding risk (IIaB)</td>
<td></td>
<td>Oral anticoagulation may be considered for the first 3 months (IIbC)</td>
</tr>
</tbody>
</table>
HALT and RLM in bioprostheses

N = 752 101 (13%) THV thrombosis

• Assessed with MDCT
  • median follow-up of 83 days
• Asymptomatic
• Mean gradient 13.8±10.0 mmHg
• Subclinical THV thrombosis associated with increased risk of TIA and all strokes
• Anticoagulation effective therapy

Chakravarty et al Lancet 2017
Evolution of HALT and RLM in TAVR

N = 61 ➔ 11% THV thrombosis

Sondergaard et al. Eur Heart J 2017
Open questions

1. Correlation between thrombosis rate based on imaging vs. stroke rate

- 5-10% HALT - CT
- 3-5% Echocardiography
- 5-7% Stroke/TIA

2. When do we need to refer to CT?
The present results

CT-findings

Echo-findings

Stroke/TIA: too few events