

Letter to the Editor

Transapical Approach for Closure of Mitral Periprosthetic Leak

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Key words: Mitral valve, cardiac intervention, heart valve prosthesis, device.

Manuscript received:
November 7, 2013;
Accepted:
January 21, 2014.

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I read with great interest the article by Spargias et al,¹ regarding the percutaneous treatment of mitral periprosthetic leak. Surgical treatment remains the gold standard for prosthetic paravalvular leaks, especially when congestive heart failure and/or haemolytic anaemia are present. Under some specific and hazardous circumstances, percutaneous closure has been proposed as an attractive alternative to treat prosthetic paravalvular leaks. However, the Amplatzer device rarely closes the defect entirely, probably because of its circular shape, which is not designed for closure of a usually crescent-shaped paravalvular leak.² Regardless of what type of device is used, the anatomical location of the paravalvular leak adjacent to the mitro-aortic continuity is one of the most challenging situations for the interventional cardiologist. A transseptal ap-

proach often allows adequate access to those leaks located on the posterior annulus of the mitral valve, but not to anterior defects. The transapical approach for transcatheter closure utilised by Spargias et al¹ should be seen and considered as an excellent alternative to the classic anterograde transseptal approach, especially for difficult periprosthetic mitral leaks on the mitro-aortic continuity. Although further effort in developing defect-specific devices is needed to improve outcomes, I congratulate the authors on this nice work.

References

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